



**NEBRASKA**  
DEPARTMENT OF EDUCATION

**NS**

NUTRITION  
SERVICES

**Child & Adult Care Food  
Program  
Annual Training  
Spring 2024**



# FY 2024 CACFP Annual Training

## Agenda

- **Welcome & Renewal Application**
- **Meal Pattern & Records Review**
- **Civil Rights**
- **General Reminders**
- **Income Eligibility & Enrollment Forms**
- **Filing Claims**
- **Infant Meal Pattern Review**



# Renewal Application – New Forms

## May Packet –

- FY2025 IEF – Cover Letter, form & instructions
- FY2025 Income Guidelines
- Agreement Part II
- Food Service Contract (For applicable centers)
- Multisite Review form (For applicable centers)

Nebraska Department of Education - Child Care & Adult Food Program

<https://www.education.ne.gov/ns/cacfp/>





# Renewal Application – Deadline **June 17, 2024**

Renewal Applications open June 1, 2024 for Program Year - 2024- 2025

Utilize the Renewal Application Reminders & Checklist

**Child and Adult Care Food Program** **NEBRASKA**  
DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications >

Select Program Year

**Do not wait until August 31 to submit your application**

Currently, there are 3 Program Year(s) available. Select the year you wish to access.

Program Year	Date Range	Application Packet
<b>NEW!</b> 2024 - 2025	07/01/2024 - 06/30/2025	Not Started
2023 - 2024	07/01/2023 - 06/30/2024	Application Packet on File
2022 - 2023	07/01/2022 - 06/30/2023	Application Packet on File

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# Renewal Application – Supporting Documents

## Upload or submit required supporting documents:

- Childcare License
- Head Start & At-Risk – Health Inspections
- Childcare Subsidy Agreement
- Financial Viability - *New Integrity Rule*
  - **Profit & Loss Statements** – Typical business income and expenses payroll, taxes, rent or mortgage, food cost, etc.
  - **Bank Statements** - Positive balances with no overdraft fees including typical business expenses. Provide clear documentation of CACFP expenses and reimbursement.
  - **Audits** – No findings and in good-standing
- Food Service Contract
- Alternate Recordkeeping Forms

Handout







# Renewal Application - Computer Software Systems

Each sponsor who utilizes alternate recordkeeping forms must submit:

- Roster of children with meal benefit categories
- Daily meal count report
- Claim Reimbursement Worksheet/Summary



**Reminder:** A staff member of your organization must have access & run reports upon request







# Renewal Application – Supporting Documents

**If there are changes to your organization complete and upload:**

- Organization Statement
- Certificate of Authority

**New Responsible Individuals:**

- Required to attend NDE's CACFP Training within four (4) months
- If necessary, complete Computer Access to obtain access to on-line application and claiming system





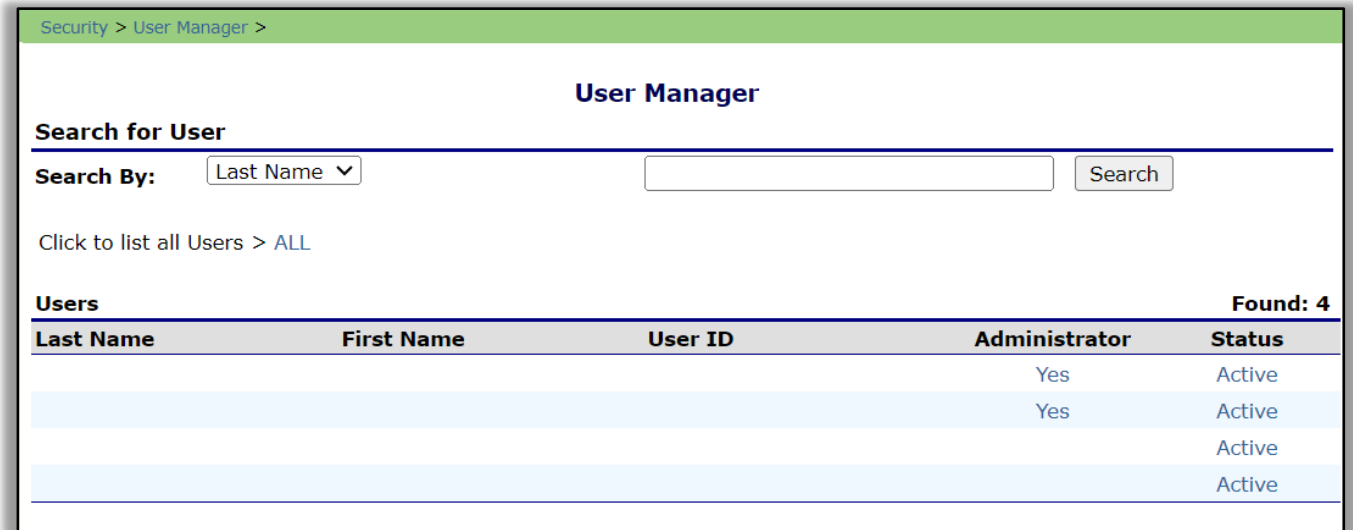
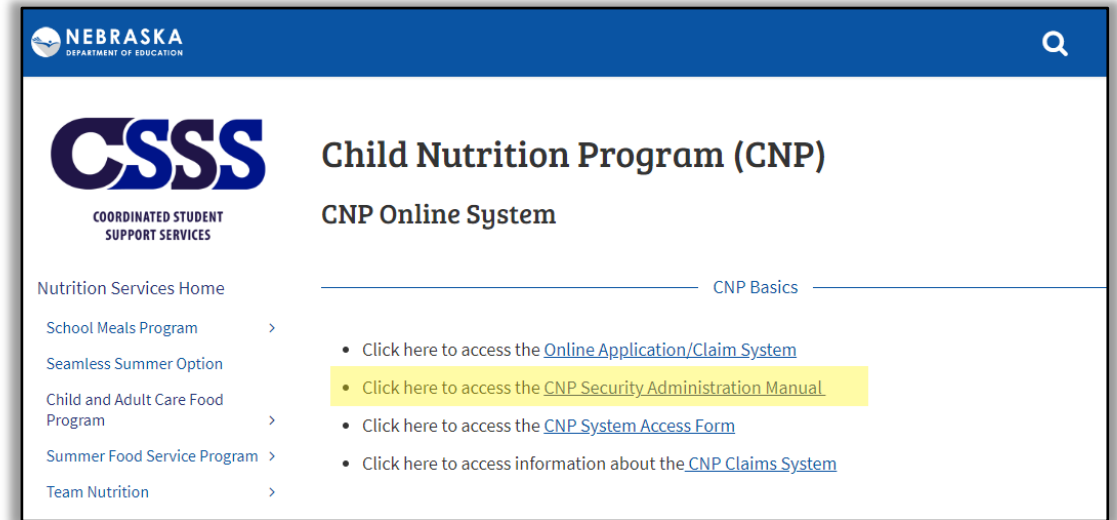
# General Reminders –CNP

Each CNP user must have their own account

## CNP Administrator User Manual

CNP administrators *can*:

- Establish accounts for new CNP users
- Modify user access for CNP modules (Applications and Claims)
- Review current users in the User List







# Renewal Application – Don't forget to hit **Submit**

Submit for approval button will be highlighted in **RED**

If additional documentation or corrections are necessary, NDE staff will contact you by telephone or email.

Action	Form Name	Latest Version	Status
View   Admin	✓ Sponsor Application	Rev. 2	Approved
Details	Staff Profile		
View	✓ Sponsor Budget Detail	Rev. 1	Approved
Details	Site Field Trip List		
Details	✓ Checklist Summary (4)		
Details	Application Packet Notes (1)		
Details	Attachment List (16)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	2	0	0	0	0	0	2

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Submit for Approval

Approve

Return

Deny



# Commodities



Effective FY2025:

- Minimum order of boxes required
- 15 Cases of food with each order

**USE IT! Don't forget!**





# FY 2024 CACFP Annual Training



## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- Civil Rights
- General Reminders
- Income Eligibility & Enrollment Forms
- Filing Claims
- Infant Meal Pattern Review





# Optical Illusion 1

What do you see?







# Optical Illusion 2

What do you see?







# Meal Pattern Review

**Time to play!**

**2 Truths & 1 Lie/ Maybe**

Slides will contain 3 foods:

- \* 2 foods are considered creditable (**or truths**)
- \* 1 food is considered not creditable (**or lies/maybe**)





# Meal Pattern Review

Meat – Which are truths, and which is the lie/maybe?

Item #1



Ground Beef 80/20  
(Fresh/frozen)



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Item #2



Breaded Beef Sticks



Item #3



Chicken  
(Fresh/frozen)





# Meal Pattern Review

Meat – Which are truths, and which is the lie/maybe?



## Item #2

### Breaded Beef Sticks



Why is this a Lie/Maybe?

What is required to be on file prior to serving?

- Child Nutrition Label (CN) OR
- Product Formulation Statement





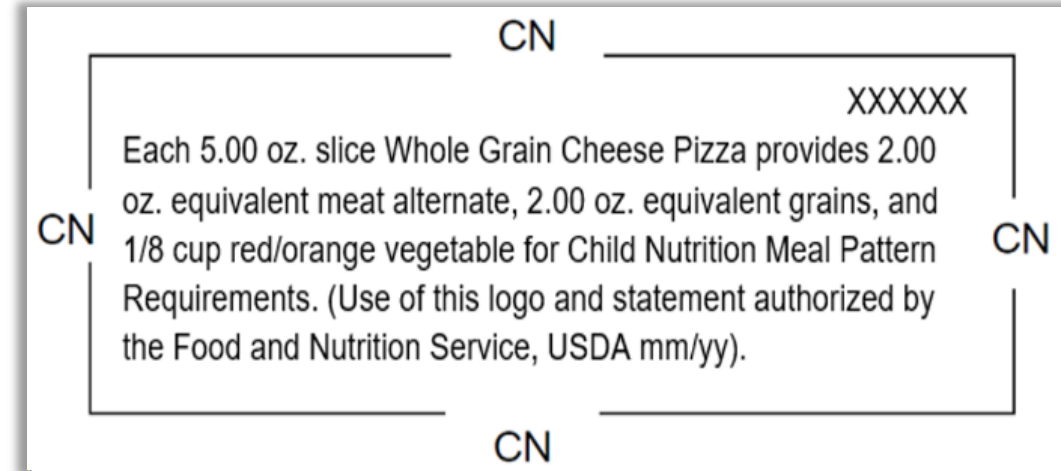


# Meal Pattern Review – Creditable Foods

Commercially Prepared Mixed Dishes or Breaded Meat Products **require** a Child Nutrition (CN) Label or Product Formulation Statement (PFS) to be on file **prior to serving**.

## What does a CN Label or PFS tell us?

Identifies what one serving of food provides for each component represented (i.e., Meat/ Meat Alternate; Vegetable, Grain )



## Terms noted on a CN label or PFS:

***“Ounce equivalent grain”*** – food meets the WGR criteria

***“Bread alternate”*** – food provides a grain component (enriched or fortified)

***MUST update this documentation annually including vended meals.***





# Meal Pattern Review

Meat/Meat Alternate – Which are truths, and which is the lie/maybe?

Item #1  
Pinto Beans



Item #2  
Plant-based Nuggets



Item #3  
Tofu/tempeh





# Meal Pattern Review

Meat – Which are truths, and which is the lie/maybe?

Item #1



Canadian Bacon



Item #2



Ham



Item #3



Bacon



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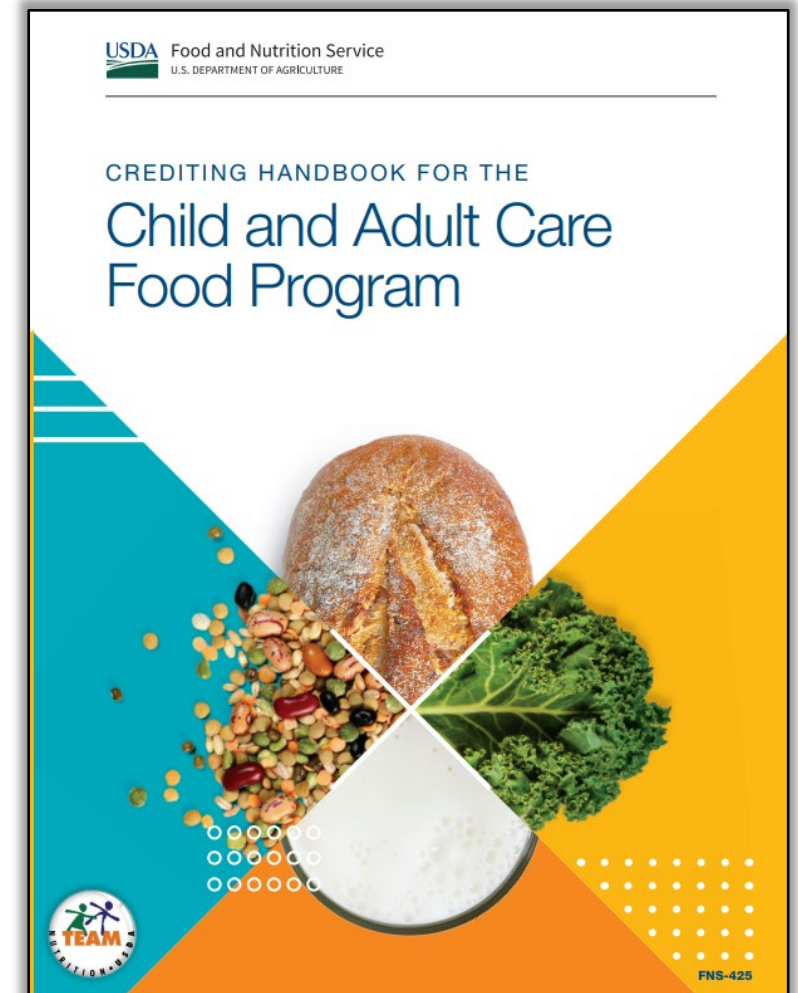
# Meal Pattern Review

Food	Creditable			Additional Information
	Yes	Maybe	No	
Bacon and Imitation Bacon Products			X	Bacon is not creditable. These products contain little meat. See the Other Foods section in the <i>Food Buying Guide</i> for purchasing information.

Food	Creditable			Additional Information
	Yes	Maybe	No	
Canadian Bacon or Mild Cured Pork	X			See the Meats/Meat Alternates section in the <i>Food Buying Guide</i> for creditable pork products.

## Processed Meat Reminders (hot dogs, lunchmeat, etc.)

- Cannot contain fillers, extenders or byproducts
- Must be all meat
- Ok if less than 2% (spices, etc.)





# Meal Pattern Review

Meat/Meat Alternate – Which are truths, and which is the lie/maybe?

Item #1

Imitation Cheese Food



Item #2

Mozzarella Sticks



Item #3

Cheese Food





# Meal Pattern Review

## Pasteurized Process Cheese

- Contains 100% Cheese

## Pasteurized Cheese Food

- Contains at least 51% cheese

### Item #2

#### Mozzarella Sticks



### Item #3

#### Cheese Food



Food	Creditable			Additional Information
	Yes	Maybe	No	
Cheese, Natural or Processed	X			See the Meats/Meat Alternates section in the <i>Food Buying Guide</i> . A 1 oz serving of hard cheese provides 1 oz eq meat alternate.
Cheese Foods, Cheese Food Substitutes, Cheese Spreads, and Cheese Spread Substitutes	X			See the Meats/Meat Alternates section in the <i>Food Buying Guide</i> . A 2 oz serving provides 1 oz eq meat alternate. These products are not creditable in the infant meal pattern.





# Meal Pattern Review

## Item #1

### Imitation Cheese Food



## Cheese Product or Imitation Cheese

- Contain less than 51% of cheese cultures and fats/oils

Water, Interesterified Soybean Oil, Food Starch-Modified, Whey (from Milk), Gelatin, Contains Less than 2% of Sodium Citrate, Calcium Phosphate, Salt, Sodium Phosphate, Artificial and Natural Flavors, Lactic Acid, Sorbic Acid (Preservative), Color Added, Xanthan Gum, Locust Bean Gum, Guar Gum.

Food	Creditable			Additional Information
	Yes	Maybe	No	
Cheese, Imitation			X	Cheese labeled as “imitation” is not creditable because the nutrient content is inferior to the food it substitutes and therefore is not creditable.
Cheese Products			X	Cheese labeled as a cheese “product” is not creditable. Cheese products do not have a standard of identity.





# Meal Pattern Review

Meat/Meat Alternate – Which are truths, and which is the lie/maybe?

Item #1

Hazelnut Spread



Look for butters, not spreads

Item #2

Sun Butter



Item #3

Peanut Butter





# Meal Pattern Review

Milk – Which are truths, and which is the lie/maybe?

## Item #1 – Ripple Original Unflavored



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## Item #2 – Ripple Kids



## Item #3 – Goat Milk





# Meal Pattern Review

Milk – Which are truths, and which is the lie/maybe?












## Item #3 – Goat Milk

Food	Creditable			Additional Information
	Yes	Maybe	No	
Goat's Milk		X		Must meet State standards for fluid milk. If goat's milk meets State standards, then it may be served in place of cow's milk with no additional documentation. All milk must be fat-free (skim) or low-fat (1%) when served to children 2 years of age or older. Unflavored and flavored fat-free (skim) and low-fat (1%) flavored milks are creditable for children 6 years and older and adults.





# Meal Pattern – Milk Substitutes

<div>  <b>NEBRASKA</b>  DEPARTMENT OF EDUCATION </div> <div> <b>Fluid Milk Substitutions (all ages)</b>  Non-Dairy Beverages Meeting the United States Department of Agriculture Substitution Criteria per 8 Fluid Ounces </div>									
Nutrients	USDA Criteria per 1 cup/8 oz fluid oz	Ripple Original Non-Soy Dairy-Free	8th Continent Original Soymilk	Kirkland Signature Organic Soymilk Plain	Silk Original Soymilk	Pacific All- Natural Ultra Soy Original	Walmart Great Value Original Soymilk	Kikkoman Pearl Organic Soymilk Original	Sun rich Naturals Original Soymilk
Children under 5 years <i>may not</i> be served <i>flavored</i> milk substitutions									
Calcium (mg)	276	440	300	300	450	300	300	373	300
Protein (g)	8	8	8	8	8	10	8	8.9	8
Vitamin A (IU)	500	500	500	500	500	500	500	1249	500
Vitamin D (IU)	100	240	100	120	120	100	120	255	100
Magnesium (mg)	24	24	24	40	60	60	40	54	40
Phosphorus (mg)	222	491	250	250	250	250	250	313	250
Potassium (mg)	349	375	360	360	370	460	360	377	360
Riboflavin (mg)	0.44	0.48	0.51	0.51	0.51	0.51	0.51	0.96	0.45
Vitamin B12 (mcg)	1.1	1.1	1.2	3	3	1.5	3	2.31	1.2

The Nebraska Department of Education does not endorse the companies or products listed. This chart is for informational purposes only. Contact the manufacturer at that time of purchase to ensure that the product formulations have *not* changed. Revised April 2024

- Acidified milk, lactose-free & lactose-reduced cow's milk, buttermilk
- Use Request for Meal Accommodation
- If personal preference must use nutritionally equivalent non-dairy substitute to be considered a reimbursable meal





# Meal Pattern Review

Milk – Which are truths, and which is the lie/maybe?

1 Year Olds

Item #1 - Breastmilk



Item #2 – 2% Milk



Item #3 – Whole





# Meal Pattern Review – Milk

## Fat Type

### Unflavored, Whole

- One-Year of age

### Unflavored, 1% or Fat Free/Skim

- Two Years – Five Year of age

### Unflavored or Flavored, 1% or Fat/Free Skim

- Six & above + Adult Participants

## Minimum Portions

### One – Two Years of Age

- All meals & Snacks - ½ Cup

### Three – Five Years of Age

- Breakfast, Lunch, Supper – ¾ Cup
- Snacks – ½ Cup

### Six & Above + Adult Participants

- All meals & Snacks – 1 Cup



## Who gets Vitamin D milk?

Everyone (all milk has Vitamin D)





# Meal Pattern Review

Vegetables/Fruits– Which are truths, and which is the lie/maybe?

## Item #1 – Dried Snap Peas



Ingredients: Green Peas, Canola Oil, Rice, Salt, Calcium Carbonate, Rosemary Extract (For Freshness)

## Item #2 – Mashed Potato Flakes



## Item #3 – Raisins /Craisins





# Meal Pattern Review

**Just Not Creditable at all!**

## Item #1 – Dried Snap Peas



## Chickpea Puffs:

Ingredients: Chickpea Flour, Rice Flour, Yellow Pea Flours, Sunflower Oil, Sugar, Salt, Cayenne Pepper Powders, Garlic Powder, Green Pepper Powder, White Vinegar Powder (Maltodextrin, White Vinegar), Rice Concentrate, Yeast Extract, Paprika Extract, Natural Flavoring, Rosemary Extract





# Meal Pattern Review

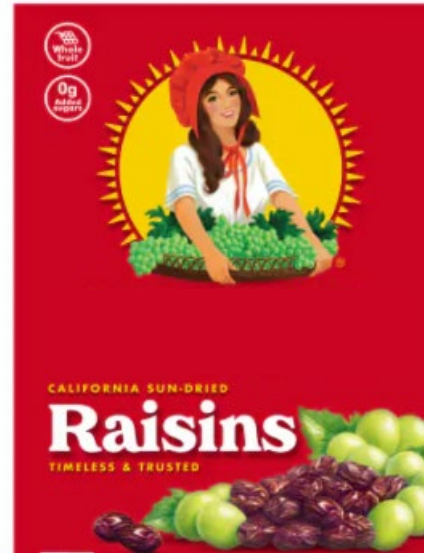
A 3-5 year old is required to be served  $\frac{1}{4}$  cup vegetables at lunch–

Which are truths, and which is the lie/maybe?

Item #1 –  $\frac{1}{2}$  Cup  
Lettuce



Item #2 –  $\frac{1}{8}$  Cup  
Raisins



Item #3 –  $\frac{1}{4}$  Cup  
Mashed Potatoes





# Meal Pattern Review & Menu Production Records

- 1/2 c. leafy greens = 1/4 c. serving of veggies  
Spinach, lettuce, kale
- 1/4 c. cooked greens = 1/4 c. veggie  
Collard greens
- 1/8 c. dried fruit = 1/4 c. serving of fruit  
Raisins, dried cranberries

3-5 year olds need to be served  
1/2 cup leafy greens (lettuce) for  
lunch





# Meal Pattern Review

Vegetables/Fruit– Which are truths, and which is the lie/maybe?

Item #1 – Salsa



Item #2 – Dill Pickle Chips



Item #3 – Jello





# Meal Pattern Review

## Reviewing Gelatin/Jello

- Is **NOT CREDITABLE** as a fruit juice
- Fruit or vegetable served in **gelatin can be creditable**
  - Must meet minimum serving sizes



6. Can the vegetable, fruit, or juice in pudding or gelatin be credited toward the fruits component?

This question must be answered in two parts:

- Fruit juice **ONLY** credits when served as a beverage. Therefore, fruit juice used in preparation of puddings or gelatins does not credit.

- To credit fruit in puddings or gelatin, each serving must contain at least an 1/8 cup (2 tablespoons) of fruit per serving and **the fruit must be visible in the product.** Document the meal pattern contribution with a standardized recipe or a Product Formulation Statement.

Crediting Handbook for the Child and Adult Food Program  
Page 69





# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

Item #1 – Savory Pie Crust (Quiche)



Item #2 – Brown Rice



Item #3 – Pre-Made Pizza Dough ?





# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

Ingredients: Wheat Flour, Water, Palm Oil, Wheat Starch, Wheat Gluten, Contains 2% or less of...

**Non-creditable Grains or Flours** (The following ingredients are not whole or enriched and cannot be one of the first 3 grain ingredients)

- Bromated flour
- Wheat flour
- White flour
- Durum flour
- Oat fiber
- Corn fiber
- Malted barley flour
- Barley malt
- Corn
- Yellow corn meal
- Yellow corn flour
- Degerminated corn meal
- Semolina
- Farina
- Rice flour
- Potato flour
- Any bean flour
- Any nut flour

Item #3 – Pre-Made   
Pizza Dough









# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

Item #1 – Tortilla Chip



**GRAIN INGREDIENTS:** Corn

Item #2 – Sun Chips



**GRAIN INGREDIENTS:** Whole Corn, Whole Wheat, Brown Rice Flour

Item #3 – Pretzels



**GRAIN INGREDIENTS:** Enriched Flour





# Meal Pattern Review

## Tortilla Chips in the CACFP



*Corn masa flour* = whole- grain  
ingredient and creditable  
*Corn* = non-creditable grain

**INGREDIENTS:** Corn, Vegetable Oil (Corn, Canola and/or Sunflower Oil), and Salt



**INGREDIENTS:** Corn Masa Flour, Water, Vegetable Oil (Cottonseed, Corn and/or Sunflower), and Sea Salt





# Meal Pattern Review– Whole Grain Rich

## Rule of three (3):

- First ingredient is whole grain (or 2nd after water)
- Next two grains are creditable (whole, enriched, or fortified)
- Includes the brans and germ (i.e., wheat germ, oat bran, corn bran)

- Semolina & Farina are not Whole or Enriched
- Disregard grain derivatives (i.e., cornstarch)

USDA Food and Nutrition Service  
U.S. DEPARTMENT OF AGRICULTURE

### Identifying Whole Grain-Rich Foods for the Child and Adult Care Food Program Using the Ingredient List

The **ingredient list** is printed on the food packaging of products. This list includes information on flours, grains, and other ingredients that are in the product. On the ingredient list, the ingredients are listed in order of quantity. If a whole grain is listed first, you know there is more of that whole grain than anything else in the food.

In the United States Department of Agriculture's Child and Adult Care Food Program (CACFP), you can identify grains that are whole grain-rich by looking at the first three **grain** ingredients that appear on the ingredient list. This method is known as the **Rule of Three**. If the ingredient list does not include three grain ingredients, you only have to look at the grain ingredients that are present. Some whole grain-rich foods may have only one grain ingredient.

In the CACFP, at least one offering of grains per day must be whole grain-rich for children and adults.\*

#### Step-by-Step Guide To Identifying Whole Grain-Rich Foods Using the Rule of Three

- 1 Find the ingredient list
- 2 Simplify the ingredient list
- 3 Look at the first ingredient
- 4 Look at the second grain ingredient
- 5 Look at the third grain ingredient

#### STEP 1 Find the ingredient list

 This ingredient list is for **bread**. In this example, you would look at the full ingredient list to determine if the bread is whole grain-rich.

**INGREDIENTS:** Whole-wheat flour, water, yeast, brown sugar, wheat gluten, contains 2% or less of each of the following: salt, dough conditioners, soybean oil, vinegar, cultured wheat flour, citric acid.

 The ingredient list shown here is for a frozen **cheese pizza**. Because pizza is a combination food, the ingredients for all the foods within the cheese pizza, such as the crust, cheese, and sauce, are listed within one ingredient list. In this example, you would look at the ingredients for the crust, to determine if the grain component of this food is whole grain-rich.

**INGREDIENTS: Crust:** Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), wheat bran, water, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives. **Shredded mozzarella cheese:** Pasteurized part skim milk, cheese cultures, salt, enzymes. **Sauce:** Water, tomato paste, pizza seasoning, modified food starch.

\*During the COVID-19 public health emergency, some State agencies may have opted into School Year 2021-2022 meal pattern waivers. Additional information on these waivers is available at: [fns.usda.gov/disaster/pandemic/cn-2021-22-waivers-and-flexibilities](https://fns.usda.gov/disaster/pandemic/cn-2021-22-waivers-and-flexibilities)

FNS-655 Slightly Revised October 2021





# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

Item #1 – Mini Muffins



Item #2 – Blueberry Lemon Bites



Item #3 – Banana Bread





# Meal Pattern Review

## Blueberry Lemon-Bites



Categorized as “specialty cookies” or “lightly sweetened cookie”



### Product Description

Looking for a snack without all the unnecessary extras? Appleways Simply Wholesome Crispy Bites have a light crunch that appeals to all ages. Our Bites contain 8 grams of whole grains, natural flavors, and no preservatives, making them the healthy, delicious, affordable, any time of the day snack. These **cookies** have a 270-day shelf life in dry storage.





# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

## Item #1 – Oatmeal



## Item #2 – Oat bites



## Item #3 – Granola Cereal





# Meal Pattern Review

**Just Not Creditable at all!**



These products are  
considered grain-based  
dessert foods

## Grain-Based Desserts (Not Reimbursable in the CACFP):

- Brownies
- Cakes, including coffee cake and cupcakes
- Cereal bars, breakfast bars, and granola bars
- Cookies, including vanilla wafers
- Doughnuts, any kind
- Fig rolls/bars/cookies and other fruit-filled rolls/bars/cookies
- Gingerbread
- Ice cream cones
- Marshmallow cereal treats
- Pie crusts of dessert pies, cobblers, and fruit turnovers
- Sweet bread puddings
- Sweet biscotti, such as those made with fruits, chocolate, icing, etc.
- Sweet croissants, such as chocolate-filled
- Sweet pita chips, such as cinnamon-sugar flavored
- Sweet rice puddings
- Sweet scones, such as those made with fruits, icing, etc.
- Sweet rolls, such as cinnamon rolls
- Toaster pastries

## Item #2 – Oat bites



Not allowable in the  
CACFP





# Meal Pattern Review

Grains – Which are truths, and which is the lie/maybe?

Item #1 – Veggie Blend O's



Item #2 – Plain O's



Item #3 – Honey Nut O's





# Meal Pattern Review

## Item #1 – Veggie Blend O's



Ingredients: Whole Grain Oats, Corn Meal, Sugar, Sweet Potato Powder, Corn Starch, Carrot Powder, Canola and/or Sunflower Oil, Banana Puree, Blueberry Puree Concentrate, Corn Syrup, Salt, Spinach Powder, Vegetable and Fruit Juice Color, Tripotassium Phosphate, Natural Flavor. Vitamin E (mixed tocopherols) Added to Preserve Freshness.

Vitamins and Minerals: Calcium Carbonate, Iron and Zinc (mineral nutrients), Vitamin C (sodium ascorbate), A B Vitamin (niacinamide), Vitamin B<sub>6</sub> (pyridoxine hydrochloride), Vitamin B<sub>1</sub> (thiamin mononitrate), Vitamin A (palmitate), Vitamin B<sub>2</sub> (riboflavin), A B Vitamin (folic acid), Vitamin B<sub>12</sub>, Vitamin D<sub>3</sub>.





# Meal Pattern Review

## Item #1 – Veggie Blend O's



Serving Size:  
41g

Total Sugars:  
8g

Nutrition Facts / Datos de Nutrición		
About 12 servings per container/Aproximadamente 12 raciones por envase		
Serving size/Tamaño por ración	1 ¼ cup/1 ¼ taza (41g)	
	Veggie Blends Blueberry Banana	with ¾ cup skim milk/con ¾ taza de leche descremada
Calories/Calorías	150	220
	% DV/VD**	% DV/VD**
Total Fat/Grasa Total 2g*	2%	3%
Saturated Fat/Grasa Saturada 0g	0%	3%
Trans Fat/Grasa Trans 0g		
Polyunsaturated Fat/Grasa Poliinsaturada 0.5g		
Monounsaturated Fat/Grasa Monoinsaturada 1g		
Cholesterol/Colesterol 0mg	0%	1%
Sodium/Sodio 210mg	9%	13%
Total Carbohydrate/Carbohidrato Total 33g	12%	15%
Dietary Fiber/Fibra Dietética 2g	8%	8%
Total Sugars/Azúcares Totales 8g		
Incl. Added Sugars/Incluye azúcares añadidos 7g	14%	14%
Protein/Proteínas 3g		

Serving Size	Total Sugars
If the serving size is:	Total sugars must not be more than:
0-2 grams	0 grams
3-7 grams	1 gram
8-11 grams	2 grams
12-16 grams	3 grams
17-21 grams	4 grams
22-25 grams	5 grams
26-30 grams	6 grams
31-35 grams	7 grams
36-40 grams	8 grams
41-44 grams	9 grams
45-49 grams	10 grams





# Meal Pattern Review - Grains

## Ounce Equivalent Grains

- Grains credit as ounce equivalent instead of “servings”
- Weight of a grain determines how much is required to be served
- Menu production records should include measurable weights/quantities

CACFP Grain Serving Sizes <sup>1,2</sup>	
Group A	Ounce Equivalent – Group A
Bread type coating	1 oz eq = 22 gm or 0.8 oz
Bread sticks (hard)	¾ oz eq = 17 gm or 0.6 oz
Chow mein noodles	½ oz eq = 11 gm or 0.4 oz
Savory crackers (saltines and snack crackers)	¼ oz eq = 6 gm or 0.2 oz
CROUTONS	
Pretzels (hard)	
Stuffing (dry) Note: weights apply to bread stuffing	
Group B <sup>3</sup>	Ounce Equivalent – Group B
Bagels	1 oz eq = 28 gm or 1.0 oz
Batter type coating	¾ oz eq = 21 gm or 0.75 oz
Biscuits	½ oz eq = 14 gm or 0.5 oz
Breads (white, whole wheat, French, Italian)	¼ oz eq = 7 gm or 0.25 oz
Buns (hamburger and hot dog)	
Egg roll skins	
English muffins	
Pita bread (white, whole-wheat, whole grain-rich)	
Pizza crust	
Pretzels (soft)	
Rolls (white, whole-wheat, whole grain-rich)	
Tortillas (wheat or corn)	
Tortilla chips (wheat or corn)	
Taco shells	
Group C <sup>4</sup>	Ounce Equivalent – Group C
Cornbread	1 oz eq = 34 gm or 1.2 oz
Corn muffins	¾ oz eq = 26 gm or 0.9 oz
Croissants	½ oz eq = 17 gm or 0.6 oz
Pancakes	¼ oz eq = 9 gm or 0.3 oz
Pie crust (Meat/Meat alternate pies only)	
Waffles	
Group D	Ounce Equivalent – Group D
Muffins (all, except corn)	1 oz eq = 55 gm or 2.0 oz
Quick breads (banana, zucchini, pumpkin, etc.)	¾ oz eq = 42 gm or 1.5 oz
	½ oz eq = 28 gm or 1.0 oz
	¼ oz eq = 14 gm or 0.5 oz
Group E <sup>5</sup>	Ounce Equivalent – Group E
French toast	1 oz eq = 69 gm or 2.4 oz
	¾ oz eq = 52 gm or 1.8 oz
	½ oz eq = 35 gm or 1.2 oz
	¼ oz eq = 18 gm or 0.6 oz
Group F <sup>6</sup>	
Grains listed in this category are not allowed in CACFP.	







# Menu Production Records

- Complete the “Number of Meals Planned” located at the top
- Recorded at the time meal is being prepared
- Specific food descriptions  
Frozen, Canned
- i.e., Fruit Cup – identify w
- Record quantities of each prepared
  - Computer generated records are not accepted
  - “See Lunch” or “Leftovers” for meals not accepted

NUMBER OF MEALS PLANNED	
AGES	BREAKFAST
1 year	
2 year	
3 through 5	
6 -12 / 13-18	
Adults care/Staff	

MEAL PATTERN	MENU	FOOD DESCRIPTION
<b>BREAKFAST</b> 1) Milk, Fluid  2) Vegetable, Fruit or Juice  3) Grains (by weight) <b>Or Meat/Meat Alternative</b> (limit 3x week)	1) Milk  2)  3)	
<b>LUNCH</b>	1) Milk	

MEAL PATTERN	MENU	FOOD DESCRIPTION	QUANTITY PREPARED
<b>BREAKFAST</b> 1) Milk, Fluid  2) Vegetable, Fruit or Juice  3) Grains (by weight) <b>Or Meat/Meat Alternative</b> (limit 3x week)	1) Milk  2)  3)		1) ___gallons * ___ and ___gallons * ___  2)  3)
<b>LUNCH</b> 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk  2)  3)  4)  5)		1) ___gallons * ___ and ___gallons * ___  2)  3)  4)  5)
<b>P.M. SNACK</b> (Select 2 different components) Milk, Fluid Vegetable, Fruit or Juice Meat or Meat Alternate Grains	1)  2)		1)  2)





# Menu Production Records/Vendor Tickets

## Identify:

- Which grains are whole grain rich, i.e., WG
- Homemade (HM) vs. commercially prepared
- Commercially prepared food products
  - Record how a food contributes to the meal pattern (meat/meat alternate, vegetable, grains)
- Fat content for ground beef & milk
  - 5 lbs. ground beef – 80/20 vs. 90/10
  - 3 gallons – 1% vs. 2 gallons whole (W)

DAILY PRODUCTION RECORD				Day & Date: <u>July 1, 2024</u>
NUMBER OF MEALS PLANNED				
AGES	BREAKFAST	A.M. SNACK	LUNCH	P.M. SNACK
1 year	11	11	11	11
2 year	10	10	10	10
3 through 5	10	10	10	10
6-12/13-18	16	16	16	16
Adults care/Staff	5	5	5	5

**Milk** - "Whole" = "W" (1 year only), Fat-free (skim) = "FF", Low-fat = "1%" e.g., 1/2 gal. W and 2 gal. FF  
**Grains** - Whole Grain = WG **Other** - Child Nutrition Label = CN, Product Formulation Statement = PFS, Homemade = HM

MEAL PATTERN	MENU	FOOD DESCRIPTION	QUANTITY PREPARED
<b>BREAKFAST</b> 1) Milk, Fluid 2) Vegetable, Fruit, or Juice 3) Grains (by weight) Or Meat/Meat Alternate (limit 3x week)	1) Milk 2) Hashbrowns 3) Eggs	Frozen Large- Scrambled	1) 1 1/2 gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 4 1/2 pounds 3) 4 dozen large eggs
<b>A.M. SNACK</b> (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Peaches 2) Yogurt	Canned- diced Vanilla - "Brand Name" 13 g sugar / 8 ozs Svy. Size	1) 3 - #10 Cans 2) 5 - 32-ounce containers
<b>LUNCH</b> 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Chicken 3) Peas 4) Tater Tots 5) Bread	Fresh - Tenderloins Canned Frozen WG	1) 1 1/2 gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 15 lbs. 3) 2 - #10 Cans 4) 3 - 36 oz Bags 5) 2 - 20 oz Loaves
<b>P.M. SNACK</b> (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Milk 2) Breadsticks w/Marina	WG	1) 1/2 Gallon <u>W</u> ; 3 Gallons <u>1%</u> 2) 60 - 1 oz breadsticks
<b>SUPPER</b> 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Ground Beef 3) Carrot sticks 4) Applesauce 5) Spaghetti noodles	85% lean Fresh Canned Enriched	1) 1 1/2 gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 7 1/2 pounds 3) 4 pounds 4) 1 1/2 - #10 Cans 5) 3 -16-ounce packages
<b>EVE. SNACK</b> (Select 2 different components) Milk, Fluid, Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Ritz cracker 2) Mozzarella Cheese Sticks		1) 2 1/2 - 13.7-ounce box 2) 3 -12-ounce containers (1 oz sticks)

Nebraska Department of Education Nutrition Services  
REVISED 3/2021





# Menu Production Records/Vendor Tickets

## Identify:

- **Foods by weight/volume and total quantity prepared/delivered**
  - 50 pancakes @ 1 oz each
  - 15 pounds of chicken
- **Cereal and yogurt brands/types & sugar content per serving**
- **Substitutions made by sponsor are to be documented on vendor ticket**
- **Quantities of food served at each meal when receiving bulk items from vendors (i.e., dry cereals, milk, crackers)**







# Meal Pattern Review - Label Maintenance

- **Each sponsor** is responsible to maintain labels of foods served
- Original - photograph or photocopies are acceptable
- Labels **may not** be pulled from websites
- NDE recommends the use of a 3-ring binder
- Labels should match receipts of foods purchased



Photo Credit: Southeast Nebraska Community Action

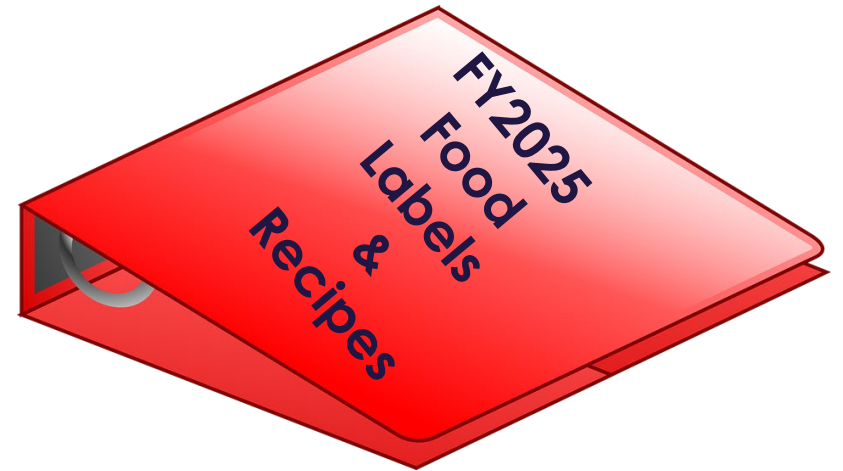




# Meal Pattern Review - Label Maintenance

## Labels required to maintain:

- Product Formulation Statements or CN Labels
- Whole Grain foods
- Yogurt
- Cereals



**Clean out file with FY2024 CACFP records and freshen up!**

**Maintain CACFP records for 4 years!**





# Meal Pattern Review– Family Style Meal Service



Photo Credit: Southeast Nebraska Community Action

**Sufficient quantities of all required food components must be placed on each table where each participant is sitting**



**Children & adults must be allowed to serve themselves**



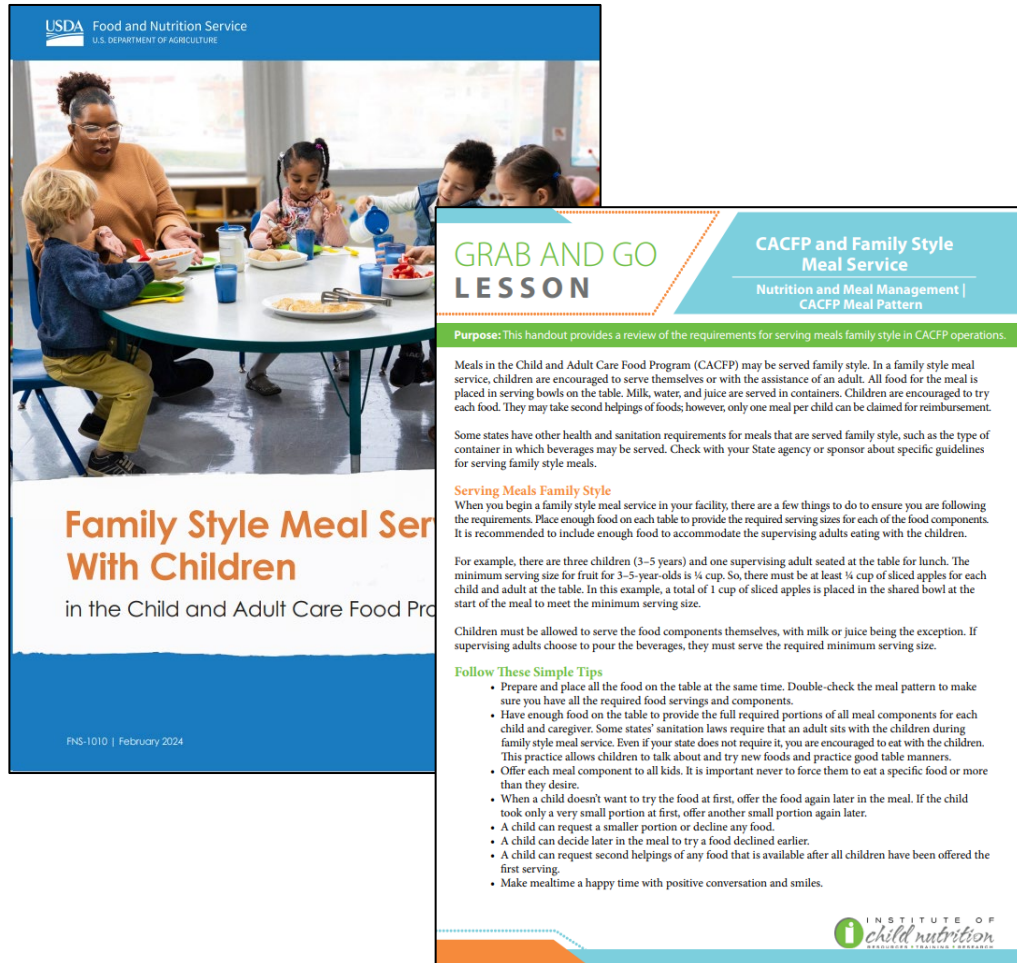
**Actively encourage each participant to serve themselves the full portion of each food component**

Memo CACFP 05-2017





# Meal Pattern Review– Family Style Meal Service



## Resources:

- USDA Family Style Meal Service with Children booklet
- ICN Grab and Go Lesson: CACFP and Family Style Meal Service

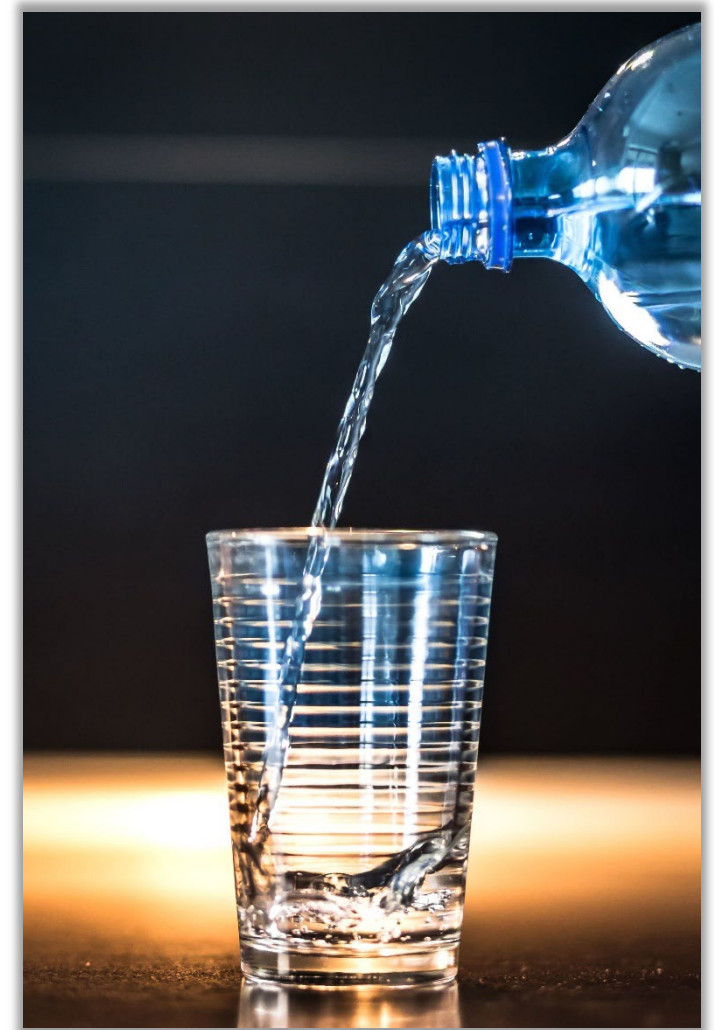
Memo CACFP 05-2017





# Meal Pattern Review - Water Requirements

- Must be offered and made available throughout the day to participants, including adults
- **Mealtimes:** Water is not a part of a reimbursable meal
  - Cannot ask “Do you want water or milk?”
  - May not be served in place of milk
  - Is not considered a food component



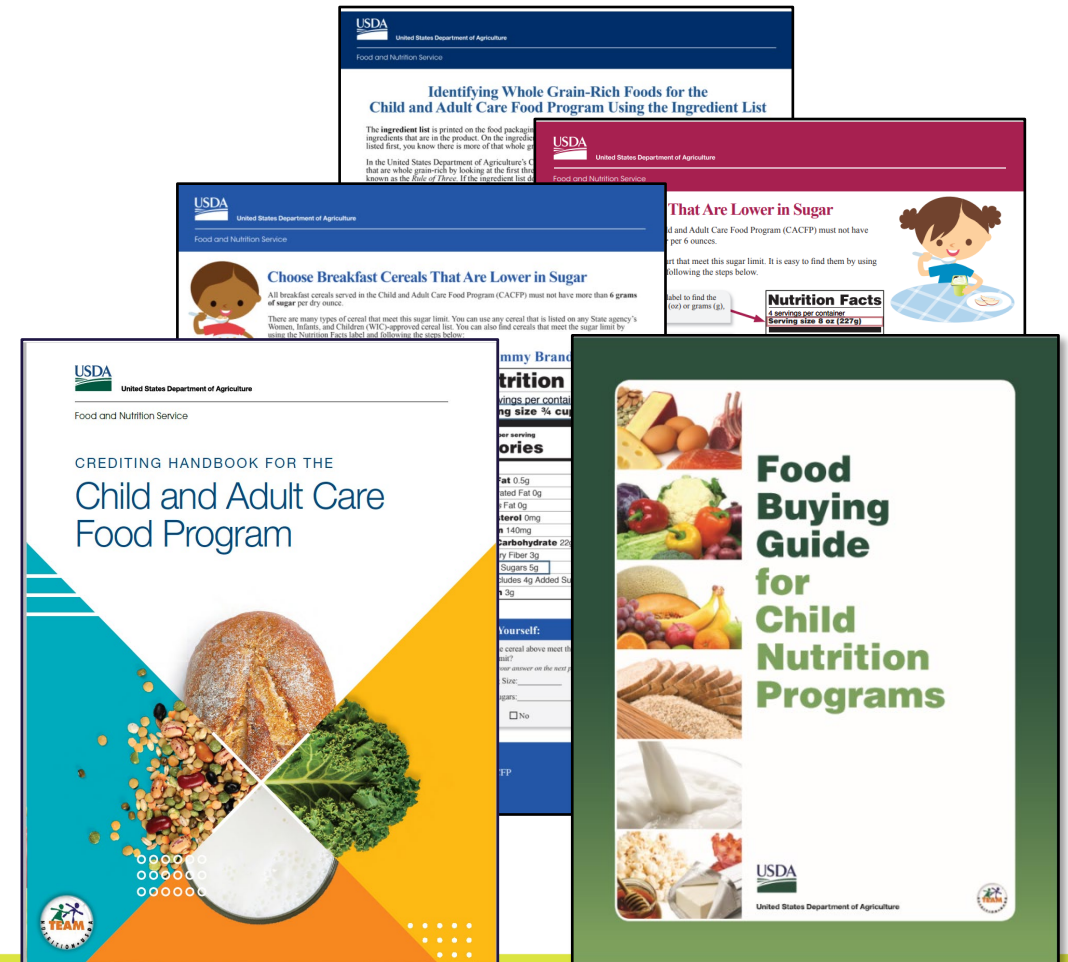


# Meal Pattern - Resources

NDE Nutrition Services Website <https://www.education.ne.gov/ns>

## Forms & Resources Available:

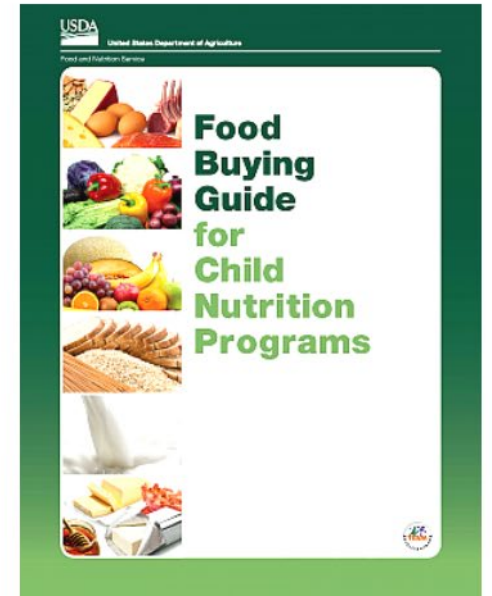
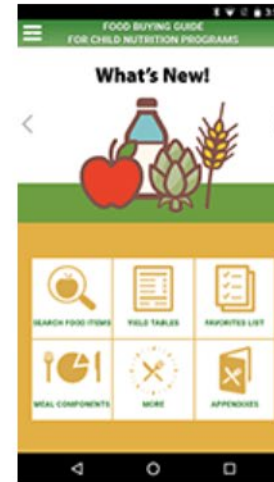
- Administration, Record Keeping & Finance
- Food & Nutrition
- Training Resources
- USDA Resources
- USDA Regulation & Policy
- WIC Resources





# Meal Pattern - Resources

**Food Buying Guide:**  
Assist sponsors to  
determine the  
quantity of food to  
prepare based on the  
# of participants



<https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs>





# Meal Pattern - Resources

On-Line Training: <https://canvas.education.ne.gov/>

Course Title
CACFP – Feeding Infants
CACFP – Reading Nutrition Facts Labels
CACFP – Grain Requirements
CACFP – Meat and Meat Alternates
CACFP – Fruits and Vegetables
CACFP – Serving Milk
CACFP – Serving Breakfast
CACFP – Serving Snack

**Child and Adult Care Food Program (CACFP)**

**Online Training Modules Now Available on the NDE Learning Network!**

Nebraska Team Nutrition is offering additional training courses for CACFP centers and day care homes via an online platform, Canvas.

- FREE approved training.
- Courses can be completed as your schedule allows.
- A Certificate of Continuing Education Units is provided upon successful course completion.

**Additional Courses COM**  
Civil Rights  
Meal Accommoda

These supplemental trainings are designed to support completion of required training, while also helping CACFP providers serve healthy, balanced meals and snacks.

Please see the back of this flyer for available CACFP courses.

To access CACFP Canvas courses, please visit: <https://canvas.education.ne.gov>. Follow the log-in instructions at the top of the page for either New Users or Non-Canvas Returning Users.

For questions, please contact  
Lauren Christensen at:  
[lauren.christensen@nebraska.gov](mailto:lauren.christensen@nebraska.gov)

Nebraska Department of Education  
**LEARNING NETWORK**

WELCOME TO THE NEW NDE LEARNING NETWORK!  
This site has many professional development courses for the Nebraska Education Community. Information to help get you started can be found below.

**NEW USERS** - Click on the link to view the How to create a NEW account document.

**NE. CANVAS DISTRICT/ESU USERS** - Log-in by choosing your district/ESU from the dropdown menu then log-in using your district Canvas credentials.

**NON-CANVAS RETURNING USERS** - Choose "Nebraska Department of Education" from the log-in dropdown then, Log-in to return to your courses.

**3 WAYS TO SEARCH:**

1. Use the search box below to enter the course name you are looking for.
2. Use the categories dropdown to search by NDE office for a course.
3. Browse through the page to see all of course offerings.

Search bar:

**Nutrition Services** (highlighted with a red circle) | Refine

Grid of course cards:

- CACFP - Feeding Infants: Self-paced, FREE | 1.5 credits
- CACFP - Fruits and Vegetables: Self-paced, FREE | 1 credit
- CACFP - Grain Requirements: Self-paced, FREE | 2 credits
- CACFP - Meat and Meat Alternates: Self-paced, FREE | 1.5 credits



**NEBRASKA**  
DEPARTMENT OF EDUCATION

Handout

FY2024 CACFP Annual Training





# Questions?



# FY 2024 CACFP Annual Training

## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- **Civil Rights**
- General Reminders
- Income Eligibility & Enrollment Forms
- Filing Claims
- Infant Meal Pattern Review



# Civil Rights

## Discrimination is defined as:

“Different treatment which make a distinction of one person or a group of persons from others; either intentionally, by neglect, or by the actions or lack of action based on a protected class.”







# Civil Rights

## Title VI of Civil Rights Act of 1964:

Prohibits discrimination based upon race, color, religion, sex and national origin in programs and activities receiving Federal financial assistance

## Six Protected Classes for Child Nutrition Programs:

Race, color, national origin, age, disability and sex (including gender identity and sexual orientation)





# Civil Rights

## Limited English Proficiency (LEP)



- *Who are persons with LEP?*
  - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English because of their national origin
- Recipients of Federal financial assistance have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by persons with LEP.
- Failure to provide "meaningful" access to persons with LEP could be discrimination on the basis of national origin.





# Civil Rights

## Limited English Proficiency (LEP) and Program Access

What is meaningful access?

- Providing reasonable, timely, appropriate and competent language services at no cost to individuals with LEP.

### *Language services:*

- Applicants and participants cannot be asked to bring their own interpreters
- Children should **not** be used as interpreters
- Use qualified, competent language resources

### *Examples of language services:*

- Bilingual staff (*qualified and competent*)
- Contracted telephone interpreter services
- Oral interpretation services
- Written language services
- Community organizations and volunteers





# Civil Rights

## Income Eligibility Form (IEF) Translations

<https://www.fns.usda.gov/cacfp/english-meal-benefit-income-eligibility-form>

### Translations of Meal Benefit Eligibility Form

Arabic - <a href="#">PDF</a> , <a href="#">Word</a>	Hmong - <a href="#">PDF</a> , <a href="#">Word</a>	Serbian - <a href="#">PDF</a> , <a href="#">Word</a>
Armenian - <a href="#">PDF</a> , <a href="#">Word</a>	Japanese - <a href="#">PDF</a> , <a href="#">Word</a>	Somali - <a href="#">PDF</a> , <a href="#">Word</a>
Chinese Simplified - <a href="#">PDF</a> , <a href="#">Word</a>	Khmer - <a href="#">PDF</a> , <a href="#">Word</a>	Spanish - <a href="#">Meal Benefit Income Eligibility Form PDF, Instructions and Letters Word</a>
Chinese Traditional - <a href="#">PDF</a> , <a href="#">Word</a>	Korean - <a href="#">PDF</a> , <a href="#">Word</a>	Sudanese - <a href="#">PDF</a> , <a href="#">Word</a>
Creole - <a href="#">PDF</a> , <a href="#">Word</a>	Kurdish - <a href="#">PDF</a> , <a href="#">Word</a>	Tagalog - <a href="#">PDF</a> , <a href="#">Word</a>
Croatian - <a href="#">PDF</a> , <a href="#">Word</a>	Laotian - <a href="#">PDF</a> , <a href="#">Word</a>	Thai - <a href="#">PDF</a> , <a href="#">Word</a>
English - <a href="#">Meal Benefit Income Eligibility Form PDF, Instructions and Letters Word</a>	Mien - <a href="#">PDF</a> , <a href="#">Word</a>	Tigrinya - <a href="#">PDF</a> , <a href="#">Word</a>

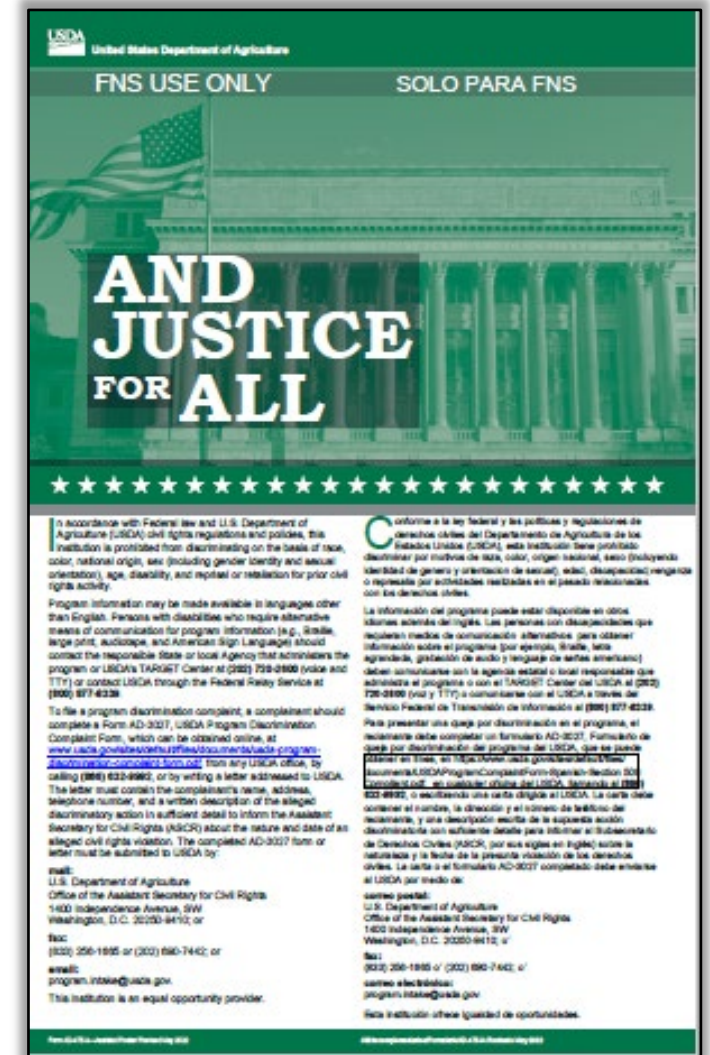
See above link for additional language translations of IEFs





# Civil Rights

- And Justice For All Poster - Post in Prominent Place!
- Multi-Site Reviewers: Ensure poster is current at all sites
- CACFP materials issued must include the Non-Discrimination Statement





# Civil Rights

## Non-Discrimination Statement

At a minimum, the full nondiscrimination statement should be included on:

- Application form(s)
- Notification of Eligibility or Ineligibility
- Verification notice and results letter
- Notice of Adverse Action form
- Program (Home) webpage or a direct link to NDS
- Public information, including program literature



Photo Credit: Southeast Nebraska Community Action





# Civil Rights

## Disability is defined as:

A person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment.

- Major life activity means functions such as caring for self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and/or working.





# Civil Rights – Medical Statement

- Participants with Disabilities/Special Diets
- Center is required to supply the substitutions
- Must identify foods omitted and substitutions
- Signed by medical authority
- Can use NDE form or form generated by medical authority
- **MUST** include child's first and last name and date of birth

MEDICAL STATEMENT		
<p>Parent/Guardian: You have requested a meal accommodation for your participant of the Child and Adult Care Food Program (CACFP) that cannot be achieved within the federal meal pattern requirements. Therefore, in order to meet your participant's needs, this form must be completed and returned to the care provider. The form must be completed by a State Licensed Health Care Professional (Physician (MD or DO), Physician's Assistant (PA), Advance Practice Registered Nurse-Nurse Practitioner (APRN-NP), or Chiropractor. A Licensed Medical Nutrition Therapist (LMNT) may also complete and sign when acting under the consultation of the licensed physician.</p>		
Name of Participant:	Date of Birth:	
Name of Parent/Guardian:	Telephone:	
Address:	City:	State/Zip:
Email Address:		
Description of participant's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of State Licensed Health Care Professional:	Name of referring physician working with LMNT (if applicable):	
Printed Name and Title:	Phone Number:	Date:
<p>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.</p> <p>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. Individual 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.</p> <p>To file a program complaint of discrimination, complete the <a href="#">USDA Program Discrimination Complaint Form</a>, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> 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:</p>		





# Civil Rights – Request for Meal Accommodation

- Parent request
- Parent may supply
- May be personal preference
- Must meet meal pattern to claim

**Request for Meal Accommodation**

This form may be used to request meal modifications for participants of the Child and Adult Care Food Program (CACFP) who have a physical or medical impairment. The care provider will work collaboratively with parents/guardians to ensure equal opportunity to participate in the CACFP and receive program benefits. However, if the care provider is unable to accommodate your participant's meal modification within the meal pattern requirements, a Medical Statement completed by a State licensed Medical Professional will be needed (CACFP 17-2016).

**Parent/Guardian:**  
Completing the Request for Meal Accommodation form helps the care provider accommodate meal modifications within the meal pattern requirements for participants with a mental or physical impairment. Your participation in this process is important and allows for advanced planning and preparation needed to provide the accommodation. The care provider is not required to provide a specific substitution (such as a particular brand name), but must offer a reasonable modification that effectively accommodates your participant's needs.

Name of Participant:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:		
Specify any dietary restrictions or special instructions for meals:		
Describe the participant's physical or mental impairment:		

**IMPORTANT:** Reimbursable milks for children two years old and older and adults include low-fat or fat-free milk, low-fat or fat-free lactose reduced milk, low-fat or fat-free lactose free milk, low-fat or fat-free buttermilk, or low-fat or fat-free acidified milk (7 CFR 226.20(a)(1)). Milk must be pasteurized fluid milk that meets State and local standards. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk. The nutrient standards for non-dairy beverages are outlined in the CACFP regulations at 7 CFR 226.20(g)(3). To see the non-dairy beverages that meet the this requirement visit <https://www.education.ne.gov/its/forms-resources/child-and-adult-care-food-program/>.


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

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

This institution is an equal opportunity provider.



**NEBRASKA**  
DEPARTMENT OF EDUCATION

Internal Use – Child Care Provider Information

Return \_\_\_\_\_ to \_\_\_\_\_

Phone number: \_\_\_\_\_

Date form received by child care provider: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Nutrition Services  
Revised: April 2018





# Civil Rights

## CACFP staff must complete Civil Rights training

- Center Directors, Responsible Individuals, others
- Document that the training was provided, including date

Multiple Civil Rights Trainings listed on the NDE website:  
<https://www.education.ne.gov/ns/training/cacfp-training/>

### Civil Rights Training

[Outline of Civil Rights Guidance to be in Compliance.pdf](#)

[USDA Civil Rights Requirements and Child Nutrition Programs \(recorded training video\)](#)

- [PowerPoint Slides and Transcript](#)
  - after opening double click on comment icon in upper left corner to open transcript.
  - if opening in desktop version of Adobe you can also go to View, Tools, Comment, Open to display the transcript.

[ICN Civil Rights in Child Nutrition Programs Training](#)





# FY 2024 CACFP Annual Training

## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- Civil Rights
- General Reminders
- Income Eligibility & Enrollment Forms
- Filing Claims
- Infant Meal Pattern Review



# General Reminders - Unique Entity ID



- Renewal- FREE
- Email renewal notification from [Sam.gov](https://sam.gov)
- Completed annually
- Sponsor Application is required to be updated with **renewal date**
- Unique Entity ID Expired = Claim holds





# General Reminders - Field Trips

All sponsors must notify NDE **prior** to taking a field trip

Documentation needs to include:

- Date of field trip
- Meal to be served off-site
- Field trip destination
- Age group



Notify NDE by:

E-Mail ~or~ Site Application (comments section)

**Reminder: Meal Counts must be completed on field trips**





# General Reminders – Training Requirements

## Must Attend:

- NDE Annual Training

## New RP/I's:

- CACFP Recordkeeping
- CACFP Meal Pattern
- Infant Meal Pattern  
(if applicable) \*

**\*NDE encourages cooks & infant staff to attend**

## Must Provide:

- One Training annually & document:
  - CACFP topics discussed
  - Date(s) and location(s)
  - Presenter and names of participants
- Corresponds with Application







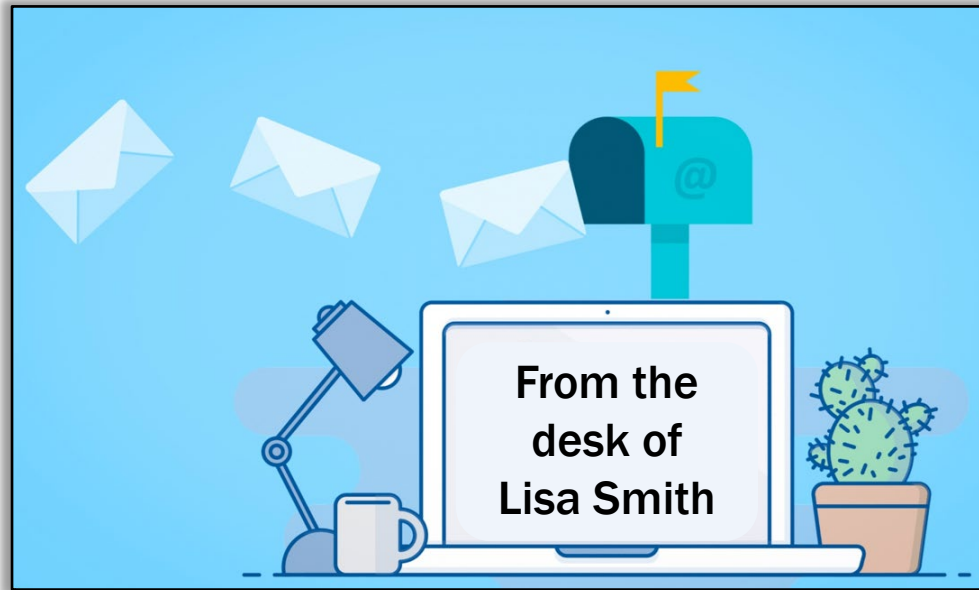
# General Reminders – Records Maintenance

- All CACFP records are required to be maintained for 4 years
- Records must be available during normal business hours & upon request of NDE staff or USDA officials
- If you have lost or damaged records due to natural disaster notify NDE in writing within 30 days
  - Insurance Claims
  - Photographs
  - List of records lost





# General Reminders - Communication



- Ensure Email Addresses are correct and current
- Read & Share all communication with CACFP staff:
  - USDA memos & waivers
  - Delayed payments
  - Upcoming Training Opportunities and Events
- Notify NDE if ...
  - You resign from your position
  - Terminate your CACFP agreement





# General Reminders - Terminating CACFP Agreement

## Written Statement:

- From Owner/Responsible Individual
- Identify the Date of Closure (last day of CACFP)
  - Recommended: 30 days prior to closure
- New mailing address & contact information

**Required to  
maintain  
records for 4  
years after  
termination**

## Submit by:

- E-Mail ~or~ First Class Mail

## Close-Out Reviews

NDE &/or Outside Auditors may need to conduct closeout reviews based on:

- Claim reimbursement for current fiscal year
- Date of last full compliance review







# General Reminders - Procurement

## Invitation for Bid (IFB) – Greater than \$250,000

- Advertise request for vendors or FSMCs
- Minimum 14 calendar days from the date of advertisement before bid opening to ensure all responsible suppliers can respond.
- The time and place of the bid opening must be announced
- Public announcement and public bid opening required if no negotiation
- Clear written specifications
- Contract award to lowest responsive and responsible bidder

## Small Purchase – Less than \$250,000

- Written specifications
- At least 3 quotes with documentation

**Lowest price which meets the specifications is the most important factor.**







# General Reminders - Food Service Contracts

**Current contracts expire June 30, 2024 – Submit new contracts prior to expiration!**

## ***Complete full food service contract:***

- Contract (Pages 1-10)
  - Page 2 – Pricing, completed by food service vendor
  - Page 10 – Identify your specifications
- 4 - week cycle menu (current)
- Example of Delivery Ticket (current)
- Attachment A – Procurement Procedures
- Attachment B - Independent Price Determination (New bids only)
- Attachment C – If contract exceeds \$100,000 (New bids only)



- Contracts \$50,000 and over must be approved by NDE prior to your signature accepting bid from food service vendor





# General Reminder - Food Service Contracts

Ensure an adequate number of meals and snacks are ordered

- All participants are to receive the same meal and the minimum portion is met

**PRIOR** notification is **required** to NDE when:

- Change from self-prep to contracting food service vendor
- Change from food service vendor to self-prep
- Change vendor
- Change meals received
  - Amendment or a new contract may be necessary

**Failure to notify NDE changes = Meal disallowances**





## General Reminders – Procurement/Small Purchase Plan

INFORMAL PROCUREMENT LOG		Institution Name: _____					
Items typically Purchased	Quantity Expected to Buy	Vendor:		Vendor:		Vendor:	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			\$		\$		\$
✓ Vendor Selected		□		□		□	
Date and Method of Contact							
Additional Notes:							
✓ Purchasing Plan (Frequency):		□ Bi-Weekly		□ Weekly		□ Bi-Monthly	
		□ Monthly					
Signature of person completing this form:						Date:	



# General Reminders - Site Reviews (Multi-Site Sponsors)

Ensure each site adheres to the CACFP Regulations by verifying:

- Meals are creditable
- Meal counts recorded at the point-of-service
- Production records/vendor tickets are complete and current
- IEF's and Enrollments on file
- Identify areas where staff need training or procedures need to be reviewed

CACFP Site Review Form NS-406-G Revised March 2022

**Child and Adult Care Food Program  
SPONSOR MULTI-SITE REVIEW FORM**

Date of Review	Time In	Time Out	
Sponsor Name			
Site Name			
Site Address		Telephone #	
City, State, Zip Code			
Site Contact			
Reviewer			

Each site must be reviewed at least three times annually. At least two of the three reviews must be unannounced and at least one unannounced review must include the observation of a meal service. Reviews cannot be more than six months apart. *Preapproval visits* must be conducted at new sites prior to the beginning of program participation and reviewed again within the first four weeks of CACFP operation.

<b>Type of Review</b> <input type="checkbox"/> Pre-Approval <input type="checkbox"/> First Four Week <input type="checkbox"/> Regular Review <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  <input type="checkbox"/> Follow-Up: _____	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Announced</div><div><input type="checkbox"/> Unannounced</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Meal Visit</div><div><input type="checkbox"/> Non-Meal Visit</div></div> <div style="text-align: center; font-weight: bold; font-size: small;">BR AM LU PM SU EV</div> <div style="text-align: center; font-size: x-small;">Circle Meal Observed</div>
--	---

Summary of previous review - identify the errors and concerns observed


Identify how errors were corrected and resolved from the previous review


If applicable, summary of the computer system error report


Nebraska Department of Education Nutrition ServicesPage 1 of 6





# General Reminders - Site Reviews (Multi-Site Sponsors)

**NEW!!!** – Required to vary timing (month) of conducted reviews and meals viewed, must be unpredictable.

Complete 3 visits per site between July 1 and June 30:

- 2 unannounced site visits
- 1 unannounced at meal service
- Must complete 5-day reconciliation at each site visit
- Visits not more than 6 months apart (vary year-to-year)

Sponsors of Multiple Sites Only											
92. Select the month(s) sponsor review will occur (minimum of 3):											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# General Reminders - Site Reviews (Multi-Site Sponsors)

**FIVE-DAY RECONCILIATION WORKSHEET**  
CACFP SITE REVIEW

Name of Site: Hokey Pokey CDC Week of 5/12-5/16/2021

Child's Name	Enrollment Form			Week of:		Circle Meals Claimed
	Meals	Days in Care	Times	Days & Times in Attendance		
Boxwood, Daisy	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E	Monday -	7:00-5:00	5/12/21	7:05 am - 4:37pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
		Friday		5/13/21	6:47 am - 5:14 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/14/21	7:01 am - 5:12 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/15/21	7:08 am - 5:13 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/16/21	6:58 am - 5:05 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
Boxwood, Nolan	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E	Monday -	7:00 - 5:00	5/12/21	7:05 am - 4:37pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
		Friday		5/13/21	6:47 am - 5:14 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/14/21	7:01 am - 5:12 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/15/21	7:08 am - 5:13 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/16/21	6:58 am - 5:05 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
Garber, Rose	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E	Monday/Weds/F	7:30-5:30	5/12/21	7:34 am - 5:14 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
		Friday		5/13/21	7:15 am - 5:45 pm	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/14/21	Absent	<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E 0 meals
				5/15/21	Absent	<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E 0 meals
				5/16/21	Absent	<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E 0 meals
Jones, Tulip	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E	Monday -	6:30-4:30	5/12/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
		Thursday		5/13/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/14/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/15/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/16/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
Larkspur, Jasmine	<input checked="" type="radio"/> B <input checked="" type="radio"/> A <input checked="" type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E	Monday -	8:00-5:00	5/12/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
		Thursday		5/13/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/14/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/15/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E
				5/16/21		<input type="radio"/> B <input type="radio"/> A <input type="radio"/> L <input type="radio"/> P <input type="radio"/> S <input type="radio"/> E

## 5-Day Reconciliation includes:

Enrollment (Usual days, times and meals)

Attendance records (Time-in & Time-out)

Meals served in a 5-day period

A minimum test of 10% of center population (Center enrollment < 50 = 5)

Any meals which a participant is not in attendance should be deducted prior to claim





# General Reminders – At-Risk Meals

## Summer and School Age Children

- **At-Risk meal service ends when local school district year ends**
- **At-Risk centers can participate in:**

### CACFP

- Must have complete and current enrollment and Income Eligibility Form (IEF) on file for each child
- Children are claimed in the free, reduced or paid category based on IEF

**OR**

### SFSP

- Can participate in the Summer Food Service Program (SFSP)
- Requires separate application in CNP
- Contact NDE SFSP team at (402) 471-2488 for more information





# General Reminders – Compliance Reviews

**Current Regulation** – State Agency's must review 33 % of all institutions every three (3) years, sponsoring organization must include a review of 10% of sites

## New Integrity Rule Requirements

State Agency (NDE) is required to conduct Compliance Reviews every two (2) years if a sponsor:

- Conducts activities other than CACFP\*

OR

- Identified as having Serious Management Problems - Serious Deficiencies

OR

- At-risk of having Serious Management Problems (i.e., All new management, fiscal audit findings, etc.)

\*Includes contract services like training or administration, community-based organizations, large nonprofit and for-profit institutions, food banks, and multi-state sponsoring organizations among others





# General Reminders – Compliance Reviews

## Test Month Financial Records **\*NEW\***

*Must provide full bank statement for test month*

Bank statement should show:

- Deposit of CACFP Reimbursement (previously required)
- Beginning and ending balance
- Payment to vendors





# General Reminders – Compliance Reviews

## Compliance Review Results:

- **Observations** – minor errors which may/may not require follow up action by sponsor (Non-systemic)
- **Findings** – 10 % or greater error rate or other areas identified requires corrective action by sponsor (Systemic)
- **Fiscal Action** – assessment due to missing or incomplete records

*Over claims greater than \$200.00 will be collected or deducted from the sponsor/institution's next claim. Interest will be assessed for any funds not recovered with the initial payment or deduction from claim.*







# General Reminders – Compliance Reviews

## Missing/Incomplete Records = Corrective Action & Deductions

- Enrollment/IEF's
  - Menu Production Records/Vendor Tickets
  - Infant Production Records
  - Point of Service Meal Count Records
  - Time-in /Time-out – Attendance Records
  - Meals claimed outside application mealtimes
- Adding Errors
  - Expired/Lapse License
  - Changing from self-prep to Food Vendor
  - Not meeting 25% requirement (for-profit centers)
  - Any other noncompliance issue





# General Reminders - Farm to Early Care & Education

## CURRENT RESOURCES:

- <https://www.education.ne.gov/ns/cacfp/farm-to-preschool/>
  - Webpage and Toolkit
- Harvest of the Month
- Early Care & Education Crunch Off Resource Guide



## COMING IN FALL of 2024:

New FREE Farm to ECE resources

(currently piloting with sites all around the state) including:

- **12 Harvest of the Month Early Care and Education Lessons**
- **Food Preparation Demonstration Videos**
- **Farm to Early Care and Education Garden Guide**
- **From Farm to You video Series - for children**
- **New CACFP Recipes with Crediting Information**









# General Reminders – Farm to Early Care & Education

- Farm to ECE Featurette
- Share your Farm to ECE experiences
- Activities observed
  - Classroom nutrition education
  - Connections with local producers
  - Gardening
  - Taste-tests and recipe trials
- Questions? Contact Sarah Meyer, Farm to School Specialist, [sarah.m.meyer@nebraska.gov](mailto:sarah.m.meyer@nebraska.gov)



Photo Credit: Southeast Nebraska Community Action







# Questions?



# FY 2024 CACFP Annual Training

## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- Civil Rights
- General Reminders
- Income Eligibility & Enrollment Forms
- Filing Claims
- Infant Meal Pattern Review



# Income Eligibility & Enrollment Forms

Form 2024 • Income Eligibility and Enrollment Form • Page 1 of 3  
Child Care Centers • NS-100C

Revised 5/2023

**Dear Parent or Guardian:**

Our child care institution has been approved by the Nebraska Department of Education for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses our institution for the partial cost of meals. We are requesting your help to receive the maximum benefits from the CACFP by completing the attached form (NS-100-C.

**The parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A or Part 3B, to**

determine the amount of CACFP funds to be used. If there is an error cross it out.

**Part 1 - CHILD ENROLLMENT**

• **Child's Name:** List the first and last name of this center.  
• **Date of Birth:** List each child's date of birth.  
• **Enroll Date:** List each child's enrollment date.  
• **Usual Times & Days of Care and leave time:** Check each day the child is in care. If the child is under 12 months, check **Foster Child**. If the child is a foster child, check **Lead Start**. If the child is eligible for **School Age**, if the child is attending school days off, check **box**.

**Optional:** Check the boxes of all appropriate race or ethnicity, one will be selected for Reduced meals.

**Part 2 - Household Receiving Benefits Assistance for Needy Families (TANF):**  
• Complete Parts 1, 2 and 4 and the following:  
• Check the box (es) and provide case number.

**Part 3A - Household exceeding the attached form.**

Weekly Income X 52 = Even  
Household Size: 1 2  
Annual Income: \$26,973 \$36,462

**Part 3B - Household below the posted form using the additional information:**

• **HOUSEHOLD NAMES** Write the children, your spouse, grandparents (if you do not have enough).  
• **GROSS INCOME BEFORE DEDUCTIONS** Use the appropriate column (b), (c), Security or Other Income (see ded. received). Income is all money the box for zero income.  
• **OTHER INCOME:** strike benefit interest/dividends, cash, welfare, and regular contributions.  
• **FOSTER CHILDREN:** List any money given for the child's care, the child, gas, as none.  
• **MILITARY HOUSING BENEFIT:** Housing Privatization Initiative.  
• **SELF-EMPLOYMENT:** Report loss from the business cannot provide income is zero.

Form 2024 • Income Eligibility and Enrollment Form • Page 2 of 3  
Child Care Centers • NS-100C

Revised 5/2023

• **SOCIAL SECURITY NUMBER:** Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**Part 4 SIGNATURE AND CONTACT INFORMATION**

• Sign and date the application. The form must be signed by the parent/guardian.  
• Complete the contact information – name, address, telephone, fax, e-mail.

**Privacy Act Statement:**

The Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966, but if you do not, the funds your child or four digits of the Social Security Number (SSN) of the adult household member is not required when you apply on behalf of the (FOPIR) Temporary Assistance for Needy Families (TANF) case number for the participant or other (FOPIR) signing the application does not have a Social Security Number for free or reduced price meals, and for admission.

**Non-Discrimination Statement:**

In accordance with Federal civil rights law and U.S. Department of Agriculture, its Agencies, offices, and employees, and those of the institution based on race, color, national origin, or sex, or retaliation for prior civil rights activity in the past.

Persons with disabilities who require alternative means of communication (Braille, large print, audiotape, American Sign Language, etc.), should be provided with such means. Individuals who are deaf, hard of hearing or have speech impairments should be provided with such means.

To file a program complaint of discrimination, contact the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.

(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. For assistance completing this form, contact the

Center Name:

Address:

City, State, Zip:

Contact Person:

Telephone:

E-Mail Address:

**The State Agency administering the Child and Adult Care Food Program**  
Nebraska Department of Education  
Nutrition Services  
P.O. Box 94687  
Lincoln, NE 68509  
Telephone: 402-471-2488  
Web site: <http://www.education.ne.gov/NS>

Form 2024 • Income Eligibility & Enrollment Form • Page 3 of 3  
Child Care Centers • NS-100C

Revised 5/2023

**INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS**  
JULY 1, 2023 THROUGH JUNE 30, 2024

**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (hours)		Usual Days of Care	Meals Served During Care	Infant	School Age	Head Start	Foster Child
			Morning	Evening						

**OPTIONAL:** Please check the ethnicity and race of the child(ren) you are enrolling.  
Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

**Part 2. Household Receiving Benefits:** Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). Complete Parts 1, 2 and 4.

Check Applicable Program & Provide Case Number: ☐ SNAP Case # \_\_\_\_\_ ☐ TANF Case # \_\_\_\_\_ ☐ FDPIR Case # \_\_\_\_\_

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES:** Complete Parts 1, 3A and 4. If your family income exceeds the income guidelines (listed as attached later), check this box: ☐

**Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR, MASTER CASE NUMBER:** Complete Parts 1, 3B and 4. GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)  
W-Weekly E-Every 2 weeks 2M-Twice monthly M-Monthly Y-Yearly

List the Names of All Household Members not listed in Part 1 and Foster Children	Earnings from Work (how much)	Earnings from Work (how much)	Welfare, Child Support, Allowance (how much)	Pensions, Retirement, Social Security (how much)	Other Income (how much)	Other Income (how much)
1						
2						
3						
4						

Social Security Number of Household Member who signs form:

**IEF packet is to be dispersed to all households:**

- **Letter to households**
- **Non-Discrimination Statement**
  - **Center contact information (complete prior to copying)**

- **Income Eligibility and Enrollment Form**



# Income Eligibility & Enrollment Forms

- Completed by the parent/guardian of the participant(s) annually
- Not updated (new child = new form)
- Include all participants & household members (one form per family)
- File IEF's separate from individual child's files or adult files you maintain







## Test Your Knowledge

### Income Eligibility & Enrollment Forms (3)

Review each (IEF) to determine:

- Are they complete? Identify what information is missing?
- Can a determination be made?
- If they have been determined, are they correct?





# Income Guidelines for FY2024

JULY 1, 2023 - JUNE 30, 2024

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	18,954	1,580	790	729	365	26,973	2,248	1,124	1,038	519
2	25,636	2,137	1,069	986	493	36,482	3,041	1,521	1,404	702
3	32,318	2,694	1,347	1,243	622	45,991	3,833	1,917	1,769	885
4	39,000	3,250	1,625	1,500	750	55,500	4,625	2,313	2,135	1,068
5	45,682	3,807	1,904	1,757	879	65,009	5,418	2,709	2,501	1,251
6	52,364	4,364	2,182	2,014	1,007	74,518	6,210	3,105	2,867	1,434
7	59,046	4,921	2,461	2,271	1,136	84,027	7,003	3,502	3,232	1,616
8	65,728	5,478	2,739	2,528	1,264	93,536	7,795	3,898	3,598	1,799
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183





# IEFs & Meal Count Records

## Diamond and Quartz Family

Fiscal Year 2024 - Income Eligibility & Enrollment Form - Page 3 of 3  
Child Care Centers - NS-100C  
Revised 02/2023

**INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS**  
JULY 1, 2023 THROUGH JUNE 30, 2024

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

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)	Usual Days of Care							Meals Served During Care	Infant	School Age	Head Start	Foster Child
				M	T	W	T	F	S	S					
Diamond, Jade	5-1-21	8-6-21	715A-430P	X	X	X	X	X	X	X	X	X			
Diamond, Amber	1-5-23	1-5-24	715A-430P	X	X	X	X	X	X	X	X	X			
Quartz, Amber			715A-430P	X	X	X	X	X	X	X	X	X			

OPTIONAL: Please check the ethnicity and race of the child.  
Ethnicity (select one or more): ☐ Hispanic  
Race (select one or more):

Part 2. HOUSEHOLD INFORMATION: Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Signature of Parent/Guardian: Opal Mamore

FOR CENTER: SNAP/TANF/FDPIR HOUSEHOLD: ☒ ANNUAL INCOME: \$14,350 HOUSEHOLD SIZE: 4  
Center Official Signature: Alex Sapphire Date of Signature: 9/15/24  
Effective Date: 3/1/24 Expiration Date: 3/31/2025

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

\* Utilize current fiscal year

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS  
JULY 1, 2023 THROUGH JUNE 30, 2024

Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.





# IEFs & Meal Count Records

## Diamond and Quartz Family Is this enrollment complete?

Fiscal Year 2024 - Income Eligibility & Enrollment Form - Page 3 of 3  
Child Care Centers - NS-100C Revised 02/2023

**INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS**  
JULY 1, 2023 THROUGH JUNE 30, 2024

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

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)	Usual Days of Care	Meals Served During Care	Infant	School Age	Head Start	Foster Child							
										Arrival Time	Leave Time	M	T	W	T	F
Diamond, Jade	5-1-21	8-6-21	7:15A-4:30P	X X X X X	X X X X X											
<del>Diamond, [unnamed]</del>	<del>11-5-23</del>	<del>1-5-24</del>	<del>7:15A-4:30P</del>	<del>X X X X X</del>	<del>X X X X X</del>	<del></del>	<del></del>	<del></del>	<del></del>							
Quartz, Amber	8-2-17	3-9-23	7:15A-4:30P	X X X X X	X X X X X											

7/2/2023 AS

Signature of Parent/Guardian: [Signature] Date: [Date] E-Mail Address/Telephone: [E-Mail Address/Telephone]

**FOR CENTER USE ONLY**

SNAP/TANF/FDPIR HOUSEHOLD: [X] ANNUAL INCOME: \$64,950 HOUSEHOLD SIZE: 4

Center Official Signature: [Signature] Date of Signature: 9/15/24

Effective Date: 3/1/24 Expiration Date: 3/31/2025

HOUSEHOLD CATEGORY: ☐ Free ☐ Reduced ☐ Paid ☐ Incomplete

Foster Child - Free Category: [ ] List name of foster child(ren): [ ]

Yes – Jade

No - Unnamed child and Amber





# Income Eligibility & Enrollment Forms

Enrollment Form is effective for one year from the date the parent/guardian signs the form

## Complete Enrollment includes:

FULL Name of **Child** or **Adult**

Date of Birth

Enrollment Date

Parent/Guardian Signature

Date of Signature

Usual Days, Times & Meals

Check only if applicable: **Infant, School-Age, Head Start, Foster**





# IEFs & Meal Count Records

## Diamond and Quartz Family Part 3B - What's missing?

Part 3B. ALL OTHER HOUSEHOLDS – If you **do not** have a SNAP, TANF or FDPIR **MASTERCASE** number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check if ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1 Diamond, Paul	725	E2							<input type="checkbox"/>
2 Diamond, OPAL	1750	E2							<input type="checkbox"/>
3 Quartz, Amber 7/2/2023 AS									<input checked="" type="checkbox"/>
4									<input type="checkbox"/>

Social Security Number of Household Member who signs form: \_\_\_\_\_  
Last four digits of Social Security Number: XXX-XX-4263 7/2/2023 AS If you do not have a Social Security Number, check this box ☐

### ***Foster Child***

Add foster children to Part 3B

### ***Social Security Number***

Head Start marked (Jade) - center is not Head Start agency





# Income Eligibility & Enrollment Forms



## Head Start/ Early Head Start

- Six Pence is NOT Head Start
- Head Start Free Meal Eligibility
  - Head Start grantee OR
  - Documentation of Head Start eligibility





# IEFs & Meal Count Records

## Diamond and Quartz Family Determination

Has this IEF been  
determined within  
**10 days?**  
**NO**

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

*I certify (promise) 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.*

Opal Diamond  
Signature of Parent/Guardian

7/1/2023  
Date

Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-Mail Address/Telephone \_\_\_\_\_

---

**FOR CENTER USE ONLY**

\_\_\_\_ SNAP/TANF/FDPIR HOUSEHOLD

X ANNUAL INCOME: \$164,350 HOUSEHOLD SIZE: 4

Alex Sapphire  
Center Official Signature

3/1/24  
Effective Date

3/15/24  
Date of Signature

3/31/2025  
Expiration Date

**HOUSEHOLD CATEGORY:**

☐ Free  
☐ Reduced  
☐ Paid  
☐ Incomplete

**Foster Child – Free Category**  
List name of foster child(ren)  
\_\_\_\_\_





# Income Eligibility & Enrollment Forms

## Center Officials should:

- Determine & Sign IEFs within 10 days of receipt
- Effective date is the first of the month in which you make your determination
- No determination or signature by center official = **Incomplete IEF**



**FY2025**

Use current income  
guidelines (May Packet)





# IEFs & Meal Count Records

Calculation time-  
get out your  
calculators!

## Diamond and Quartz Family Determination

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR <b>MASTERCASE</b> number: Complete Parts 1, 3B and 4.									
GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly									
List the Names of All Household Members not listed in Part 1 and Foster Children	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 Diamond, Paul	725	E2							<input type="checkbox"/>
2 Diamond, OPAL	1750	E2							<input type="checkbox"/>
3 Quartz, Amber 7/2/2023 AS									<input checked="" type="checkbox"/>

### Determinations

*Paul*

\$725 every two weeks

$\$725 \times 26(E2) = \$18,850$

*Opal*

\$1,750 every two weeks

$\$1,750 \times 26 (E2) = \$45,500$

Total Income =  $\$18,850 + \$45,500 = \$64,350$





# Income Guidelines for FY2024

Total Income: \$64,350

JULY 1, 2023 - JUNE 30, 2024

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Twice per Month	Every Two Weeks	Weekly		
1	18,954					1,124	1,038	519		
2	25,636					1,521	1,404	702		
3	32,318					1,917	1,769	885		
4	39,000					2,313	2,135	1,068		
5	45,682					2,709	2,501	1,251		
6	52,364					3,105	2,867	1,434		
7	59,046	4,921				3,502	3,232	1,616		
8	65,728	5,478				3,898	3,598	1,799		
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183

PAID





# IEFs & Meal Count Records

## Diamond and Quartz Family Determination

FOR CENTER USE ONLY	
____ SNAP/TANF/FDPIR HOUSEHOLD	
<u>X</u> ANNUAL INCOME: <u>\$64,350</u>	HOUSEHOLD SIZE: <u>4</u>
<u>Alex Sapphire</u>	<u>3/15/24</u>
Center Official Signature	Date of Signature
<u>3/11/24</u>	<u>3/31/2025</u>
Effective Date	Expiration Date

HOUSEHOLD CATEGORY:

- ☒ Free Amber
- ☐ Reduced
- ☒ Paid Jade
- ☐ Incomplete

Foster Child – Free Category

List name of foster child(ren)

Quartz, Amber





# IEFs & Meal Count Records

## Diamond and Quartz Household Review

- Errors identified include:
  - Adding unborn child to IEF
  - Incomplete child enrollment information
  - Missing last four digits of SSN
  - IEF not determined within 10 days of guardian signature

**REQUIREMENT: HOUSEHOLD MUST  
SUBMIT NEW IEF**

Fiscal Year 2024 - Income Eligibility & Enrollment Form - Page 3 of 3  
Child Care Centers - NS-100C  
INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS  
JULY 1, 2023 THROUGH JUNE 30, 2024  
Revised 5/2023

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

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)	Usual Days of Care							Meals Served During Care							Infant	School Age	Head Start	Foster Child		
				M	T	W	T	F	S	S	B	A	M	P	M	D	E						
Diamond, Jade	5-12-21	8-6-21	715A 430P	X	X	X	X	X	X	X	X	X	X	X	X								
Diamond, Opal	11-5-23	1-5-24	715A 430P	X	X	X	X	X	X	X	X	X	X	X	X								
Quartz, Amber	11-5-23	1-5-24	715A 430P	X	X	X	X	X	X	X	X	X	X	X	X								

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.  
Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): Complete Parts 1, 2 and 4.

Check Applicable Program & Provide Case Number(s): ☐ SNAP Case #: ☐ TANF Case #: ☐ FDPIR Case #:

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.  
If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS - If you do not have a SNAP, TANF or FDPIR MASTERCASE number, Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	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 Diamond, Paul	925	E2							<input type="checkbox"/>
2 Diamond, Opal	1950	E2							<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

Social Security Number of Household Member who signs form: \_\_\_\_\_  
Last four digits of Social Security Number: XXX-XX-\_\_\_\_\_. If you do not have a Social Security Number, check this box ☐

Part 4. SIGNATURE AND CONTACT INFORMATION:  
I certify (promise) 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 if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Signature of Parent/Guardian: Opal Diamond Date: 7/11/2023  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address/Telephone: \_\_\_\_\_

FOR CENTER USE ONLY

SNAP/TANF/FDPIR HOUSEHOLD: X ANNUAL INCOME: \$164,950 HOUSEHOLD SIZE: 4  
Center Official Signature: Alex Sapphire Date of Signature: 3/15/24  
Effective Date: 3/1/24 Expiration Date: 3/31/2025

HOUSEHOLD CATEGORY: ☐ Free ☐ Reduced ☐ Paid ☐ Incomplete  
Foster Child - Free Category  
List name of foster child(ren): \_\_\_\_\_





# IEFs & Meal Count Records

Fiscal Year 2024 - Income Eligibility & Enrollment Form - Page 3 of 3  
Child Care Centers - NS - 100C  
INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS  
JULY 1, 2023 THROUGH JUNE 30, 2024

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

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)	Usual Days of Care	Meals Served During Care	Infant	School Age	Head Start	Foster Child											
										Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A
Topaz, Jasper	7-21-21	3-23	800	530	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Topaz, Jet	9-23	3-23	800	530	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.  
 Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
 Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): Complete Parts 1, 2 and 4.

Check Applicable Program & Provide Case Number(s): ☒ SNAP Case #: 334456 ☐ TANF Case #: 3/10/2024 AS ☐ FDPIR Case #: \_\_\_\_\_

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.  
 If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS - If you do not have a SNAP, TANF or FDPIR MASTERCASE number: Complete Parts 1, 3B and 4.  
 GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)  
 W=Weekly E2=Every 2 weeks ZM=Twice monthly M=Monthly Y=Yearly

List the Names of All Household Members not listed in Part 1	Earnings from Work	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income	Check if ZERO income
1 Topaz					
2					
3					
4					

Part 4. SIGNATURES  
 I certify (prior to reporting) the information provided is true and correct.  
 Signature of Parent/Guardian: Coral Topaz Date: 3-5-2024  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 E-Mail Address/Telephone: \_\_\_\_\_

FOR CENTER USE ONLY  
☒ SNAP/TANF/FDPIR HOUSEHOLD  
 ANNUAL INCOME: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_  
 Center Official Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HOUSEHOLD CATEGORY: ☒ Free ☐ Reduced ☐ Paid ☐ Incomplete  
 Foster Child - Free Category  
 List name of foster child(ren): \_\_\_\_\_

Topaz Family

Is the enrollment complete? YES

Is Part 2 complete? NO

IEF clarifications

- Add date and initials of center official in different colored ink





# Income Eligibility & Enrollment Forms

## Free meal benefit determination - **Child Center Participants**

- Foster Children
- SNAP, TANF, FDPIR only - does not include childcare subsidy (Title XX)

**SNAP, TANF, FDPIR- Master Case Numbers must be entered if qualifying by household benefit**



**Part 2.** Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☒ **SNAP** Case #: 011111 ☐ **TANF** Case #: \_\_\_\_\_ ☐ **FDPIR** Case #: \_\_\_\_\_

**Direct Certification** is not allowed for CACFP determinations





# Income Eligibility & Enrollment Forms

Free meal benefit determination - **Adult Center Participants only**

- SNAP, TANF, FDPIR, Medicaid and SSI

Master Case Numbers must be entered if qualifying by household benefit



Part 2.

Households receiving *benefits* from the Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): Supplemental Security Income (**SSI**), or Medicaid:  
Complete Parts 1, 2 and 4.

Check Applicable Program(s): ☐ SNAP    ☐ TANF    ☐ FDPIR    ☒ SSI    ☐ Medicaid    Master Case #: 01111455





# IEFs & Meal Count Records

Topaz Family

Can you make a determination?

MISSING SNAP case #

\$19.50 per hour wages-  
what is missing?

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): Complete Parts 1, 2 and 4.

Check Applicable Program & Provide Case Number(s): ☒ SNAP Case #: \_\_\_\_\_ ☐ TANF Case #: \_\_\_\_\_ ☐ FDPIR Case #: \_\_\_\_\_

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

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

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR *MASTERCASE* number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check if ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1 Topaz, Coral	19.50/per hour	30 hours per week, paid weekly							<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

Social Security Number of Household Member who signs form: \_\_\_\_\_

Last four digits of Social Security Number: XXX-XX-4567 If you do not have a Social Security Number, check this box ☐

Hourly wages must include number of hours worked per week and pay frequency

\$19.50/per hour, 30 hours per week = \$30,420 **FREE**

\$19.50/ per hour, 40 hours per week = \$40,560 **REDUCED**

DO NOT ASSUME A 40 HOUR WORK WEEK





# Income Guidelines for FY2024

Total Income: \$30,420

JULY 1, 2023 - JUNE 30, 2024

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	18,954							1,124	1,038	519
2	25,614							1,521	1,404	702
3	32,334							1,917	1,769	885
4	39,004							2,313	2,135	1,068
5	45,682							2,709	2,501	1,251
6	52,364							3,105	2,867	1,434
7	59,046	4,922				7,003		3,502	3,232	1,616
8	65,728	5,478				7,795		3,898	3,598	1,799
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183

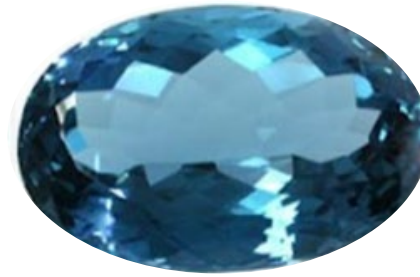
FREE





# IEFs & Meal Count Records

## Topaz Family Determination



### Part 4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) 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.

Coral Topaz  
Signature of Parent/Guardian

3-5-2024  
Date

Print Name

Address

City

State

Zip Code

E-Mail Address/Telephone

### FOR CENTER USE ONLY

~~X~~ SNAP/TANF/EDIPR HOUSEHOLD

~~X~~ ANNUAL INCOME: \$30,420 HOUSEHOLD SIZE: 3

Alex Sapphire  
Center Official Signature

5/1/2024  
Effective Date

5/15/2024  
Date of Signature

3/31/2025  
Expiration Date

HOUSEHOLD CATEGORY:

- ☒ Free ☒  
☐ Reduced  
☐ Paid  
☐ Incomplete

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





# IEFs & Meal Count Records

## Topaz Household Review

- Errors identified include:
  - Missing SNAP case number
  - Missing hours per week and pay schedule
  - Determined FREE without SNAP case number
  - IEF not determined within 10 days of guardian signature

**CHILDREN CANNOT BE CLAIMED AS FREE OR REDUCED UNTIL SIGNED BY CENTER OFFICIAL**

Fiscal Year 2024 - Income Eligibility & Enrollment Form - Page 3 of 3  
Child Care Centers - NS-100C  
INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS  
JULY 1, 2023 THROUGH JUNE 30, 2024  
Revised 5/2023

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

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care							Infant	School Age	Head Start	Foster Child								
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	M	L	P	D	E					V							
Topaz, Jaden	7-21-21	3-23	800	530	X	X	X	X	X						X	X	X													
Topaz, JET	9-23	3-23	800	530	X	X	X	X	X						X	X	X													

OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.  
Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
Race (select one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): Complete Parts 1, 2 and 4.  
Check Applicable Program & Provide Case Number(s): ☒ SNAP Case #: \_\_\_\_\_ ☐ TANF Case #: \_\_\_\_\_ ☐ FDPIR Case #: \_\_\_\_\_

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.  
If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

Part 3B. ALL OTHER HOUSEHOLDS - If you do not have a SNAP, TANF or FDPIR MASTERCASE number, Complete Parts 1, 3B and 4.  
GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)  
W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly

List the Names of All Household Members not listed in Part 1 and Foster Children	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 Topaz, Coral	19.50	per hour							<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

Social Security Number of Household Member who signs form: \_\_\_\_\_  
Last four digits of Social Security Number: XXX-XX-4567 If you do not have a Social Security Number, check this box ☐

Part 4. SIGNATURE AND CONTACT INFORMATION:  
I certify (promise) 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/Guardian: Coral Topaz Date: 3-5-2024  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address/Telephone: \_\_\_\_\_

FOR CENTER USE ONLY  
☒ SNAP/TANF/FDPIR HOUSEHOLD  
ANNUAL INCOME: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_  
Center Official Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HOUSEHOLD CATEGORY: ☒ Free ☐ Reduced ☐ Paid ☐ Incomplete  
Foster Child - Free Category  
List name of foster child(ren): \_\_\_\_\_







"Silver" 1/3/2024 AS

**Is this the same person? MAKE NO ASSUMPTIONS.  
Clarify with household.**

1/3/2024 AS



# IEFs & Meal Count Records

Emerald Family : How much annual income does this family make?

**Pearl**

$\$790 \times 24 \text{ (2M)} = \$18,960$   
 $\$75 \times 12 \text{ (M)} = \$900$   
**TOTAL: \$19,860**

**Garrett Sr.**

$\$850 \times 26 \text{ (E2)} = \$22,100$   
 $\$1100 \times 12 \text{ (M)} = \$13,200$   
**TOTAL: \$35,300**

<b>Pearl</b>	<b>\$19,860</b>
<b>Garrett Sr.</b>	<b>\$35,300</b>
<hr/>	
<b>Total</b>	<b>\$ 55,160</b>

Make sure you  
are writing down  
your calculations

SNAP, TANF or FDPIR **MASTERCASE** number: Complete Parts 1, 3B and 4.

**INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)**  
E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly

	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?	
1	75	M					<input type="checkbox"/>
2			1100	M			<input type="checkbox"/>
3							<input type="checkbox"/>

11/31/2024 AS





# Income Guidelines for FY2024

Total Income: \$ 55,160

JULY 1, 2023 - JUNE 30, 2024

Household Size	Free Meals					Reduced Price Meals				
	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	18,954							1,124	1,038	519
2	25,636							1,521	1,404	702
3	32,318							1,917	1,769	885
4	39,000							2,313	2,135	1,068
5	45,682							2,709	2,501	1,251
6	52,364							3,105	2,867	1,434
7	59,046	4,954				7,795		3,502	3,232	1,616
8	65,728	5,478						3,898	3,598	1,799
For each additional family member add:	6,682	557	279	257	129	9,509	793	397	366	183

REDUCED





# IEFs & Meal Count Records

## Emerald Family Determination



### FOR CENTER USE ONLY

\_\_\_\_ SNAP/TANF/FDPIR HOUSEHOLD

X ANNUAL INCOME: \$ 55,160 HOUSEHOLD SIZE: 4

Alex Sapphire 5/15/2024  
Center Official Signature Date of Signature  
5/1/2024 1/31/2025  
Effective Date Expiration Date

HOUSEHOLD CATEGORY: ☐ Free  
☒ Reduced  
☐ Paid  
☐ Incomplete

Foster Child – Free Category  
List name of foster child(ren)  
\_\_\_\_\_





# IEFs & Meal Count Records

## Meal Count Records and Filing Claims



Photo Credit: Southeast Nebraska Community Action

***Each program should maintain a Roster of Children***

- Name – Last, First and identify any nicknames
- Eligibility Determination – Free, Reduced, Paid
- Date of Eligibility for each child





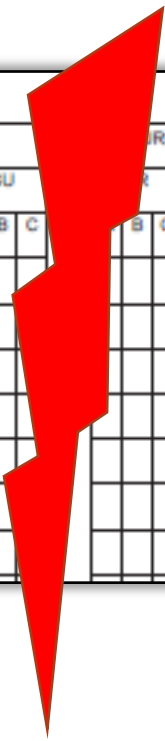


# Income Eligibility & Meal Count Records

Reminder: Start a new meal count record at the beginning of each month (& infant production records)

RECORD OF MEALS AND SUPPLEMENTS SERVED

(PLEASE PRINT LEGIBLY)		MONDAY DATE: 5/29/2023												TUESDAY DATE: 5/30/2023												WEDNESDAY DATE: 5/31/2023												THURSDAY DATE: 6/1/2023											
LAST NAME, FIRST NAME		C O D E	BR			SN			LU			SN			SU			BR			SN			LU			SN			SU			BR			SN			LU			SN			SU				
			A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C											
1	Nugget, Louie	C																																															
2	Nugget, Cecelia	A																																															
3	Tuukka, Jack	A																																															
4	Basenji, Dexter	B																																															
5	Baenji, Otis	A																																															
6	Baenji, Zahara	B																																															
7	Havanese, Nattie	A																																															







# Meal Count Records & Filing Claims

## Meal counts should include:

- First & last names of each participant
- Month, Day & Year
- Participants marked in the correct meal benefit category based on IEF determination and enrollment form on file
- Each meal column tabulated (added)
- Verification completed by an additional staff member (Double-check)







# Meal Count Records & Filing Claims

- At the Point of Service
- All food components have been served – including milk





# FY 2024 CACFP Annual Training



## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- Civil Rights
- General Reminders
- Income Eligibility & Enrollment Forms
- **Filing Claims**
- Infant Meal Pattern Review



# Filing Claims

## Claim for Reimbursement Worksheet

- Must be completed each month for each site & maintained in files
- If utilizing a computer software program, a printable report must be available with the same information

Claim for Reimbursement Worksheet  
NS-401-G  
Revised April 2009

Center:		Agreement Number:		Month/Year:															
Date	NUMBER OF MEALS SERVED						ATTENDANCE*												
	Breakfast		AM Snack		Lunch	PM Snack		Supper	EV Snack										
	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P				
1																			
2																			
3																			
4																			
5																			
6																			
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25																			
26																			
27	3	1	9	2	1	2	2	2	2	3	1	7					17		
28	2	1	7	2	1	5	2	2	5	2	1	5					16		
29	3	1	5	2	1	4	2	2	5	2	1	7					18		
30	3	0	7	2	1	1	2	2	5	0	2	7							
31																			
TOTAL																			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S

\* Daily Attendance is the total number of different participants who were served at least one meal during the day. Column S is the number of participants present during the day, not a total of the number of meals served.

Calculating Average Daily Attendance (ADA)

$$\frac{\text{Total in column S}}{\text{Days served}} = \text{ADA}$$

Round ADA up to the next highest number.

Before submitting your claim, review these Edit Checks

1. Is the center approved to claim the meals noted above?
2. The total meal count for any meal may not exceed the total attendance for the month.
3. The same number of meals claimed for one or more meal types is not identical for 15 consecutive days in the month; this is back claiming. If the number of meals claimed for one or more meal types is identical for 15 consecutive days, follow-up by the center sponsor is required. Follow-up must be documented for each center.





# Filing Claims

Free, Reduced & Paid categories must match the children claimed for that month:

Sponsor Information			
Sponsor Name	Sponsor Number	Site Name	Month/Year Claimed
Gem Kids Care	28-xxxx	Ruby House	April 2024
Attendance Reporting			
Number of Days Meals were Provided		5	
Average Daily Attendance		17	
Title XX Participants (For Profit Centers Only)		6	
Eligibility (Number of Eligible Participants)			
Number of Free	Number of Reduced	Number of Paid	Total Eligible
4	2	14	20





# Filing Claims – Child Nutrition Program (CNP)

Accepted Claim



Processed Claim

Claims > Claim Year at a Glance - Centers > Program Year: 2023 - 2024

**Child & Adult Care Food Program  
Claim Month Details for February 2024**

Claim Month: February 2024

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
<a href="#">View</a>   <a href="#">Summary</a>	0	03/11/2024	03/11/2024	03/20/2024	\$12,982.99	Processed
Total Earned					\$12,982.99	

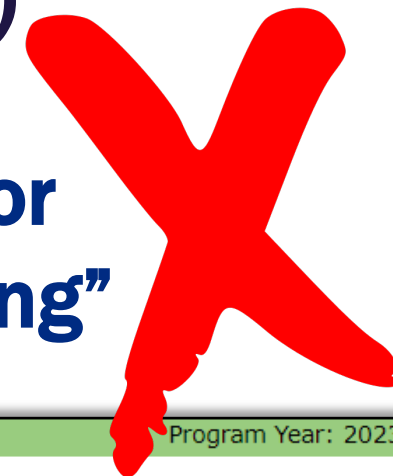
< Back Add Revision





# Filing Claims – Child Nutrition Program (CNP)

**Claim Error  
Or “Pending”**



Claims > Claim Year at a Glance - Centers > Program Year: 2022 - 2023

Child & Adult Care Food Program  
Claim Year Summary for 2022 - 2023

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Jul 2022					\$0.00
Aug 2022					\$0.00
Sep 2022	0	Error			\$773.33
Oct 2022					\$0.00
Nov 2022					\$0.00
Dec 2022					\$0.00
Jan 2023					\$0.00

Program Year: 2023 - 2024

Food Program  
for March 2024

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
<a href="#">View</a>   <a href="#">Modify</a>   <a href="#">Summary</a>	0	04/16/2024			\$0.00	Pending





# Filing Claims – Child Nutrition Program (CNP)

Child and Adult Care Food Program



NEBRASKA  
DEPARTMENT OF EDUCATION

[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | [Security](#) | [Search](#)

 [Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

[Claims >](#) [Claim Year at a Glance - Centers >](#)

Program Year: 2022 - 2023

Child & Adult Care Food Program

Claim Year Summary for 2022 - 2023

**Claim Status “Processed” =  
Claim has been paid**





# Filing Claims – Non-Profit Food Service Operation

CACFP MONTHLY EXPENSES

MONTH/YEAR \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Check No.	Date	Name of Payee/Vendor	Food	Non food Supplies	Unallowable Costs	Food Service Labor	Admin Labor	Admin Costs	Food Service Equipment	Other		Grand Total
										Description	Amount	
TOTAL												
										Less Unallowable Costs		
										Total CACFP		

CACFP reimbursement \$ \_\_\_\_\_ Nonprofit food service? YES NO  
Percentage of CACFP reimbursement used for food/nonfood supplies \$ \_\_\_\_\_

- **Program funds must be expended and accounted for**
- **NDE recommends 50% of reimbursement spent towards food**
- **Receipts must reflect foods on menu production records**
- **Invoices from Food Service Vendors must match the approved contract rate**

## Must have **accurate** accounting system in place



# Filing Claims – Non-Profit Food Service Operation

## Staff Labor Allocations

- Staff name and rate of pay must be reported on the staff profile on CNP
- Labor costs for staff who have multiple job duties must complete a time-certification worksheet
- Staff (cooks) with food-service responsibilities only, a paystub may be used
- Time-certifications should be completed daily
- Must be signed and dated

Employee Name (please print legibly) Crystal Obsidian Month/Year: April 2024

Date	Hours Worked on CACFP		Total Day Care Hours Worked	Date	Hours Worked on CACFP		Total Day Care Hours Worked
	Food Service	CACFP Administrative			Food Service	CACFP Administrative	
1				17	3	0	8
2				18	3	1	8
3	2	1	8	19	3	2	8
4	3	1	8	20	1	0	8
5	3	1	8	21	1	0	8
6	4	2	8	22			
7	3	1	8	23			
8				24	0	0	8
9				25	0	0	8
10	2	1	8	26	3	1	8
11	2	1	8	27	4	2	8
12	4	2	8	28	2	1	8
13	2	1	8	29			
14	3	2	8	30			
15				31			
16				TOTAL	48	20	80

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program

Crystal Obsidian Crystal Obsidian 4/28/2024  
Employee Name (please print legibly) Employee's Signature Date







# Filing Claims – Non-Profit Food Service Operation

Center official needs to:

- Calculate – Needs to reflect information on staff profile
- Sign & Date

MUST BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total hours worked on **FOOD SERVICE** 48 x \$ 17.25 (hourly wage) = \$ 828.00 (Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** 20 x \$ 17.25 (hourly wage) = \$ 345.00 (Total CACFP salary)

B. (SALARIED STAFF)

Total hours worked on **FOOD SERVICE** \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

⇕

Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total CACFP salary)

Total hours worked on **CACFP ADMINISTRATION** \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %

⇕

Total Salary for month \$ \_\_\_\_\_ x \_\_\_\_\_ % = \$ \_\_\_\_\_ (Total CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative Gemma Silver Date 5/2/2024







# Filing Claims – Non-Profit Food Service Operation

## Reporting Claim Cost

- Report **actual** monthly costs ONLY
- Utilize cost worksheet to track CACFP expenses & match receipts
- Must be necessary, reasonable & allowable
- Revise as needed

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted
April 2024	0	5/5/2024	5/5/2024
<b>CACFP Operating Expenses</b>			
1.	Salaries, Benefits & Taxes (Total from Staff Profile)		<b>1173.00</b>
2.	Food Purchases		1,323.59
3.	Food Contracts (vendor, school)		0.00
4.	Nonfood Supplies (napkins, soap, disposable places, gloves, etc.)		4.29
5.	Equipment		0.00
6.	Other (specify)		0.00
<b>Total Operating Costs</b>			<b>2500.88</b>





# Filing Claims

Check the certification box and submit for payment

## Two Email Notifications:

- Claim has been received by NDE
- Payment made by State Accounting

☒ I certify that to the best of my knowledge and belief, this claim is true and correct, etc.

**SUBMIT FOR PAYMENT**

## Claim Deadline:

- Claims due by 10th of month @ 12 pm
- 60 days exactly to submit a claim (i.e., June claim due by August 29th)
- Approximate 5 – 7 business days for payments to be distributed once claims are processed, an email will be issued





# Administration & Recordkeeping - Resources

NDE Nutrition Services Website

<https://www.education.ne.gov/ns>

## Forms & Resources Available:

- Administration (IEF's)
- Ordering Blue & Whites
- Food Service Contracts & Instructions
- USDA Regulation & Policy
- WIC Resources

NEBRASKA  
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**CSSS**  
COORDINATED STUDENT  
SUPPORT SERVICES

Nutrition Services Home

- School Meals Program >
- Seamless Summer Option
- Child and Adult Care Food Program** ▾
  - Child and Adult Care Food Program Resources
  - Training
  - News and Announcements
  - Integrity
  - At-risk meals and snacks
  - Infant Feeding
  - GO NAP SACC
  - Nebraska Farm to Early Care & Education
  - CACFP Week Resources
  - Day Care Home Sponsors

Child and Adult Care Food Program

Program Information

**Materials Order Request**

Blue & White Forms, And Justice for All Posters, Other Materials

CACFP now has a new order form for Blue & White meal count sheets, And Justice for All Posters, and Other Materials.

[Order Form](#)

[CACFP Overview](#)

[Request For Information](#)

[Food Contractors/Vendors](#)

[Links to other sites](#)







# Questions?



# FY 2024 CACFP Annual Training



## Agenda

- Welcome & Renewal Application
- Meal Pattern & Records Review
- Civil Rights
- General Reminders
- Income Eligibility & Enrollment Forms
- Filing Claims
- Infant Meal Pattern Review



# Infant Meal Pattern

➡ Post in each Infant Room

➡ Infants – Zero through 11 month of age

➡ Infants are fed on demand

➡ Not required to follow the mealtimes on the application

INFANT MEAL PATTERN REQUIREMENTS	
Breakfast	
Birth to 5 months	6 through 11 months
4–6 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup> <b>AND</b> 0-1/2 oz eq infant cereal <sup>2,3</sup> ; <b>or</b> 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; <b>or</b> 0-2 ounces of cheese: <b>or</b> 0-4 ounces (volume) cottage cheese; <b>or</b> 0-4 ounces or 1/2 cup of yogurt <sup>4</sup> ; or combination of the above <sup>5</sup> ; <b>AND</b> 0-2 Tablespoons vegetable, fruit or a combination of both <sup>5,6</sup>
Lunch & Supper	
Birth to 5 months	6 through 11 months
4–6 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup> <b>AND</b> 0-1/2 oz eq infant cereal <sup>2,3</sup> ; <b>or</b> 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; <b>or</b> 0-2 ounces of cheese: <b>or</b> 0-4 ounces (volume) cottage cheese; <b>or</b> 0-4 ounces or 1/2 cup of yogurt <sup>4</sup> ; <b>or</b> combination of the above <sup>5</sup> ; <b>AND</b> 0-2 Tablespoons vegetable, fruit or a combination of both <sup>5,6</sup>
Snack (s)	
Birth to 5 months	6 through 11 months
4–6 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup>	2-4 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup> <b>AND</b> 0-1/2 oz eq bread <sup>3,7</sup> ; <b>or</b> 0-1/2 oz eq infant cereal <sup>2,3,7</sup> ; <b>or</b> 0-1/4 oz eq crackers <sup>3,7</sup> ; <b>or</b> 0-1/4 oz eq ready-to-eat breakfast cereal <sup>3,5,7,8</sup> <b>AND</b> 0-2 Tablespoons vegetable, fruit or a combination

Nebraska Department of Education Nutrition Services

Revised 7/2021







# Infant Meal Pattern

**All centers must offer and provide:**

- One iron-fortified-infant-formula for parents to select
- Solid foods to infants

*This includes centers who do not claim infant meals for reimbursement.*



**Identify brand of formula on Sponsor Application**



**Parents may provide only one creditable component per meal for the meal to be reimbursable, i.e., breastmilk**

- Childcare sponsors must provide remaining components







# Infant Meal Pattern

All meals and snacks require:

Breastmilk or Iron-Fortified Infant Formula to be served



## Breastmilk

- Expressed milk
- Mother breastfeeding on-site

## Iron-Fortified Infant Formula

- Prepared according to instructions
- 1 milligram of iron per 100 calories
- Produced in the United States
- Regulated by the FDA





# Infant Meal Pattern

Formula – Which are truths, and which is the lie/maybe?

Item #1 – Enfamil



Item #2 – Nido Toddler Drink



Item #3 – Goat Formula





# Infant Meal Pattern

Formula – Which are truths, and which is the lie/maybe?

Food	Creditable			Comments
	Yes	Maybe	No	
Formula, follow-up			X	Only breastmilk and iron-fortified infant formula are creditable unless the substitution is supported by a medical statement signed by a State-recognized medical authority.

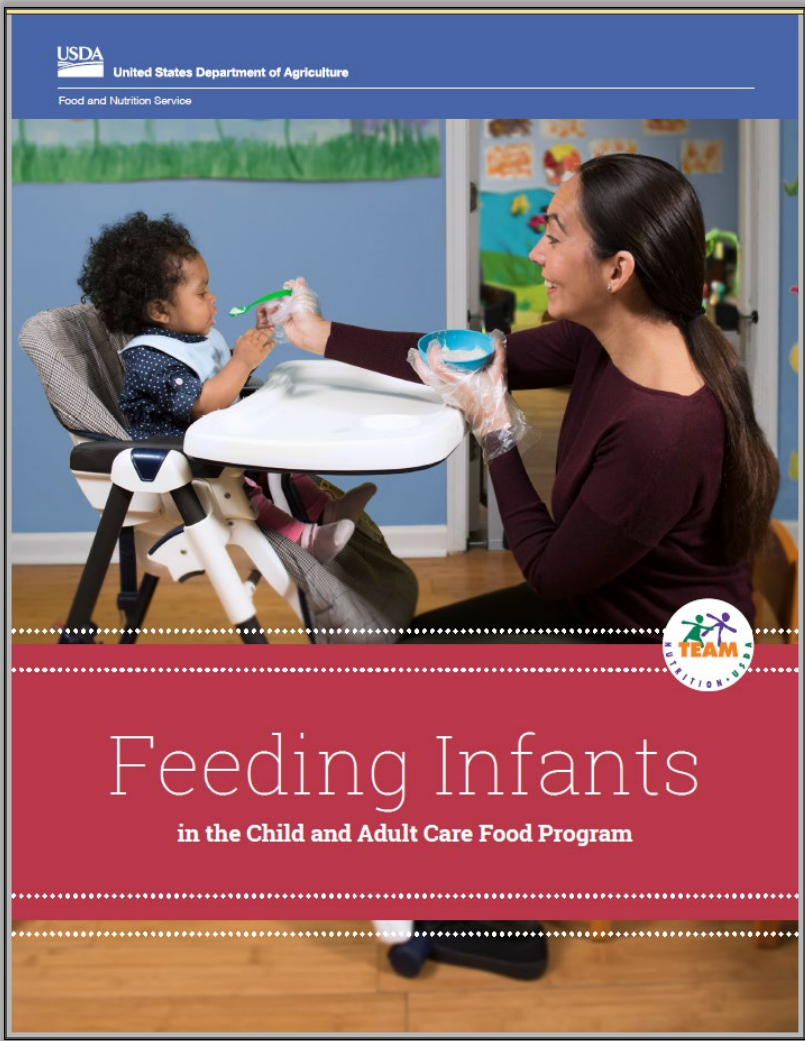
## Item #2 – Nido Toddler Drink





# Infant Meal Pattern – Feeding Infants Guide

Staff Instructions  
Parent Handouts  
Infant Crediting Food Components



All Food Components				
Food	Creditable			Comments
	Yes	Maybe	No	
Baby foods, desserts (such as baby puddings, custards, cobblers, fruit desserts)			X	Baby food desserts often contain insufficient amounts of creditable ingredients. They are not 100% fruit and are often high in added sugars and fat and low in nutrients.
Baby foods, store-bought (commercial), combination foods (such as chicken and vegetables)	X			The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods. It is encouraged that once the baby is developmentally ready and has eaten each ingredient within a combination food individually without having an allergic reaction, then combination foods can be served. For example, a baby should try

EXCELLENT resource for Infant Staff







# Infant Meal Pattern

## Section A. Formula Selection Form

Infant Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
A. Infant Formula Selection: This center provides <input type="text"/> (brand) iron fortified infant formula to all infants under one year of age.			
I <input type="radio"/> ACCEPT or <input type="radio"/> DECLINE (Please circle one) the center's formula. If declined, please identify what will be provided <b>BREASTMILK</b> (circle) or <b>FORMULA</b> (list brand) <input type="text"/> .			
Approximate Feeding Times: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Approximate Quantity (Ounces): <input type="text"/>	
Parent Signature: <input type="text"/>		Date: <input type="text"/>	

### Centers are responsible to:

- Record Infant Formula offered by sponsor
- Ensure first name, last name & date of birth are complete
- Ensure parents have accepted/declined formula offered
  - If declined, ensure a formula or breastmilk has been identified for infant
- Obtain parents signature and date





# Infant Meal Pattern

Breakfast/Lunch/ Supper – Which are truths, and which is the lie/maybe?

## Item #1 – Pancakes



## Item #2 – Cheese



## Item #3 - Infant Cereal





# Infant Meal Pattern

- Foods which contribute to meeting the infant meal pattern *differ* from other age groups
- **For example:** Grains do not contribute as a reimbursable component at Breakfast/Lunch/Supper
- Zero *does not* mean it is optional for your staff to serve

## Breakfast/Lunch/Supper

6 through 11 months
6-8 fluid ounces of breastmilk <sup>1</sup> or formula <sup>2</sup> <b><u>AND</u></b> 0-1/2 oz eq infant cereal <sup>2,3</sup> ; <b>or</b> 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; <b>or</b> 0-2 ounces of cheese: <b>or</b> 0-4 ounces (volume) cottage cheese; <b>or</b> 0-4 ounces or 1/2 cup of yogurt <sup>4</sup> ; <b>or</b> combination of the above <sup>5</sup> ; <b><u>AND</u></b> 0-2 Tablespoons vegetable, fruit or a combination of both <sup>5,6</sup>





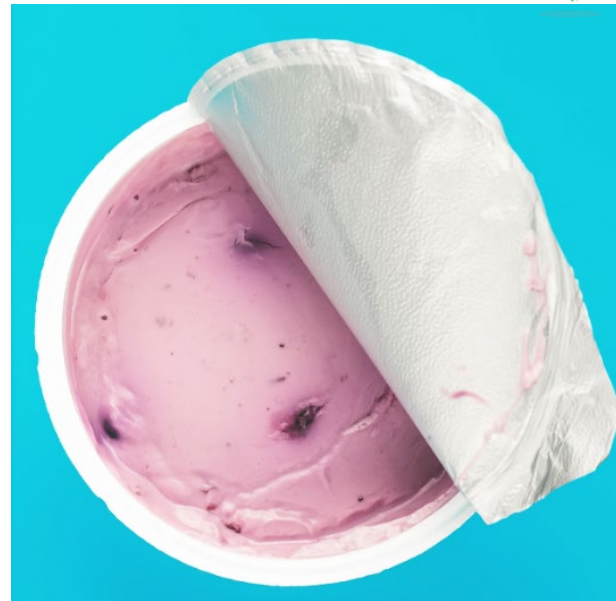
# Infant Meal Pattern

Breakfast/Lunch/ Supper – Which are truths, and which is the lie/maybe?

## Item #1 – Yogurt Melts



## Item #2 – Yogurt



## Item #3 – Eggs





# Infant Meal Pattern

**Just Not Creditable at all!**

## Item #1 – Yogurt Melts



Yogurt products, such as frozen yogurt, drinkable or liquid yogurt products, yogurt smoothies, homemade yogurt, yogurt flavored products, yogurt bars, and **freeze-dried yogurt snacks** are not creditable.



Feeding Infants in the Child and Adult Care Food Program;  
Page 79





# Infant Meal Pattern

Breakfast/Lunch/ Supper – Which are truths, and which is the lie/maybe?

Item #1 – Ground Beef



Item #2 – Pizza



Item #3 – Infant Meat w/gravy





# Infant Meal Pattern

Breakfast/Lunch/ Supper – Which are truths, and which is the lie/maybe?

## Item #2 – Pizza



- Pizza crust **does not** contribute at Breakfast, Lunch and Supper
- Cheese and/or the meat is **creditable**
  - Measure and document on Infant Production Record



# Infant Meal Pattern

## Section B. Solid Foods

- Record Month/Year/Meal(s) when each solid food are to be served by sponsor
- When a meal is added after being initially approved, enter a date in the appropriate column
- *Prior to copying* - enter ready-to-eat breakfast cereals, crackers, and other fruits and vegetables to be offered

Food	Date (Month/Yr)	Meals (Please check)		
Fruit/Vegetables		BK	LU/SU	SN
Applesauce				
Apricots				
Avocados				
Bananas	4/2024	X	X	5/1/24
Carrots				
Corn				
Green Beans				
Mango				
Melon				
Peaches				
Pears				
Peas				
Plums/Prunes				
Potatoes				
Squash				
Sweet Potatoes				
Other:				
Other:				
Other:				







# Infant Meal Pattern

Infant feeding schedule or food changes can be noted:

Page 2 of Form ~ **or** ~ Infant Production Records

Changes in Schedule		
Date	New Instructions	Parent or Staff Signature
5.1.24	Garrett “Silver” is to have meat in lieu infant cereals @ lunch from this point forward.	Alex Sapphire







# Infant Meal Pattern



## Prior to serving:

- Hot dogs
- Infant meat poultry sticks
- Processed or commercially prepared foods (chicken nuggets, fish sticks, etc.)– Meat portion only

*Parent Permission is required*





# Infant Meal Pattern

PM Snack – Which are truths, and which is the lie/maybe?

Item #1 – Infant Puffs



Item #2 – Infant Lil' Crunchies



Item #3 – Infant Wafers





# Infant Meal Pattern

## Infant Puffs



Food	Creditable			Comments
	Yes	Maybe	No	
Puff cereal snacks		X		It is up to the program operator to determine if the puff cereal snack is easily recognizable as a ready-to-eat cereal. It may resemble puffed rice cereals or whole grain O's. It should easily dissolve in an infant's mouth and should not contain nuts, seeds, or hard pieces that can cause choking. Some of these products can be higher in sodium. If the program operator determines it is a ready-to-eat cereal, it may be served at snack to infants who are developmentally ready to accept it. The cereal must contain no more than 6 grams of sugar per dry ounce. Ready-to-eat cereals must be made with enriched or whole grain meal or flour, or be fortified.





# Infant Meal Pattern

## Item #1 – Infant Puffs

***Ingredients:*** Rice Flour, Whole Wheat Flour, Wheat Starch, Cane Sugar, Whole Grain Oat Flour, Natural Strawberry Flavor, Dried Apple Puree

***Vitamins and Minerals:*** Choline Bitartrate, Iron (Electrolytic), Vitamin E, Niacinamide (A B Vitamin), Vitamin B6 (Pyridoxine Hydrochloride), Vitamin B1 (Thiamine Hydrochloride)

Nutrition Facts		
About 6 servings per container		
Serving size		60 pieces
		(7g/about ½ cup)
Amount Per Serving		
Calories	25	
	Infants through 12 months	Children 1-3 years
	% DV*	% DV*
Total Fat 0g	0%	0%
Sodium 0mg		0%
Total Carbohydrate 6g	6%	4%
Total Sugars 1g		
Includes 1g Added Sugars		4%
Protein 0g	0%	0%
Iron 2.2mg	20%	30%
Vitamin E 0.8mg	15%	10%
Thiamin 0.05mg	15%	10%
Niacin 0.6mg	15%	10%
Vitamin B6 0.05mg	15%	10%
Choline 30mg	20%	15%
Not a significant source of saturated fat, trans fat, cholesterol, dietary fiber, vitamin D, calcium, and potassium.		
*% DV = % Daily Value		





# Infant Meal Pattern

## Item #1 – Infant Puffs

Serving Size – 7 grams

Sugar – 1 gram



Serving Size	Total Sugars
If the serving size is:	Total sugars must not be more than:
0-2 grams	0 grams
3-7 grams	1 gram
8-11 grams	2 grams
12-16 grams	3 grams
17-21 grams	4 grams

Nutrition Facts		
About 6 servings per container		
Serving size	60 pieces (7g/about 1/2 cup)	
Amount Per Serving		
Calories	25	
Infants through 12 months % DV*		
Children 1-3 years % DV*		
Total Fat 0g	0%	0%
Sodium 0mg		0%
Total Carbohydrate 6g	6%	4%
Total Sugars 1g		
Includes 1g Added Sugars		4%
Protein 0g	0%	0%





# Infant Meal Pattern

## Item #2 – Infant Lil' Crunchies



***Ingredients:*** Whole Grain Sorghum Meal, Degermed Yellow Corn Meal, High Oleic Sunflower Oil, Apple Sweet Potato Seasoning (Brown Sugar, Maltodextrin, Sugar, Nonfat Dry Milk, Dried Sweet Potatoes, Dried Apple Puree, Salt, Paprika Extract Color, Cinnamon, Natural Flavor)

***Vitamins and Minerals:*** Iron (Electrolytic), Vitamin E (Alpha Tocopherol Acetate)





# Infant Meal Pattern

## Item #3 – Infant Wafers



***Ingredients:*** Rice Flour, Tapioca Starch, Sugar, Mango Powder, Raspberry Powder, Mixed Tocopherols

**Not Creditable** – **NOT** enriched or fortified grains





# Infant Meal Pattern

## Snacks - All 3 Components are required

6 through 11 months

2-4 fluid ounces of breastmilk<sup>1</sup> or formula<sup>2</sup>

**AND**

0-1/2 oz eq bread <sup>3,7</sup>; **or**

0-1/2 oz eq infant cereal <sup>2,3,7</sup>; **or**

0-1/4 oz eq crackers <sup>3,7</sup>; **or**

0-1/4 oz eq ready-to-eat breakfast cereal <sup>3,5,7,8</sup>

**AND**

0-2 Tablespoons vegetable, fruit or a combination

\* Snack allows for grains to contribute to meeting the Infant Meal Pattern

**BUT**

\* Meat/meat alternates do not contribute as a meal component at snack for infants







# Infant Meal Pattern

PM Snack – Is this a reimbursable snack for an infant ?

Infant Formula



Graham Crackers





# Infant Meal Pattern

PM Snack – Is this a reimbursable snack for an infant?

Infant Formula



Graham Crackers



This meal **would not** be eligible for reimbursement. **X**

**A serving of fruit or vegetable is required.**

Disallowances are assessed for not serving required components at meals.







# Infant Meal Pattern

## Final Rule States:

“Solid foods **are** introduced at 6 months of age ...

...with the flexibility to introduce foods before and after 6 months of age


...**when requested by parents.**”






# Infant Meal Pattern

- Active conversation with parents @ 6 months about introducing solid foods
  - Regular check-ins with parents to update form
  - Document changes in feeding instructions



**Infant Formula Selection & Solid Foods**  
 Nebraska Child & Adult Care Food Program



The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the child care providers to know when and what solid foods should be served.

---

Infant Name: Garret Silver Date of Birth: 10-17-2023

A. **Infant Formula Selection:** This center provides Enfamil with Iron (brand) iron fortified infant formula to all infants under one year of age. **ACCEPT** or **DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) or **FORMULA** (list brand) \_\_\_\_\_.

Approximate Feeding Times: 10:00 am 12:00 (noon) 3:00 pm 6:00pm Approximate Quantity (Ounces): 6 oz.

Parent Signature: Gemma Silver Date: 12-1-2023

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B. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr.) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr.)	Meals (Please check)			Food	Date (Month/Yr.)	Meals (Please check)			Food	Date (Month/Yr.)
		BK	LU/SU	SN			BK	LU/SU	SN		
<b>Iron-Fortified Infant Cereals</b>					<b>Fruit/Vegetables</b>					<b>Ready-to-eat Breakfast Cereal (SNACK ONLY)</b>	
Rice	<u>3-11-2024</u>		<input checked="" type="checkbox"/>	<u>2-4-24</u>	Applesauce	<u>2-4-2024</u>		<input checked="" type="checkbox"/>		Cereal: Cheerios	<u>4-5-2024</u>
Oat					Apricots	<u>3-3-2024</u>		<input checked="" type="checkbox"/>		Cereal:	
Barley					Avocados					Cereal:	
Mixed					Bananas	<u>1-11-2024</u>		<input checked="" type="checkbox"/>		<b>Grains (SNACK ONLY)</b>	
Wheat	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Carrots	<u>1-11-2024</u>		<input checked="" type="checkbox"/>	<u>2-4-24</u>	Bread/Rolls	
<b>Meat &amp; Meat Alternatives</b>					Corn					Biscuits	
Beef	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Green Beans	<u>1-11-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Saltine Crackers	<u>4-5-2024</u>
Dry Beans					Mango					Pancakes	<u>4-5-2024</u>
Cheese, Natural	<u>3-3-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Melon	<u>4-5-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Waffles	<u>4-5-2024</u>
Chicken	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Peaches	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Tortillas soft	
Cottage Cheese	<u>4-5-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pears	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other: Graham	<u>3.3.2024</u>
Dry peas					Peas	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Please note changes to infant's feeding schedule on the back of this page.	
Fish					Plums/Prunes						
Pork	<u>4-5-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Potatoes	<u>1-2-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Tuna					Squash	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Turkey	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sweet Potatoes	<u>2-4-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Whole Egg	<u>4-5-2024</u>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other:						
Yogurt					Other:						

March 2020





# Infant Meal Pattern

**WEEKLY MEAL RECORD**  
**Individual Infant – Breakfast, Lunch and PM Snack**  
*\*All food components are required when infant is developmentally ready*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Site: \_\_\_\_\_ Meal Benefit Category: \_\_\_\_\_

Common Abbreviations:  
 B.M. = Breast milk  
 F = Formula  
 Rice = "Rice" Cereal  
 Oat = "Oatmeal" Cereal  
 Mixed = "Mixed" Cereal  
 Infants fed on-site by breastfeeding  
 mothers = B.M. by mom

Month, Day, Year	BREAKFAST			LUNCH			PM SNACK		
	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate <sup>2</sup>	0 - 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate <sup>2</sup>	0 - 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0-4 Tbsp. Infant Cereal or Ready-to-eat Breakfast Cereal, or 0 - ½ ounce Bread, or 0 - 2 Crackers	0 - 2 Tbsp. Vegetable, or Fruit or a combination of both
Monday	<p><b>Must be completed when preparing the food!</b></p>								
Tuesday									
Wednesday									

## Basic information required:

- First & Last Name
- Date of Birth
- Meal Benefit Category (claim code)
- Dates (Month/Day/Year)

## Solid Foods and quantities prepared:

- 6 oz Formula or Breastmilk
- 2 T Rice Cereal, 2 T Beef
- 2 T Peaches; 3 T Peas; 1 ½ T Applesauce
- 2 Goldfish crackers; 4 saltine crackers





# Infant Meal Pattern



## Meal Count Records are:

- Entered after a reimbursable meal has been recorded (on the infant production records) and served to the infant
- Maintained in the Infant Room - where the meals are prepared and served





**Thank you attending  
NDE's  
FY 2024 CACFP Annual Training  
Certificates are located in your  
packets.**



**NEBRASKA**  
DEPARTMENT OF EDUCATION