Montana Child and Adult Care Food Program

Center Administrative Handbook

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January 2013

Introduction

Welcome to the Child and Adult Care Food Program (CACFP)! The USDA's Child and Adult Care Food Program plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Each day, 3.3 million children nationwide receive nutritious meals and snacks through the CACFP. The program also provides meals and snacks to 120,000 adults across the country who receive care in nonresidential adult day care centers. The CACFP reaches even further to provide meals to children residing in emergency shelters, and snacks and suppers to youth participating in eligible afterschool care programs. [(1)]

In Montana alone, over 1.7 million meals and 1 million snacks were served during 2012 to children participating in the CACFP on Indian reservations and in communities across the state. Recent research shows that American Indian and Alaska Native children have approximately twice the levels of food insecurity, obesity, and Type II diabetes, relative to the averages for all U.S. children of similar ages. Therefore, it is especially important that Tribal child care programs have access to the Federal Child Nutrition Programs. [(2)] It is heartening to note that the numbers of meals and snacks have been steadily increasing each year thanks to the hard work of dedicated child care professionals.

The CACFP is authorized through section 17 of the National School Lunch Act. Program regulations are issued by the U.S. Department of Agriculture under 7 CFR part 226. The USDA's Food and Nutrition Service (FNS) administers the CACFP through grants to States.

The purpose of this document is to provide guidance and direction to center directors and staff as they complete the required CACFP forms. All forms and documents mentioned here are available on our website at: www.bestbeginnings.mt.gov in the documents section. In addition, all forms in this handbook belong to the CACFP and cannot be edited, altered or substituted. If you have any questions about any of these forms, please feel free to contact us at any time.

Sincerely,

Montana Child and Adult Care Food Program
PO Box 202925
Helena, MT 59620-2925
Toll Free: (888) 307-9333
Fax: (406) 444-2547
Website: www.bestbeginnings.mt.gov

The USDA is an equal opportunity provider and employer. To file a complaint of discrimination, write:

United States Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, S.W.
Washington, DC 20250-9410

Or call:
Toll Free (866) 632-9992
Federal Relay Service (800) 877-8339
Spanish (800) 845-6136

(1) http://www.fns.usda.gov/cnd/care/CACFP/aboutcacfp.htm
(2) USDA Memo dated 7/24/2012 Memo Code: CACFP 18-2012, SFSP 14-2012

Records Maintenance

Centers must maintain records for the current federal fiscal year (FFY) in addition to the most recent three FFY. Each institution must retain permanent documents, such as the contract, on file indefinitely. Documents needed for tax purposes may need to be kept for a longer period of time. The FFY begins the first day of October and ends the last day in September of each year. Records must be on-site and available to reviewers. Reviewers may be CACFP monitors, state and local government health, safety or law enforcement representatives. If records are not available at the time of the review, the records do not exist and reviewers must use methods such as corrective action, serious deficiency, and/or loss or denial of reimbursement to assist institutions to meet recordkeeping requirements. Hard copies of the records must be readily available to reviewers. Electronic documents can replace hard copies when appropriate. All records must be kept in a confidential manner, and in accordance with Health Insurance Portability and Accountability Act (HIPAA) requirements. Records outside of the record retention timeframe must be disposed of in a confidential manner such as shredding and/or burning.

Child Care Center Records Defined

Center records include but are not limited to the CACFP Monthly Attendance Records, daily attendance records, enrollment forms, Income Eligibility Forms, food service labor documentation, program administration labor documentation, food receipts, milk receipts, food service receipts, training records, food service operation documentation (menus, food production records, meal participation records), special dietary statements, HIPAA documents, sanitarian's report of most recent inspection, parent handbooks, payroll documents for cook and CACFP director, and payment documentation, current licensing information or self-certification information. Non-profit institutions also need records of the board chair's name, home address and date of birth. Permanent documents include contracts, agreements, initial Civil Rights Compliance materials.

[References: 7CFR 226.10(d); 226.18(d), (e), and (g)], USDA FNS Memo CACFP 03-2009 USDA 226.15 (e) and MT CACFP 2009-Rev 1]

List of Forms

The following forms are essential for the operation of your Child and Adult Care Food Program (additional forms may be added when necessary):

Administrative Documents

- CACFP Meal Benefit Income Eligibility Forms
- Sign In and Out Records
- Monthly Attendance Records
- Meal Participation Records
- Online Access Form
    - Online Application
    - Online Claim
- Claim Form for Reimbursement

Food Service Documents

- Menus
- Food Production Records
- Monthly Milk Calculation Sheet
- Special Dietary Needs Form
- Infant Feeding Schedules
- Parent Declines Formula Form
- Parent Declines Food Form

Business Documents

- To be posted:
    - Federal Relay Poster
    - Justice For All
    - WIC Poster
    - Hand Washing Posters
    - CACFP Meal Pattern Chart
    - License
    - Menus
- Training Agendas
- Sanitarian Report

Administrative Documents

CACFP Meal Benefit Income Eligibility Forms

Income Eligibility Forms (IEFs) are not required for Head Start or Afterschool Programs located in a school attendance area in which at least 50 percent of the children are approved for free or reduced-price meals. For these facilities, all children's meals are reimbursed at the free rate and no further documentation is required. For all others, IEFs are required for each child. If a parent declines to complete a form for their child, then that child's meals will be reimbursed at the paid rate no matter what their income level actually might be. Each month, for-profit centers must have at least 25% of enrolled children or licensed capacity, whichever is less, classified as Free or Reduced, to claim meals for that month. If the total number of free or reduced children is less than 25% for that month, then that month's claim is not payable.

The IEF is the basis for the financial benefit you receive. Without this form, you cannot receive reimbursement for children classified as eligible for free or reduced-price meals. It is imperative that this form be filled out accurately and correctly and that it be filled out on an annual basis. **This form expires 12 months from the date of parent's signature.**

CACFP staff will review these forms in depth during your review. If there are errors, this is something that can cause an over claim and result in a request to return the overpayment. In order to complete the form correctly, all applicable sections must be completed. If you have non-English speaking parents, there are IEFs in other languages available on our website under documents>child care centers-administrative documents.

Please note that each time a new child enrolls in your center, an IEF must be completed by the child's parent.

Part 1.

Name of child(ren) enrolled: All children in the household who attend your facility, whether they are legally related or not, must be listed in this section.

Full names of all household members: All individuals who live together in the child(ren)'s household whether they are legally related or not must be listed in this section. If any of the children are foster children, place a check in the box next to their name. If all children listed are foster children then the parent should skip to part 5 and sign the form. No further information is required and the children are classified as free. If there are children listed who are not foster children, then the parent should continue to complete the form. If any of the household members are not currently receiving income of any kind, then the box under "check if no income" should be marked.

Part 2. Benefits: If any member of the household is receiving SNAP (formerly food stamps) , FDPIR (Food Distribution Program on Indian Reservations), TANF (cash assistance) or Medicaid, please indicate their name and case number. If this information is provided, then no further income information is required in Part 4. The parent may skip to part 5 and sign the form. All children in this family are classified as free.

Part 3. Homeless, migrant or runaway children. Self-explanatory

Part 4. Total Household Gross Income: Each household member who is receiving income must be listed in this section. Include earnings from work before deductions, welfare, child support, alimony, pensions, retirement, Social Security, Social Security Income, Veteran's Administration benefits and any other source of income. The amount received and frequency it is received must be indicated. If a parent would prefer not to provide income information, skip to section 7 and the children will be classified as paid.

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign): The adult who completed the IEF must complete this section, including the last four digits of their Social Security Number. If the adult does not have a Social Security Number, then the box next to "I do not have a Social Security Number" must be marked.

Part 6. Participant's ethnic and racial identities (optional). Self-explanatory

Part 7. Decline to provide information. If a parent decides not to provide income information they have the option of signing this section and completing section 1 with the enrolled child(ren)'s name(s).

Official Use Only Section

The facility director or a staff member assigned by the director should complete this section after the form has been completed by the parent. Use the information provided by the parent to determine total yearly income and total household size. Using these two numbers and the chart underneath this section, determine how the child(ren) listed should be classified. Any child with income over the amount indicated in the reduced column should be classified as paid. For the purposes of this form, paid is equivalent to denied. Tier I and Tier II applies only to child care homes and is not applicable to child care centers. The reason section does not need to be completed. A representative from your facility must sign and date on the determining official's signature line. The form is not considered complete without this signature. Confirming Official's signature and Follow-up Official's Signature are not required. When the form has been completed, verify that your determination matches income guidelines listed on the chart. If a family's income changes before the form expires and it would change the child(ren)'s classification, it is acceptable but not required, for them to complete a new form with the new income information.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

13

Institution or Facility Name:

Part 1. Name of Child(ren) Enrolled:

	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
Full names of all household members		
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household received [SNAP], [FDPIR], [TANF cash assistance] or [Medicaid], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, call the State agency for instructions.

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received**			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All other income
(Example) Jane Smith	$200/weekly_____	$150/twice a month_	$100/monthly_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get 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 the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: X X X - X X - __ __ __ __ ❑ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino ❑ Not Hispanic or Latino	❑ Asian ❑ White ❑ Black or African American	❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander

Part 7. Decline to provide information

I choose not to provide information about my household size and income.

_____ _____

Signature of Adult Household Member Date

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

	Tier I	
Household size	Yearly (Free)	Yearly (Reduced)
1	<$14,521	<$20,665
2	<$19,669	<$27,991
3	<$24,817	<$35,317
4	<$29,965	<$42,643
5	<$35,113	<$49,969
6	<$40,261	<$57,295
7	<$45,409	<$64,621
8	<$50,557	<$71,947
Each additional person:	<$5,148	<$7,326

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) case number for the participant or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Children who are enrolled in the Federal Head Start Program receive meal benefits in the CACFP without further application or eligibility determination. Acceptable documentation includes a current approved Head Start application or a written, signed and dated statement or roster from a Head Start official. [USDA Memos CACFP 7-2008 and CACFP 10-2008]

Daily Attendance Records

At this time, a standard form is not required. However, we do require that certain criteria be met. If we find your attendance system to be lacking the required information, the CACFP can require a specific form to be used.

The following are necessary components of daily attendance records:

- A daily attendance record of the children for whom care is provided must be kept current and accurate to the minute.
- Each time the child enters or leaves the provider's care the daily attendance record will be signed by a parent or other individual authorized to deliver or pick up the child.
- A parent or other authorized individual must initial or sign the daily attendance record.
- An electronic signature system may be used if it employs a unique and confidential identification process of individuals. With electronic systems, providers must ensure that records cannot be changed without parental knowledge.
- The child's name, date, hour, and the minute must be included on the daily attendance record upon entering or leaving the facility.
- All attendance records must be made available to CACFP authorities.
- Records should be kept for 4 (four) years from the end of the application year or the application renewal year.
- A bus driver may sign the children's daily attendance record.
- The provider shall manage daily attendance records in a manner which protects the confidentiality of all children.

Monthly Attendance Records

Using the completed IEFs and all daily attendance records for the month, you are now ready to complete the Monthly Attendance Records. Monthly Attendance Records are arranged from July through June due to the fact that this is the State of Montana's fiscal year. In order to complete these forms correctly, follow these instructions:

1. Write the name of each child for which you have a completed IEF in the first column. Make sure that each child's name is written on the correct form. (i.e. all children classified as free should be included on the free participant form, all children classified as reduced should be included on the reduced form and all children classified as paid should be written on the paid form.) All children enrolled in your center must be listed on one of the three forms. All children who do not have a completed IEF or whose parents have declined to complete a form should be listed on the paid form.

2. Write the date each IEF was completed in the next column.

3. Find the month for which you will be creating a claim for and write the current year underneath the month.

4. Review your Monthly Attendance Records to determine which children attended your center at least once during the month. Place a mark next to each child's name in the month you are claiming for.

5. When all children have been accounted for, count the total number of marks and enter this number in the total box at the bottom of that month's column.

6. Repeat until all free, reduced and paid forms have been completed. These numbers will be used to complete your claim and will be explained later on.

MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

13

Center Name_____

FREE PARTICIPANTS

CONFIDENTIAL INFORMATION

CHILD'S NAME (Last, First) *Print names clearly; only first initial required*	Date IEF signed by parent	JUL ___ year	AUG ___ year	SEP ___ year	OCT ___ year	NOV ___ year	DEC ___ year	JAN ___ year	FEB ___ year	MAR ___ year	APR ___ year	MAY ___ year	JUN ___ year
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

13

Center Name_____

REDUCED PARTICIPANTS

CONFIDENTIAL INFORMATION

CHILD'S NAME (Last, First) *Print names clearly; only first initial required*	Date IEF signed by parent	JUL ___ year	AUG ___ year	SEP ___ year	OCT ___ year	NOV ___ year	DEC ___ year	JAN ___ year	FEB ___ year	MAR ___ year	APR ___ year	MAY ___ year	JUN ___ year
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

MONTHLY ATTENDANCE RECORD

CHILD & ADULT CARE FOOD PROGRAM

13

Center Name_____

PAID PARTICIPANTS

CONFIDENTIAL INFORMATION

CHILD'S NAME (Last, First) *Print names clearly; only first initial required*	Date IEF signed by parent	JUL ___ year	AUG ___ year	SEP ___ year	OCT ___ year	NOV ___ year	DEC ___ year	JAN ___ year	FEB ___ year	MAR ___ year	APR ___ year	MAY ___ year	JUN ___ year
1.													
2.													
3.													
4.													
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10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													
19.													
20.													
		Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total

Meal Participation Record

This form is intended to be used on a daily basis at the point of service and is needed to fill out the monthly Claim for Reimbursement.

Please follow these instructions when completing this form:

1. Each day enter the actual attendance at your center under "Daily Attendance."
2. The number of breakfasts, lunches, suppers, and snacks are obtained by counting the number of participants receiving each meal or snack. These figures are entered daily under the corresponding day on the Meal Participation Record under "Meals Claimed for Reimbursement." Remember, you cannot claim more than two meals and one snack or one meal and two snacks per day per child.
3. Often the meal count is recorded on the Menu Plan and Food Production Record. If you are using this form, transfer the meal count (the number in the served/actual/child) daily onto the Meal Participation Record.
4. To help you keep track of total meals served and food costs, it is recommended that you also record the number of non-enrolled participants eating meals, which would include staff that eat meals. This can be recorded on the Meal Participation Record under "Meals Not Reimbursable." The "Meals Not Reimbursable" totals are not included on the Claim for Reimbursement.

Expect that the number of breakfasts, lunches, suppers, and snacks will vary from day to day depending on attendance, school children, drop-ins, etc.

Use one Meal Participation Record each month. At the end of the month, total each column under "Meals Claimed for Reimbursement." These are the figures you will use when submitting the Claim for Reimbursement form each month.

Do NOT send the original Meal Participation Record into the state office. This information must remain with your records for three years beyond the current year.

Montana CACFP

CHILD AND ADULT CARE FOOD PROGRAM

MEAL PARTICIPATION RECORD

CENTER: MONTH:

DAY OF MONTH	DAILY ATTENDANCE	MEALS CLAIMED FOR REIMBURSEMENT					MEALS NOT REIMBURSABLE To participants not enrolled				
		Brkfst	AM Snack	Lunch	PM Snack	Supper	Brkfst	AM Snack	Lunch	PM Snack	Supper
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total Monthly Attendance											

Claims and Applications

There are two options for submitting claims and applications. The fastest and most efficient method is to use the CACFP online system. We also have a hardcopy paper method available. Both methods will be explained and the necessary forms for both are shown on the following pages. Please note that all claims must be received within **60 days** of the claim month. For example, a claim for the month of September must be received by November 30th. Claims received after this time period will not be paid without USDA approval for a one-time exception. [REF: 7 CFR 226.10(e)]

Online System Access

In order to submit an online claim and complete your online application, the Non-DPHHS Employee/File Access Request Form and the Internet Claim Filing Agreement must be completed and submitted to the CACFP. This form along with instructions is available on our website. Complete only the sections highlighted in yellow. The Internet Claim Filing Agreement must also be completed. Send both completed documents to the CACFP. When the forms are received, we will process them and send you a username, password and instructions for submitting your claim.

Please note, the online system works most effectively when using the newest versions of Internet Explorer, versions 8 and 9. If you have access to this web browser on your computer, we recommend you use it when completing tasks on the online site. Internet Explorer can be downloaded for free at:

http://windows.microsoft.com/en-US/internet-explorer/download-ie

If you are using an older version of Explorer, updates to previous versions can also be completed at this site at no cost. We are aware that not all centers have access to Internet Explorer on their computers, especially any who use a MAC rather than Microsoft products. Work is in progress to make the site compatible for use with a MAC.

FAX completed form, within three (3) working days, to TSD/NCB Network Security Unit at (406) 444-5924
If fax not available, please mail to: 111 N Sanders, Rm 204, Helena MT 59620 (Original form not required if faxed)

NON-DPHHS EMPLOYEE SYSTEM/FILE ACCESS REQUEST

LEGAL Name of Individual Requiring Access: _____
(Please Print) *First* *MI* *Last*

Logon ID: _____ **Create Logon ID:** ☐
Start Date: _____
Employed with DPHHS before: ☐

DPHHS Positions Only:
Need Computer: ☐
Accessories: Dual Video: ☐
Ergonomic Keyboard: ☐

Transferring from another DPHHS Division: ☐

Other Name(s) Used ***(Maiden or previous married name)*** _____
Employer: _____ **Work Phone:** _____
Work Address: _____ **County:** _____
_____ **Job Title:** _____
E-mail Address: _____

Please list access requested here:

Justification ***(Give a brief description as to why access is needed):***

CONFIDENTIALITY/CONSENT STATEMENT: (To be read and signed by the individual requiring access.)

I hereby certify that I am entitled to the confidential client information to which I am requesting access. I will not release the confidential information to others unless it is for purposes directly connected to the administration of the program for whose purposes it was originally provided. Further release of this information may only be done upon authorization by the client whose privacy interest is involved or it may be released to others if specifically permitted by law. I understand that a violation of this policy may subject me to disciplinary action by my employer and may result in termination of my employer's contract with DPHHS.

I have read the DPHHS Internet Policy and the State of Montana's Computer Use Policies and I agree to comply with all terms and conditions.

- DPHHS Internet, Intranet & E-Mail Acceptable Use Policy: http://www.dphhs.mt.gov/tsc/internetintranetpolicy.shtml
- Information Security & Data Access: http://www.dphhs.mt.gov/publications/informationsecuritypolicy08022004.pdf
- State of Montana's Computer Use Policies: http://itsd.mt.gov/policy/policies/default.mcpx

I agree that all network activity conducted while doing State business and being conducted with State resources is the property of the State of Montana. I understand that the State and Department reserve the right to monitor and log ***all*** network activity including E-mail and Internet use, with or without notice, and therefore, I should have no expectations of privacy in the use of these resources.

Signature of Employee:_____ **Date:** _____

Supervisor: *Access for this individual is allowed for six months. I realize I will have to contact the DPHHS Security Officer if this employee needs access beyond the six months. I understand that it is my responsibility to inform the DPHHS Security Officer immediately when this employee terminates or no longer needs access.*

Print Name of Supervisor: _____ **Phone:** _____

Signature of Supervisor: _____ **Date:** _____

Data Owner: _____ **Date:** _____

DPHHS Security Officer: _____ **Date:** _____

Montana CACFP

Internet Claim Filing Agreement
Between Day Care Centers
and the
Montana Child & Adult Care Food Program

User Name: _____

Program Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Email Address [required]: _____

Telephone Number: _____

I certify to the best of my knowledge and belief all claims submitted through the web claim process are true and correct, records are available to support it, it is in accordance with an existing agreement, and payment has not been received.

In addition, all For Profit Proprietary centers certify that at least 25% of enrolled children or 25% of licensed capacity [whichever is less] are classified as Free or Reduced, and meet eligibility requirements for each reporting month.

I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

Signature _____

Title _____

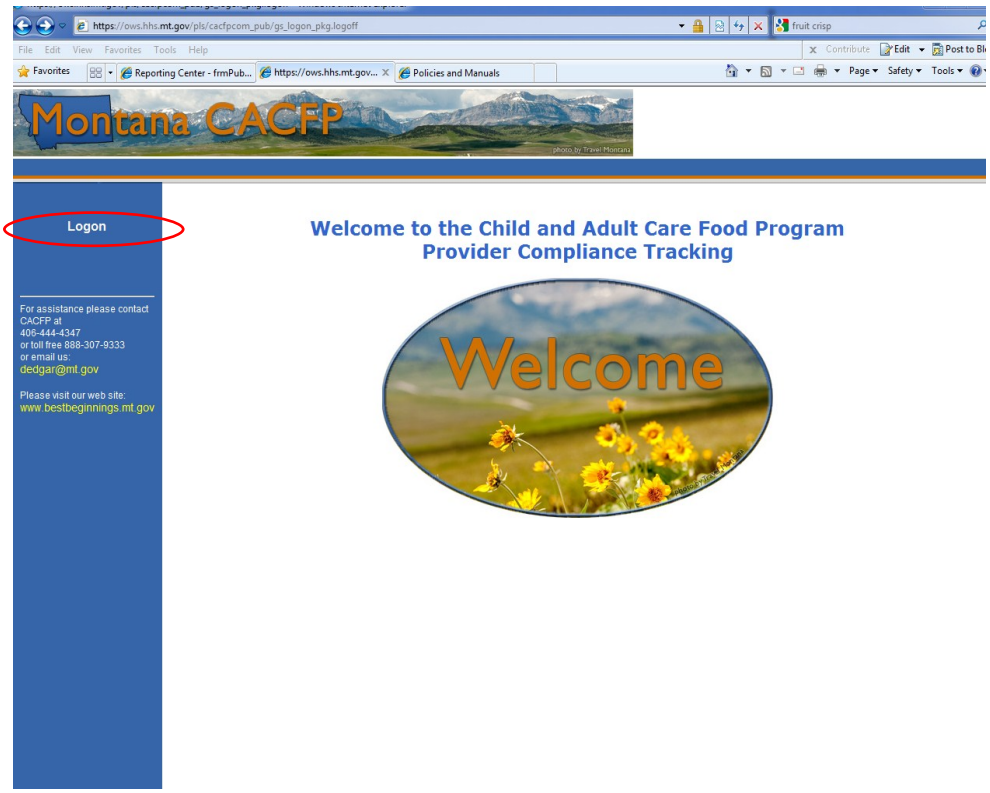
Date _____

Online Claims

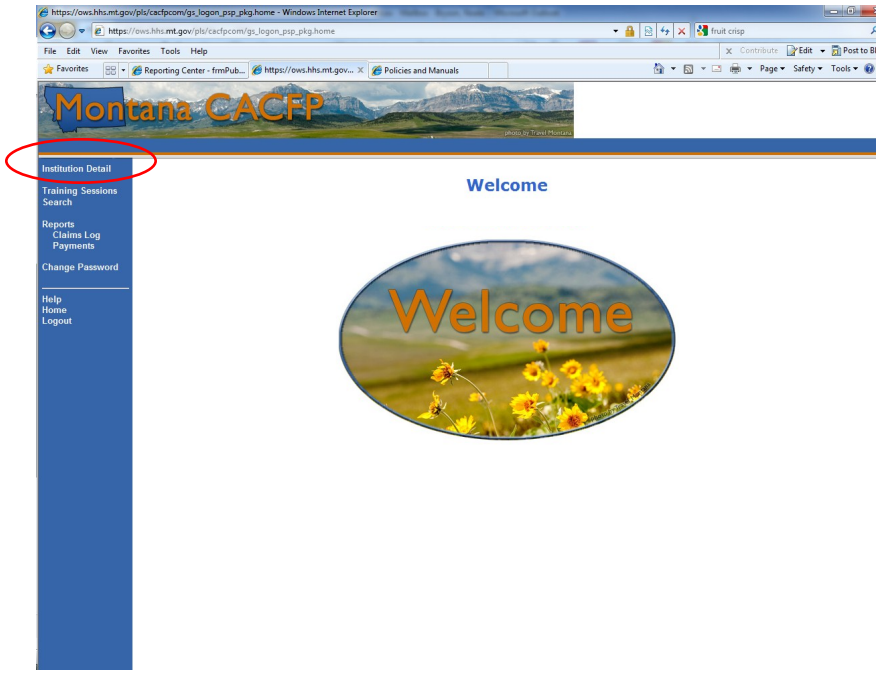
Once you have been given your login and password, you may access the system here:

http://ows.hhs.mt.gov/pls/cacfpcom_pub/gs_logon_pkg.welcome

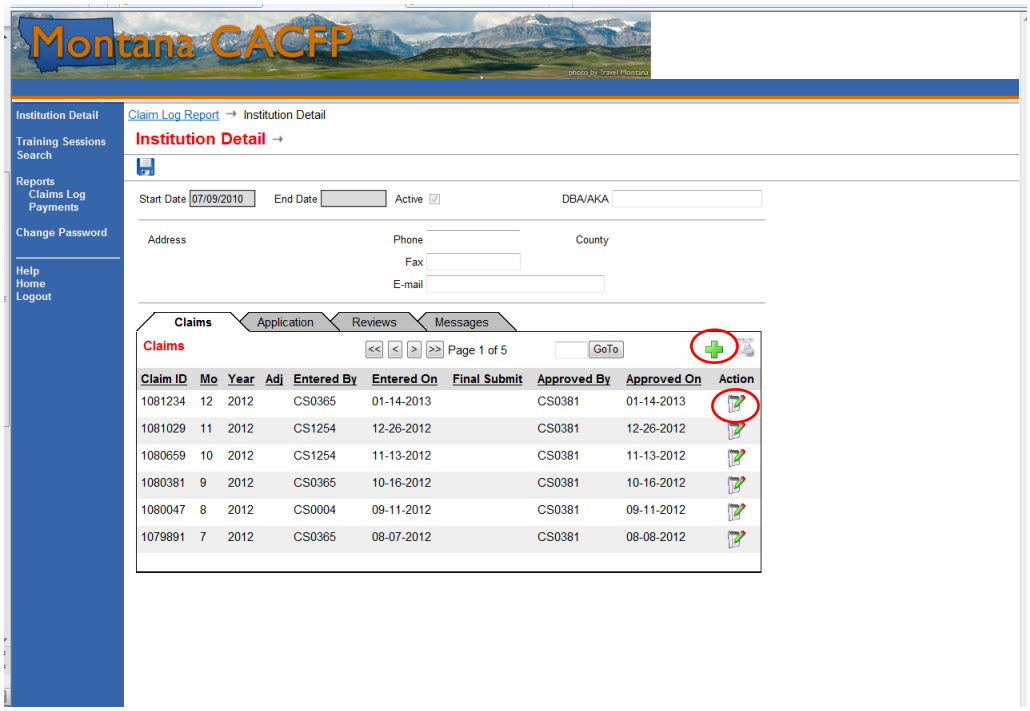
The first screen you will see is the welcome screen. On the left side you will need to click on "Logon" and provide your user name and password.



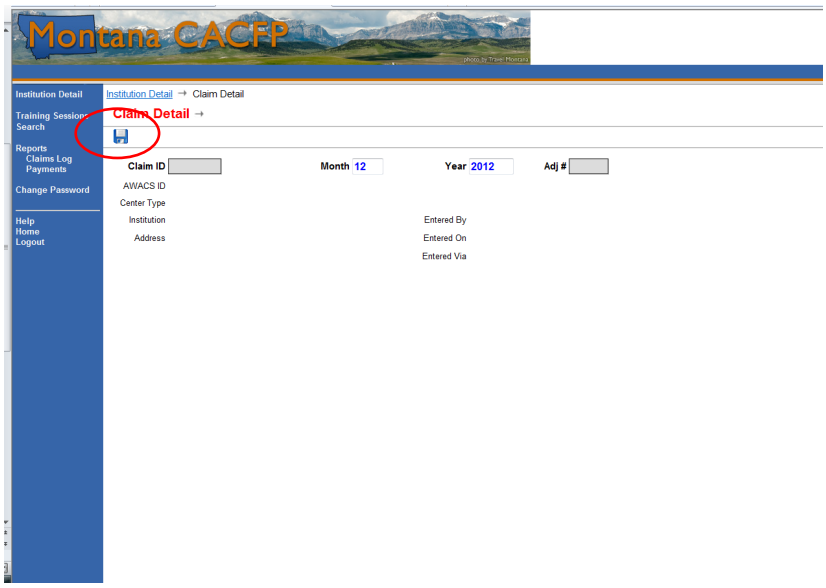
The first screen you will see is the welcome screen. On the left side you will need to click on "institution detail" then on the "Claims" tab.



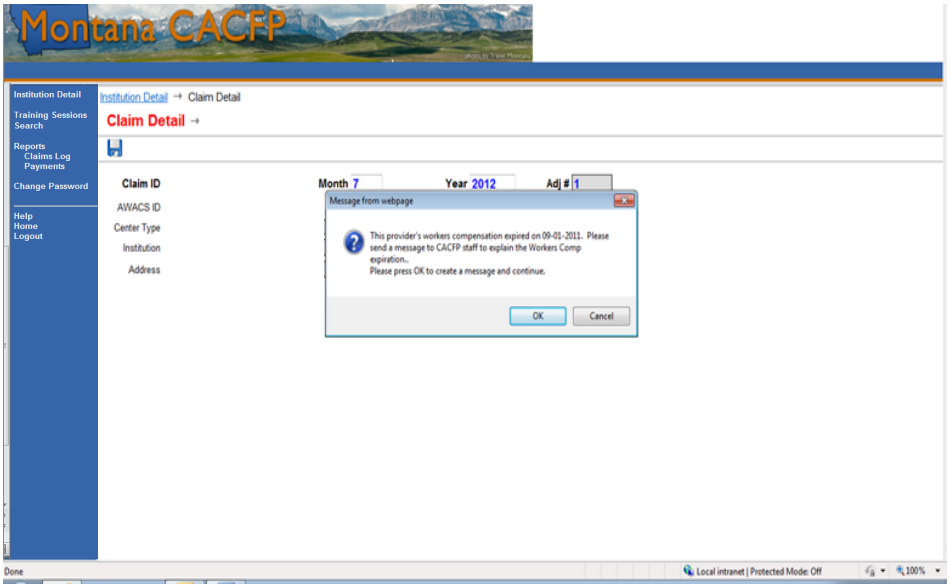
If you have submitted claims previously, either online or hardcopy, you will see a list of claims. If you would like to review any previous claims, click on the corresponding notepad in the "Action" column. To create a new claim, click on the green plus sign in the upper right corner of the "Claims" box.



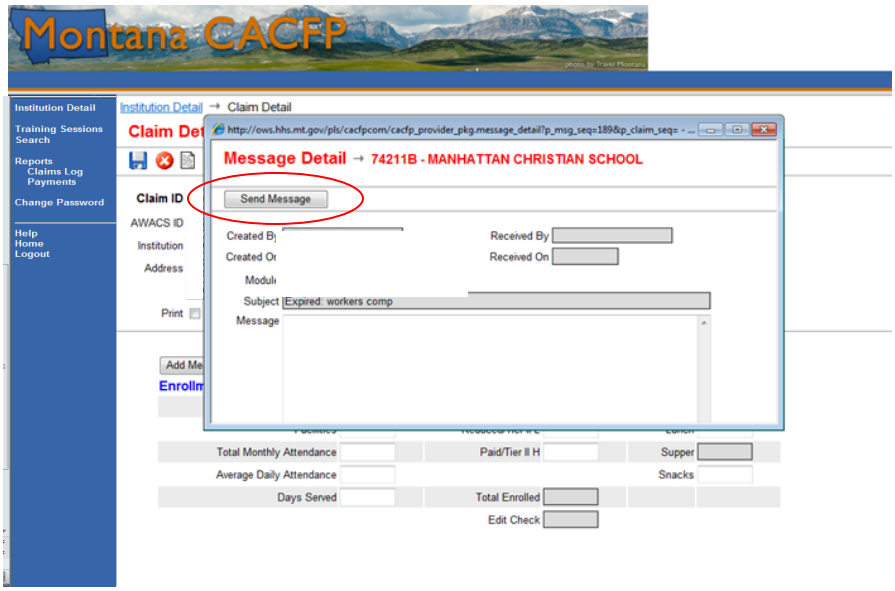
The next screen you will see is the introductory screen. Press the save icon (small blue diskette) if all displayed information is correct.



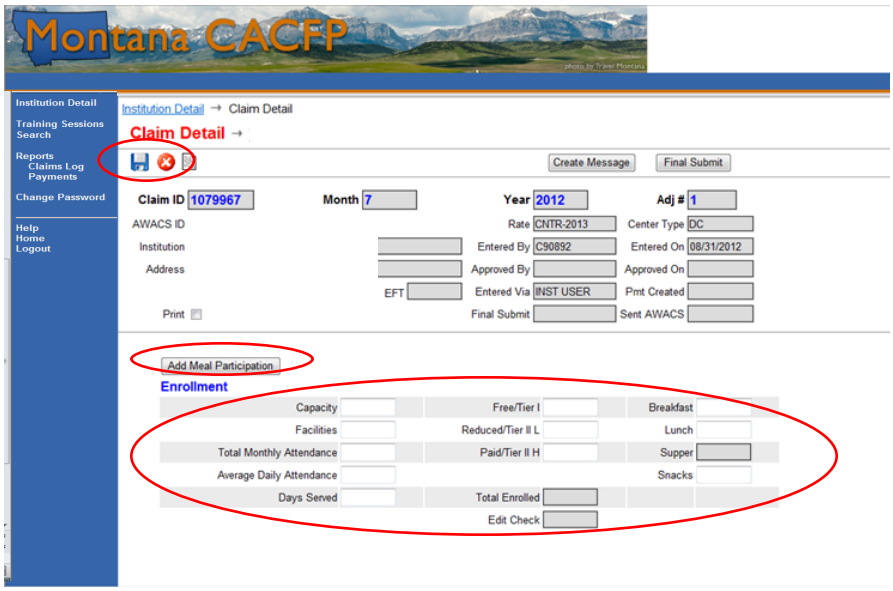
If your insurance coverage has lapsed or license information is out of date, a message will automatically open from the webpage. Keeping your information current in the system will reduce these pop-up messages. Click "OK" to create a message to the State agency if you would like to provide us with information about your insurance or you may also click "cancel" if you do not want to send a message.



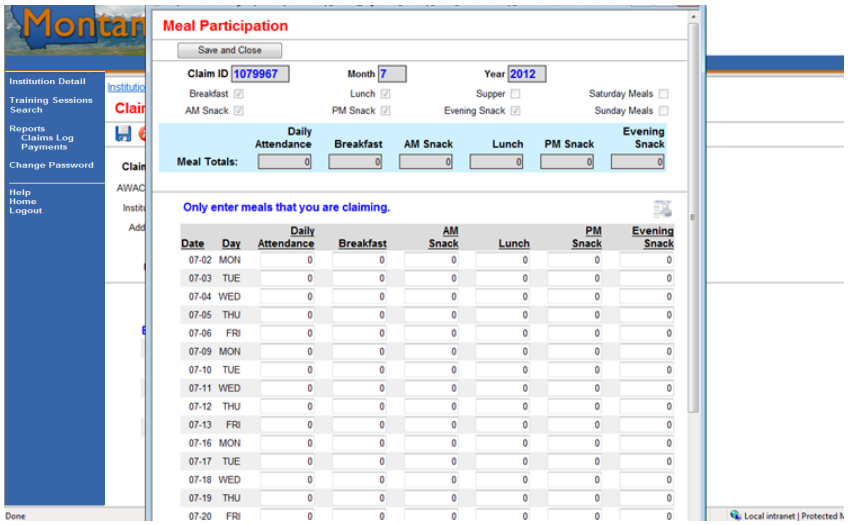
You may type a message here and click the “send message” button. The message will be received at the State agency office.



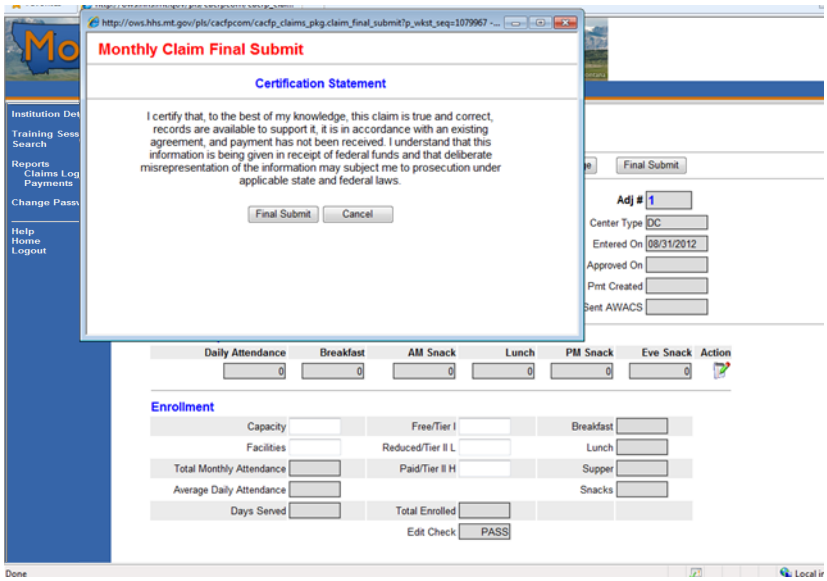
The claim worksheet data entry page is now ready to be completed. See the section titled “Paper Claims” for instructions on each section of the claim as paper claims and online claims are the same at this point. If a box is grey, it is either a total that is calculated for you or it is a meal you are not currently set up to claim. After entering your numbers, save your work by clicking on the blue diskette in the upper left corner. If needed, you can delete your submission by clicking on the red circle with the white “X” inside. Clicking on the icon that looks like a white piece of paper will allow you to see your actual claim. When you click on the “Add Meal Participation” button above the “Enrollment” heading, the “Meal Participation” screen opens.



Fill in data for meals that you are claiming. **This page is optional, you do not need to fill out the meal participation to submit your monthly claim. However, if you enter this information online, you do not need to keep the paper hard-copy version.**



When you have finished your data entry, click on the "Final Submit" button in the upper right corner and the "Certification Statement" will open. Please read the statement and click on "Final Submit" on the box to complete your claim submission. Please remember to click on "Final Submit" as your claim cannot be processed without it.



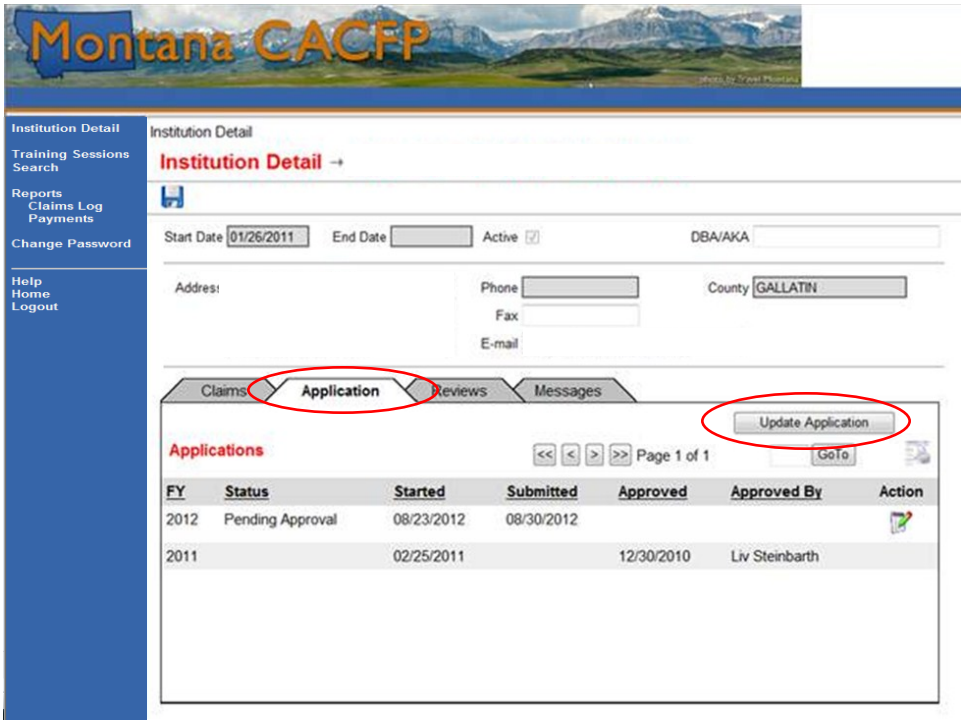
Online Applications

You may access the website at the following address:

https://ows.hhs.mt.gov/pls/cacfpcom_pub/gs_logon_pkg.logoff

Once you have entered your User Name and Password, click on the "Institution Detail" link on the upper left side of the screen.

To complete your online application, please click on the “Application” tab and then click on “Update Application” to begin your online application process.



Please complete all pages and save your work often by using the “Save in Progress” button at the bottom right of most pages. As each page of the application is completed, please check the “Page Complete” button in the lower left corner of the screen. Once all pages are complete, you may submit the application by pressing the “Submit Application to CACFP” button on the final page.

The online application is permanent and does not need to be resubmitted. However, when there are changes or updates to any of the items in your application, the application should be updated. If needed, a paper application can be submitted.

Paper Claims

Complete the top section of the claim form with your institution name and the month and year of the claim you are submitting. In addition, you must also indicate your ID number which is a 5 digit number ending with 1 alpha character such as an A or B. Using your Monthly Attendance Records and Meal Participation Record you are now ready to complete the remainder of your claim form.

- **Licensed Capacity** is obtained from your license.
- **Total Monthly Attendance** is obtained by adding the "daily attendance column" on the Meal Participation Record.
- **Average Daily Attendance** = total monthly attendance ÷ number of days the center operated
  - (Round this number up to the nearest whole number)
- **Current Month Enrollment** (Free, Reduced, and Paid) numbers are obtained from the Monthly Attendance Records for the corresponding month. Use the number located in the total box from each form.
- **Total number of CACFP meals served to enrolled children** - These numbers are obtained from the Meal Participation Record totals at the bottom of the form.

If you are operating a for profit center you will need to complete the gray box. The following instructions apply to this section.

- Add the number of children classified as free and reduced.
- Compare the enrollment and licensed capacity, selecting the lesser number; then,
- Divide the total number of free and reduced children by the lesser of actual enrollment or licensed capacity to determine if your center has met the 25% minimum and are eligible to submit a claim. The answer should be .25 or more.
  - Example #1:

    Number of Free and Reduced Children: 7
    Total Enrollment: 36
    License Capacity: 30 (Capacity is less than enrollment)
    7 ÷ 30 = .233
    .233 = 23.3%

    23.3% is less than 25%; this center **may not** claim.

  - Example #2:

    Number of Free and Reduced Children: 12
    Total Enrollment: 46
    License Capacity: 35 (Capacity is less than enrollment)
    12 ÷ 35 = .342
    .342 = 34.2%

    34.2% is more than 25%; this center **may** claim.

- Sign and date the form and send it to the CACFP office via mail, fax or email.

Claim Form for Reimbursement

CHILD AND ADULT CARE FOOD PROGRAM

Montana CACFP

Institution: _____

ID Number: | | | | | | | For the Month of _____ 20 _____

For example: *1 2 3 4 5 A*

Claims are due on or before the *10th* of each month. *Claims not received within 60 days of the claim month will not be paid* [REF: 7 CFR 226.10(e)] without USDA approval for a one-time exception.

____	Licensed Capacity	Current Month Enrollment:	
____	Number of Facilities	____	Free
____	Total Monthly Attendance	____	Reduced
____	Average Daily Attendance (total monthly attendance divided by number of days meals were served)	____	Paid
____	Number of Days CACFP Meals Were Served	____	Total Enrolled

Total number of CACFP meals served to enrolled children:

_____ Breakfast

_____ Lunch

_____ Supper

_____ Snack / Supplement

For Profit (FR/P) Centers Only *(s*ee reverse side for instruction)

Proprietary FR/P Certification: The institution certifies that at least 25% of enrolled children, or 25% of licensed capacity, **whichever is less,** are classified as Free or Reduced, and meet eligibility requirements for this reporting month.

# of F/R Children: ____ Total Enrollment: ____ Licensed Capacity: ____ _____

Authorized Signature

I certify that to the best of my knowledge and belief, this claim is true and correct, records are available to support it, it is in accordance with an existing agreement and applicable licensing requirements, and payment has not been received. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

Authorized Signature _____ Date _____

Title _____ Phone _____

Child and Adult Care Food Program
PO Box 202925
Helena, MT 59620-2925
Fax: 406-444-2547
Toll Free: 888-307-9333

Documentation of Non-Profit Food Service

All CACFP food service programs must be operated without a profit to the institution. During a review, each institution is required to provide documentation that their food service program is a non-profit service by providing the items listed below for the month of review. These items will be compared to the amount of reimbursement received for the month of review.

- Milk receipts
- Food receipts
- Cook's payroll
- Administrative payroll

Food Service Documents

Creditable Food Guidance MT CACFP 1996-9 Rev 2

Creditable food refers to foods counted toward the meal components in the CACFP meal pattern. Non-creditable food refers to foods that do not count as meal components in the CACFP meal pattern. For details, see the Requirements for Meals found in 7 CFR Part 226.20 of the USDA Food and Nutrition Service and *Crediting Foods in the CACFP* by the Mountain Plains Regional Office, Food and Nutrition Service, Denver, Revised August 2001, USDA Memo: CACFP 21-2011. The guidance below is provided by the State agency. To be claimed for reimbursement, meals served must meet federal CACFP meal requirements and creditable foods policies and guidance, and are encouraged but are not required to follow the guidance below. Where the guidance below may be different than, or greater than USDA's, USDA's policies and guidance will prevail.

Milk

In the CACFP, milk means fluid milk that is pasteurized and meets State and local standards. Examples include whole milk, low-fat milk, skim milk, lactose-free, or acidophilus milk. Whole milk is recommended for children up to two years of age.

Fluid milk served to participants two years of age and older must be: fat-free (skim) or low-fat (1%) fluid milk.

When is milk non-creditable?

Milk is not creditable when flavored or when used in cooking. Milk with any flavoring or flavored syrup added is not creditable. Milk as an ingredient in soup or in pudding is not creditable. See Montana Creditable Food Guidance for more information.

Fruits and Vegetables

Fruits and vegetables include fresh, frozen and canned fruits and vegetables, including beans, peas, lentils and 100% juice. Juice shall be served only once per week.

When are fruits and vegetables non-creditable?

Fruits and vegetables are not creditable when they are filling in bars or pies; gummy style fruit snacks or roll-ups; condiments such as jam, jelly, preserves, relish, pickles, olives, fruits and vegetables in breads such as banana bread and blueberry muffins. Frozen, pre-packaged potatoes of all types and potatoes that are canned and dehydrated, including instant potatoes, are not creditable. Home canned products are not creditable due to food safety concerns.

Bread and Bread Alternate

Breads and bread alternates include enriched or whole grain products including breads, plain rolls, flours and grains, hot and cold cereals, rice, tortillas, noodles, macaroni, muffins, dumplings, fry bread, plain crackers, granola, cornbread, gingerbread, bread as stuffing, and baked goods. Dough and crusts in savory recipes and products such as pizza, pasties, quiches and shepherd's pie, for example, are creditable. On-site-made cookies are creditable. For all baked items, recipes or product labels must be on file to demonstrate that the primary ingredient is enriched or whole grain.

When are breads and bread alternates non-creditable?

The following are not creditable as bread or bread alternate: toaster pastry products, flavored crackers, boxed macaroni and cheese, highly sweetened cereals, sweet rolls, cakes, doughnuts, popcorn, hominy, tapioca, potato (potato is a vegetable, and not a bread or a grain), shortbread, dough and crusts of sweet pies, and all purchased cookies. In some cases, bread or grains as an ingredient would not count as a meal component because there is too little quantity, such as bread crumbs in meat loaf.

Meat and Meat Alternate

Meats that are creditable include beef, chicken, turkey, pork, ham, lamb, bison and fish that are 100% meat. Sliced or fillet cuts of these meats are also creditable. Creditable meat alternates include eggs, dry beans and peas, lentils, cheeses, yogurt, nuts, seeds and their butters. Creditable cheeses are natural cheeses including, but not limited to cheddar, mozzarella, Swiss, provolone, ricotta, feta cheese and cottage cheese. Yogurt and flavored yogurt are both creditable as meat alternate but in snack meals only.

When are meat and meat alternates non-creditable?

Meat and meat alternatives are not creditable when they are not 100% meat. Hot dogs and frankfurters are not creditable because the majority of product in this category is not 100% meat. Corn dogs, chicken nuggets and fish sticks are not creditable because they are not 100% meat. Imitation cheese, powdered cheese, cheese spread, cheese food, American cheese, and frozen yogurt are not creditable. Wild game meat is not permitted due to safety concerns.

References:

1. CFR 226.20. Requirements for Meals

2. *Crediting Foods in the Child and Adult Care Food Program,* Mountain Plains Region, USDA Food and Nutrition Service, Revised August 2001.

3. *Crediting Foods in the Child and Adult Care Food Program,* Mid-Atlantic Region, USDA Food and Nutrition Service, Revised August 2008.

4. USDA Memo: CACFP 21-2011

Menus

Menus provide the description of foods to be served for meals and snacks to participants in child care facilities. All child care institutions must post their menus in a location visible to persons entering the facility. The posted menus must contain the month, day and year they apply to and they must state the foods served during the current week and the next week ahead. The menus must also be in agreement with the meals and snacks actually served. Adjustments to the menu may be penciled in before the meal service begins when last minute changes must be made. Menu records must be maintained and available for three (3) federal fiscal years plus the current federal fiscal year. You may create your own menu format or you may utilize the forms available on our website.

Menu

Child Care Provider Name: _____

Day / Date		Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
Breakfast Must include: 1 Fluid Milk 1 Fruit / Vegetable 1 Bread / Grain	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					
Lunch / Supper Must include: 1 Fluid Milk 1 Meat / Beans 2 Fruit / Vegetable 1 Bread / Grain	Main Dish					
	Meat / Beans					
	Fruit / Vegetable					
	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					
Snack Must include: (choose 2 foods from the 4 food groups) Fluid Milk Meat / Beans Fruit /Vegetable Bread / Grain	Meat / Beans					
	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					

Food Production Records

A food production record is a tool that helps make sure meals and snacks meet the CACFP meal pattern by planning ahead so the correct amount of food is purchased and prepared. It also helps ensure that the menu planned meets the program minimums. Purchasing and preparing food can take up a lot of time if it's not organized and planned effectively and can result in numerous trips to the grocery store, which can be expensive and a waste of time. Food production records should be completed in advance of purchasing and preparing the food on your menu and they will help to forecast the correct amount of food to prepare at every meal and snack. In the end, food production records will save you time and money by documenting all the information you need to serve food and snacks on your menu.

1. CACFP Food Production Record

2. Name of Child Care Business, Place, Montana (i.e. Child Care Center, Helena, MT):
_____

3. Name of the Person Responsible (i.e. Jane Smith):
_____

4. Date May 23, 2010	**5. Menu**	**6. Foods Used**	**7. Purchase Unit**	**8. Serving Size** (based on ages 3-5)	**9. Number of Servings to Prepare**	**10. Amount of Food to Prepare**
Breakfast 8:00am						
Snack 10:00am						
Lunch 12:00am						
Snack 2:30pm						

Before getting started on your food production record, you will need:

- CACFP Meal Pattern Chart (Lists the components for each meal and the minimum serving size to meet the CACFP program requirements.)
- Final version of your current menu (Make sure all changes have been made BEFORE you start completing the food production record.)

Food production records include the following elements:

1. **Name of Record:** For example, "CACFP Food Production Record"
2. **Name of the Business and City/Place and State:** For example, "Child Care Center, Helena, MT"
3. **Name of Person Responsible:** A signature is not required
4. **Date and Meal:** For example, "May 23, 2010 Breakfast"
5. **Menu:** Record your day's menu. List food items and major ingredients in combination foods such as spaghetti.
6. **Foods Used:** At a minimum, include the foods used to meet CACFP required meal components. List the type of food used to prepare the menu item, such as fresh strawberries or frozen peas.
7. **Purchase Unit:** For example: cup, fl. oz., gal., lb., oz., #10 can, slice, whole, etc. Indicate the type of unit purchased, by the pound, loaf, slice, #10 size can, etc. Be consistent with the Purchase Unit across the Food Production Record in completing the amount to prepare. *For example: if you are using pounds as a purchase unit, the amount to prepare/actual amount should be recorded in pounds. If you use a #10 can, the amount to prepare/ actual amount should be recorded in #10 cans.*
8. **Serving Size:** For example: 6 fl. oz., ½ cup, ½ slice, 1 whole, etc. Record the CACFP minimum amount that must be offered. Reference the CACFP Meal Pattern Chart for minimum serving sizes for all age groups.
9. **Number of Servings to Prepare:** Include CACFP participants plus the attending adults. Take the average meal count from a recent week that's a good representation (an average is the total meal count on each day divided by the number of days). Record actual meal counts for enrolled children on Meal Participation Records for meals claimed for reimbursement each day. Add children and adults together to determine the total number of servings prepared. For adults, multiply the serving size for 6-12 year olds by TWO except for milk. Make sure that you have the correct serving size for the age group.
10. **Amount of Food to Prepare:** Is the total amount of food (enough to meet CACFP meal components) plus additional amounts to meet appetite and energy needs; include staff/volunteers if applicable. Multiply the **Serving Size (#8)** by the **Number of Servings Prepared (#9)** and divide the total by the number of servings in the Purchase Unit. This gives the MINIMUM number of Units (i.e. cans, loaves of bread, pounds of meat, gallons of milk, etc.) to prepare based on your estimate from the average of recent meal counts. Round up so as not to be short on the MIMIMUM amount. This number is an ESTIMATE and it can change if you have more or less children attend that day. It's your best guess to purchase the correct amount of ingredients and prepare the amount of food for meals accurately without not having enough food or preparing too much food. Use this as the "master" for cycle menus and you will only need to make adjustments if you change menu days or if you need menu substitutions or if your meal counts change.

Monthly Milk Calculation Forms

There are several reasons why the CACFP places such an emphasis on purchasing enough milk each month.

- It gauges your overall food service because we assume that if you are not purchasing enough milk then there is a possibility you are not purchasing enough food.
- It is highly nutritious.
- Not purchasing enough milk is one of the few things that can result in an over claim during a review or an audit.

Therefore, it is extremely important that you are purchasing enough each month. It is best to determine how much milk is needed at least on a monthly basis and to review your calculations frequently to ensure that you are still purchasing enough. It is also recommended that you calculate your milk needs on a weekly basis so as to remain on track. It is better to have too much milk on hand than to realize at the end of the month that you have not purchased enough.

To calculate the amount of milk needed, follow the instructions below:

1. Determine how many meals were served in the month (or week) just completed. This number can be obtained from your claim (or Meal Participation Record) by adding the total number of breakfasts, lunches and suppers that were served, and does not include snacks served.
2. Determine how many fluid ounces of milk are needed. If your center serves a wide range of ages, it is easiest to use 6 fl. oz. per meal. However, you may divide the children attending your center into different age groups to determine exactly how much milk is required. Use the following amounts for each age group:

   A. For 1 - 2 year olds use 4 fl. oz. per meal
   B. For 3 - 5 year olds use 6 fl. oz. per meal
   C. For 6 - 12 year olds use 8 fl. oz. per meal

   Multiply the total number of meals served by 6 fl. oz. or determine how many meals were served to each age group and multiply by the appropriate number listed above.

3. Divide the total amount of milk required by 128 ounces (There are 128 ounces in 1 gallon of milk.) This is the number of gallons you are required to purchase for this month. If you purchased this amount or greater, then you purchased enough. If you purchased less than this number, then you will need to increase your purchases for the next month.

Monthly Milk Calculation

A. How many meals were served? _____

Refer to most recent claim form for total meals served
Milk is required at all meals served: breakfast, lunch, and dinner
Do not include snacks served to determine required amount

B. How many fluid ounces of milk are required? _____

For 1-2 year olds, multiply total meals in (A) by 4 fluid ounces
For 3-5 year olds, multiply total meals in (A) by 6 fluid ounces
For 6-12 year olds, multiply total meals in (A) by 8 fluid ounces

C. How many gallons of milk are required? _____

Divide required fluid ounces in (B) by 128 ounces
There are 128 ounces in 1 gallon

D. Total gallons of milk purchased? _____

Verify milk purchased by original food receipts in current month

E. Compare (C) and (D). Milk purchased in (D) must be equal to or greater than milk required in (C).

- ☐ If milk purchased in (D) is equal to or greater than milk required (C), the Center is in compliance with the minimum milk purchase.
- ☐ If the minimum milk purchase requirement is not met, the CACFP will determine how much money needs to be repaid.

One gallon of milk contains 128 ounces or:

16 x 8 ounces servings
22 x 6 ounces servings
32 x 4 ounces servings

One quart of milk contains 32 ounces or:

4 x 8 ounce servings
5 x 6 ounce servings
8 x 4 ounce servings

Special Dietary Needs Form

Child care facilities operating the CACFP must have the Special Dietary Needs Form available at all times. One side of the form includes the special dietary needs information, authorized signatures and dates. The other side of the form contains important Protected Health Information for the parent or guardian, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Parents or guardians of enrolled children who have special dietary needs must be given a Special Dietary Needs Form to fill out and return to the child care facility. A parent, guardian, recognized medical authority, or health professional is required to give the reason for the special dietary need and the substitute foods the child is to receive. If preferred, a prescription or this same information may be written separately and attached to the Special Dietary Needs Form instead of written on the form itself. The information must be current and updated as often as necessary.

Whenever possible, the child care facility must provide the special dietary needs requested on the form. If the substitute foods are very high in cost, not available, or impose undue hardship to the facility, then the facility may ask the parent or guardian to supply it. If other problems exist for the facility as it tries to provide the special dietary need, the facility can contact the State agency regarding CACFP rules that might apply.

Meals that include substitute foods to accommodate special dietary needs can be claimed for reimbursement to the CACFP as long as the Special Dietary Needs Form and additional notes, if applicable, are on file.

Special Dietary Needs

In coordination with the Child and Adult Care Food Program

Montana CACFP

Child's full name: _____

Child care business name: _____

This child care facility participates in the Montana Child and Adult Care Food Program (CACFP). This facility is required to serve meals and/or snacks according to federal regulations and State agency policies. If a child has special dietary needs due to a medical diagnosis, food allergy, food intolerance, a disability, or other, it must be requested in writing by a parent/guardian and/or by a recognized medical authority/health professional (e.g. licensed physician, registered dietitian, physician's assistant, public health nurse, nurse practitioner). This form is required for all special dietary needs. If related prescriptions, instructions, or notes are received, they must be attached to this form.

Parent/Guardian Section

I have received information about the Health Insurance Portability and Accountability Act (HIPAA) and the privacy of my child's Protected Health Information (PHI). I understand that information regarding my child's food allergy and/or food substitutions will be shared with this facility's staff and including all staff who prepare and serve food at this facility. I further understand that my child's name and his/her special dietary needs and food and feeding instructions listed below will be posted in the kitchen, dining, and classroom areas to ensure that my child's safety is maintained at all times.

Food allergies: _____
Food intolerances: _____
Other reason or condition: _____

Request for foods to avoid, foods to substitute, special formulas required, or instructions for modification of food or feeding (attach additional information if necessary)

_____
_____
_____

Parent/Guardian Signature _____ Date _____

Medical Authority / Health Professional Section

Medical diagnosis: _____
Other reason or condition: _____
Special dietary requirements: _____

Additional information and instructions (attach additional information if necessary)

_____
_____
_____

Medical Authority / Health Professional:

Signature _____ Date _____
Address _____ Tel. _____

Retain original in child's file

Page 1 of 2

Child care business name: _____

Notice of Use of Protected Health Information

Effective Date: 4/14/2003

HIPAA / PHI:

Your child's privacy and the protection of his/her health information are important to this facility. Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we are required to maintain the privacy of your child's Protected Health Information (PHI) and to provide you with this notice regarding our practices with respect to your child's PHI. This notice describes how your child's medical information may be used and disclosed, and how you can get access to this information. Please read this notice carefully.

This facility may receive PHI from your child's medical providers as part of the requirements of the program or to better meet your child's individual needs while s/he is enrolled at this facility.

This facility maintains an efficient and effective record-keeping system with policies and procedures that provide information about who has access to children's files and the information in them. All staff members who may have access to children's files will abide by our confidentiality policy.

If you think that some of the information on file as PHI is wrong, you may request in writing that it be changed or new information be added.

This facility will share information with staff only on a "need-to-know" basis to perform child care duties. The sharing of any PHI is to ensure that your child's health needs are met and their safety is maintained at all times. Any information shared with others is shared only after a Release of Information form is signed by the child's parent or guardian.

This facility will share information which may include PHI with individuals, agencies, and/or teams who oversee this facility for compliance, licensure, and inspections. Examples of these are: the Montana Child and Adult Care Food Program, County or State Health Department(s), Indian Health Services, Tribal Health Departments, and the Montana Quality Assurance Bureau.

This facility allows you to inspect your child's file containing PHI at any time with the assistance of a staff member. This facility maintains a log of all incidences of sharing PHI. You can request and receive a list of where your child's PHI has been shared.

If you have concerns about this notice, please ask the individual providing it. If that person cannot answer your questions, please call the Montana Department of Public Health and Human Services (DPHHS) PHI Officer at 1-800-645-8408.

To file a complaint regarding health privacy violations, write to the 'Secretary of Health and Human Services, US Department of Health and Human Services, 200 Independence Avenue SW, Room 506-F, Washington, DC 20201'. This must be done within 180 days from the date you believe your child's health privacy was violated. You may also call the Office of Civil Rights at 1-866-627-7748. This facility will not retaliate in any way if you file a complaint.

I have been given a copy of this Notice and have been given the opportunity to ask questions concerning how my child's PHI will be used. I know that I can contact this facility's director or the DPHHS PHI Officer at (800) 645-8408 if I have further concerns.

Parent signature is required on reverse side

Infant Feeding

Infant Feeding Schedules

Infants are fed according to the parent's instructions and on demand. An Infant Feeding Schedule is a form provided by the child care licensing unit of the State agency, or a form that contains the same information including: the infant's name, feeding instructions provided by the parent, and a parent signature and date. The form provides the necessary information from parents to instruct the child care staff on what, when and how to feed their infant. The form also allows parents to communicate changes in diet and schedule for their infant on an ongoing basis. For all infants up to 18 months of age, a current Infant Feeding Schedule is required and must be available on-site. The Infant Feeding Schedule can continue to be used until the time the parent requests the infant be served all foods from the regular menu. At that time the child's parent may indicate on the infant feeding schedule that the child is following the posted menu or is consuming table food. Refer to policy MT CACFP 2001-5 Rev 3 for further guidance on infant feeding.

Parent Declines Formula

Though the CACFP encourages breastfeeding, infant formula may be served. Formula may be supplied either by the parent or the day care facility. Facilities must offer at least one kind or brand of standard iron-fortified infant formula. Parents can accept the kind of formula that the facilities provides or they may decline it and supply the facility with the kind of formula they want their infant to receive. In this case, the parents pay for the formula and provide it to the child care facility and they must complete the Parent Declines Formula Form.

Parent Declines Food

When the infant begins consuming food, they may eat the same foods as the other children as long as the foods are developmentally appropriate-for-age and modified for safety to pick up, chew and swallow. Parents can accept the food the facility provides, or they may decline and provide their own food for their infant. If the parents decide to provide their own food, they must also complete the Parent Declines Food Form. In addition, a facility must supply or feed at least one of the infant meal components to claim that meal for reimbursement to the CACFP.

Revised 9/12

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

STATE OF MONTANA

INFANT FEEDING SCHEDULE

Infant/Child's Name: _____ Date of Birth: _____

Parent's Name: _____

An individual form must be completed for all infants, ages 0 to 18 months.

Note the type of breast milk, infant formula, milk, and other foods that the infant normally uses and the average daily amount they consume. **This needs to be updated any time food is added to an infant's diet.**

	Type	Average Daily Amount
Breast Milk:		
Infant Formula:		
Milk:		
Other Foods:		

List the approximate times that the infant eats, what the infant normally eats at each designated time, and the approximate amount (i.e. ounces):

Time:	Breast Milk, Infant Formula, Milk, and Other Foods

List any special considerations, (i.e. food allergies):

_____

_____

_____

_____

_____ _____

Parent Signature Date Provider Signature Date

_____ has offered to provide formula to my infant. I
(Name of Center)

am declining to accept the provided formula, and prefer that my child be fed the

following formula: _____. I am donating
(Name of offered formula)

_____ can(s) of formula, weighing a total of _____ounces ☐ Premixed weight. or ☐ Total dry weight.

The value of the formula is approximately $_____.

_____
(Parent Signature) (Date)

_____ has offered to provide formula to my infant. I
(Name of Center)

am declining to accept the provided formula, and prefer that my child be fed the

following formula: _____. I am donating
(Name of offered formula)

_____ can(s) of formula, weighing a total of _____ounces ☐ Premixed weight. **or** ☐ Total dry weight.

The value of the formula is approximately $_____.

_____
(Parent Signature) (Date)

_____ has offered to provide food to my infant. I
(Name of Center)

am declining to accept the provided food, and will provide the child's food. I am donating the following food(s).

Name Container size

_____
_____
_____
_____
_____

The value of the food is approximately $_____.

_____
(Parent Signature) (Date)

_____ has offered to provide food to my infant. I
(Name of Center)

am declining to accept the provided food, and will provide the child's food. I am donating the following food(s).

Name Container size

_____
_____
_____
_____
_____

The value of the food is approximately $_____.

_____
(Parent Signature) (Date)

Business Documents

Non-Profit Status

If your institution is a non-profit institution, the following information will need to be provided at each review:

- Board chair name, home address and date of birth
- Minutes from the most recent board meeting

Contract

In order to operate the Child and Adult Care Food Program, each institution must have a current, signed contract on file. During each review, you will be asked to show that you have this document and that it is easily accessible. If you do not have a copy of this document, you may request one from the CACFP office.

Parent Handbook and Information Given to Parents

Institutions must ensure that the non-discriminatory statement and procedure for filing a complaint from the "And Justice For All" poster are included word-for-word in all parent handbooks and any other information given to parents. During your reviews, copies of these documents will be requested.

Postings

The following items must be posted where they are easily visible to persons entering your facility.

- Federal Relay Poster
- "And Justice for All"
- WIC (Special Supplemental Nutrition Program for **W**omen **I**nfants and **C**hildren)
- Child Care License
- Current and following week menus with month, day and year indicated
- The Hand Washing Poster must also be posted in your facility at all sinks in your facility.

It is suggested that the CACFP Meal Pattern Chart be posted in the kitchen, however, it is not required.

All documents listed above with the exception of the child care license are available on our website under "Documents." If you would prefer, we can provide you with a large, full color copy of the CACFP Food Chart. If you would like a copy of this chart or assistance locating any of these forms on our website, please contact us.

1 of 2 pages, to be posted in facility entrance

GSA U.S. General Services Administration

Federal Relay Service (FedRelay)

The Federal Relay Service (FedRelay) provides telecommunications services to allow individuals who are deaf, hard of hearing, and/or have speech disabilities to conduct official business with and within the federal government.

The Federal Relay Service provides service to the public and to federal agency personnel. Sprint is the only authorized service provider on the Federal Relay Program.

TTY/ASCI

A deaf or hard-of-hearing person uses a TTY or PC to type a conversation. A relay operator voices the typed conversion to a hearing person and then types the hearing person's spoken response to the TTY user.

Service is available 7 days a week, 24 hours a day.
Toll-Free and Toll Access Numbers for Federal Relay are:

- (800) 877-8339 TTY(Text Telephone) / ASCII (American Standard Code For Information Interchange) Hearing callers wait for the operator or call:
- 866) 377-8642 Voice
- (877) 877-6280 VCO (Voice Carry Over)
- (877) 877-8982 Speech-to-Speech
- (800) 845-6136 Spanish
- (800) 877-0996 Customer Service (Voice/TTY, ASCII and Spanish)
- (866) 893-8340 TeleBraille

From non-domestic locations the number is (605) 331-4923

Speech to Speech (STS)

A person with a speech disability or voice synthesizer speaks directly to the called person. A specially –trained relay operator acts as the speech-disabled user's voice by listening and repeating the Speech-disabled user's dialogue if necessary.
Service is available 7 days a week, 24 hours a day.

2 of 2 pages, to be posted in facility entrance

Toll-Free and Toll Access Numbers for Federal Relay are:

- (800) 877-8339 TTY(Text Telephone) / ASCII (American Standard Code For Information Interchange) Hearing callers wait for the operator or call:
- 866) 377-8642 Voice (877) 877-6280 VCO (Voice Carry Over)
- (877) 877-8982 Speech-to-Speech
- (800) 845-6136 Spanish
- (800) 877-0996 Customer Service (Voice/TTY, ASCII and Spanish)
- (866) 893-8340 TeleBraille

From non-domestic locations the number is (605) 331-4923

Captioned Telephone (CapTel)
A deaf or hard-of-hearing person dials another party using a captioned telephone. The CapTel phone automatically connects to a captioning relay service center where a specially-trained relay operator transcribes the called party's Responses into text (captions). Captions appear on a display on the CapTel phone.
Service is available 7 days a week, 24 hours a day.

Relay Conferencing Captioning (RCC)
This is a web based version of TTY/ASCII service. Service is available 7 days a week, 24 hours a day.

Video Relay Service (VRS)
A deaf person (using a video camera) signs to a video interpreter (VI). The VI voices the conversation to a hearing person on a standard phone and then the VI signs back to the deaf person on a computer or television screen. Service is available 7:00 a.m. to 8:00 p.m. Monday through Friday Eastern time.

Federal Video Relay:

- Videophone (VP)
  - English: myfedvrs.tv
  - Spanish: espanol.myfedvrs.tv
  - Voice Carryover (VCO): vco.myfedvrs.tv
  - Customer Service: help.myfedvrs.tv
- Website (webcam)
  - Current website address of www.fedvrs.us will automatically redirect to www.myfedvrs.us
- ISDN
  - ISDN users call FedVRS: (877) 709-5798
  - Hearing users calling ISDN FedVRS users: (877) 709-5801
  - Customer Service: help.myfedvrs.tv

The shortcut to this page is www.gsa.gov/fedrelay *Last Reviewed 07/16/2010*

To be posted in facility entrance

"And Justice for All..."

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer."

C:\Users\CS5363\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\D9YIX258\Justice For All.docx

To be posted in facility entrance

WIC assists low-income women (pregnant, breastfeeding, and those who recently had a baby) and infants and children (up to age 5) who are at health risk

WIC Income Eligibility Guidelines

(July 1, 2012-June 30, 2013)

Family Size**	Yearly (Gross) Income	Monthly (Gross) Income
1	$20,665	$1,723
2	$27,991	$2,333
3	$35,317	$2,944
4	$42,643	$3,554
5	$49,969	$4,165
6	$57,295	$4,775
7	$64,621	$5,386
8	$71,947	$5,996
Each additional family member	Add $7,326 to yearly income	Add $611 to monthly income

**Pregnancy counts as two

If your family size and income fall within this range and you are pregnant, breastfeeding, or have children under the age of five, call **(800) 433-4298** today!

Standards for eligibility and participation in the WIC program are the same for everyone regardless of race, color, national origin, age, disability, or sex.

To be posted at ALL sinks in your facility

THE IMPORTANCE OF HANDWASHING

Wet hands and lather with soap, rubbing front and back of hands and wrists for at least 20 seconds

Rinse under running water from wrists to fingertips

Dry hands with a paper towel.

Use paper towel to turn off faucet. Remember that dirty hands turned the faucet on!

To be posted in your facility's kitchen

CHILD AND ADULT CARE FOOD PROGRAM

Meal Pattern Charts

Use the meal pattern charts to plan meals and snacks that include the right food components. Keep these charts in a convenient location and refer to them each time you plan a new menu.

Meal Pattern Chart for Infants

0-3	Breakfast	Lunch or Supper	Snack
Infants Birth through 3 months	4 to 6 fluid ounces (fl oz) breast milk[1,2] or formula[3]	4 to 6 fl oz breast milk[1,2] or formula[3]	4 to 6 fl oz breast milk[1,2] or formula[3]

4-7	Breakfast	Lunch or Supper	Snack
Infants 4 months through 7 months	4 to 8 fl oz breast milk[1,2] or formula[3]	4 to 8 fl oz breast milk[1,2] or formula[3]	4 to 6 fl oz breast milk[1,2] or formula[3]
	0 to 3 tablespoons (Tbsp) infant cereal[3,4]	3 to 3 Tbsp infant cereal[3,4]	
		0 to 3 Tbsp fruit and/or vegetable[4]	

8-11	Breakfast	Lunch or Supper	Snack
Infants 8 months through 11 months	6 to 8 fl oz breast milk[1,2] or formula[3]	6 to 8 fl oz breast milk[1,2] or formula[3]	2 to 4 fl oz breast milk[1,2] or formula[3] or fruit juice[5]
	2 to 4 tablespoons (Tbsp) infant cereal[3]	2 to 4 Tbsp infant cereal[3]; and/or 1 to 4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2 to 2 oz cheese; or 1 to 4 Tbsp cottage cheese, cheese food, or cheese spread; and	0 to 1/2 slice bread[4,6] or 0 to 2 crackers[4,6]
	1 to 4 Tbsp fruit and/or vegetable	1 to 4 Tbsp fruit and/or vegetable	

Meal Pattern Chart for Children

Breakfast

AGES	1-2 (1 year through 2 years)	3-5 (3 years through 5 years)	6-12 (6 years through 12 years)
MILK Must be fluid milk	1/2 cup	3/4 cup	1 cup
VEGETABLE or FRUIT or JUICE[1]	1/4 cup	1/2 cup	1/2 cup
GRAINS/BREADS A serving is a bread or bread alternate and/or cereal:			
Bread, enriched or whole-grain	1/2 slice	1/2 slice	1 slice
Cereal, enriched or whole-grain			
Cold dry cereal[7]	1/4 cup[*]	1/3 cup[**]	3/4 cup[***]
or			
Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

Supplement (Snack)

Select 2 of the 4 components shown. If you select milk as one of the components, you may not serve fruit juice as the other component.

	1-2 (1 year through 2 years)	3-5 (3 years through 5 years)	6-12 (6 years through 12 years)
MILK Must be fluid milk	1/2 cup	1/2 cup	1 cup
MEAT or MEAT ALTERNATE			
Meat, poultry, or fish (cooked, lean meat without bone)	1/2 oz	1/2 oz	1 oz
Cheese	1/2 oz	1/2 oz	1 oz
Egg (large)	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
Peanut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp
Nuts and/or seeds[1]	1/2 oz	1/2 oz	1 oz
Yogurt, plain or sweetened[7]	2 oz	2 oz	4 oz
VEGETABLE or FRUIT or JUICE[1]	1/2 cup	1/2 cup	3/4 cup
GRAINS/BREADS A serving is a bread or bread alternate and/or cereal:			
Bread, enriched or whole-grain	1/2 slice	1/2 slice	1 slice
Cereal, enriched or whole-grain			
Cold dry cereal[7]	1/4 cup[*]	1/3 cup[**]	3/4 cup[***]
or			
Hot cooked cereal	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

Lunch or Supper

	1-2 (1 year through 2 years)	3-5 (3 years through 5 years)	6-12 (6 years through 12 years)
MILK Must be fluid milk	1/2 cup	3/4 cup	1 cup
MEAT or MEAT ALTERNATE Meat, poultry, or fish (cooked, lean meat without bone)	1 oz	1 1/2 oz	2 oz
Cheese	1 oz	1 1/2 oz	2 oz
Egg (large)	1/2	3/4	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
Peanut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp
Nuts and/or seeds[1]	1/2 oz	3/4 oz	1 oz
Yogurt, plain or sweetened[7]	4 oz	6 oz	8 oz
VEGETABLE or FRUIT or JUICE[1] Serve two different vegetables and/or fruits to equal	1/4 cup	1/2 cup	3/4 cup
GRAINS/BREADS A serving is a bread or bread alternate and/or cooked cereal:			
Bread, enriched or whole-grain	1/2 slice	1/2 slice	1 slice
Cooked cereal grains, enriched or whole-grain	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup

Staff Training

Federal Regulation 226 requires all institutions participating in the CACFP to train all of their staff and their facilities personnel about the CACFP and its program duties and responsibilities prior to beginning CACFP operations and to provide annual training sessions thereafter. These trainings must include topics of CACFP program operations and civil rights compliance.

Training sessions are intended to ensure that CACFP institutions and facilities' staff are able to stay in compliance with their program obligations, be informed of regulatory changes, and fulfill all required CACFP responsibilities.

Training plans must be updated annually as part of the CACFP contract.

The following documentation is required to be kept on file:

1. A copy of the agenda for each and all CACFP trainings must include the following:
   - Date(s) of the training
   - Locations of the training including address and city
   - Name(s) and job title of the person(s) presenting the training
   - Starting and ending time of the training and for each topic presented
2. An attendance list of all persons present and in attendance at the training, including their full written name and their full signature.
3. Documentation of the subject matter discussed in each training session, such as a brief description, learning objectives, notes or other materials used.
4. Copyright permissions, references and sources of content for the training, as necessary.
5. A copy of all handouts distributed.

On the next pages are copies of portions of the Staff Training Form and CACFP and Civil Rights Training Guides. The complete documents can be found on our website under "Training."

Montana CACFP

Staff Training Form

_____
Center Name

Presenter: _____ Date: _____ Time: _____

Agenda

1.

2.

3.

4.

5.

Annual trainings are required on CACFP and Civil Rights topics.
Details of information covered and all handouts provided must be attached.

Attendees

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

CACFP Training Guide

CHILD AND ADULT CARE FOOD PROGRAM

To use this guide, discuss the relevant topics with all staff members and have them initial the line in the left-hand column to verify when training is complete. This is only a guide. Any CACFP-related topics can be discussed during the annual CACFP staff training such as family-style meal service, Ellyn Satter's *Division of Responsibility in Feeding*, Infant Feeding, and CACFP Meal Pattern Chart, to name a few. Visit the CACFP website at www.bestbeginnings.mt.gov for more information.

General CACFP Training

_____ **1. What is the CACFP?**

→ The CACFP is federally funded by Food and Nutrition Services of the United States Department of Agriculture (USDA)
→ The CACFP is administered by the State Agency. In Montana, the State Agency is Montana Department of Public Health & Human Services (DPHHS)
→ The types of institutions that participate in the CACFP are: Child Care Centers, Head Start Programs, Family and Group Day Care Homes, Outside School Hours Programs, At-Risk Afterschool Programs, Homeless Shelters, and Adult Day Care Centers.
→ The program plays a vital role in assuring the nutritional quality of meals and snacks served to eligible children and adults, and making care more affordable for many low-income families.
→ The MT CACFP provides cash reimbursement for serving meals to enrolled participants that meet Federal nutritional guidelines, outlined in the CACFP meal pattern. Participating institutions may be approved to claim up to two reimbursable meals (breakfast, lunch, and supper) and one snack, or two snacks and one meal, to each eligible participant, each day.
→ The State Agency focuses on influencing healthy lifestyle choices by facilitating program participation and compliance, funding nutritious meals, and providing effective training and technical assistance.

_____ **2. Why participate in the CACFP?**

→ To help meet each participant's daily nutritional needs;
→ To receive reimbursement for nutritional meals that meet federal standards and are served to children enrolled in care; and
→ To receive support from the Montana CACFP with training, menu planning, food service, meal service, nutrition, and technical assistance in program administration.

_____ **3. The responsibilities of CACFP participants are:**

→ To follow the Child and Adult Care Food Program regulations;
→ To keep organized and accurate records; and
→ To work towards the Montana CACFP goal to improve the nutritional status of Montana's children by serving well-balanced meals that meet the children's nutritional needs and by making meal time a positive experience.

Civil Rights Training Guide

the following topics can be used for annual Civil Rights staff training

(1) Review the *And Justice for All* Poster. How do you practice this at your enter?

(2) Review the *Federal Relay* Poster. How does this benefit your center?

(3) Review the *Building for the Future* Poster. Discuss how this document helps to establish equal opportunity.

(4) Review your center's procedure for filing a complaint of discrimination.
- Discuss possible situations that could arise.
- Does the procedure cover all basis?
- Is there a way to file a verbal and a written complaint?
- Is there a way to file a complaint anonymously?
- Who oversees and follows up with the complaints at your center?
- How do you make sure a complaint has been corrected, followed up, and that it will not happen again?

(5) Discuss the importance for adding a non-discrimination statement and how to file a complaint on the parent handbook and/or other materials provided to parents by the center.

(6) Discuss the Racial/Ethnic makeup of the enrolled children and how it measures up to the racial/ethnic data for your County.
- Do minority populations have an equal opportunity to participate in your program?
- Has the center created an inclusive environment for both the enrolled children and the staff?

(7) Review the MT CACFP Civil Rights Policies
- Civil Rights Compliance
- Non-discrimination

(8) Discuss how to find Civil Rights information.
- CACFP Website – Home Page – Civil Rights
- USDA Website
- Other

(9) Review the Nondiscrimination and Free and Reduced-Price Policy Statement
- Is there a separate or identifiable fee for meals?
- Is there any separation:
  - In eating area?
  - In serving lines?
  - In seating arrangements?
  - In assignment of eating period?

(10) Utilize one of the past Civil Rights training agendas provided by the State Agency (available on the CACFP website at www.bestbeginnings.mt.gov).

Sanitarian's Reports

Institutions must maintain current sanitation permits or satisfactory reports current within the past 12 months of an inspection conducted by a local sanitarian or an environmental health authority. Day care home facilities are exempt from this requirement.

Institutions need to keep track of when it is time for the sanitarian to visit. Most often the sanitarian will not contact your institution to schedule an inspection, therefore, it is best if someone from your institution contacts the sanitarian and schedules an inspection. The sanitarian's report must be kept in an easily accessible location and you will be asked to produce it during a review.

Thank you!

We are grateful for your participation in the CACFP and appreciate all the hard work you do each day to feed healthy and nutritious meals to the children you serve. We are here to help you in your endeavor and encourage you to contact us if you have any questions about any of the forms or documents in this handbook or if you have any other questions about CACFP policies and procedures.

Montana Child and Adult Care Food Program
PO Box 202925
Helena, MT 59620-2925

Toll Free: (888) 307-9333
Fax: (406) 444-2547

Website: www.bestbeginnings.mt.gov