Alaska Child and Adult Care Food Program (CACFP)
CACFP Annual Training for Head Start Agencies – Part 1

WELCOME & EED UPDATES

Staff updates

- Dept. of Education Commissioner, Dr. Michael Johnson
- Education Assistant, Cyde Coil
- Grants Administrator III, Karla Stephens

ANNUAL TRAINING REQUIRED

- Representative from each agency must attend
- Refresher for returning staff
  - Administrative requirements
  - Civil Rights
  - Procurement and budgeting
  - Other topics per state review trends

USDA – CHILD AND ADULT CARE FOOD PROGRAM

Legislation

Regulations

Instructions

Policy Memos

Guidance

USDA – CHILD AND ADULT CARE FOOD PROGRAM

Regulations

Title 7 Code of Federal Regulations (CFR) Part 226

http://www.ecfr.gov/cgi-bin/text-idx?SID=35b8424ada96ad0180598ad78242be0e&mc=true&node=pt7.4.226&rgn=div5

USDA HANDBOOKS AVAILABLE

https://education.alaska.gov/tls/cnp/CACFP1.html

USDA Resources

USDA Child and Adult Care Food Program
USDA CACFP Regulations (Part 226)
USDA CACFP Legislation
USDA CACFP Policy
USDA Financial Management Tools
USDA At-Risk Afterschool Meals Handbook (pdf)
USDA Independent Child Care Centers Handbook 2014 (pdf)
USDA Adult Care Handbook
USDA Crediting Handbook for CACFP
USDA CACFP Meal Patterns
USDA Guidance for Management Plans and Budgets Handbook (pdf)
USDA Family Day Care Homes Monitoring Handbook (pdf)
USDA Eligibility Manual for School Meals (pdf)
USDA Serious Deficiency, Suspension, & Appeals for State Agencies & Sponsoring Organizations Handbook - 2/2015 (word)

USDA

Independent Child Care Centers

A Child and Adult Care Food Program Handbook

U.S. Department of Agriculture
Food and Nutrition Service
May 2014

USDA is an equal opportunity provider and employer.

REGULATIONS 7 CFR 226 - CACFP

.2   Definitions

.15 Institutional provisions

.16 Sponsoring Organization provisions

.17 Child care center provisions

.17a At-Risk afterschool care center prov.

.19   Outside school hours care center prov.

.20   Requirements for meals

USDA – CHILD AND ADULT CARE FOOD PROGRAM

FNS Instructions

Posted on CNP website

Provide guidance

- Ie. FNS Instruction 796-2 Rev. 4 – Financial Management in CACFP

http://education.alaska.gov/tls/cnp/

USDA – CHILD AND ADULT CARE FOOD PROGRAM

Policy Memos

Distributed through Alaska Bulletins and USDA website

Guidance on specific topics

All programs responsible for Policy Memos and other information provided in Bulletins

https://education.alaska.gov/tls/cnp/CACFP4.html

or

http://www.fns.usda.gov/cnd/Care/Regs-Policy/PolicyMemoranda.htm

HIGHLIGHTS FROM FY2016 BULLETINS

2016-02: USDA Policy Memos Q&A on transition to and implementation of 2 CFR Part 200 (Uniform Grant Guidance Super Circular); Procurement Standards; Competitive Procurement

2016-06: CACFP New Meal Pattern; Updated USDA "And Justice for All" posters; USDA Proposed Integrity regulation; Documentation for allowable costs

OVERVIEW:
HOW MANY MEALS PER DAY?

Centers/OSHC/Head Start programs may claim reimbursement for a maximum of:
- 2 meals and 1 snack daily
- 2 snacks and 1 meal daily

Question – How many meals are required by USDA?

Talk with your neighbor
Exchange information on the following:

1) How many do you serve at your agency?
2) What is the USDA requirement?
3) What is the Head Start requirement?

Discuss as a large group

CIVIL RIGHTS TRAINING POWERPOINT

State training

Agency training

PUBLIC NOTIFICATION
USDA NON-DISCRIMINATION STATEMENT

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

Short version of non-discrimination statement:

This is an equal opportunity institution.

CIVIL RIGHTS

Must get Civil Rights training from EED annually

Must train staff or staff/sites annually

USDA Non-discrimination statement is included:

- Parent Policies/Handbook
- Website
- Documents provided to parents with any notation regarding the food program
  - Menus
  - Newsletters
- Employee Handbook

TRAINING

Training Plan

Annual CACFP training must be conducted on-site for staff/volunteers
- Annual Training File must include:
  - Training agenda that includes
    - Name of sponsor or site
    - Training/Meeting Date and Time in/out
    - Trainer(s)
    - Location of training
    - Attendee names and signatures
    - All documents used in training

STAFF TRAINING

Cooks

Teachers involved in meal service

Monitors

Administrative

LIST POTENTIAL TRAINING TOPICS

What topics would be helpful to train your staff?

Work with your neighbor

Report out to large group

NEW TRAINING TEMPLATE

CACFP STAFF TRAINING AGENDA

CACFP regulations require initial and annual training of all CACFP staff.

Instructions: Complete an agenda form for each training session or staff meeting and have attendees sign in on the back of this form.

Name of Sponsor: _____

Training/Meeting Date: _____

Start and End time: _____

Trainer(s): _____

Location: _____

Agenda Topics (indicate specific topics covered)

> The required topics listed below (5 for single site/8 for multi-site or monitors) must be covered with new staff before they are assigned CACFP responsibilities AND again each year with all CACFP staff.

> Each training or staff meeting that includes review of CACFP topics must be clearly documented to show when and what CACFP topics were covered with which staff. Copies of materials used for each CACFP training session also must be retained on file.

Required Topics – for all programs	Suggested Optional Topics- depending on staff duties
☐ CACFP Meal Pattern – Components, Serving Size, & Food Substitutions & Medical Statements	☐ Confidential-Income Statements & One Month Enrollment Report (OMER)
☐ Meal Service Style (family style, pre-plated)	☐ CACFP Enrollment Forms
☐ Record Keeping Requirements (includes attendance, working menus, enrollment, meal counts, source documents, etc.)	☐ Confidentiality
	☐ Meal Service Environment
☐ Health and Sanitation	☐ Menu Planning
☐ Civil Rights	☐ Meal Production Records
In addition: Multi-sites & Monitors must be trained on:	☐ Infant Feeding Requirements
☐ Claim Submission	☐ Nutrition Activities/Curriculum
☐ Review Procedures and Monitoring Requirements	☐ Special Dietary Needs (Medical Statements)
☐ Reimbursement System	☐ Financial Management Requirements
	☐ Other_____

CACFP STAFF TRAINING AGENDA

> Attach copies of handouts and training materials used during this training or meeting session.

DATE: _____   LOCATION: _____

Print Full Name	Position	Site Name	Signature

NEW EMPLOYEE TRAINING

Orientation Checklist for New Caregivers				
Child Care Facility				
Name of Caregiver_____		Date of Hire_____		
Name of Supervisor_____				
REQUIRED ORIENTATION		**DATE**	**EMPLOYEE INITIALS**	**SUPERVISOR INITIALS**
1. Personnel Policies including:				
Personnel qualifications				
Job description				
Procedure for annual Training				
2. Facility's Policies & Procedures including:				
Responsibilities of the caregiver				
Mandatory reporting requirements for child abuse & neglect.				
Satisfying the special needs of specific children where appropriate.				
Emergency Procedures				
Health & Safety measures				
3. The requirements of Child Care Facility Licensing & Safety Regulations.				
4. Facility's Operations Manual is available. to the employee				
5. Recognizing & Preventing Shaken Baby Syndrome.				
6. Preventing Sudden Infant Death Syndrome.				
7. Identifying infant/toddler developmental levels & needs.				
8. CACFP procedures				
Employee Signature				Date
Administrator/Supervisor Signature				Date

Required orientation items 1-3 are to be completed within 8 weeks of hire. Each item listed is to be explained and/or relevant materials provided to all new employees.

SELF-MONITORING

Review Monitoring Schedule

- Required for Sponsors of multi-sites

- Submit planned dates of reviews for year

- 3 Monitoring/Review visits per program year required if more than one site (highly encouraged for single sites)

- Unannounced /witness a meal

- WIC information needs to be on site

- Form available on web

SELF MONITORING FORM

State of Alaska Center Monitoring Review Report (updated FY2016)

Center:		Date:	Arrival time:	Departure time:	☐ Announced ☐ Unannounced
Meal observed:	Time:	License capacity:	Today's meal count:		
Today's attendance:	0-11 Mo:	1-2 Yrs:	3-5 Yrs:	6-12 Yrs: 6-18 Yrs (At-risk Only):	Adults:

Outside-school-hours programs, at-risk afterschool programs, and emergency shelters must reconcile meals counts to attendance records.

Reconciliation	1st Day	2nd Day	3rd Day	4th Day	5th Day		Menu and specific foods used (record all food items served) (list infant meals on a separate page, if applicable)	Serving size
Meal type claimed	Date:	Date:	Date:	Date:	Date:	Five-day average		
Breakfast							Milk:	
A.M. Snack							Veg/fruit:	
Lunch							Veg/fruit:	
P.M. Snack							Grains/breads:	
Supper							Grains/breads:	
Evening Snack							Meat/alternate:	
Enrollment (not required for At-risk)							Meat/alternate:	
Attendance							Other:	

Monitors reviewing sites that participate only in the At-risk Afterschool Snack/Supper component may skip questions 3, 9, 13, 14 and 15; in number 17, enrollment records are not required and therefore would not be reviewed.	Yes	No	N/A
1. Does the menu as served meet CACFP requirements?			
2. Is enough food served or available to each child with required portions?			
3. If family style service is used, is each child encouraged to take at least some of each food?			
4. Does the written menu match what was served today?			
5. Are parent requests or medical statements on file for children requesting dietary accommodations?			
6. If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk?			
7. Are dietary accommodations for children with disabilities followed as prescribed in the medical statement?			
8. Is drinking water available to children throughout the day, including meal times?			
9. Is the infant meal pattern being followed correctly and documented for all infants?			
10. Do all children receive the same meal regardless of race, color, national origin, sex, age, or disability?			
11. Is a menu production record or transport record completed for all meals prepared?			
12. Are all meals consumed on facility or under staff supervision?			
13. Are the number and ages of children in care in compliance with current license and staff-to-children ratio?			
14. If enrollment exceeds licensed capacity, are shifts of care documented?			
15. Are enrollment documents for all children participating in CACFP current (updated annually)?			
16. Are meal counts taken and recorded at the time of each meal service?			
17. Do enrollment and attendance support the meal counts for the previous five days?			
18. Do the meal counts for the previous five days appear reasonable when compared to today's counts?			
19. Is a civil rights poster placed in a prominent location at this facility?			
20. Is this facility safe and sanitary?			
21. Is there documentation of DEC or MUNI sanitation inspections on site?			
22. Is first in/first out system being used for food inventory & food at least 6" off the floor?			
23. Is there a CFPM on site and staff with their Food Worker Cards as applicable?			
24. Are sanitizing solutions mixed properly, clearly labeled and kept out of reach of children?			
25. Is there documentation of DEC or MUNI sanitation inspections on site?			
26. Is the cook familiar with checking the food thermometer & calibrating as needed			
27. Has staff attended the training sessions on the CACFP for the current program year?			
22a. Were there problems noted in the prior site review?			
22b. If yes, have problems noted in the prior review been corrected? If no, describe on page 2 the repeated findings and action to be taken (a follow-up review should be conducted within 60 days).			
23a. Does this visit indicate that training is necessary at this facility?			
23b. If training is needed, state when and how it will be provided:			

Facility appears to be in compliance (any "No" response requires corrective action and follow-up within 60 days)
Corrective actions required (describe on page 2)

Submit corrective action by:

Summary of Findings and Recommended Corrective Action:

Signature of Monitor	Signature of Center Official

Corrective Action Taken and Date Completed:

No Corrective Action or Unacceptable (provide details of actions taken by sponsor, attach additional documentation as needed):

5 DAY RECONCILIATION

Reconciliation		1ST Day	2nd Day	3rd Day	4th Day	5th Day	
Meal type claimed		Date: 7/27/15	Date: 7/28/15	Date: 7/29/15	Date: 7/30/15	Date: 7/31/15	Five-day average
Meal count by type	Breakfast	12	15	14	12	10	12.6
	A.M. Snack						
	Lunch	18	15	20	18	15	14.4
	P.M. Snack	18	17	20	16	15	17.2
	Supper						
	Evening Snack						
Enrollment (not required for At-risk)		20	20	20	21	21	
Attendance		16	18	20	19	15	

Document last 5 days of meal service

•Attendance (from actual sign in/sign out) for meal time selected

•Meal Count Sheets for meal selected (B/L/Snack)
(from actual time of service meal count sheets)

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PARTICIPANT ENROLLMENT FORMS

Enrollment - You can use your enrollment form but it needs to have:

- Days/hours of care, meals expected, & parent signature annually

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all children in your household that are enrolled at this facility. The information below should be completed by the parent/guardian. Please use the guides below the table to complete and sign and date the form below.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM
			____ to ____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.
Normal days of care: Circle the days of the week the participant(s) are usually in attendance at the facility.
(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday, F=Friday, Sat=Saturday, Sun=Sunday)
Meals Normally Eaten: Circle the meals the participant(s) usually eat at the facility.
(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Home Telephone Number ( ) _____ Work Telephone Number: ( ) _____

IF YOU HAVE A CHILD CARE CENTER

One Month Enrollment Report (OMER) must be completed

Reimbursements are based on a "snapshot" of center's enrollment for one month

- One Month Enrollment Report (OMER)

Completed at start-up and annually   (EED will notify month required each year)

Separate training required called Participant Enrollment and Income Eligibility on the EED eLearning website at:

- https://education.alaska.gov/ELearning/

POINT OF SERVICE MEAL COUNTS

❑Attendance cannot be used for meal counts

❑Meal count at point of service on separate sheet

❑If meal count is not current at review, meals will be disqualified for the time period the meal was not complete

❑Documentation of adult meals although no reimbursement for the meals

❑Point of Service meal counts being taken during meal service, not afterwards

❑Consistent counting methods

❑Consistent compilation of counts

❑Double-check system in place

❑Counting reimbursable meals only

WORKING MENUS

Working menus are required

- Use cycle menu and document any changes

- Document what was actually served

- Document all meals claimed including participant substitutions due to allergy/disability

- Date and submit to administrator for each claim month – they need to verify credible meals prior to claiming

MEDICAL STATEMENTS

Medical Statement to Request
Special Meals and/or Accommodations

EDUCATION & EARLY DEVELOPMENT

School or Child Care Provider
Fax Number:
_____

Form must be signed by state recognized medical professional with prescriptive authority such as, licensed physician, physician's assistant, or nurse practitioner. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.

1. School/Agency Name	2. Site Name	3. Site Telephone Number
4. Name of Participant		5. Age or Date of Birth
6. Name of Parent or Guardian		7. Telephone Number

8. **Check One:**

☐ Participant has a disability or a medical condition and *requires* a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment.

☐ Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests.

☐ Participant does not have a disability, but is requesting a special accommodation for a **fluid milk substitute** that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. *Parent or guardian may check this box and sign the form.*

9. Disability or medical condition requiring a special meal or accommodation:

10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:

11. Diet prescription and/or accommodation: (*please describe in detail to ensure proper implementation-use extra pages as needed*)

12. Foods to be omitted and substitutions: (*please list specific foods to be omitted and suggested substitutions. You may attach a sheet with additional information as needed*)

A. Foods To Be Omitted	B. Suggested Substitutions
_____	_____
_____	_____
_____	_____

13. Indicate texture:
☐ Regular   ☐ Chopped   ☐ Ground   ☐ Pureed

14. Adaptive Equipment:

15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

Instructions included

Child & Adult Care Food Program

Child Care Standards Certification

At-Risk Afterschool & Outside School
Hour Care Centers/Head Start Sites
FY 2017

Child Nutrition Programs
Teaching and Learning Support
801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, Alaska   99811-0500
Phone (907) 465-8711
Fax (907) 465-8911

Sponsoring Agency Name: _____

Staff Ratio	In Compliance	Not In Compliance	N/A	Notes
6-10 years 1:15				
10 years & above 1:20				

Non-discrimination	In Compliance	Not In Compliance	N/A	Notes
Services are available without discrimination on the basis of race, color, national origin, sex, age, or handicap.				

Safety & Sanitation	In Compliance	Not In Compliance	N/A	Notes
Current health/sanitation permit or satisfactory report of an inspection conducted by local authorities within the past 12 months **shall be submitted.**				
Current fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months **shall be submitted.**				
Fire drills are held in accordance with local fire/building safety requirements.				

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HEALTH & SAFETY – CHILD CARE STANDARDS CERTIFICATION

Child Care Standards Certification required if not a licensed child care center

- Submit Fire Inspection documentation from Dept. of Public Safety

The regulation requiring life and safety inspections reads (USDA 7 CFR 226.6(d)(2)):

(B) A current fire/building safety permit or satisfactory report of an inspection conducted by local authorities within the past 12 months shall be submitted.

- If no inspection within past year let EED know and EED will request an inspection for each site
  - Name/address/phone/e-mail of contact person at the site
  - Name/phone/e-mail of agency contact person

HEALTH & SAFETY – CHILD CARE STANDARDS CERTIFICATION

❑ Submit Food Permit from DEC or Municipality of Anchorage

❑ Submit most recent health and safety inspection from DEC or Municipality of Anchorage

- Food Permit is needed if site can accommodate more than 12 participants
  - If no Food Permit let EED know, AND
  - Contact DEC or MUNI
  - If no inspection within past 12 months contact DEC or MUNI with a request and cc EED

CNP WEB USER AUTHORIZATION REQUEST & SIGNATORY AUTHORITY

CNP Web
User Authorization Request
and Signatory Authority

Teaching and Learning Support
Child Nutrition Services
801 West 10th Street, Suite 200
PO Box 110500
Juneau, Alaska 99811-0500
907- 465-8708
FAX 907-465-8910

Instructions: Complete and mail or fax this form to Child Nutrition Services. Retain a copy for your files. Everyone who requires access to the CNP Web must complete this form annually. A separate form must be completed for each user. The user log-on and password are not to be shared with anyone.

Representing:_____
Sponsor/Agency Name(s)

New User Name:_____
Last   First   Middle Initial   Title

_____
Mailing address   City   State   Phone Number

Your password and instructions will be sent to you by e-mail

Instructions: Fill out this form and e-mail or fax it to Child Nutrition Programs (us). Retain a copy for your files. Everyone who needs access to the CNP Web must fill out this form annually. Fill out a separate form for each user. Do not share your username or password with anyone.

Representing:_____
                          Sponsor/Agency Name(s)

New User Name:_____
                  Last   First   Middle Initial   Title

_____
Mailing address   City   State   Phone Number

New user email: _____
We will e-mail you your username and password.

Check programs/type of access:	NSLP*	CACFP*	SFSP*	FDP*	TEFAP*
View only	☐	☐	☐	☐	☐
Claim entry	☐	☐	☐	☐	N/A
Data entry	☐	☐	☐	☐	☐

* National School Lunch Program, Child and Adult Care Program, Summer Food Service Program, Food Distribution Program, The Emergency Assistance Program.

Child Nutrition Programs (CNP) will assign a password to me and I agree to change it to a unique and secure password that only I will know and use. I understand that using the user name to submit data on the CNP website is the same as an original signature for purposes of official documentation. By using the user name and password, I certify that the information sent to CNP is complete and accurate.

I will not share my user name and password in order to maintain the integrity of the data. If another user uses the CNP Web under my user name and password and provides false information, I understand that I will be responsible for the information supplied to CNP.

I will notify the CNP immediately if my user name and password have been compromised. CNP will give me a new user name and password.

If I no longer need access to the CNP Web, I understand that it is my responsibility to submit a form to end access.

_____
New User Signature   Name (Please Print)   Date

- Give Program Access: View Only/Claim Entry/Data Entry

- Terminate Program Access

- Authorized Signature   https://education.alaska.gov/tls/cnp/NSLP3.html

ACCESSING THE CNP DATABASE

CHILD NUTRITION PROGRAM (CNP) DATABASE

CNP Web User Request & Authorized Signer form

- Received your User ID & Password
- Changed your password
- You are responsible for keeping CNP updated
  - Take off staff who no longer work with CACFP
  - Add new staff

Child and Adult Care
Food Program

CHILD NUTRITION PROGRAM (CNP) DATABASE

Type in URL address – http://www.eed.state.ak.us/tls/cnp/

http://172.20.0.14/cnpweb/login.asp

Alaska Department of Education & Early Development
Division of Teaching and Learning Support

Please Enter

User ID:

Password:

Login

CHILD NUTRITION PROGRAM (CNP) DATABASE

Alaska Department of Education & Early Development
Division of Teaching and Learning Support

School Nutrition Program

Child and Adult Care Food Program

Summer Food Service Program

Food Distribution Program

Click on a puzzle piece above for the Child Nutrition Program you wish to access!

Exit Web Site

CHILD NUTRITION PROGRAM (CNP) DATABASE

After reading this message, click on the "Continue" button at the bottom of the page.

Welcome to the
Child and Adult Care Food Program
(CACFP)

View the most current CACFP Child Care Bulletin:
2016-07

USDA CACFP Policy Memos:	Date Issued:
11-2016 State Agency Prior Approval Process for School Food Authority (SFA) Equipment Purchases	6/2/2016
09-2016 Food and Drug Administration Requirements for Vending Machines	3/10/2016
06-2016 Disclosure Requirements for the Child Nutrition Programs	12/7/2015
05-2016 Guidance on Competitive Procurement Standards for Program Operators	11/13/2015
04-2016 Local Agency Procurement Reviews SY2015-2016	11/9/2015
03-2016 Procurement Standards and Resource Management Requirements related to Franchise Agreements	11/06/2015
02-2016 Questions and Answers on the Transition to and Implementation of 2 CFR 200	10/30/2015
01-2016 Procuring Local Meat, Poultry, Game, and Eggs for Child Nutrition Programs	10/22/2015

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Child and Adult Care Food Program Appeal Rights

CHILD NUTRITION PROGRAM (CNP) DATABASE

Child and Adult Care Food Program Appeal Rights

If you have any questions or need assistance please contact:

Child Care Centers and Family Day Care Homes
Ann-Marie Martin, Program Coordinator   (907) 465-8711
annmarie.martin@alaska.gov

At-Risk Afterschool Meals
Alicia Maryott, Program Specialist   (907) 465-4788
alicia.maryott@alaska.gov

Education Program Assistant
Cyde Coil, Education Program Assistant   (907) 465-4969
cyde.coil@alaska.gov

Logins and passwords are to be confidential. This is the record of your authorized signatory authority. The security of this system is used to verify the validity of your data.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

Continue

CHILD NUTRITION PROGRAM (CNP) DATABASE

Alaska Department of Education & Early Development

Child and Adult Care Food Program

CNPweb

Programs   Logoff

plications   Advances   Accounting   Maintenance   Reports   Resources

ne > Select Year

Program Year: 0   Sponsor: 000000-No Sponsor Select

Program Year Selection

Program Year	Program Begin Date	Program End Date
2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016

Select the program year

Sponsor Summary   CACFP Test (50000)

Packet	Applications	Activity	Claims	Payments	Users

Item	Req	On-Line Forms Description	Count/Date	Status
1	✻	Sponsor Information Sheet		Approved
2	✻	Center Information Sheets	2 of 2	Approved
3		Forms Submitted to State for Approval	10/1/2015	Approved
4		Forms Approved by the State	2/25/2016	Approved

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
5	✻	Budget Attachment A & B	📊	9/15/2015	9/15/2015	10/1/2015
6	✻	Attachment D (Monitoring Plan)	📄	9/15/2015	9/15/2015	10/1/2015
7		NPFS Financial Report for Single Site	📄			
8	✻	NPFS Financial Report for Multi Site	📄	10/15/2015	10/15/2015	10/15/2015
9	✻	One Month Enrollment Report for Child Care Centers	📊	10/30/2015	10/30/2015	10/30/2015
10		One Month Enrollment Report for Adult Care Centers	📊			
11		Confidential Income Statement (CIS) Packet	📄			
12		Vended Meal Agreement	📄			
13	✻	Child Care Standards Certification	📄	9/15/2015	9/15/2015	10/1/2015
14		Sponsor / Site Agreement for Self-Prep - Unaffiliated Sites	📄			
15		Sponsor/Site Agreement for Afterschool Programs - Unaffiliated Sites	📄			
16	✻	Activity Documentation for At-Risk Programs		9/15/2015	9/15/2015	10/1/2015
17		Area Eligibility Documentation for At-Risk Centers				
18	✻	Cycle Menus - Centers		9/15/2015	9/15/2015	10/1/2015
19		CNPweb User Authorization Request (New Users Only)	📄			
20		CNPweb User De-Authorization Request	📄			
21		CACFP Child Enrollment Form	📄			
22		CACFP Adult Enrollment Form	📄			

CENTER SITE INFORMATION SHEET(S)

- Particular information for each site

- Meal Times, Licensing, enrollment

- Name of person in charge at the site
  - Not the agency food program contact person

Authorized Representative

	First	MI	Last
(11) Name:	☑ xxxxxx		xxxxxx

(12) Title: xxxxxx

(13) E-mail: xxxx@aol.com

(14) Phone: (907) 465-0000   (15) Ext:

(16) Fax: (17) Ext:

(18) Cell:

(19) Contact's Address: Mailing Address ☑

Food Program Contact

	First	MI	Last
(20) Name:	☑ xxxxxx		xxxxxx

(21) Title: xxxxxx

(22) E-mail: xxxx@aol.com

(23) Phone: (907) 465-0000   (24) Ext:

(25) Fax: (26) Ext:

(27) Cell:

(28) Contact's Address: Mailing Address ☑

☐ Check here to copy Authorized Representative to Food Program Contact

Financial Contact

	First	MI	Last
(29) Name:	☑ xxxxxx		xxxxxx

(30) Title: xxxxxx

(31) E-mail: xxxx@aol.com

(32) Phone: (907) 465-0000   (33) Ext:

(34) Fax: (35) Ext:

(36) Cell:

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92) xxxxxx (93) 9/1/2013
Name of Food Program Contact   Birthdate

94) xxxxx
Residential Address of Food Program Contact

95) xxxxx (96) 9/1/2013
Name of Executive Director or Owner   Birthdate

97) xxxxx
Residential Address of Executive Director or Owner

98) xxxxx (99) 9/1/2013
Name of Chairman of the Board of Directors or Owner   Birthdate

00) xxxxx
Residential Address of Chairman of the Board of Directors or Owner

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Certification

(78) ◉ Yes ○ No The management plan on file with the State agency is complete and up to date.

(79) ◉ Yes ○ No No sponsored facility, principal of a sponsored facility, the Institution itself, and/or the Institution's principals, are currently on the CACFP National Disqualified List.

(80) ◉ Yes ○ No The outside employment policy most recently submitted to the State agency remains current and in effect.

(81) ◉ Yes ○ No A budget for the upcoming year has been submitted to the State agency.

(82) ◉ Yes ○ No The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.

(83) ◉ Yes ○ No The list of any publicly funded programs, institutions and principals having participated in the past seven years is current.

(84) ◉ Yes ○ No The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years.

(85) ◉ Yes ○ No No principals of the Institution have been convicted of any activity that occurred during the past seven years indicating a lack of business integrity.

(86) ◉ Yes ○ No The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).

(87) ◉ Yes ○ No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.

(88) ◉ Yes ○ No Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

(89) List the publicly funded programs in which this institution and its principals have participated in the past seven years.

xxxxx

CLAIM FOR REIMBURSEMENT

❑Due in to the state agency within 60 days of the claim month (within 10 days preferred)

▪ If overpaid (you found a mistake) it will always be accepted – no deadline date

❑On-line claim must be submitted by authorized representative

▪ DO NOT SHARE ID and Passwords

CLAIM FOR REIMBURSEMENT

Program Expenditures (for Centers only)

(22) Program Food:	650.00
(23) Operational Labor:	1,200.00
(24) Purchased Services:	0.00
(25) Non-Food Expense:	500.00
(26) Other Program Expenditures:	0.00
(27) Administrative:	0.00
(28) Administrative Labor:	0.00
(29) **Total Program Expenditures:**	2,350.00

Sponsor Claim

Site claim

CACFP — Alaska Dept of Education & Early Development

Center Claim — CACFP Test 50000

next site - ASCS Claim — **February 2016**
333 — Approved
Submitted by Martin, Ann-Marie on 7/4/2016 — Original Claim
↓ Bottom of Form

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

(1) Free Enrollment	40	(5) Number of Operating Days	15
(2) Reduced Enrollment	0	(6) Total Attendance for Month	450
(3) Paid Enrollment	0	(7) Average Daily Attendance	30
(4) Total Enrollment	40	(8) License Capacity (from Application)	0

Load Eligibility — Click on "Load Eligibility" button to copy eligibility quantities from prior month claim

Meal Count Data	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(12) Total Meals	0	0	431	0	0	0
(13) Average Daily Participation	0	0	28.73	0	0	0

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RECORDKEEPING

Management Plan Shows :

- How agency will operate a food program

- How finances are managed through accounting systems and internal controls

- Agency has adequate staff that are trained

- Agency has adequate infrastructure

  to show accountability

https://education.alaska.gov/tls/cnp/CACFP1.html

USDA

Guidance for Management Plans and Budgets

A Child and Adult Care Food Program Handbook

U.S. Department of Agriculture
Food and Nutrition Service
December 2013

USDA is an equal opportunity provider and employer
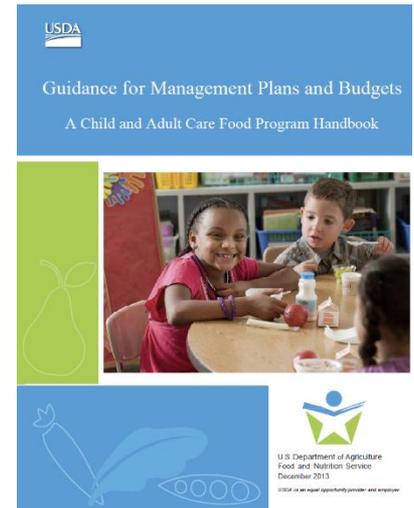
CERTIFICATION OF PRINCIPALS

Program Oversite

- Non-profit agencies document their board members
- Board of directors have oversite & can hire/fire Executive Director
- Regular meetings, etc.
- Certification of Principals
- Principals and board member names will be included in CNP Database

DO YOU HAVE ON FILE?

Free & Reduced Policy Statement

- Won't discriminate & will not charge a fee for meals

Pre-Award Civil Rights Review

- What is the racial/ethnic make-up of your staff, children attending, and area

CACFP Vended Food Service Agreement

- Only used if purchasing meals

Permanent Agreement

❑Agreement with the State of Alaska

❑Signed by authorized representative of the organization

❑Signed by authorized representative of Alaska Department of Education & Early Development

❑Keep on file

- Where do you keep yours?

REQUIREMENTS FOR SPONSORING ORGANIZATION OR INSTITUTION PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
This section applies only if the Sponsor agrees to operate the CACFP Program(s).

The Sponsoring organization or Institution, as defined in 7CFR 226.2, hereafter called the Sponsor, shall comply with all provisions of 7 CFR part 226. The Sponsor further agrees to the following specific provisions, as applicable:

1. To accept final administrative and financial responsibility for total Program operations at all centers and homes, as applicable;
2. To maintain a non-profit food service verified by annual submission of a non-profit food service report and fiscal close-out report;
3. To ensure that child care centers, outside-school hours care centers, adult day care centers, At-Risk Afterschool Care Centers, Homeless Shelters, Head Start Centers and day care homes meet licensing/approval criteria as set forth in 7 CFR 226.6(d) and 226.6(e), excepting license-exempt institutions that may participate in the Program if they provide documentation to verify compliance with health and safety standards;
4. To submit a management plan upon application, and provide updates upon plan modifications;
5. To submit an administrative and operating budget upon application; institutions may update and submit for approval for budget modifications, sponsors must submit no less than annually as well as for budget modifications throughout the year.
6. For Proprietary Title XIX or Title XX centers, to provide documentation herewith and monthly hereafter that they are currently providing nonresidential day care services for which they receive compensation under title XIX or title XX of the Social Security Act and that not less than 25 percent of enrolled participants in each center during the most recent calendar month were title XIX or title XX beneficiaries or eligible for Free or Reduced-Price meals according to the Alaska adjusted Income Eligibility Guidelines;
7. To determine that all meal procurements with food service management companies are in conformance with the bid and contractual requirements of 7CFR 226.22;
8. To serve meals and supplements (snacks) which meet the minimum requirements prescribed in 7CFR 226.20;
9. To provide adequate and regular training in accordance with 7 CFR part 226.16(e)(12) and (e)(13) and 226.16(d)(2)and (d)(3);
10. To claim reimbursement at the assigned rates only for reimbursable meals and supplements (snacks) served to eligible participants according to provisions set forth in 7 CFR part 226 and submit monthly expenses for cumulative tracking;
11. For operations with separate meal charges, to accept responsibility for ensuring that free and reduced-price meals are served to participants unable to pay the full price and to accept responsibility for ensuring that eligibility of participants for free and reduced-price meals are made according to the current USDA income standards;
12. If charging for meals or supplements (snacks), the charge for a reduced price breakfast shall not exceed 30 cents, the charge for a reduced price lunch shall not exceed 40 cents and the charge for a reduced price supplement (snack) shall not exceed 15 cents.
13. To comply with USDA requirements regarding nondiscrimination;
14. For Day Care Home Sponsors or sponsoring organizations of unaffiliated centers, to reimburse day care homes or unaffiliated centers under their jurisdiction for eligible meals based on 7 CFR 226 and the organization and facility agreement within 5 days of receipt;
15. In the event of termination of this agreement, to repay within 30 days outstanding advances which cannot reclaim through the monthly claim for reimbursement;
16. To accept unannounced visits by State Agency (or contractors), or USDA personnel in the completion of their Program monitoring duties, to make all accounts and records pertaining to Program(s) available to the State Agency and to USDA Food and Nutrition Service, for audit or review, at any reasonable time and place in accordance with 7CFR 226 and to allow any publications related to Program operations to be freely copied in the performance of Program duties; and
17. To retain the individual applications for free and reduced price meals and supplements (snacks) submitted by families and all other required Program records for a period of 3 years after the end of the fiscal year to which they pertain except that, if audit findings have not been resolved, the records shall be retained beyond the 3 year period as long as required for the resolution of the issues raised by the audit.
18. To provide an annual list of institution principals certifying program eligibility and compliance with the National Disqualified List requirements in 7 CFR part 226.6;
19. To meet performance standards in 7 CFR part 226.6 demonstrating financial viability and financial management, administrative capability, and program accountability;
20. As applicable, to have an independent governing board of directors that has adequate oversight of the program and provide current documentation of board composition;
21. Comply with Federal audit requirements of 2 CFR Part 200. The audit must be submitted within 30 days of the institution's receipt of the audit report from the independent auditor, or nine months after the end of the audit period, whichever is sooner.

KEEP ON FILE

❑ Procurement Plan

❑ Outside Employment Policy

▪ Assures EED that outside employment will not constitute a real or apparent conflict of interest with the CACFP

OTHER ITEMS TO SUBMIT TO STATE AT RENEWAL

❑Organizational Chart (most updated copy)

❑Mission Statement (if changed)

❑Non-discrimination Policy (if changed)

❑Copy of Community Care License

❑Job descriptions of all staff with CACFP duties (if changed)

❑Compensatory Policy for the agency - NEW

- Written policy for every element of compensation charged to program
- Minimum: rates of pay, hours worked, including breaks and meal times
- Policy and payment schedule for regular compensation, overtime, holiday pay, benefits, etc.

❑Cycle Menus, Recipes & Analysis

RECORDKEEPING

❑All records must be maintained Current + 3 years (even if program closes)

❑Fiscal Year File & Monthly Files

❑Fiscal Year File
- OMER
- Enrollment and Eligibility Records
- Training Records
- Civil Rights Compliance
- Site Reviews (self-monitoring)
- Correspondence with CNP

RECORDKEEPING

❑ Monthly Files

- Cycle Menu Records & Working Menu Records

- Meal Count Records

- Daily Attendance Records

- Documentation of non-profit food service (receipts)

RECORDKEEPING

❑Program paperwork is organized and accessible

❑Participant information is kept confidential

❑Permanent Agreement and Management Plan on file

❑USDA Memos & State Bulletins on file

STATE AGENCY REVIEWS

Pre-Approval

First year review

At least every 3 years
- Administrative
- Operations

STATE AGENCY REVIEW FINDINGS

❑If non-compliances are found:

- Corrective Action required with deadline

- Deadline date needs to be met

- Permanently correct issue

❑If corrective action deadline not met, finding not permanently corrected, or serious issues found:

- Program will be deemed **seriously deficient**

STATE AGENCY REVIEW FINDINGS

❑If program found to be seriously deficient:
- Corrective Action required with deadline
- Deadline date needs to be met
- Permanently correct issue
- State agency may do follow-up review & will temporarily defer the SD

The 2nd time program is found seriously deficient for specific finding:
- Propose to terminate program from CACFP
- No more opportunities for corrective action
- Agency may appeal a proposed termination

STATE AGENCY REVIEW FINDINGS

❑If serious health & safety issues found on review or through licensing and/or false or fraudulent claims found
- Program is immediately suspended from CACFP
- Deemed seriously deficient and proposed to terminate from CACFP
- Will not be reimbursed for meals during this process
- No opportunity for corrective action
- May appeal the suspension/proposed termination and disqualification (but not the serious deficiency)

STATE AGENCY REVIEW FINDINGS

❑If no appeal or appeal not overturned program will receive notice of termination

❑Program and all responsible principals and responsible individuals will be added to the CACFP National Disqualified List (NDL)

▪National list that all states check prior to approving agencies for CACFP or new responsible principals/administrators

  ▪ Remain on the NDL for 7 years or longer if s a debt is attached

After 7 years the program or responsible parties can re-apply to the CACFP

STATE AGENCY REVIEW FINDINGS

Responsible principals
- Institution's Executive Director/Director/Department Head/Owner
- Chairman of the Board

Responsible individuals
- Employee, contractor, volunteer

APPEALABLE ACTIONS

Application denial

Notice of proposed termination

Notice of proposed disqualification of a responsible principal or responsible individual
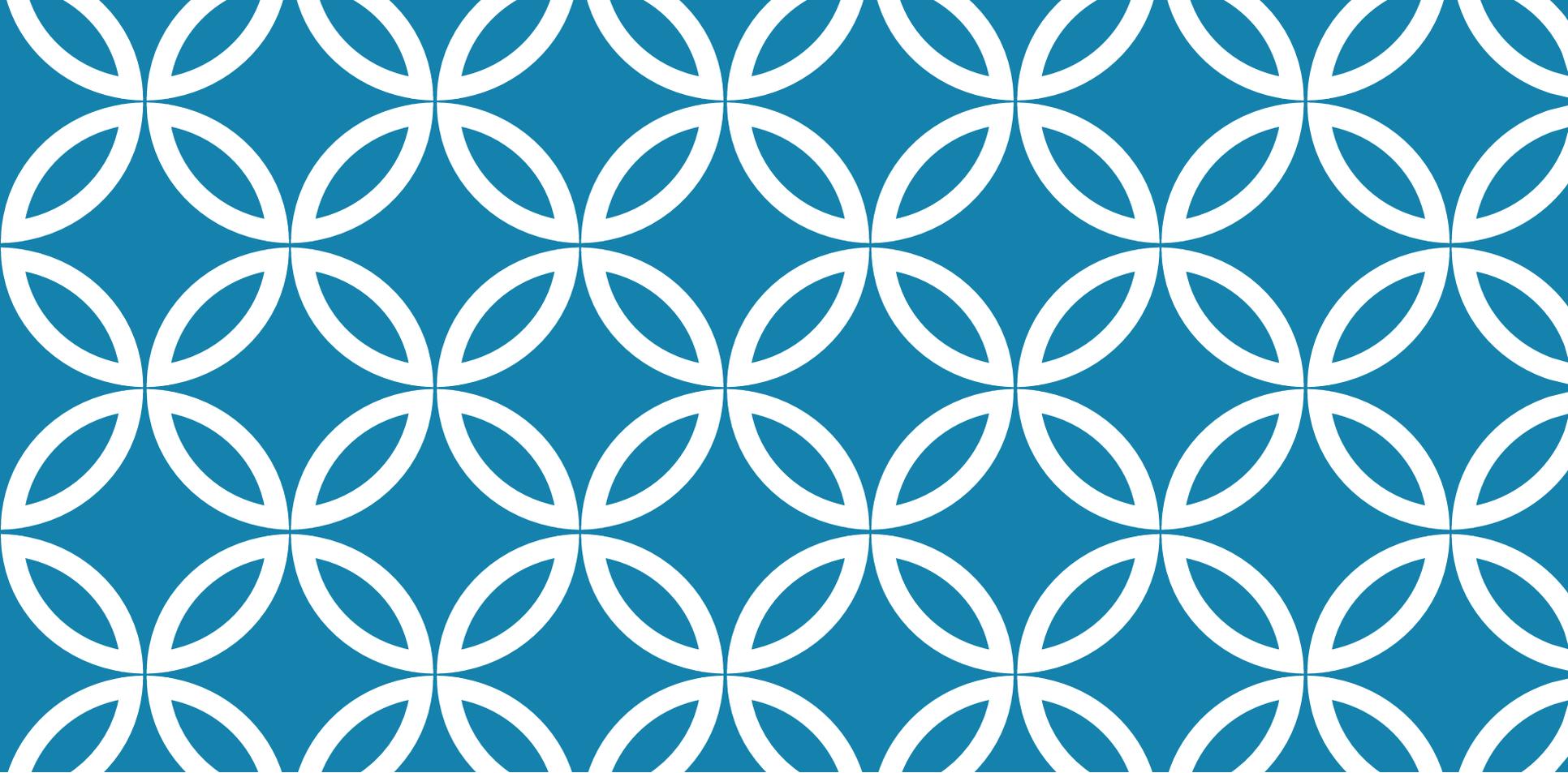
Suspension of participation

Denial of all or a part of a timely submitted claim for reimbursement

Claim deadline exceptions and request for upward adjustments to claims not forwarded to FNS

Overpayment demand

Any other action by EED affecting the participation of an institution in the Program or the institution's claim for reimbursement

See Administrative Review Procedures for more information