

Child & Adult Care Food Program 2023 Annual Training

Nebraska Department of Education

Nutrition Services

“Shining Bright with CACFP”



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 -

FY2024 IEF – Cover Letter, form & instructions

FY2024 Income Guidelines

Agreement Part II

Food Service Contract (For applicable centers)

Multisite Review form (For applicable centers)

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

Renewal Application – Deadline **June 16, 2023**

Renewal Applications open June 1, 2023

Program Year - 2023- 2024

Child and Adult Care Food Program

NEBRASKA
DEPARTMENT OF EDUCATION

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

Applications >

Select Program Year



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

Program Year	Date Range	Application Packet
2023 -2024	07/01/2023 06/30/2024	Not Started
NEW! 2020 - 2021	07/01/2020 - 06/30/2021	Application Packet on File
2019 - 2020	07/01/2019 - 06/30/2020	Application Packet on File

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Do Not wait until August 31 to submit your application

Renewal Application – Reminders & Checklist

**CACFP Renewal Application Reminders**

Child Nutrition Application on-line system will be open **June 1, 2023**

Renewal Application Due: **June 16, 2023**

Sponsor Application:

- Ensure Certificate of Authority & Organization Statement matches the information entered on the application. (Names, dates of birth, emails, etc.)
- Email Addresses need to be current & correct
- Unique Entity ID (formerly Dun's) – enter the date of *renewal*
- Staff Training – Enter the training which will be conducted by your organization with your staff

Site Application:

- Ensure dates of Child Care Subsidy Agreement, Child/Adult Care License match the documentation which is uploaded
- Select each month meals will be offered for each site
- Mealtimes are to be reasonable
- Enter anticipated dates of closures such as holidays, breaks, etc.
- Food Service Contract – Enter the total amount of the contract (not individual site amount)

Staff Profile:

- Enter staff who have CACFP responsibilities assigned (not all staff)
- If a staff ends employment, enter their end date. Do not delete the staff
- Reminder: Staff who have multiple job duties must complete a time-certification worksheet for labor cost to be included as a CACFP expense

Budget:

- Report anticipated cost for CACFP for FY2024
- Staff salaries will pre-populate from staff file
- Ensure food contract values match the contracts submitted
- Identify funding sources if your anticipated reimbursement does not cover expenses (i.e., private pay tuition, childcare subsidy payments, grants, etc.)

Multi-Sites


- Identify which months a site reviews will be conducted on each site application

Checklist Summary

- See reverse side for the checklist of documents which need to be submitted or uploaded

REMINDERS: To initiate changes click 'modify' the application

At the bottom of each Site & Sponsor application to save changes 'finish' save

**CACFP APPLICATION RENEWAL CHECKLIST - Renewal Application due June 16, 2023**

STEP #1: SPONSOR APPLICATION

- ☐ Certificate of Authority – FY2024 – Submit if changes have occurred from FY2023
- ☐ Organization Statement – FY2024 – Submit if changes have occurred from FY2023
- ☐ Unique Entity ID: _____ (Date of Renewal)

STEP #2: STAFF PROFILE

- ☐ CACFP staff only – must be kept up to date throughout the year (do not delete staff)

STEP #3: SPONSOR BUDGET DETAIL

- ☐ CACFP Budget (not entire facility)
- ☐ Food Vendor Contract Amount for all sites– Needs to match approved contract
- ☐ Financial Reports – **Attach current information of the following:**

For-Profit	Non-Profit
<input type="checkbox"/> Year-to-Date Profit & Loss Statement	<input type="checkbox"/> Year-to-Date Statement of Cash Flows
<input type="checkbox"/> 1 Month - Profit & Loss Statement	<input type="checkbox"/> 1 Month - Profit & Loss of Cash Flows
<input type="checkbox"/> Bank Statements for 2 months	<input type="checkbox"/> Audit or Bank Statements for 2 months

STEP #4 SITE APPLICATION – ENTER CURRENT DATES & AMOUNTS:

- ☐ Child Care Subsidy Agreement – For Profit Agencies only
- ☐ Child Care License/Adult Care License
- ☐ Food Service Contract Amount – Needs to match approved contract (For Applicable facilities)

STEP #5: CHECKLIST SUMMARY – SPONSOR & SITE

➤ **Sponsor Checklist:**

- ☐ Financial Reports (Listed above)
- ☐ Certificate of Authority – FY2024 – if applicable
- ☐ Organization Statement – FY2024 – if applicable
- ☐ **CACFP Alternate Records** (for those programs who do not utilize NDE's forms)
 - o Meal Count Records
 - o Claim Reimbursement Worksheet
 - o Menu Production Records or Infant Production Record

➤ **Site Checklist:**

- ☐ Child Care Subsidy Agreement (Signature pages required) – For Profit Agencies only
- ☐ Child Care License OR Adult Care License OR Health/Safety Inspection (Exempt)
- ☐ **Food Service Vendor Sites (Contracts exceeding \$50,000 required NDE prior approval):**
 - o Food Service Contract
 - Pages 1-10
 - Attachment A
 - Menu – One month
 - Example of Delivery Ticket

Attachment B – maintained on site

Contract Exceeding \$100,000
____ Attachment C

Handout

Renewal Application – Supporting Documents

Upload or submit required supporting documents:

- Child Care License
- Head Start & At-Risk – Health Inspections
- Child Care Subsidy Agreement – Title XX
- Financial Viability – Profit & Loss Statements, Bank Statements etc.
- Food Service Contract
- Alternate Recordkeeping Forms

If there are changes to your organization:

Organization Statement

Certificate of Authority

Renewal Application – Budget

Report CACFP anticipated costs for FY2024

Staff salaries will pre-populate from staff profile

Food Contract values must match the contracts submitted

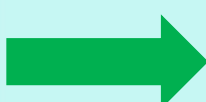
F. SUMMARY			
1.	Total Expenses (Operating and Administrative)	\$78,797.50	\$78,797.50
2.	Total Anticipated Annual CACFP Reimbursement	\$24,500.00	\$24,500.00
3.	Total Other Income	\$54,297.50	\$54,297.50
Explanation of Source of Other Income			
Title XX <input type="text"/>			
4.	Private Pay Tuition; Child Care Subsidy	\$78,797.50	\$78,797.50

Total Budget of Organization

- Enter other funding sources your organization receives
 - Private pay tuition, Child Care Subsidy, Grants

Renewal Application – Site Application(s)

Site application is to be completed prior to checklist summary



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

[< Back](#) [Submit for Approval](#) [Approve](#) [Return](#) [Deny](#)

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 – 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

Warning ! Expiring Flexibilities & Benefits!

Emergency Shelters No longer eligible to claim meals & snacks for 19-24 years of age - **Expires effective May 11, 2023**

Site Reviews All monitoring is required to be completed on-site – **Expires effective June 10, 2023**

Temporary increase 0.10 cents per meal & snack - **Expires effective June 30, 2023**

Warning ! Commodities

Effective FY2025, July 1, 2024, the commodities may no longer be available to CACFP participants



All CACFP programs will receive cash-in-lieu

Watch e-mails for updates

Start looking for local vendors & distributors

Small Groups

Tale of Cowboy Boots on a Fence Post



~Please do not or search on-line~

Discuss

Why are the boots present?
What stories have you heard?
Discuss in your group & select one you want to share.

Discuss

Your history with the CACFP?
How long have you been participating?



Test Your Knowledge

Activity Packet

May 9 Menu Production Record

May 10 Vendor Tickets

Review each meal to determine -

- How much do you need to prepare
- Is the meal creditable
- Do the labels support a creditable meal has been served
- What information is missing

Activity Packet



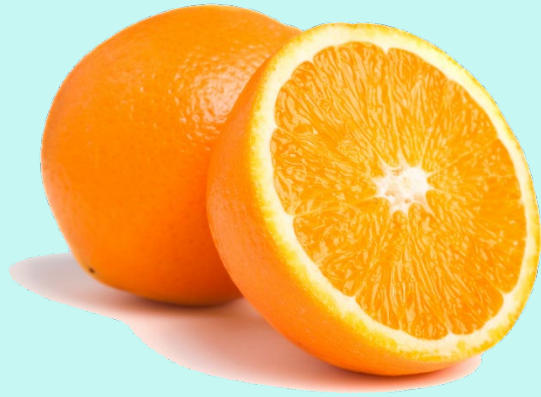
Meal Pattern Review & Menu Production Records

May 9, 2023 – Breakfast & AM Snack

BREAKFAST 1) Milk, Fluid 2) Vegetable, <u>Fruit</u> or Juice 3) Grains (by weight) Or Meat/Meat Alternative (<u>limit</u> 3x week)	1) Milk 2) Oranges 3) Cereal – O's Cornflakes	Fresh Plain -WG	1) <u>1/2</u> gallons * <u>W</u> and <u>3</u> gallons * <u>1%</u> 2) Quantity? 3) 2 – 20 oz boxes 2 – 20 oz boxes
A.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Apple Juice 2) Veggie Straws	100%	1) 2 ½ – Gallons 2) 2 – 32-ounce containers

Activity Packet

Meal Pattern Review & Menu Production Records



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How do you measure an orange?

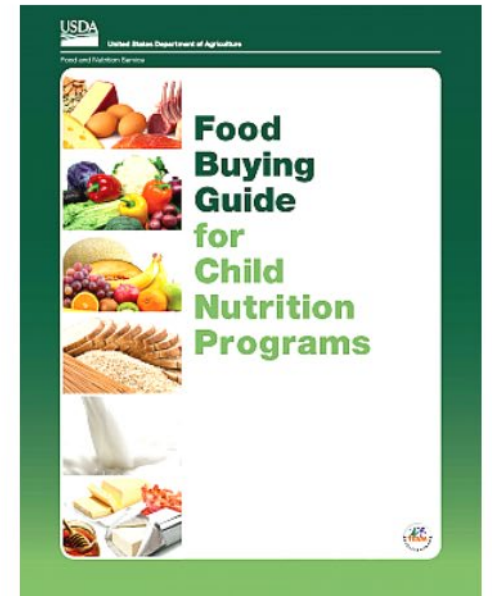
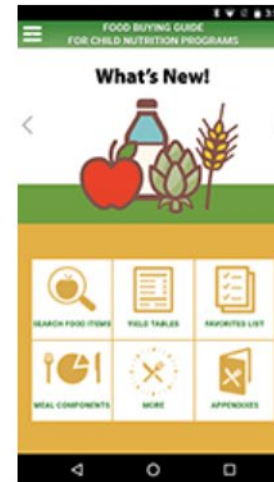
Where do you search to determine how much an average orange will yield?

USDA Food Buying Guide



Meal Pattern Review & Menu Production Records

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 Review & Menu Production Records

Crediting Handbook - Quick Reference of Food Yields

<https://fns-prod.azureedge.us/sites/default/files/resource-files/cacfp-crediting-handbook.pdf>

Serving Sizes and Yields for Fruits

This chart is a snapshot of commonly used fruits that can be found in the *Food Buying Guide*. Please note that the serving sizes and yields are approximate. Double check to ensure that your serving sizes meet meal pattern requirements. The information in the *Food Buying Guide* can assist you in menu planning and purchasing. See the Resource Section on pages 133-135 for information on the *Food Buying Guide* Interactive Web-Based Tool.

Fruit	Serving Size and Yield
Apples	¼ raw, unpeeled medium apple = about ¼ cup
Bananas	1 medium banana = ½ cup
Blueberries	¼ cup measure
Strawberries	¼ cup measure
Cantaloupe	⅓ medium melon = about ¼ cup
Grapes, With Seeds	6 grape halves = about ¼ cup
Grapes, Seedless	7 grapes = about ¼ cup
Nectarines	1 small nectarine = about ½ cup; 1 medium nectarine = about ¾ cup
Oranges	1 medium orange = about ½ cup
Peaches	1 small peach = about ¾ cup; 1 medium peach = about ¾ cup
Pears	1 medium pear = about ¾ cup
Plums	1 small plum = ¾ cup; 1 medium plum = ½ cup; 1 large plum = ⅝ cup
Raisins	1.3 to 1.5 oz package = ¼ cup; 1 lb = 12.6 servings (¼ cup each)
Tangerine	1 medium tangerine = about ¾ cup; 1 large tangerine = about ½ cup
Watermelon	¼ cup fruit or ¼ cup diced fruit without rind

*For simplicity, this table of serving sizes for fruits is based on a variety of cup servings.


Serving Size and Yield for Selected Vegetables

This chart is a snapshot of commonly used vegetables that can be found in the *Food Buying Guide*. Please note that the serving sizes and yields are approximate. Double check to ensure that your serving sizes meet meal pattern requirements. The information in the *Food Buying Guide* can assist you in menu planning and purchasing. See the Resource Section on pages 133-135 for information on the *Food Buying Guide* Interactive Web-Based Tool.

Vegetable	Serving Size and Yield
Carrot Stick	1 stick is 4 inches long and ½ inch wide. 3 sticks = ¼ cup
Cauliflower	1 medium head = about 6 cups florets
Celery Sticks	1 stick is 4 inches long and ½ inch wide. 3 sticks = ¼ cup
Cucumber Sticks	1 stick is 3 inches long and ¾ inch wide. 3 sticks (pared or unpared) = ¼ cup
Lettuce Head (Iceberg)	¼ cup raw, shredded vegetable or ¼ cup raw vegetable pieces
Lettuce, Leaf	¼ cup raw vegetable pieces
Olives, Ripe	8 (large) olives = ¼ cup
Pickles	⅓ (large) pickle = ¼ cup
Radishes	7 small radishes = ¼ cup
Tomatoes, Large/Extra Large	4 slices, ½ inch thick = ¼ cup
Tomatoes, Small/Medium	5 slices, ½ inch thick = ¼ cup
Tomatoes, Cherry	3 tomatoes = about ¼ cup

*For simplicity, this table of serving sizes for vegetables is based on a ¼ cup serving.

Meal Pattern Review & Menu Production Records



Food Buying Guide for Child Nutrition Programs
U.S. DEPARTMENT OF AGRICULTURE

HOME MEAL COMPONENTS FOOD ITEMS TOOLS APPENDICES HELP LOG OUT

Food Items Search

Search Food Items

Program - Meal:
CACFP - Breakfast

Keywords:
orange

Food Items Selected for Comparison

Select up to 4 food items from search results to be compared.

Compare Items Clear All

Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution	Action
Oranges, fresh 113 count, Arizona or California, Whole	Pound	5.60	1/4 cup fruit and liquid (about 1/2 peeled orange)	
Oranges, fresh Mandarin	Pound	10.00	1/4 cup peeled fruit sections	



Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution
Oranges, fresh 113 count, Arizona or California, Whole	Pound	5.60	1/4 cup fruit and liquid (about 1/2 peeled orange)
Oranges, fresh Mandarin	Pound	10.00	1/4 cup peeled fruit sections

Activity Packet

Meal Pattern Review & Menu Production Records

Number of Children & Ages – Top Menu Production Record

Ages	Minimum Requirements		1/4 Cup Servings
1 - 2 Year Old	1 (1/4 cup) x 21 children	=	21
3 - 5 Year Old	2 (1/4 cups) x 10 children	=	20
6 - 12 Year Old	2 (1/4 cups) x 16 children	=	32
<u>Adults</u>	<u>2 (1/4 cups) x 5 children</u>	<u>=</u>	<u>10</u>

83

83 - 1/4 Serving for fruit & vegetables.

Meal Pattern Review & Menu Production Records

83 - ¼ Serving for fruit & vegetables

Doing the Math:

Arizona/California Navel Oranges

83 divided 5.60 servings =

Mandarin (aka Cuties)

83 divided by 10 servings =

Meal Pattern Review & Menu Production Records

Need 83 - $\frac{1}{4}$ Cup Servings

How many pounds of Arizona/California oranges do you need?

15 lbs.



How many pounds of Mandarin oranges would you need?

8 $\frac{1}{2}$ lbs.

Meal Pattern Review & Menu Production Records

How many Arizona/California oranges do you need?

(1 medium orange = $\frac{1}{2}$ cup)

42

How many mandarin (medium) oranges would you need to serve

(6 mandarin oranges = 1 lb. of fruit)

51

Meal Pattern Review & Menu Production Records

May 9, 2023 – Breakfast

BREAKFAST 1) Milk, Fluid 2) Vegetable, Fruit or Juice 3) Grains (by weight) Or Meat/Meat Alternative (limit 3x week)	1) Milk 2) Oranges 3) Cereal – O's Cornflakes	Fresh Large Mandarin Plain -WG Sugar content? Are these two cereals both WGR?	1) <u>1/2</u> gallons * <u>W</u> and <u>3</u> gallons * <u>1%</u> 2) 15 lbs. or 42 oranges 8 1/2 lbs. or 51 oranges 3) 2 – 20 oz boxes 2 – 20 oz boxes
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Activity Packet

Meal Pattern Review & Menu Production Records

Toasted O's

→

Nutrition Facts	
about 8 servings per container	
Serving size	1 1/2 cup (41g)
Amount per serving	
Calories	160
% Daily Value*	
Total Fat 3g	4%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Polyunsaturated Fat 1g	
Monounsaturated Fat 1g	
Cholesterol 0mg	0%
Sodium 200mg	9%
Total Carbohydrate 30g	11%
Dietary Fiber 3g	11%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 5g	
Vitamin D 0mcg	0%
Calcium 220mg	15%
Iron 14.4mg	80%
Potassium 130mg	2%
Thiamin	30%
Riboflavin	50%
Niacin	50%
Vitamin B ₆	20%
Folate 200mcg DFE (120mcg folic acid)	50%
Vitamin B ₁₂	40%
Phosphorus	10%
Zinc	60%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	
Calories per gram: Fat 9 • Carbohydrate 4 • Protein 4	

→

Corn Flakes

→

Nutrition Facts	
about 13 servings per container	
Serving size	1 1/3 cups (40g)
Amount per serving	
Calories	150
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 230mg	10%
Total Carbohydrate 35g	13%
Dietary Fiber 1g	4%
Total Sugars 4g	
Includes 3g Added Sugars	6%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 0mg	0%
Iron 11.2mg	60%
Potassium 0mg	0%
Vitamin A	10%
Vitamin C	10%
Thiamine	25%
Riboflavin	25%
Niacin	25%
Vitamin B ₆	25%
Folate 200mcg DFE (115mcg folic acid)	50%
Vitamin B ₁₂	25%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Total Sugars

Both meet sugar **Yes**

Toasted O's – 0 grams

Corn Flakes – 4 grams

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 & Menu Production Records

Are these two cereals both whole grain rich?

Toasted O's

INGREDIENTS: WHOLE GRAIN OAT FLOUR, WHEAT STARCH, CALCIUM CARBONATE, SALT, TRISODIUM PHOSPHATE, CARAMEL COLOR. **VITAMINS AND MINERALS:** REDUCED IRON, NIACINAMIDE (VITAMIN B₃), ZINC OXIDE, FOLIC ACID, RIBOFLAVIN (VITAMIN B₂), PYRIDOXINE HYDROCHLORIDE (VITAMIN B₆), THIAMIN MONONITRATE (VITAMIN B₁), VITAMIN B₁₂.
CONTAINS WHEAT.

Corn Flakes

INGREDIENTS: MILLED CORN, SUGAR, SALT, MALTED BARLEY SYRUP. **VITAMINS AND MINERALS:** REDUCED IRON, SODIUM ASCORBATE (VITAMIN C), NIACINAMIDE, PYRIDOXINE HYDROCHLORIDE (VITAMIN B₆), RIBOFLAVIN (VITAMIN B₂), THIAMINE MONONITRATE (VITAMIN B₁), VITAMIN A PALMITATE, FOLIC ACID, VITAMIN D, VITAMIN B₁₂.

No

Cornflakes are not whole grain rich

Cornflakes are fortified – creditable as a grain

This meal **would not** count towards meeting the whole grain daily requirement

Meal Pattern Review - Grains

Grains that contribute to the meal pattern:

- Whole

- ❖ Must serve at least one whole grain-rich item daily

- * *Adult Care Centers are required to serve 2 servings at the same meal*

- ❖ If only one snack/meal is served per day the grain must be a whole grain

- Enriched

- Fortified

- ❖ Vitamins and minerals added to grain

Cereals, pasta, rice etc.,



Meal Pattern Review & Menu Production Records

May 9, 2023 – AM Snack

MEAL PATTERN	MENU	FOOD DESCRIPTION	QUANTITY PREPARED
BREAKFAST 1) Milk, Fluid 2) Vegetable, <u>Fruit</u> or Juice 3) Grains (by weight) Or Meat/Meat Alternative (limit 3x week)	1) Milk 2) Oranges 3) Cereal – O's Cornflakes	Fresh Large Mandarin Plain -WG 0 gram sugar 4 grams sugar	1) <u>1/2</u> gallons * <u>W</u> and <u>3</u> gallons * <u>1%</u> 2) 15 lbs. or 42 oranges 8 1/2 lbs. or 51 oranges 3) 2 – 20 oz boxes 2 – 20 oz boxes
A.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Apple Juice 2) Veggie Straws	100% Are these creditable?	1) 2 1/2 – Gallons 2) 2 – 32-ounce containers

Activity Packet

Meal Pattern Review & Menu Production Records



Are these creditable?

INGREDIENTS: POTATO STARCH, POTATO FLOUR, EXPELLER PRESSED CANOLA OIL AND/OR SAFFLOWER OIL AND/OR SUNFLOWER OIL, SPINACH POWDER, TOMATO PASTE, SALT, CANE SUGAR, CORN STARCH, POTASSIUM CHLORIDE, TURMERIC (COLOR), BEETROOT POWDER (COLOR), SEA SALT.

No

If you are serving fresh vegetables specific information is required, i.e., carrots, celery

Meal Pattern Review – Vegetables & Fruits

- Breakfast: 1 food component
- Lunch & Supper: 2 food components
 - 1 Vegetable & 1 Fruit or 2 Vegetables
- Snack: Optional
 - 2 different food components
(NOT two vegetables or two fruits)



Juice allowed to be served once per day

Juice is NOT ALLOWED to be served to Infants



Meal Pattern Review & Menu Production Records

May 9, 2023 – Lunch & PM Snack

LUNCH 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Corn Dogs (mini) 3) Peas 4) Tater Tots 5) Corn Dogs (mini)	What does this mean? Frozen Canned Frozen Frozen	1) <u>1</u> / <u>2</u> gallons * <u>D</u> and 3 gallons * <u>1</u> % 2) 15lbs 3) 2 - #10 Cans 4) 3 – 36 oz Bags 5) 15lbs (Same as above)
P.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Yogurt 2) Breakfast Biscuits	Whole Grain	1) 5 – 32 oz containers 2) 55 - 2 oz Packages

Activity Packet

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 - $\frac{1}{2}$ Cup

Three – Five Years of Age

- Breakfast, Lunch, Supper – $\frac{3}{4}$ Cup
- Snacks – $\frac{1}{2}$ Cup

Six & Above + Adult Participants

- * All meals & Snacks – 1 Cup

Who gets Vitamin D milk?

Everyone (all milk has Vitamin D)

Meal Pattern Review & Menu Production Records

LUNCH			
1) Milk, Fluid	1) Milk		1) 1 1/2 gallons
2) Meat/Meat Alternate	2) Corn Dogs (mini)	Frozen	2) 15lbs
3) Vegetable	3) Peas	Canned	3) 2 - #10 Cans
4) Vegetable or Fruit	4) Tater Tots	Frozen	4) 3 - 36 oz Bags
5) Grains	5) Corn Dogs (mini)	Frozen	5) 15lbs (Same as above)

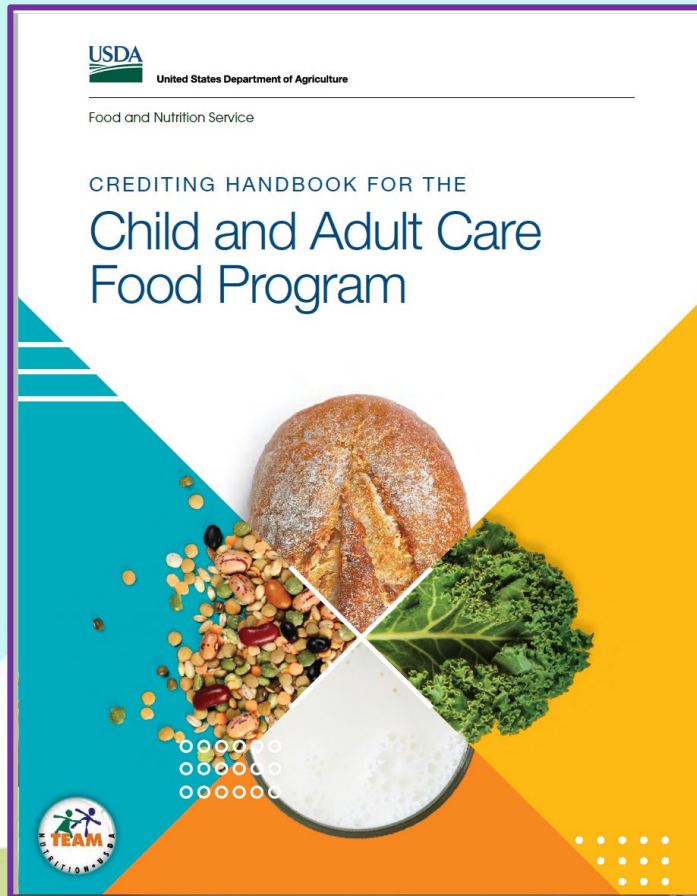
What USDA resource identifies which foods contribute to meeting the meal pattern?

Activity Packet

Meal Pattern Review & Menu Production Records

Crediting Handbook

<https://fns-prod.azureedge.us/sites/default/files/resource-files/cacfp-crediting-handbook.pdf>



Food	Creditable			Additional Information
	Yes	Maybe	No	
Corn Dogs, Corn Dog Nuggets		X		Only the weight of the hot dog (frankfurter) credits toward the meats/meat alternates component. See the Meats/Meat Alternates section in the <i>Food Buying Guide</i> . If the hot dog contains byproducts, cereals, or binders/ extenders they are only creditable if the product is (1) CN labeled or (2) has a Product Formulation Statement. Examples of binders/extendors are starch, cellulose, and nonfat dry milk. For breading/batter crediting see the Grains section in the <i>Food Buying Guide</i> . Deep-fat frying is not allowed as a way of preparing foods onsite. Corn dogs credit if reheated using a method other than deep-fat frying. Document the meal pattern contribution with a standardized recipe, a CN label, or a Product Formulation Statement. This product has a high fat and salt content and should be served on a limited frequency. Remember to serve corn dogs in small pieces for those participants where choking is a potential hazard.

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 this includes sponsors receiving vended meals.



Meal Pattern Review & Menu Production Records

Portion size - 4 mini corn dogs (2.67 oz)

Meat/Meat Alternate:

4 mini-corn dogs = 1.25 oz m/ma

(1 mini-corn dog = 0.3125 oz m/ma)

Grain

4 mini-corn dogs = 1.25 oz bread alternate

Bread Alternate – Does that mean it is whole grain rich? **No**

This product is not CN labeled. This form provides equivalent meat/meat alternate and grain product information for a non CN labeled product.

Product name: Chicken Mini Corn Dog Manufacturer: Freddy's Inc. Product code: 95038
Case: 21.97 lb Pack: 12/29.3 oz Count: about 40 per box Portion Size: 4 mini's = 2.67 oz.

I. Meat/Meat Alternate

Description of Creditable Ingredients per – Food Buying Guide (FBG)	Oz per Raw Portion of Creditable Ingredient	Multiply	FBG Yield	Creditable Amount M/MA
Mechanically Separated Chicken 20-24%	1.33 oz. cooked frank	x		1.25
A. Total Creditable M/MA Amount				<u>1.25 oz.</u>

II. Alternate Protein Product (APP)

Description of APP, Manufacturer's Name & Code	Ounces Dry APP Per Portion	Multiply	% of Protein As-is	Divide by 18*	Creditable Amount APP
n/a		x			
B. Total Creditable APP Amount					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest ¼ oz)					1.25 oz.

*18 is the percent of protein when fully hydrated.

III. Grains

A. Does the product meet the whole grain-rich criteria? Yes ☐ No ☒

B. Use Policy Memorandum SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program required beginning SY 2013-2014: EXHIBIT A

***Indicate to which Exhibit A Group (A-I) the product belongs: B

Description of Product per USDA Food Buying Guide (FBG)**	Portion size of product as purchased (A)	Weight of one ounce equivalent as listed in SP 30-2102 Exhibit A (B)	Creditable Amount A ÷ B
Batter coating Group B	1.34 oz. cooked	1 oz (28g)	1.34 oz = 1.25 oz.
D. Total Creditable Grain per Portion*** (rounded down to the nearest ¼ oz)			1.34 oz = 1.25 oz

***Groups A-C use the standard of 16 grams creditable grain per oz eq.

A 2.67 oz (4 mini) serving of the above product (ready for serving), would contain 1.25 oz of equivalent meat/meat alternate and 1.25 oz of bread alternate when prepared according to directions. I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7CFR Parts 210, 220, 225, 226, Appendix A).

Fred L. Fish Labeling Scientist 4/2/2022

This product is not CN labeled – CN equivalent meat / meat alternate calculations are subject to change without notice. Contact FF for the most current information.

This form is not valid after June 30, 2014 for National School Lunch Programs. It is valid for CAFIP and SFP only.

Meal Pattern Review & Menu Production Records

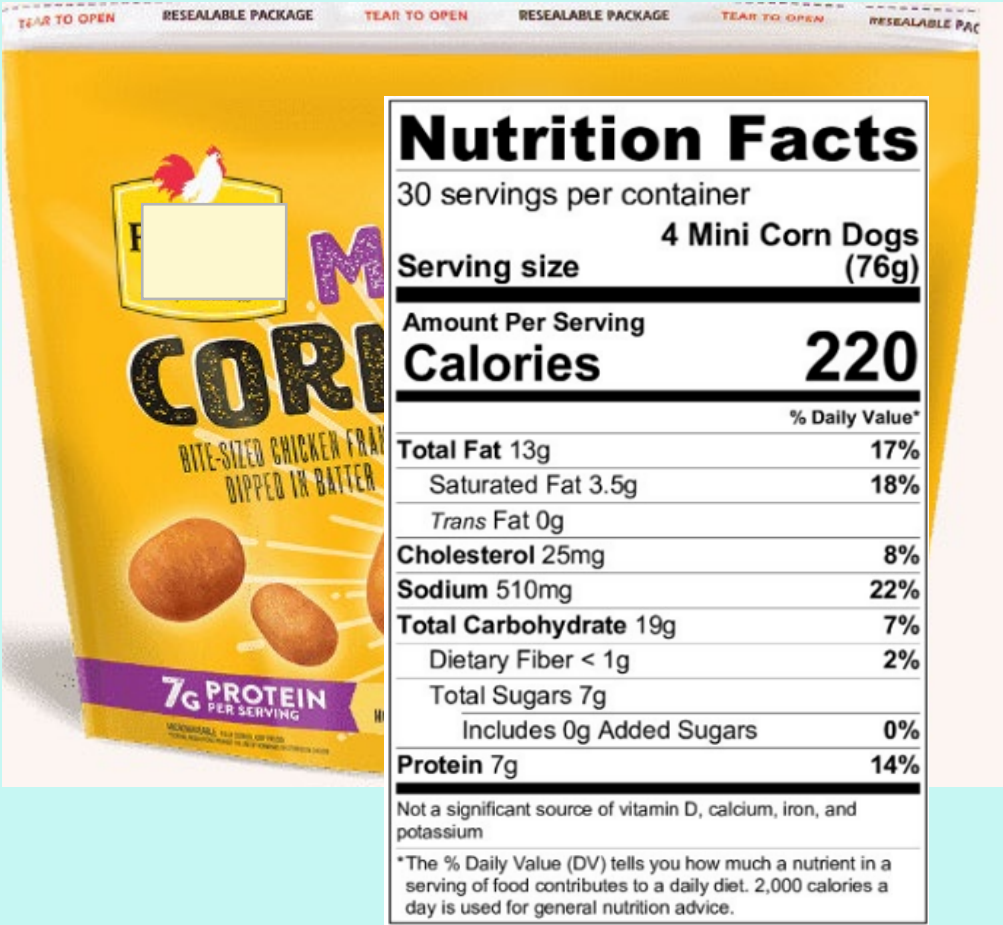
How many mini corn dogs must be served to each 6–12-year age group?

6 -12-year-old – 7 mini corn dogs

How much sodium would that equate to?

892.5 mg

CN labels/PFS are **not** indicators of healthy choices or economical. Identifies how the food contributes to the meal pattern.



Activity Packet

Meal Pattern Review – Meat/Meat Alternates

Healthier Options:

- Fresh/frozen meat (fish, beef, pork, chicken, turkey) - will provide higher yields & more nutritionally dense choices over commercially prepared products
- Natural cheeses – Cheddar, Mozzarella, Colby, Muenster - milder cheeses are more acceptable to a young child's palate
- Eggs – Scrambled, Boiled, etc. – offers a nice change to the menu
- Beans/Legumes – low-cost option

Meat/Meat Alternates May be served a maximum of 3 times per week at breakfast

Meal Pattern Review – Meat/Meat Alternates

Lunch meat, bologna, hot dogs:

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



Meal Pattern Review & Menu Production Records

May 9, 2023 – Lunch & PM Snack

LUNCH 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Corn Dogs (mini) 3) Peas 4) Tater Tots 5) Corn Dogs (mini)	Frozen PFS - 4 mini-corn dogs = 1.25 oz m/ma Canned Frozen Frozen PFS - 4 mini-corn dogs = 1.25 oz bread alternate	1) 1 1/2 gallons W and 3 gallons *1% 2) 15lbs 3) 2 - #10 Cans 4) 3 – 36 oz Bags 5) 15lbs (Same as above)
P.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Yogurt 2) Breakfast Biscuits	Sugar content ? Whole Grain	1) 5 – 32 oz containers 2) 55 - 2 oz Packages

Activity Packet

Meal Pattern Review & Menu Production Records



Serving Size* Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Total Sugars Grams (g)
If the serving size is:	If the serving size is:	Total sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g

Meal Pattern Review & Menu Production Records

Nutrition Facts			
12 servings per carton			
Serving size 1 container (170g)			
	Strawberry	Strawberry Banana	
Calories	140	140	
	% DV*	% DV*	
Total Fat	1.5g 2%	1.5g	2%
Saturated Fat	1g 5%	1g	5%
Trans Fat	0g	0g	
Cholesterol	5mg 2%	5mg	2%
Sodium	90mg 4%	90mg	4%
Total Carbohydrate	27g 10%	28g	10%
Total Sugars	19g	20g	
Incl. Added Sugars	13g 26%	13g	27%
Protein	5g	5g	
Vitamin D	3mcg 15%	3mcg	15%
Calcium	260mg 20%	260mg	20%
Potassium	280mg 6%	280mg	6%
Vitamin A	180mcg 20%	180mcg	20%
Not a significant source of dietary fiber and iron.			
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.			

Strawberry

What is the serving size?

170 grams

What are the total sugars?

19 grams

Is this yogurt creditable?

Yes

Strawberry Banana

What is the serving size?

170 grams

What are the total sugars?

20 grams

Is this yogurt creditable?

Yes

Meal Pattern Review & Menu Production Records

Are these creditable?

No


Grain-based desserts are not allowed

- Bars – granola, cereal, fig, etc.
- Cookies (including vanilla wafers)
- Brownies
- Pop-tarts
- Etc.



Meal Pattern Review & Menu Production Records

May 9, 2023 – Lunch & PM Snack

LUNCH 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Corn Dogs (mini) 3) Peas 4) Tater Tots 5) Corn Dogs (mini)	Frozen PFS - 4 mini-corn dogs = 1.25 oz m/ma Canned Frozen Frozen PFS - 4 mini-corn dogs = 1.25 oz bread alternate	1) 1 1/2 gallons W and 3 gallons *1% 2) 15lbs 3) 2 - #10 Cans 4) 3 – 36 oz Bags 5) 15lbs (Same as above)
P.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	 1) Yogurt 19 g/20 g per 170 g serving 2) Breakfast Cereals	Whole Grain	1) 5 – 32 oz containers 2) 55 - 2 oz Packages

Activity Packet

Meal Pattern Review & Menu Production Records

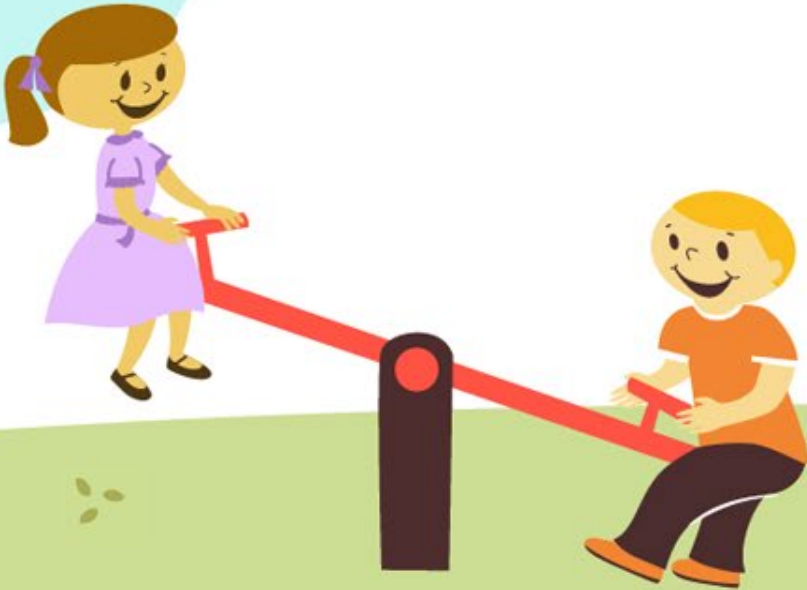
May 9, 2023 – Supper & Evening Snack

SUPPER 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Ground Beef 3) Lettuce 4) Fruit Cocktail 5) Flour Tortillas	85% lean Fresh Canned Enriched	1) <u>1 1/2</u> gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 7 1/2 pounds 3) How much ? 4) 1 1/2 - #10 Cans 5) 3 -16-ounce packages
EVE. SNACK (Select 2 different components) Milk, Fluid, Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Grape Juice 2) Cottage cheese	100% Juice	1) 2 1/2 - Gallons 2) 3 -24-ounce containers

Activity Packet

Meal Pattern Review & Menu Production Records

- 1 c. leafy greens = $\frac{1}{2}$ c. serving of veggies
Spinach, lettuce, kale
- $\frac{1}{2}$ c. cooked greens = $\frac{1}{2}$ c. veggie
Collard greens
- $\frac{1}{4}$ c. dried fruit = $\frac{1}{2}$ c. serving of fruit
Raisins, dried cranberries



Meal Pattern Review & Menu Production Records


Need 83 - 1/4 Cup Servings

What is the portion of lettuce you need to serve a 3–5-year-old ? **1/2 Cup**

What is the portion of lettuce you need to serve a 6–12-year-old? **1 Cup**

How many pounds of lettuce do you need to prepare? **5.68 -6 lbs.**

USA An official website of the United States government [Here's how you know](#)

 Food Buying Guide for Child Nutrition Programs U.S. DEPARTMENT OF AGRICULTURE			
Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution
Lettuce, fresh <i>Iceberg, Head, Untrimmed</i>	Pound	13.90	1/4 cup raw vegetable pieces with dressing (credits as 1/8 cup in NSLP/SBP and CACFP)
Lettuce, fresh <i>Iceberg, Head, Cleaned and Cored, Ready-to-Use</i>	Pound	29.20	1/4 cup raw vegetable pieces (credits as 1/8 cup in NSLP/SBP and CACFP)
Lettuce, fresh <i>Salad mix (mostly iceberg, some romaine with shredded carrot and red cabbage)</i>	Pound	26.40	1/4 cup raw vegetable pieces (credits as 1/8 cup in NSLP/SBP and CACFP)



Meal Pattern Review & Menu Production Records

May 9, 2023 – Supper & Evening Snack

SUPPER 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Ground Beef 3) Lettuce 4) Fruit Cocktail 5) Flour Tortillas	85% lean Fresh Canned Enriched	1) <u>1 1/2</u> gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 7 1/2 pounds 3) 6 lbs. (recommend 7 lbs.) 4) 1 1/2 - #10 Cans 5) 3 -16-ounce packages
EVE. SNACK (Select 2 different components) Milk, Fluid, Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Grape Juice 2) Cottage cheese	100% Juice Any errors?	1) 2 1/2 - Gallons 2) 3 -24-ounce containers

When was the whole grain served?
How many times was juice served?

Activity Packet

Menu Production Records

Complete the “Number of Meals Planned” located at the top

Recorded at the time meal is being prepared

Specific food descriptions identified - Fresh, Frozen, Canned
i.e., Fruit Cup – identify what fruits are included

Record quantities of each food component prepared

- Computer generated records are not accepted
- “See Lunch” or “Leftovers” for meals not accepted



Meal Pattern Review & Vendor Records

May 10, 2023 – Breakfast

Breakfast Meal Delivery Ticket				
Sunrise Egg & Cheese Calzone				
Site: Shining Bright				
Date: May 10, 2023				
# Of Meals Ordered	17	<div style="border: 2px solid black; padding: 5px;"> Juice 100% of Fruit Canned, Fresh or Frozen Apples </div>		
Cooking Temp/Time				
	Egg & Cheese Calzone			
	4.5 oz - 2 M/MA 2 WG			
	Juice 100% or Fruit	1 /2	Cup	
	Canned, Fresh or Frozen			
	White Milk	4 oz	Age 1-2	
		6 oz	Age 3-5	
		8 oz	Age 6-12	
Initial for Receipt of Delivery <u>Christine Apollo</u>				

Meal Pattern Review & Vendor Records

May 10, 2023 – Breakfast

What is quantity of each type of milk served?

White Milk	½ Gallon– Whole	4 oz	Age 1-2
	3 Gallons – 1%	6 oz	Age 3-5
	17 cartons – 1%	8 oz	Age 6-12

Sponsors are required to record the quantity of milk served if the information is not provided by the vendor

Meal Pattern – Milk

According to USDA Memo CACFP 17-2016:

“III. COMPLIANCE 1. When submitting menus for review, do centers and day care homes need to document the type of milk that they serve? Yes. Starting October 1, 2017, centers and day care homes must document the type of milk served on their menus. The menu must indicate the fat content of the milk and if it is flavored. In addition, it is the responsibility of the State or sponsor, as applicable, to further ensure that the correct type of milk is being served when conducting reviews.”



Meal Pattern Review & Vendor Records

May 10, 2023 – Lunch

Vendor tickets are to record the fat content provided and in measurable quantities.

Lunch Production Sheet								
Whole Grain Sloppy Joes with Green Beans & Fruit Cocktail								
Date: May 10, 2023								
Location: Shining Bright								
Food	1-2 years Serving	#	3-5 years Serving	#	6-12 Years Serving	#	Total Qty	Unit
Milk	4	20	6	38	8	0	2.41	Gal
Beef (cooked)	1	20	2	38	2	0	6.00	Lbs.
WG Bun				38	1	0	48.00	1.25 oz.
Green Beans				38	3	0	1.26	#10 Cans
Fruit Cocktail				38	3	0	1.00	#10 Cans
Contains: wheat, Soy, Onion Tomato								
Received by _____		Time _____		Delivered By _____				

Did the vendor provide a whole grain rich bun?

Meal Pattern Review & Vendor Records

Is this a Whole Grain Rich ? **NO**

Ingredients

Enriched flour (Wheat flour, barley malt, niacin, reduced iron, thiamine, mononitrate, riboflavin, folic acid), water, honey, sugar, yeast, soybean oil. Contains 2% or less of: wheat gluten, salt, extractives of turmeric and paprika (for color), calcium sulfate, sodium stearoyl lactylate, ammonium sulfate, ascorbic acid, calcium propionate (preservative), vinegar, sesame flour. **CONTAINS: WHEAT, SESAME.**



Meal Pattern Review & Vendor Records

May 10, 2023 – Lunch

Lunch Production Sheet								
Whole Grain Sloppy Joes with Green Beans & Fruit Cocktail								
Date:	May 10, 2023							
Location:	Shining Bright							
Food	1-2 years	#	3-5 years	#	6-12 Years	#	Total Qty	Unit

Milk Delivered Today: $\frac{1\%}{3}$ $\frac{\text{Whole}}{2}$

Milk Served: $\frac{1\%}{2 \text{ gallons}}$ $\frac{\text{Whole}}{1/2 \text{ gallon}}$

Christine Apollo

Received by

7:44 am
Time

Jack Moos

Delivered By

Milk Delivered Today: $\frac{1\%}{3}$ $\frac{\text{Whole}}{2}$

Milk Served: $\frac{1\%}{}$ $\frac{\text{Whole}}{}$

Received by

Time

Delivered By

Meal Pattern Review & Vendor Records

May 10, 2023 – Snack

Did the vendor supply enough bananas?

Snack Production Record

Meal Delivery Ticket

Date:	5/10/2023
Site Name:	Shining Bright

Number of Meals/Children

Age Group	Breakfast	Lunch	Snack
1-2	15	20	20
3-5	45	35	35
6-12	20	0	15
Total Meals	80	55	70

Snack

	Food Item	1-2 Serving	3-5 Serving	6-12 Serving	Total Quantity Delivered	Equivalents/ Measurements
Fruit	Banana	½ banana	½ banana	1 banana	45 bananas	Units
Grain	Wheat Crackers	½ ounce	½ ounce	1 ounce	3- 20 ounce boxes	Ounces

Jack Moos

Delivery Driver Signature

Toni Brighter

Center Official Signature

Meal Pattern Review & Vendor Records

May 10, 2023 – Snack

According to USDA Buying Guide 1 banana provides ½ cup of Fruit

Snack (Must serve at least 2 components for a reimbursable meal)				
Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ¹ (At-Risk afterschool programs & Emergency Shelters)
Fruits ^{3,8}	1/2 cup	1/2 cup	3/4cup	3/4 cup

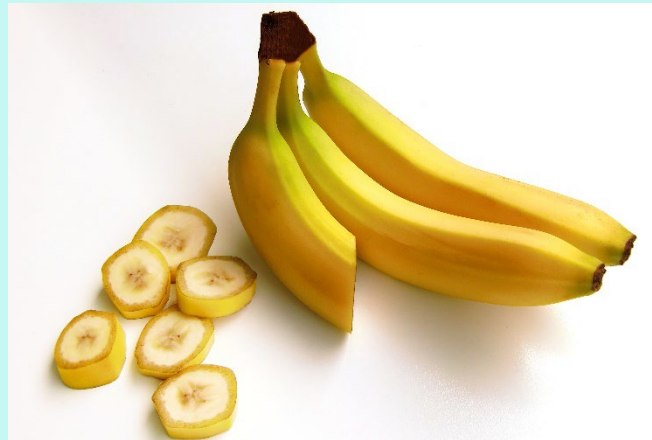
Did the vendor supply enough bananas?

	Food Item	1-2 Serving	3-5 Serving	6-12 Serving	Total Quantity Delivered
Fruit	Banana	½ banana	½ banana	1 banana	45 bananas

Meal Pattern Review & Vendor Records

May 10, 2023 – Snack

How many should the vendor have provided?



<u>Ages</u>	<u># of children</u>	<u># of bananas</u>
1-2 yrs.	20	20
3-5 yrs.	35	35
<u>6-12 yrs.</u>	<u>15</u>	<u>22.5</u>
Total	70	77.5 or 78

	Food Item	1-2 Serving	3-5 Serving	6-12 Serving	Total Quantity Delivered
Fruit	Banana	1 banana	1 banana	1 ½ bananas	78 bananas

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)

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

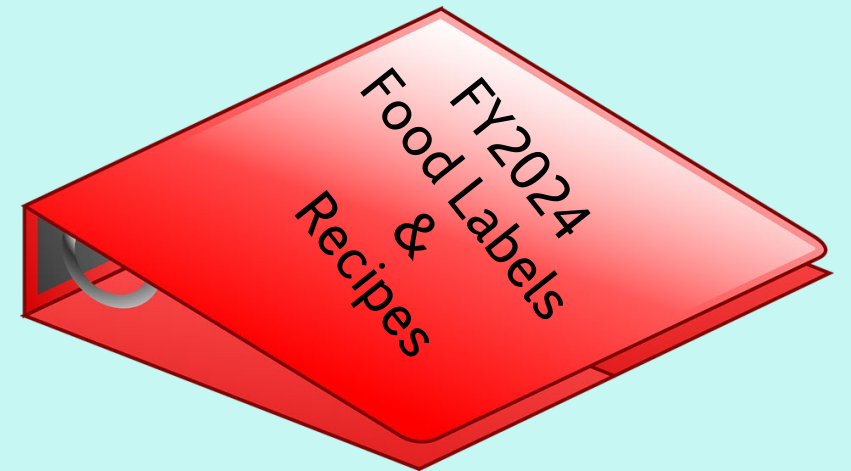
Labels should match receipts of foods purchased



Meal Pattern Review - Label Maintenance

Labels required to maintain:

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



Clean out file with FY2023 CACFP records and freshen up!

Maintain CACFP records for 4 years!



Meal Pattern Review– Meat/Meat Alternates



Correction – Breakfast

Yogurt contribution in lieu of grain

Snack (Must serve at least 2 components for a reimbursable meal)				
Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ¹

Snack (Must select two of the five components for a reimbursable meal)		
Food Components and Food Items ¹	Minimum Quantities	
Fluid Milk ²	1 cup	
Meat/meat alternates		
Lean Meat, poultry, or fish	1 ounce	
Tofu, soy product, or alternate protein product ¹⁰	1 ounce	
Cheese	1 ounce	
Large Egg	1/2	
Cooked dry beans or peas	1/4 cup	
Peanut butter or soy nut butter	2 Tablespoons	

5—Breakfast only: Meat and Meat Alternates may be used to meet the entire grains requirement a maximum of three (3) times a week. One ounce of meat and meat alternates is equal to one serving of grains. (1-5 year olds — 1/2 oz meat/cheese, 1 Tbsp nut butters, 2 oz -1/4 cup yogurt, 1/2 egg or 1/8 cup cooked dry beans or peas; 6-18 years — 1 oz meat/cheese, 2 Tbsp nut butters, 4 oz-1/2 cup yogurt, 1/2 egg or 1/4 cup cooked dry beans or peas)

Whole grain-rich or enriched bread product such as biscuit, roll or muffin	1 ounce equivalent
Whole grain-rich or enriched cereal grain, and/or pasta	1/2 cup
Flakes or rounds	1 cup
Puffed cereal	1 1/4 cup
Granola	1/4 cup

IMPORTANT—Superscript Notations

- 1—Must serve all components for a reimbursable meal. Offer versus serve is an option for adult participants.
- 2—Must be unflavored low-fat (1%), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older and adults. For adult participants, 6 ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as the meat alternate in the same meal.
- 3—Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- 4—At least one serving per day, across all eating occasions, must be whole grain-rich. Grains-based desserts do not count towards meeting the grains requirement.
- 5—**Breakfast only:** Meat and Meat Alternates may be used to meet the entire grains requirement a maximum of three (3) times a week. One ounce of meat and meat alternates is equal to one serving of grains. (1 ounce meat/cheese, 2 Tbsp nut butters, 4 oz—1/2 Cup Yogurt; 1/2 egg or 1/4 Cup cooked dry beans or peas)
- 6—Beginning October 1, 2019, ounce equivalents are used to determine the quantity of grains.
- 7—Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
- 8—**Lunch and Supper only:** A serving of fluid milk is optional for suppers served to adult participants.
- 9—Alternate protein products must meet requirements in Appendix to Part 226.
- 10—Yogurt must contain no more than 23 grams of total sugars per 6 ounces

Nebraska Department of Education Nutrition Services

March 2023



Meal Pattern Review– Whole Grain Rich

“Whole Grain-Rich foods contains 100% whole grain, or at least 50% whole grain, & the remaining grain in the food are enriched...”



The amount of whole grain determines whether a grain credits as whole grain-rich (WGR)

Label Pattern Review– Whole Grain Rich

Label of three (3):

First ingredient is whole grain (or 2nd after water)

Next two grains are creditable (whole or enriched)

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)



Meal Pattern Review – Grains



Food and Drug Administration (FDA) standard of identity

Some whole-wheat products have an FDA standard of identity that indicates they are whole grain. A standard of identity is a set of rules for what a certain product, such as whole-wheat bread, must contain or may contain to be legally labeled with that product name. The FDA provides standards of identity only for certain whole-wheat products, including whole-wheat bread, rolls, and buns (21 CFR 136.180) and whole-wheat macaroni products (21 CFR 139.138). These products include:

- whole-wheat bread, rolls, and buns;
- entire wheat bread, rolls, and buns;
- graham bread, rolls, and buns (does **not** include graham crackers); and
- whole-wheat spaghetti, vermicelli, macaroni, and macaroni products.

Other grain products that are labeled as “whole wheat” but do not have an FDA standard of identity (such as crackers, tortillas, bagels, and biscuits) may or may not be 100 percent whole grain.

Meal Pattern Review– Whole Grain Rich



Are these considered a whole grain rich?

Ingredients: Whole Wheat Flour, Water, Sugar, Wheat Gluten, Yeast, Wheat Bran, **Cornmeal**, Salt, Calcium Propionate and Sorbic Acid (To Preserve Freshness), Monoglycerides, Datem, Citric Acid, Guar Gum, Maltodextrin, Vegetable Oil, (Soybean), Cellulose Gum, Cornstarch, Soy Lecithin, Sesame Seeds.

Corn or cornmeal that is not “whole” or “enriched” or is not treated with lime (nixtamalized) does not credit as a grain in the child nutrition programs.

Meal Pattern Review– Whole Grain Rich

Are these considered whole grain rich?



Ingredients: Whole Wheat Flour, Water, Farina, Wheat Gluten, Yeast, Salt, Calcium Propionate and Sorbic Acid (to preserve freshness), Sugar, Grain Vinegar, Sodium Stearoyl Lactylate, Natural Flavor (contains milk), Mono and Diglycerides, Ethoxylated Mono and Diglycerides, Soy Lecithin, Soy, Sucralose, Whey.

Meal Pattern Review - Grains

Ounce Equivalent Grains

Grains credit as ounce equivalent instead
“servings”

Weight of a grain determines how much
required to be served

Menu production records should include
measurable weights/quantities

CACFP Grain Serving Sizes ^{1,2}	
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 ³	Ounce Equivalent – Group B
Bagels	1 oz eq = 28 gm or 1.0 oz
Butter type coating	¾ oz eq = 21 gm or 0.75 oz
Biscuits	½ oz eq = 14 gm or 0.5 oz
Berads (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 ³	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 ³	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 ³	
Grains listed in this category are not allowed in CACFP.	

Meal Pattern Review– Family Style Meal Service



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

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





Questions



Door Prize

Agenda

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



Civil Rights

and Justice For All Poster - Post in Prominent
Place!

Site Reviewers: Ensure poster is current at all sites

new one to be issued

ACFP materials issued must include the Non-
discrimination Statement (Enrollment records for
ACFP)



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

Discrimination

Is ... when an individual or group of individuals are:

- **Delayed** benefits or services
- **Denied** benefits or services
- Treated **Differently** than others to their disadvantage
- Given **Disparate** Treatment



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 Program.ppt](#)

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



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

MEDICAL STATEMENT		
<small>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.</small>		
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:
<small>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.</small>		
<small>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.</small>		
<small>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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:</small>		

ivil Rights – Medical Statement

Medical Statements must include:

First & Last Name

Date of Birth

Foods to be omitted and the foods to be substituted

**Description of participants physical or mental
impairment that restricts the diet**

Date & Signature of Medical Professional



Food Rights – Allergies

Food Safety Resources – Institute of Child Nutrition (theicn.org)

The following table lists safe alternatives to common menu items that contain milk:

Child Care Center Food Allergy Fact Sheet

MILK ALLERGY

What Is Milk Allergy?

Milk allergy is a potentially life-threatening immune system reaction to the proteins in cow's milk. It is often confused with lactose intolerance, a condition characterized by an inability to digest the lactose (a sugar) in milk. Unlike an allergy, lactose intolerance is not life-threatening. Milk allergy is the most common food allergy in infants and very young children. Most children outgrow milk allergies by the time they are two or three years old.



Avoiding Milk and Dairy

A child with a milk allergy cannot drink milk or consume dairy products, such as yogurt and cheese. The proteins in cow's milk are similar to other domestic mammals, such as goats, sheep, and buffalo; therefore, milk and dairy products from these animals should also be avoided.

Non-dairy products and processed foods often contain dairy ingredients and various forms of casein and whey, the two major proteins in milk. Reading food labels to find these hidden ingredients is important to eliminate exposure to milk.

If you have a child with a milk allergy in your care, you need to be aware of foods and products that may contain milk to prevent a reaction. This includes foods in your menu as well as foods and products that staff and children may bring to the center. The following tables list the most common dairy products, dairy ingredients, milk protein ingredients, and dishes, foods, and products that may contain milk. It is important to read all food labels to check for milk and dairy ingredients. Take extra care when reading food labels for milk proteins, as they are not commonly known and are often used in unexpected products.

Dairy Products			
<ul style="list-style-type: none">• Butter (all forms)• Cheese (all types)• Cheese dip/sauce/spread• Coffee creamer• Condensed milk• Cottage cheese• Cream cheese• Crème fraîche	<ul style="list-style-type: none">• Curd• Custard• Dried milk• Evaporated milk• Ice cream• Pudding• Ghee• Half and half	<ul style="list-style-type: none">• Heavy cream• Ice cream• Kefir• Malted milk• Milk (all forms, including all fat and flavored varieties)• Powdered milk• Pudding	<ul style="list-style-type: none">• Sherbet• Sour cream• Skyr• Quarg/quark• Whipping cream• Yogurt (all varieties)

Dairy Ingredients			
<ul style="list-style-type: none">• Anhydrous butter oil• Anhydrous milk fat (AMF)• Butter acid• Butter ester• Butter oil• Butterfat• Dairy product solids• Dehydrated yogurt	<ul style="list-style-type: none">• Diacetyl• Galactose• Lactate solids• Lactic acid• Lactic acid starter culture• Lactic yeast• Lactitol monohydrate	<ul style="list-style-type: none">• Lactose• Lactulose• Lactate derivative• Milk fat• Milk protein• Milk protein hydrolysate• Milk solid pastes• Milk solids	<ul style="list-style-type: none">• Nisin• Protein hydrolysate• Recaldent™• Sour cream solids• Tagatose• Yogurt powder

Food Allergy Fact Sheets:

- Milk
- Wheat
- Tree Nuts
- Sesame
- Peanuts
- Fish
- Eggs
- Soy
- Shellfish

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/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. 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.

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

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

This institution is an equal opportunity provider.

Internal Use – Child Care Provider Information

Return _____ to: _____

Phone number: _____

Date form received by child care provider: _____

Follow-up: _____









NEBRASKA
DEPARTMENT OF EDUCATION

Nutrition Services
Revised: April 2018

Civil Rights – Alternate Milks

NEBRASKA
DEPARTMENT OF EDUCATION

Fluid Milk Substitutions (all ages)
Non-Dairy Beverages Meeting the United States Department of Agriculture Substitution Criteria per 8 Fluid Ounces

	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	Sunrich Naturals Original Soymilk
									
	276	440	300	300	450	300	300	373	300
	8	8	8	8	8	10	8	8.9	8
	500	500	500	500	500	500	500	1249	500
	100	240	100	120	120	100	120	255	100
	24	24	24	40	60	60	40	54	40
	222	491	250	250	250	250	250	313	250
	349	375	360	360	370	460	360	377	360
	0.44	0.48	0.51	0.51	0.51	0.51	0.51	0.96	0.45
	1.1	1.1	1.2	3	3	1.5	3	2.31	1.2

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 June 2021

- 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



General Reminders – Security on CNP

DO NOT SHARE **PASSWORDS** IN YOUR ORGANIZATION!

Child and Adult Care Food Program

NEBRASKA DEPARTMENT OF EDUCATION

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

Applications > Application Packet - Centers >

Application Packet Sponsor of Affiliated Sites

Status: Active

Packet Submitted Date: 02/06/2014
Packet Approved Date: 02/06/2014
Packet Original Approval Date: 07/01/2013
Packet Status: Approved

	Form Name	Latest Version	Status
Revise	✓ Sponsor Application	Original	Approved
	Staff Profile		
Revise	✓ Sponsor Budget Detail	Original	Approved
	Checklist Summary		

	Approved	Pending	Return for Correction	Denied	Withdrawn/Closed	Error	Total Applications
Application(s)	3	0	0	0	0	0	3

< Back Submit for Approval

Application Packet History

Security Rights:
User Manager

Computer Access Form
Should Match:
Organization Statement
or
Certificate of Authority

General Reminders - Unique Entity ID

Renewal- FREE

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:

IDE Annual Training

RP/I's

CACFP Recordkeeping

CACFP Meal Pattern *

Infant Meal Pattern
(if applicable) *

IDE 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 Application

General Reminders - On-Line Courses

Line Training is BACK!

<https://canvas.education.ne.gov/>

Course Title	Course Objectives
CACFP – Feeding Infants	Review the infant meal pattern requirements
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	

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.

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

USDA NDE LET'S MOVE! CHILD YOUTH AND FAMILY HEALTH

Nebraska Dept. of Education
LEARNING NETWORK

Login

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.

Need Help? Log-in to access the Help menu

Search

Nutrition Services Refine

FREE Child and Adult Care Food Program (CACFP)

CACFP - Feeding Infants

This course is recommended for childcare providers operating the Child and Adult Care Food Program (CACFP). Infant meal pattern requirements and indicators of developmental readiness for introduction of...

Self-paced
FREE | 1.5 credits

FREE Child and Adult Care Food Program (CACFP)

CACFP - Fruits and Vegetables

This course is recommended for childcare providers operating the Child and Adult Care Food Program (CACFP). The course will provide detailed CACFP meal pattern requirements for the fruit and vegetable...

Self-paced
FREE | 1 credit

FREE Child and Adult Care Food Program (CACFP)

CACFP - Grain Requirements

This course is recommended for childcare providers operating the Child and Adult Care Food Program. This course provides detailed CACFP meal pattern requirements for the grain component by age group and explains...

Self-paced
FREE | 2 credits

FREE Child and Adult Care Food Program (CACFP)

CACFP - Meat and Meat Alternates

This course is recommended for childcare providers operating the Child and Adult Care Food Program. This course provides detailed CACFP meal pattern requirements for the meat and meat alternates component by...

Self-paced
FREE | 1.5 credits

Handout

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



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)



General Reminders - Communication

Notify NDE if...

You resign from your position

New RP/I's have been assigned

Closure or termination of CACFP agreement

Reminder:

New responsible individuals must attend monthly training within 4 months



General Reminders - Terminating CACFP Agreement

Written Statement:

from Owner/Responsible Individual

Identify the Date of Closure (last day of CACFP operations)

○ Recommended: 30 days prior to closure

new mailing address & contact information

Submit by:

E-Mail ~or~ First Class Mail

Close-Out Reviews

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

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

Required to maintain records for 4 years after termination

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

NDE must review all contracts in order to ensure compliance with procurement regulations -**Submit early!**

All food service contracts expire on June 30, 2023

Contracts \$50,000 and over must be approved by NDE prior to signing

Centers are required to solicit bids every five years (Documented on Attachment A)

Page 2 Cost Worksheet is to be completed by Food Service Vendor

This is a contract – cannot switch vendors or end contract without adhering to terms outlined

Pay your vendor



General Reminders - Food Service Contracts

Contract specifications are to be completed by you (the Sponsor)

Contract Page 10 – Question 26

26. Check if Applicable ☐

Additional provisions stipulated by Contractee and Contractor (Specify below or attach additional pages, if necessary):

Attachment A Procurement Procedures

4. **Specifications used as basis for bidding.** Did you use any other specifications in addition to those required by the CACFP meal pattern (7 CFR 226.20) ?

☐ Yes – if yes, attach the additional specifications

☐ No

Must disclose written specifications to each vendor bidding

General Reminders - Food Service Contracts

PARTICIPATING CENTERS AND DELIVERY SCHEDULE <small>(Additional page if necessary)</small>						
CENTER NAME	ADDRESS	TYPE OF MEAL(S) <small>Check all that apply</small>	NUMBER OF DAILY MEALS	DELIVERY TIME RANGE	START DATE	END DATE
Site 1		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
Site 2		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
Site 3		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			
		<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack	_____ _____ _____ _____ _____ _____			

List All Sites on One Contract
(Page 3 of 10)

Each food service contractor requires a separate contract (i.e., Head Start)

An adequate number of meals and snacks are to be ordered by the sponsor

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

Each contract requires:

Example of the vendors delivery ticket

Current 4-week cycle menu

General Reminder - Food Service Contracts

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
- Modify application to identify the changes i.e., end date and start date

Failure to notify NDE changes = Meal disallowances

General Reminders - Food Service Contracts

Changes to contract (i.e., adding snacks)

Contact NDE

Less than 10% of the original bid & contract

Contract Amendment (form on-line)

value of additional goods exceeds the 10% limit:

A separate procurement procedure is required:

New Attachment A

Most likely a new contract



General Reminders – Procurement/Small Purchase Plan

PURCHASEMENT LOG							
Institution Name: _____							
	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 Selected			\$		\$		\$
Method of Contact		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Notes:							
Purchasing Plan (Frequency):		<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly			
Signature of person completing this form:						Date:	

Electronic Version now available on-line

A	B	C	D	E	F	G	H
Item	Product Size	Estimated Store 1	Actual Store 1	Estimated Store 2	Actual Store 3	Estimated Store #3	Actual Store #3
Bagels	20 oz pkg.	\$2.00	\$2.29	\$4.49			
Cream Cheese	8 oz pkg.	\$3.49	\$3.79	\$4.49			
Chicken Thighs or Breasts	1 -5 lb bag	\$13.99		\$14.99	\$5.50		
Penne Pasta	16 oz box	\$3.49		--	\$6.98		
Cottage Cheese	8 oz	\$2.49		\$1.99	\$1.79		
Mozarella Cheese - Shredded	2 Cups	\$2.79	\$2.88	\$3.79			
Green Beans	# 10 Can	\$6.74		\$8.95	\$1.49		
Ground Beef (80/20)	1 lb	6.77		\$5.99	\$5.99		
Crackers	16 oz box	\$3.68	\$3.50	\$3.99			
100% Whole Wheat Bread	20 oz loaf	\$3.99	\$3.99	\$4.79			
Ham	5 lbs	\$9.98		\$7.98	\$6.38		
1% Milk	1 gallon	\$2.18	\$2.32	\$3.17			
Cheddar Cheese - Shredded	4 Cups	\$5.99	\$5.99	\$6.25			
	Totals	\$67.58	\$24.76	\$70.87	\$28.13	\$0.00	\$0.00

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							
<p>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. <i>Preapproval visits</i> must be conducted at new sites prior to the beginning of program participation and reviewed again within the first four weeks of CACFP operation.</p>							
Type of Review <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: _____				<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/> Non-Meal Visit BR AM LU PM SU EV Circle Meal Observed			
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 Services							
Page 1 of 6							

General Reminders - Site Reviews (Multi-Site Sponsors)

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

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

Name	Enrollment Form			Week of:		Circle Meals Claimed
	Meals	Days in Care	Times	Days & Times in Attendance		
Missy	<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 - Friday	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
				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
An	<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 - Friday	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
				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
e	<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/Friday	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
				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
smine	<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 - Thursday	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
				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
smine	<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 - Thursday	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
				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- Resources

Education Nutrition Services Website

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

Forms & Resources Available:

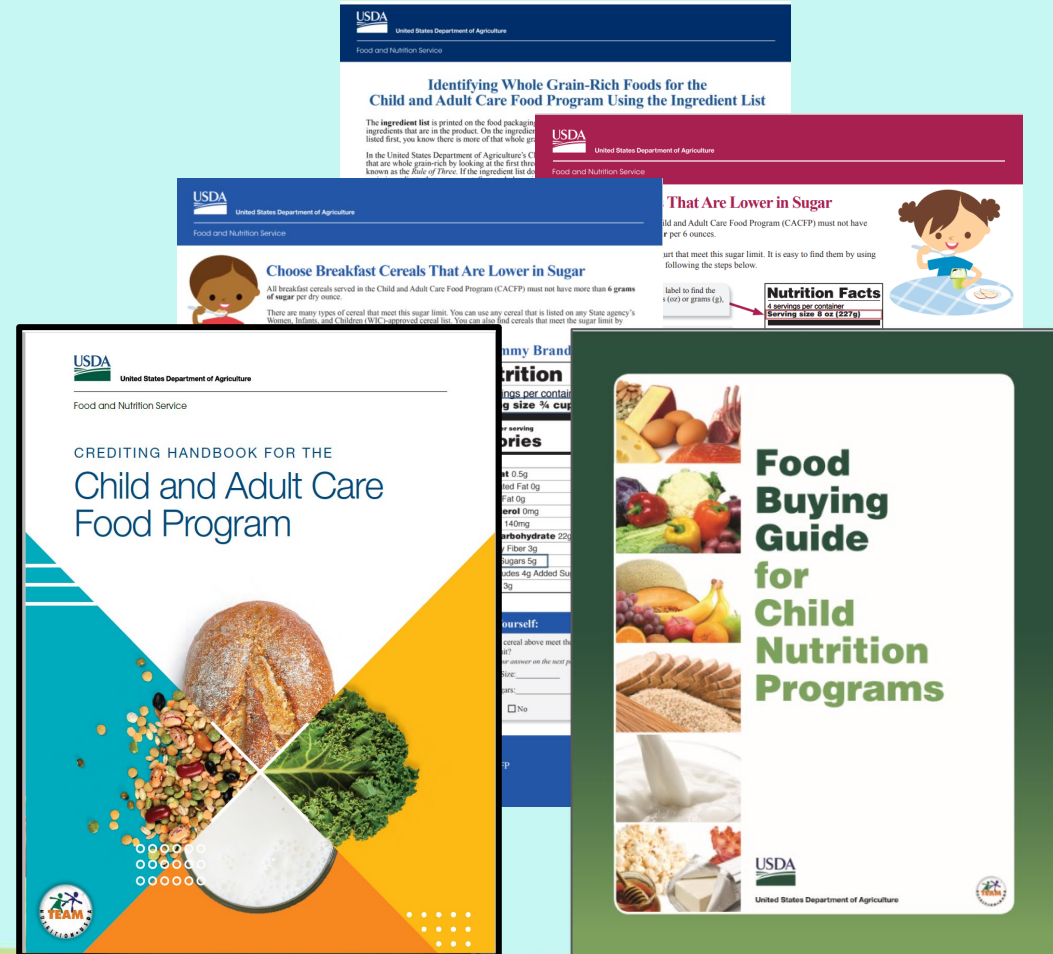
Administration, Record Keeping & Finance

Food & Nutrition Training Resources

USDA Resources

USDA Regulation & Policy

WIC Resources



General Reminders - Farm to Preschool

<https://www.education.ne.gov/ns/cacfp/farm-to-preschool/>



Farm to Preschool
NEBRASKA

GETTING STARTED 	WHERE TO BUY LOCAL 	WHAT'S IN SEASON 
PRODUCE PICK SPOTLIGHT 	MENU PLANNING 	FEATURED FARMER 
GARDENS/ EDUCATIONAL ACTIVITIES 	POLICY 	OTHER RESOURCES 





Questions

Agenda

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



[illegible]

- **Letter to households**
- **Non-Discrimination Statement**
- **Center contact information**
(complete prior to copying)
- **Income Eligibility and Enrollment Form**

Revised 02/02

(r) (4) digits of the social security number of the adult household member who does not have a social security number, check the box. Use of required.

FOSTER CHILD:

_____ must be signed by the parent or guardian.
_____, address, e-mail address and telephone number.

_____ requires the information on this application. You do not have to give the _____ if the foster child receives mail. You must include the last _____.

Parent View 2023 - Income Eligibility & Enrollment Form – Page 3 of 3
Child Care Centers – 10C – Y002

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS JULY 1, 2022 THROUGH JUNE 30, 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 the 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							School Age	Head Start	Foster Child									
			Actual Time	Leave Time	M	T	W	T	F	S	S	R	A	L	B	D	E													

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 (list on attached sheet), 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 M-Monthly L1=Monthly Y-Yearly

List the Names of All Household Members not listed in Part 1 and Foster Children	Earnings from Work How much? How often?	Welfare, Child Support, Alimony How much? How often?	Pensions, Retirement, Social Security How much? How often?	All Other Income How much? How often?	Check 2020 income
1					<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-XXXX 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 CAPCP 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 _____ Date _____

City _____ State _____ Zip Code _____

E-Mail Address/Telephone _____

FOR CENTER USE ONLY

<input type="checkbox"/> SNAP/TANF/FDPIR/HOUSEHOLD	<input type="checkbox"/> ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____	HOUSEHOLD CATEGORY: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid <input type="checkbox"/> Incomplete

Center Official Signature _____ Date of Signature _____

Effective Date _____ Expiration Date _____

Home 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)



Income Eligibility & Enrollment Forms

Salary Conversions

Monthly **x 12**

Every 2 weeks **x 26**

Twice a month **x 24**

Weekly **x 52**

Hourly **Hourly wage X hours per week MUST be listed**

Conversion charts are located on the bottom of the income guidelines

Test Your Knowledge

Activity Packet

Income Eligibility & Enrollment Forms (3)

Review each IEF to determine -

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

Activity Packet



**NUTRITION SERVICES
INCOME ELIGIBILITY GUIDELINES**

JULY 1, 2022 - JUNE 30, 2023

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	17,667	1,473	737	680	340	25,142	2,096	1,048	967	484
2	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
3	29,939	2,495	1,248	1,152	576	42,606	3,551	1,776	1,639	820
4	36,075	3,007	1,504	1,388	694	51,338	4,279	2,140	1,975	988
5	42,211	3,518	1,759	1,624	812	60,070	5,006	2,503	2,311	1,156
6	48,347	4,029	2,015	1,860	930	68,802	5,734	2,867	2,647	1,324
7	54,483	4,541	2,271	2,096	1,048	77,534	6,462	3,231	2,983	1,492
8	60,619	5,052	2,526	2,332	1,166	86,266	7,189	3,595	3,318	1,659
Additional member	6,136	512	256	236	118	8,732	728	364	336	168

Income Eligibility & Enrollment Form – Page 3 of 3
NS-100C

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023

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

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	B	A	L	P	E	V										
Oxley	2-5-19	1-11-23	700	430	X	X	X	X	X					X	X	X	X									
	4-1-22	1-11-23	700	430	X	X	X	X	X					X	X	X	X									
	3-1-23																									

Please check the ethnicity and race of the child(ren) you are enrolling.

Select one or more: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Select one or more: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian

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

Child on SNAP Program & Provide Case Number(s): ☐ SNAP Case #: _____ ☐ TANF Case #: _____ ☐ FDPIR Case #: _____

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

If household income exceeds the income guidelines (listed on attached letter), check this box ☒

OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR Case #:

GROSS INCOME Before Taxes	Net Weekly Income After Taxes
\$_____	\$_____

Signature of All Household Members (not listed in Part 1 and Foster Children): _____

Number of Households: _____

Signature of Parent/Guardian: _____

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023

Complete the information below

Annual Income: \$_____

Signature: _____

Expiration Date: _____

A photograph of a Thai Bangkaew dog standing in a grassy field. The dog has a reddish-brown coat with white markings on its chest, neck, and legs. It has large, upright ears and a curled tail.

*** Utilize current fiscal year**

Forms & Meal Count Records

Basenji Family

Is this enrollment complete?

What is wrong with the date of the parent signature?

Quality & Enrollment Form – Page 3 of 3
INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023
Revised 6/2022

INSTRUCTIONS: 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.

Child 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	L	P	D	E	V												
Dexter	2-5-19	1-11-23	700	430	X	X	X	X	X				X	X	X	X														
Otis	4-1-22	1-11-23	700	430	X	X	X	X	X				X	X	X	X														
Basenji	3-1-23																													

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.

Child 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	L	P	D	E	V												
Basenji, Dexter	2-5-19	1-11-23	700	430	X	X	X	X	X				X	X	X	X														
Basenji, Otis	4-1-22	1-11-23	700	430	X	X	X	X	X				X	X	X	X														
Basenji	3-1-23																													

I understand that CACF officials may verify the information I provide and that if I purposely give false information, the child may lose their meal benefits, and I may be subject to legal action.

Parent/Guardian Signature: Basenji Date: January 11, 2023

Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address/Telephone: _____

FOR CENTER USE ONLY

HOUSEHOLD CATEGORY: ☐ Free ☒ Reduced ☐ Paid ☒ Incomplete

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

Signature: _____ Date of Signature: _____
Expiration Date: _____

Yes – Dexter & Otis
No - Unnamed child



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**

Fs & Meal Count Records

senji Family - Is the determination correct? Yes



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.

Marcia Basenji January 11, 2023
Signature of Parent/Guardian Date

Print Name

Address

City

State

Zip Code

E-Mail Address/Telephone

FOR CENTER USE ONLY

____ SNAP/TANF/FDPIR HOUSEHOLD

____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Joni Brighter

1/31/2023

Center Official Signature

Date of Signature

1/1/2023

1/31/2024

Effective Date

Expiration Date

HOUSEHOLD CATEGORY:

- ☐ Free
- ☐ Reduced
- ☒ Paid
- ☒ Incomplete

Foster Child – Free Category

List name of foster child(ren)

RECOMMENDATION – Enter Effective Date

Fs & Meal Count Records

Income Eligibility & Enrollment Form – Page 3 of 3
MS-100C

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023

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

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	L	P	D					E	V
Nattie	7-27-20	9-15-22	8:00	4:30	X	X	X	X	X		X	X	X	X								
Archie	9-2-22	11-1-22	8:00	4:30	X	X	X	X	X		X	X	X	X								

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

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.

Program & Provide Case Number(s): ☒ SNAP Case #: _____ ☐ TANF Case #: _____ ☐ FDPIR Case #: _____

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

Income exceeds the income guidelines (listed on attached letter), check this box ☐

OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR MASTERCASE number, complete Parts 1, 3A and 4.

Havanese Family



Is the enrollment complete? Yes

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 #: 011145 5/15/2023 JB ☐ TANF Case #: _____ ☐ FDPIR Case #: _____

Signature and Contact Information:

I certify that all information on this form is true and that all income was provided to the facility for the purpose of receiving Federal funds based on the information provided. I understand that CACFP officials may verify the information provided and that if I purposely give false information, the facility may lose their meal benefits, and I may be subject to legal action.

Signature: Brighter Date: 5-3-2023

Parent/Guardian: _____ Date: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address/Telephone: _____

FOR CENTER USE ONLY

HOUSEHOLD CATEGORY: ☐ Free ☐ Reduced ☐ Paid ☐ Incomplete

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

Signature: Brighter Date: 4-27-2023

Signature: 2023 Date: 4-30-2024

Expiration Date: _____

Has a determination been made?

No

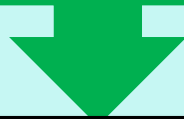
Income Eligibility & Enrollment Forms

For meal benefit determination - **Child 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



Item 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

Home Eligibility & Enrollment Forms

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

SNAP, TANF, FDPIR, Medicaid and SSI

Master Case Numbers must be entered if qualifying by household benefit

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

Fs & Meal Count Records

Havanese- Is the effective date, correct?

No



4. SIGNATURE AND CONTACT INFORMATION:

I certify (promise) that all information on this form is true and that all income reported. I understand that the facility will receive Federal funds based on 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.

Courtney Havanese
Signature of Parent/Guardian

5.3.2023
Date

Print Name

Address

City

State

E-Mail Address/Telephone

SNAP/TANF/FDPIR HOUSEHOLD

ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Doni Brighter
Center Official Signature

5/1/2023
Effective Date

FOR CENTER USE ONLY

5/3/2023
Date of Signature

5/31/2024
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**



FY2024

Use current income
guidelines (May Packet)

Fs & Meal Count Records

2023--Income Eligibility & Enrollment Form -- Page 3 of 3
Centers -- NS -100C

Revised 5/2022

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2022 THROUGH JUNE 30, 2023

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

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	L	P	D					E	V			
Det. Louie	9-4-20	7-1-22	7:30	5:15	X	X	X						X	X	X										
Det. Prelika	9-9-22	7-1-22	7:30	5:15	X	X	X						X	X	X										
Det. Jack	9-4-21	7-1-22	7:30	5:15	X	X	X						X	X	X										

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

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.

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

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

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

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?	
Nugget, Blake	19.00	E2							<input type="checkbox"/>
Nugget, Zoey	11.25	per hour							<input type="checkbox"/>
Tuukka, Jack									<input checked="" type="checkbox"/>

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

Signature of Parent/Guardian: S. K. Nugget Date: 2-15-2023

Print Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address/Telephone: _____

FOR CENTER USE ONLY

SNAP/TANF/FDPIR HOUSEHOLD: _____

ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

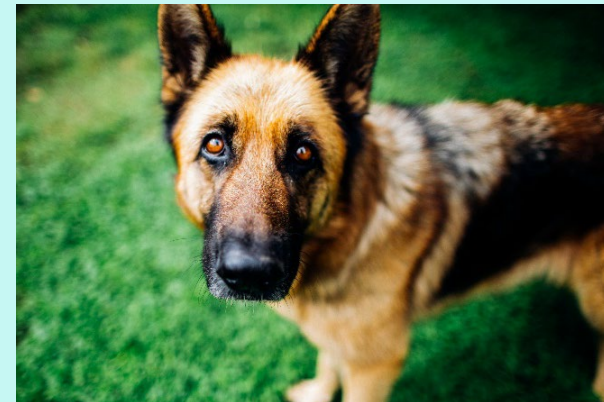
Official Signature: _____ Date of Signature: _____
Expiration Date: _____

HOUSEHOLD CATEGORY: ☐ Free ☐ Reduced ☐ Paid ☐ Incomplete

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

Nugget/Tuukka Family

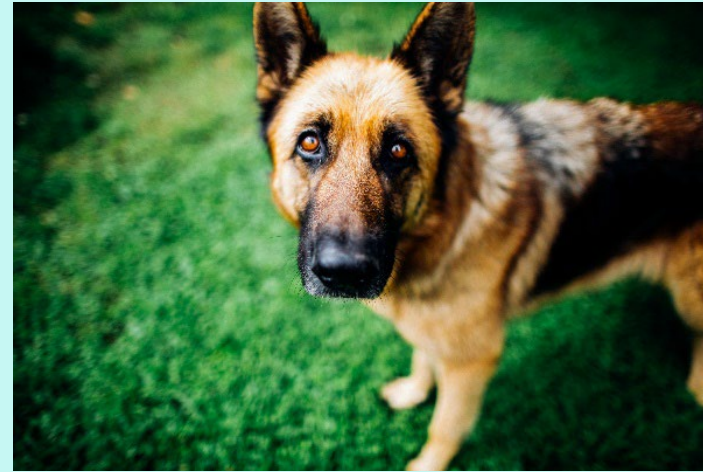
What determination have you made?



IEFs & Meal Count Records

Nugget/Tuukka Family

Can you determine the IEF?



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?	
Nugget, Blake	1900	E2							<input type="checkbox"/>
Nugget, Zoey	11.25	per hour	Work 30 hours a week - Paid every 2 weeks						<input type="checkbox"/>
Tuukka, Jack			Phone call on 2/25/2023 JS						<input checked="" type="checkbox"/>
									<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 ☐

Fs & Meal Count Records

gget/Tuukka Family

How much annual income does this family make?

ey

.25 x 30 Hours/Week = \$ 337.50

Blake

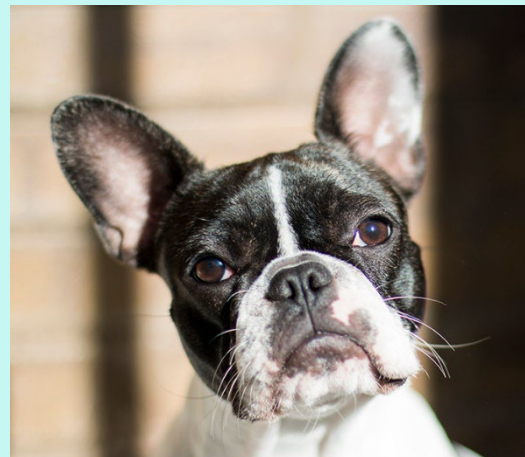
7.50 x 52 weeks = \$17,550

1900 x 26 = \$ 49,400

Zoey 17,550

Blake 49,400

Total \$ 66,950



Fs & Meal Count Records

gget/Tuukka Family

What determination should be made?

FOR CENTER USE ONLY	
SNAP/TANF/FDPIR HOUSEHOLD	
ANNUAL INCOME: \$ 66,950	HOUSEHOLD SIZE: 5
ni Brighter	2/25/2023
ter Official Signature	Date of Signature
1/2023	2/28/2024
ective Date	Expiration Date

HOUSEHOLD CATEGORY:

- ☒ Free Jack
- ☐ Reduced
- ☒ Paid Louie & Cecelia
- ☐ Incomplete

Foster Child – Free Category

List name of foster child(ren)

Jack Tuukka



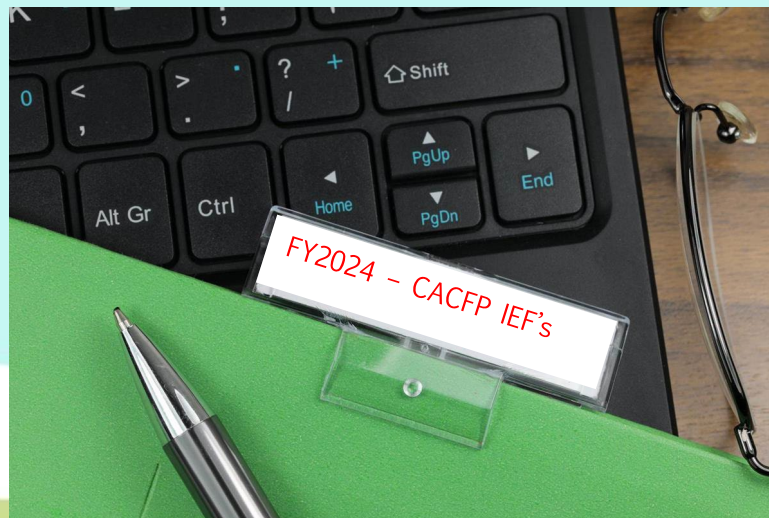
Income Eligibility & Enrollment Forms

Center Officials should:

Write down your calculations

Initial & date any/all corrections on IEF's with a **different ink color**

~No whiteout/correction tape ~



come Eligibility & Enrollment Forms

Lead Start/Early Head Start

Eligible for free meals if you are Head Start Grantee

~ Or ~

Documentation of head start eligibility (parent must provide permission for this information to be released)

Six Pence **≠** Head Start



Fs & Meal Count Records

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

PLEASE PRINT LEGIBLY)

LAST NAME, FIRST NAME

CODE

MONDAY DATE: 5/29/2023

TUESDAY DATE: 5/30/2023

WEDNESDAY DATE: 5/31/2023

THURSDAY DATE: 6/1/2023

BR SN LU SN SU

A B C A B C A B C A B C A B C

1

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3

4

5

6

7

get, Louie

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ikka, Jack

enji, Dexter

aji, Otis

aji, Zahara

anese, Nattie

C

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B

A

B

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

When are meal counts to be recorded?

All food components have been served – including milk

At the Point of Service



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ing Claims

Claim for Reimbursement Worksheet

must be completed each month for each site &
maintained in files

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: How many participants were served?
	Breakfast			AM Snack			Lunch			PM Snack			Supper			EV Snack			
	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
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22																			
23																			
24																			
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 block 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.

ing Claims

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

Sponsor Information			
Sponsor Name	Sponsor Number	Site Name	Month/Year Claimed
Shining Bright	28-xxxx	Bright One	April 2023
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

ling Claims – Child Nutrition Program (CNP)

Accepted Claim

Child and Adult Care Food Program



NEBRASKA

DEPARTMENT OF EDUCATION

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

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[Claim Year at a Glance - Centers >](#)
Program Year: 2022 - 2023

Child & Adult Care Food Program

Claim Month Details for January 2023

Year	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
	0	02/01/2023	02/01/2023		Original

Submission Number: **B06JQG**

Thank you for your **January 2023** Claim Submission.

Confirmation has been sent to: **Claim Contact email address**

< Modify Claim

Finished

Child & Adult Care Food Program Fiscal Year Summary for 2022 - 2023			
Claim Status	Date Received	Date Processed	Earned Amount
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Accepted	02/01/2023		\$832.91
			\$0.00

Handout

ling Claims – Child Nutrition Program (CNP)

Error in Claim
Or “Not Submitted”

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

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

«

Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
				\$0.00
				\$0.00
0	Error			\$773.33
				\$0.00
				\$0.00
				\$0.00
				\$0.00

Program Year: 2022 - 2023

Child & Adult Care Food Program
Claims for September 2022

Claim Items	Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View Modify Summary	0				\$773.33	Error
Total Earned					\$773.33	

Processing Claims – Child Nutrition Program (CNP)

Year at a Glance - Centers >

Program Year: 2022 - 2023

Child & Adult Care Food Program
Claim Month Details for January 2023

Month: January 2023

	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
Summary	0	02/01/2023	02/01/2023	02/10/2023	\$832.91	Processed
Total Earned					\$832.91	


< Back

Processed Claim


& Adult Care Food Program Year Summary for 2022 - 2023						
						«
		Date Received	Date Processed			Earned Amount
						\$0.00
Aug 2022						\$0.00
Sep 2022						\$0.00
Oct 2022						\$0.00
Nov 2022						\$0.00
Dec 2022						\$0.00
Jan 2023	0	02/01/2023	02/10/2023	Processed		\$832.91
Feb 2023						\$0.00
Mar 2023						\$0.00

Processing Claims – Child Nutrition Program (CNP)

Child and Adult Care Food Program

 NEBRASKA
DEPARTMENT OF EDUCATION

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 Programs | Year | Help | Log Out

Claim Year at a Glance - Centers >

Program Year: 2022 - 2023

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

<<

	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
	0	Processed	08/02/2022	08/11/2022	\$2,067.71
2	0	Processed	09/02/2022	09/12/2022	\$2,692.80
2	0	Processed	10/04/2022	10/11/2022	\$2,134.94
2	0	Processed	11/02/2022	11/14/2022	\$2,349.89
2	0	Processed	12/06/2022	12/14/2022	\$2,177.88
2	1	Processed	02/07/2023	02/10/2023	\$2,476.15
3	0	Processed	02/03/2023	02/10/2023	\$2,440.18
3					\$0.00
3					\$0.00
3					\$0.00
3					\$0.00
3					\$0.00
Year to Date Totals					\$16,339.55

< Back

Claim Status - Processed
Means claim has been paid

ing Claims – Non-Profit Food Service Operation

[illegible]

Must have accurate accounting system in place

All organizations must demonstrate that program funds are expended and accounted for in accordance with the requirements.

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

ing 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



ing Claims – Non-Profit Food Service Operation

ff - Time Certification

at information is
ssing?

en are time-certifications
e completed?

ly

Employee Name (please print legibly) Christie Apollo Month/Year: April 2023

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.

Christine Apollo

Christine Apollo

4/28/2023

Employee Name (please print legibly)

Employee's Signature

Date

ing Claims – Non-Profit Food Service Operation

ter official needs to:

Calculate – Needs to reflect information on staff profile

ign & Date

MUST BE COMPLETED BY CENTER DIRECTOR/CACFP AUTHORIZED REPRESENTATIVE	
(HOURLY PAID STAFF)	
Total hours worked on FOOD SERVICE	<u>48</u> x \$ <u>17.25</u> (hourly wage) = \$ <u>828.00</u> (Total CACFP salary)
Total hours worked on CACFP ADMINISTRATION	<u>20</u> x \$ <u>17.25</u> (hourly wage) = \$ <u>345.00</u> (Total CACFP salary)
(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	<u>Joni Brighter</u> Date <u>5/2/2023</u>

ing Claims – Non-Profit Food Service Operation

Reporting claim cost

Report actual monthly costs
MONTHLY

Use 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 2023	0	5/5/2023	5/5/2023
CACFP Operating Expenses			
1.	Salaries, Benefits & Taxes (Total from Staff Profile)		1173.00
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
Total Operating Costs			2500.88

ing Claims

Check the certification box and submit for payment

An email will be issued when the claim has been received by NDE

☒ 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



Door Prize



Questions

Agenda

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



ant Meal Pattern

ants

ero through the 11 month of age



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Meal pattern should be posted

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

Nebraska Department of Education Nutrition Services

Revised 7/2021

Infant Meal Pattern



➡ **Infants are fed on demand**

➡ **Not required to follow the mealtimes on the application**

Infant Meal Pattern

All centers must offer and provide:

- One iron-fortified-infant-formula for parents to select
- Meals to infants

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

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 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



Infant Meal Pattern

Solid foods are:

Commercially prepared baby foods (Gerber, Beechnut)

Table foods (Meats, Vegetables, Fruits etc.) *



Texture should be appropriate for the infant you are feeding:

- ☐ Puree, Mashed, Ground
- ☐ Diced, Small bite-size pieces less 1/2 inch

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

“Zero” –gradual introduction to a food (it is not optional to serve solids)

Disallowances for not serving required components and/or meals



Infant Meal Pattern

creditable food components for infants **differ** from all other age groups

Meal pattern is required to be met for an infant's meal to be claimed for reimbursement

Breakfast/Lunch/Supper

6 through 11 months

6-8 fluid ounces of breastmilk¹ or formula²

AND

0-1/2 oz eq infant cereal^{2,3}; **or**

0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; **or**

0-2 ounces of cheese; **or**

0-4 ounces (volume) cottage cheese; **or**

0-4 ounces or 1/2 cup of yogurt⁴; **or** combination of the above⁵;

AND

0-2 Tablespoons vegetable, fruit or a combination of both^{5,6}

Infant Meal Pattern

Snacks - All 3 Components are required

6 through 11 months

2-4 fluid ounces of breastmilk¹ or formula²

AND

0-1/2 oz eq bread ^{3,7}; **or**

0-1/2 oz eq infant cereal ^{2,3,7}; **or**

0-1/4 oz eq crackers ^{3,7}; **or**


0-1/4 oz eq ready-to-eat breakfast cereal ^{3,5,7,8}

AND


0-2 Tablespoons vegetable, fruit or a combination



Infant Meal Pattern



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



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

Name: _____ Date of Birth: _____

Infant Formula Selection: This center provides _____ (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: _____ Approximate Quantity (Ounces): _____

Parent Signature: _____ Date: _____

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

Infant	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		
					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
					Applesauce				Cereal:		
					Apricots				Cereal:		
					Avocados				Cereal:		
					Bananas				Grains (SNACK ONLY)		
					Carrots				Bread/Rolls		
					Corn				Biscuits		
					Green Beans				Saltine Crackers		
					Mango				Pancakes		
					Melon				Waffles		
					Peaches				Tortillas soft		
					Pears				Other:		
					Peas						
					Plums/Prunes						
					Potatoes						
					Squash						
					Sweet Potatoes						
					Other:						
					Other:						
					Other:						

Please note changes to infant's feeding schedule on the back of this page.

Revised March 2023

Letter to Parent/Guardians
Form

Staff Instructions

Section A. Formula Selection

Section B. Solid Foods Permission

Revised March 2023

Obtain parents signature and date

Parent Signature: _____ **Date:** _____

ant Meal Pattern

Food	Date (Month/Yr)
Ready-to-eat Breakfast Cereal (SNACK ONLY)	
Cereal:	
Cereal: Cheerios	4/2023
Cereal:	
Grains (SNACK ONLY)	
Bread/Rolls	
Biscuits	
Saltine Crackers	
Pancakes	
Waffles	
Tortillas soft	
Other:	

Section B. Solid Foods

Snack – only meal which
grains contribute to meal
pattern

Prior to copying:

Enter ready-to-eat breakfast
cereals offered by your
center

Plant Meal Pattern

Section B. Solid Foods

Completed by parent or **staff member**

Record Month/Year when each solid food are to be served by sponsor

Mark the meals food is to be offered

When a meal is added after being initially approved enter a date in the appropriate column

Food	Date (Month/Yr)	Meals (Please check)		
Fruit/Vegetables		BK	LU/SU	SN
Applesauce				
Apricots				
Avocados				
Bananas				
Carrots	5/2023	X	X	6/1/23
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		
	New Instructions	Parent or Staff Signature
3	<i>Nattie is to have meat in lieu infant cereals @ lunch from this point forward.</i>	<i>Courtney Havarrese</i>

Infant Meal Pattern

DE's Expectation from Centers:

On-going communication with parents as infant grows

- document changes in feeding instructions

Correlation between the Infant Production Records and
approved solid foods documentation

Receipts should be on file for purchases of formula and
infant foods

Infant Meal Pattern

Basic information required:

First & Last Name

Date of Birth

Meal Benefit Category (claim code)

Dates (Month/Day/Year)



WEEKLY MEAL RECORD										
Individual Infant – Breakfast, Lunch and PM Snack										
<i>*All food components are required when infant is developmentally ready</i>										
Child's Name: _____				Date of Birth: _____						
Site: _____				Meal Benefit Category: _____						
Month, Day, Year		BREAKFAST			LUNCH			PM SNACK		
		4-6 FL. Oz (0-5 months) 6-8 FL. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ 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									
	Tuesday									
	Wednesday									

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

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

Infant Production Records are to be recorded at the time the meal is prepared

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 & served

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: Basenji, Zahara

te: Bright One

Date of Birth: 8/17/2022

Meal Benefit Category: B

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 ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ 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
5/7	Monday	6 oz. F	2 oz Rice	2 T Pears	BM by mom	2 T Beef	2 T Peas		
	Tuesday								

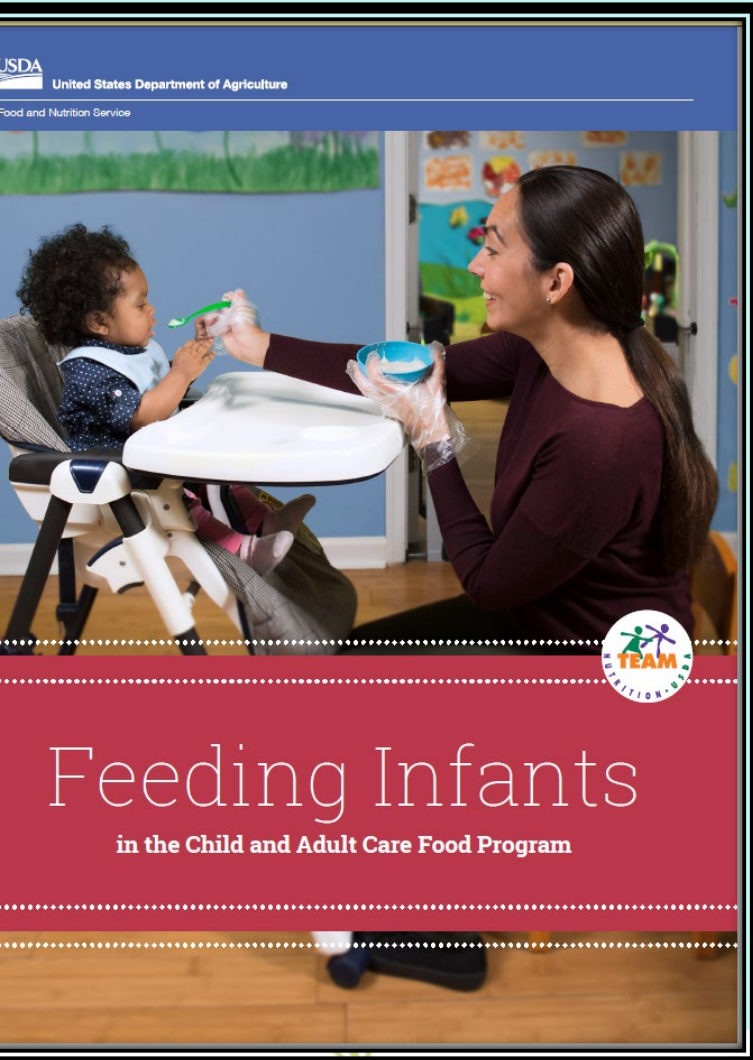
CACFP Meal Counts

Monday Date: 5-7-23

BR SN-AM LU SN-PM SU

[illegible]

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

Infant Meal Pattern

Parent's permission required prior to giving:

- Hot dogs
- Infant meat poultry sticks
- Chicken nuggets, fish sticks
- [Processed or commercially prepared foods] – Meat portion only

These foods are NOT RECOMMENDED

due to:

- High sodium levels
- Choking hazards



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Test Your Knowledge

Activity Packet

Infant Production Record vs Infant Solid Permission Form

Review each meal to determine –

- Is the infant meal pattern met
- Is the documentation complete
- Were the foods and meals served according to the instructions provided by the parent/guardian

Activity Packet



Infant Meal Pattern - Activity

WEEKLY MEAL RECORD

Individual Infant – Breakfast, Lunch and PM Snack

**All food components are required when infant is developmentally ready*

Name: Basenji, Zahara
Shining Bright CDC

Date of Birth: 8/17/2022
Meal Benefit Category: B

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

	BREAKFAST			LUNCH		
	4-6 FL Oz (0-5 months) 6-8 FL Oz (6-11 months) Breast Milk ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	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 ¹ or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate ²	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
Monday	6 oz F		1 Tbsp Bananas	6 oz F	2 Tbsp Beef	
Tuesday	6 oz F	2 Tbsp Pancakes	1 Tbsp Applesauce	6 oz F	4 Tbsp. Chicken	2 Tbsp Green Beans
Wednesday	6 oz F	2 Tbsp Eggs	2 Tbsp Potatoes		3 Tbsp Pizza	2 Tbsp Squash
Thursday	6 oz F	2 Tbsp Cereal		6 oz F	½ oz Black Beans	2 Tbsp Apricots
Friday	6 oz F	2 Tbsp Rice	1 Tbsp Pears	6 oz F	Ham & Cheese Sandwich	Sweet Potatoes



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: Zahara Basenji

Date of Birth: 8-17-2022

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 **BREAST MILK** (circle) or **FORMULA** (list brand) _____.

Approximate Feeding Times: 10:00 am 12:00 (noon) 3:00 pm 6:00 pm

Approximate Quantity (Ounces): 6 oz.

Parent Signature: Marcia Basenji

Date: 1-11-2023

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)
Iron-Fortified Infant Cereals					Fruit/Vegetables			Ready-to-eat Breakfast Cereal (SNACK ONLY)			
Rice	1-11-2023	✓	2.4.23	2.4.23	Applesauce	1-2-2023	✓	✓	✓	Cereal: Cheerios	4-5-2023
Oat					Apricots	3-3-2023	✓	✓	✓	Cereal:	
Barley					Avocados					Cereal:	
Mixed					Bananas	1-11-2023	✓	✓	✓	Grains (SNACK ONLY)	
Wheat	2-4-2023	✓	✓	✓	Carrots	1-11-2023	✓	2.4.23	3.3.23	Bread/Rolls	
Meat & Meat Alternatives					Corn					Biscuits	
Beef	2-4-2023	✓	✓		Green Beans	1-11-2023	✓	✓	✓	Saltine Crackers	4-5-2023
Dry Beans					Mango					Pancakes	4-5-2023
Cheese, Natural	3-3-2023	✓	✓		Melon	4-5-2023	✓	✓	✓	Waffles	4-5-2023
Chicken	2-4-2023	✓	✓		Peaches	2-4-2023	✓	✓	✓	Tortillas soft	
Cottage Cheese	4-5-2023	✓	✓		Pears	2-4-2023	✓	✓	✓	Other: Graham	3.3.2023
Dry peas					Peas	2-4-2023	✓	✓	✓	Please note changes to infant's feeding schedule on the back of this page.	
Fish					Plums/Prunes						
Pork	4-5-2023	✓	✓		Potatoes	1-2-2023	✓	✓	✓		
Tuna					Squash	2-4-2023	✓	✓	✓		
Turkey	2-4-2023	✓	✓		Sweet Potatoes	2-4-2023	✓	✓	✓		
Whole Egg	4-5-2023	✓	✓		Other:						
Yogurt					Other:						

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

Child's Name: Basenji, Zahara
 Site: Shining Bright CDC

Date of Birth: 8/17/2022
 Meal Benefit Category: B

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Month, Day, Year	BREAKFAST			LUNCH			PM SNACK		
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4/24/23 Monday	6 oz F		1 Tbsp Bananas	6 oz F	2 Tbsp Beef		3 oz BM		2 Tbsp Peas
4/25/23 Tuesday	6 oz F	1 Tbsp Peanut butter	1 Tbsp Applesauce	6 oz F	4 Tbsp. Chicken	2 Tbsp Green Beans	3 oz BM	2 Tbsp Peanut butter	2 Tbsp Peaches
4/26/23 Wednesday	6 oz F	2 Tbsp Eggs	2 Tbsp Potatoes		3 Tbsp Pizza	2 Tbsp Squash	3 oz F		
4/27/23 Thursday	6 oz F	2 Tbsp Cereal		6 oz F	½ oz Black Beans	2 Tbsp Apricots	Absent	→	
8/23 Friday	6 oz F	2 Tbsp	1 Tbsp Pears	6 oz F	1 Tbsp Peanut butter	2 Tbsp Green Beans	3 oz F	¼ oz	



Questions



certificates – Located at registration table.

Have a great year from NDE!

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