



Institution Responsibility Overview

Upon Enrollment of a New Participant

Upon Enrollment!

- (1) Enrollment/Income Eligibility Statement (IES) form
- (2) Letter to Households
- (3) Infant/Child Feeding Policy – handbook
- (3) Soy Milk Notification form
- (4) Medical Substitution form
- (5) Infant Formula & Food Notification form

When would be the best time to present the parent/guardian with these forms and have them fill these out?

Upon enrollment (put these in the intake application!)

Enrollment/IES form: Part One

PART ONE: ENROLLMENT INFORMATION OF EACH ENROLLED CHILD

➤ This section and Part 6 (self-certification of parent) **must be completed**

CENTER NAME: _____

FISCAL YEAR: _____

PART 1 – ENROLLMENT INFORMATION

You must complete ALL five columns of Part 1.

Name(s) of Enrolled Child(ren)	Date of Birth	Before & After Care	Circle Normal Days of Care / Print Normal Hours of Care	Circle the Meals the Child Normally Receives while in Care
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper

IES form: Part Two and Three

PART TWO: TANF and/or SNAP RECIPIENTS

- If anyone in the household is a TANF or SNAP recipient:
 - Write the name of the recipient (if not the enrolled child(ren) or the parent/guardian signing the form, make sure to put the names of those in the household in Part 5).
 - Circle the benefit (TANF and/or SNAP).
 - Enter only the TANF and/or SNAP case number. *Do not enter a SSN or any other number in this box; these other numbers are UNACCEPTABLE and will cause a delay in processing this form.*

PART THREE: ENROLLED IN HEAD START

- If the child is enrolled in Head Start, please indicate the child's name in this section.

PART 2 – HOUSEHOLD MEMBER(S) RECEIVING SNAP and/or TANF BENEFITS

If any household member gets SNAP (Food Stamps) and/or TANF benefits, list the recipient's name, circle the benefit type, and give the case number.

Name of Benefit Recipient	Circle One or Both (if applicable)	SNAP and/or TANF Case Number (required)
	SNAP TANF	

PART 3 – CHILD(REN) ENROLLED IN HEAD START

If the child is enrolled in Head Start/Early Head Start, write the name(s) below.

Name of Child	Name of Child	Name of Child

Upon Enrollment: IES form: Part Four

PART FOUR: FOSTER CHILDREN

- Ensure that this foster child is a ward of the State

PART 4 – FOSTER CHILDREN

Name of Foster Child	
	For households with foster children only: Write the child(ren)'s name(s) here, then skip to Part 6. For households with foster and non-foster children: Write the foster child(ren)'s name(s) here. If you did not complete Part 2, you must complete Part 5 to qualify non-foster child(ren) for free/reduced-price meals. You may choose to include foster child(ren) in Part 5 with non-foster child(ren). This could make it easier for the non-foster child(ren) to qualify for free/reduced-price meals. If you choose to list the foster child(ren) in Part 5, you must report any personal income received by the foster child(ren). You are not required to report payments that you receive from the placement agency to support the foster child(ren). If you completed Part 2, skip Part 5. Everyone complete Part 6.

IES form: Part Six

PART SIX: PARENT CERTIFICATION, SIGNATURE, SSN (LAST FOUR DIGITS)

- The parent/guardian filling out the IES form must sign and date the form
- The parent/guardian must provide the last four digits of their SSN or check “I do not have a social security number” if they completed Part 5 (total household income).

PART 6 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)

The adult household member who fills out this form must sign below. If Part 5 is completed, the adult signing the form must provide the last four (4) digits ONLY of his/her Social Security Number (SSN), or check “I do not have a Social Security Number.” (See Privacy Act Statement on the back of this page.) The last four digits of your SSN are NOT needed if you have checked “My child(ren) will not qualify for Free/Reduced-Price meals;” have listed a TANF or SNAP case number; or are applying for Head Start or foster child(ren) only. CERTIFICATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution official(s) may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

PRINTED NAME OF PARENT / GUARDIAN		(LAST 4 DIGITS ONLY): XXX – XX – ____ – ____ – ____ – ____ SOCIAL SECURITY NUMBER (SSN) OF PARENT/GUARDIAN
SIGNATURE OF PARENT / GUARDIAN	DATE	<input type="checkbox"/> I do not have a Social Security Number
STREET ADDRESS, CITY, STATE , ZIP CODE		DAYTIME PHONE

IES form: Part Seven

PART SEVEN: CIVIL RIGHTS INFORMATION (OPTIONAL)

- This section **does not** have to be completed to receive meal benefits
- But, it is important that this section is filled out to determine that everyone is receiving benefits on a fair basis and is not being discriminated against.

PART 7 – CIVIL RIGHTS INFORMATION: ENROLLED CHILD(REN)'S ETHNICITY & RACE (OPTIONAL)

Check the ethnic and racial identity of your child(ren).

Ethnicity (mark one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more racial identities):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

IES form Center Use Only - Classification

BOTTOM OF IES FORM: CENTER USE ONLY – CLASSIFICATION OF FORM

- The determining official must check the front and back of the IES to ensure all parts are complete
- The form must be classified, signed, and dated by the determining official
- Please have another staff member verify that the IES is completed and classified correctly

CENTER USE ONLY – IES CLASSIFICATION

Reimbursement classification category for foster children

Check if one or more foster children are reported on this form:

 Free

Reimbursement classification category for non-foster children

Check one classification for all non-foster children reported on this form:

- Free (TANF, SNAP, Income Eligible, Head Start)
- Reduced-price
- Paid (household income above free or reduced-price level)
- Paid (incomplete information)

Total Household Income:

If necessary, use the correct income conversion formula before adding incomes reported with different frequencies. Once total monthly income is determined, use the “monthly” column of the Income Eligibility Guidelines.

To find monthly income:

Weekly income X 4.33 / every 2 weeks X 2.15 / twice a month X 2

Total income: \$ _____ Frequency: _____

Number of household members: _____

The institution’s Determining Official MUST sign and date the IES to complete it. Signature of a Verifying Official is recommended.

Signature of Determining Official

Date

Signature of Verifying Official

Date

Date child(ren) withdrew or terminated: _____

IES form

When does an IES form expire?

(a) Every month (30 days)

(b) Every year (365 days)

(c) An IES form never expires



IES form

Why is it important to have current and valid IES forms on file?

It is required for each infant/child enrolled at the center.

It influences how much the center can receive in reimbursement per month!



Letter to Households

Always give this letter to parents/guardians with the IES form!

Front

SAMPLE LETTER to HOUSEHOLDS FOR NON-PRICING INSTITUTIONS

REMOVE THIS SENTENCE AND THE LANGUAGE ABOVE, THEN PLACE ON YOUR LETTERHEAD.

Dear Parent or Guardian:

We offer healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Please help us to follow the CACFP requirements. Complete, sign, and return the attached Enrollment Form/Income Eligibility Statement as soon as possible. We must have this form in order to receive CACFP reimbursement for meals served to children at our center. This form will be placed in our files and treated as **confidential information**. Neither you nor your child must be a U.S. citizen for your child to receive meals, or for the center to receive reimbursements. All children enrolled at our center receive meals free of charge. However, the determination of eligibility category affects the amount of federal funding that our center receives.

You must complete Part 1. If more than one child in your household is enrolled at this center, you only need to complete one (1) form. Please provide all of the information requested in Part 1, including the full name (as it appears on other records) of each child in your household who is enrolled at this center and each enrolled child's date of birth. If the child is in school and attends before and/or after care at this center for most of the year, circle "YES" in the box for "Before & After Care." Circle the day(s) when each child usually attends the center and write each child's usual arrival and departure time. Then, circle which meal(s) each child usually receives from the center. In addition, even if you do not complete Part 2, 3, 4 or 5, you must still print and sign your name in Part 6 and provide your home address and telephone number.

If someone in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP - formerly called Food Stamps) or from Temporary Assistance to Needy Families (TANF), complete Part 2. Write the recipient's name, circle the type of benefit received, and provide the case number. You may circle both SNAP and TANF if the person receives both benefits. Additionally, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

If your child(ren) enrolled at this center participate(s) in the Head Start/Early Head Start program, complete Part 3. Write the name of each participating child in this section. In addition, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

If you are completing this form for a foster child who is the legal responsibility of a welfare agency or court, write the name(s) of the foster child(ren) in Part 4, then complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number if applying for foster child(ren) only. Do **not** complete this section if you care for a child under an informal caregiver arrangement or permanent guardianship agreement made outside of a child welfare agency or court. You may include foster children on the same form with non-foster children living in your household. Please read the form for additional instructions.

If the information above is not reported, the Enrollment Form/Income Eligibility Statement must contain the following information in Part 5: the names of all household members (including children enrolled at this center), the total gross income currently received by each household member, the signature of an adult household member, and the date the form was completed. In addition, the primary wage earner or household member who signs the form must provide the last four (4) digits of his/her social security number.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). Part 5 of this form must include everyone in your household.

You must report the total gross income (before taxes or deductions), listed by source, that each member of your household received during the last month. If you usually receive overtime pay, include it. If your hours or wages were recently reduced, report your current income. For each income amount reported, specify how often that income was received - weekly, every two weeks (biweekly), twice a month (semimonthly), or once a month (monthly). If last month's income does not accurately reflect your circumstances, you may provide your usual income (with frequency) or a projection of your current annual income (specify "annual" for the frequency). You may use last year's income as a basis for making the projection if no significant changes have occurred. If so, please specify "annual" for the frequency.

If a member of your household serves in the military, you do **not** need to report money received as part of the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance, Combat Pay, or Deployment Extension Incentive Pay (DEIP). If a household member is currently deployed, report only the portion of the deployed service member's income made available to them or the household. You must include all other income and allowances when reporting gross income.

Back

If your household's total gross income is equal to or less than the amount indicated for your household's size on the chart below, the center receives a higher level of federal reimbursement. Once this form is completed, the eligibility determination will be valid for 12 months. However, you should notify us if you or any other household member becomes unemployed and experiences loss of income. This period of unemployment may result in your household's income qualifying for a different eligibility category.

All meals served to children under the Child and Adult Care Food Program are provided free of charge regardless of race, color, national origin, sex, age, and disability. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, income derived all or in part from any public assistance programs, or protected genetic information in employment or any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form, found online at http://ascr.usda.gov/complaint_file_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax at (202) 690-7442, or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8330 or (800) 845-6136 (Spanish). If you require the information in an alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD). USDA is an equal opportunity provider and employer.

In addition, the District of Columbia Human Rights Act, approved December 13, 1977 (DCLaw 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-3545. If you require information about this program, activity, or facility in a language other than English, contact the District of Columbia Office of Human Rights Language Access Program at (202) 727-4559.

Thank you for your cooperation.

Signature of Authorized Institution Representative

INCOME ELIGIBILITY GUIDELINES

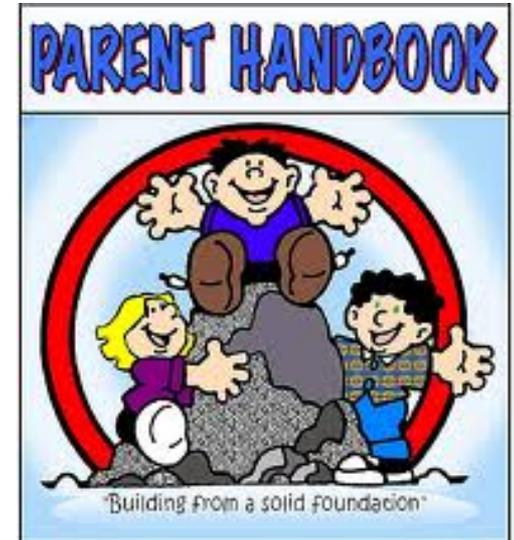
Effective from July 1, 2014 to June 30, 2015

Persons in Family (Household Size)	Income Frequency (How Often You Are Paid)				
	Annually	Monthly	Twice per Month	Bi-Weekly (every 2 weeks)	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional member, add:	+\$7,511	+\$626	+\$313	+\$289	+\$145

Child/Infant Feeding Policy: Handbook

What is a Child/Infant Feeding Policy?

- A written document
- Can be included in parent handbook
- Outlines center's policies regarding food for infants/children
- Lets parents know that the center is participating in the CACFP and what that means for their infant/child



Child/Infant Feeding Policy: Handbook

- [The center] participates in the Child and Adult Care Food Program.
- “Meals are provided free of charge to all enrolled infants and children”.
- Infant Food and Formula Notification form is required for parents with infants
- Outline what the center will offer to infants/children
- Outline what parents can/cannot provide
- Outline that a 3-day emergency supply of staples will be maintained
- Non-discrimination statement

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, religious creed, disability, age, political beliefs, 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”

<http://www.fns.usda.gov/sites/default/files/cr/Nondiscrimination-Statement.pdf>

Non-Discrimination Statement

If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text [of the material], that:

“This institution is an equal opportunity provider.”



Responsibility Overview

*Permanent Records & Annual Duties of
an Institution*

CACFP Records to keep permanently while in the Program!

What records must be maintained permanently?

- (1) Permanent Agreement
- (2) Policy Statement
- (3) IRS Letter of Determination (non-profits)
- (4) Memos, policies, regulations
- (5) Institution Policies & Procedures (including those developed as part of a CAP)
- (6) “And Justice for All...” poster
- (7) “Building for the Future” flyer
- (8) Information about WIC to share with families

CACFP Records Supporting Claims

How long should you file and maintain the CACFP records that support a claim for reimbursement?

3 years plus the current fiscal year
(maintain the following CACFP
records on file for FY 2013-2016)
October 2012 through present

Records Supporting Claims: Annually

- **Submit Renewal Application**
 - Includes FSMC Contract
- **Conduct Training for Staff**
 - CACFP duties and Civil Rights
- **Distribute IES and Letter to Households**
 - Determine and classify IES form
- **Complete Annual Civil Rights Data Documentation Form**
- **Fire inspection for at-risk facilities**

Staff Turnover & Training

The institution's Authorized Representative signs an Annual Information Certification certifying its responsibility to train all staff on their duties as well as civil rights

If you leave the center, what happens to Program operations?



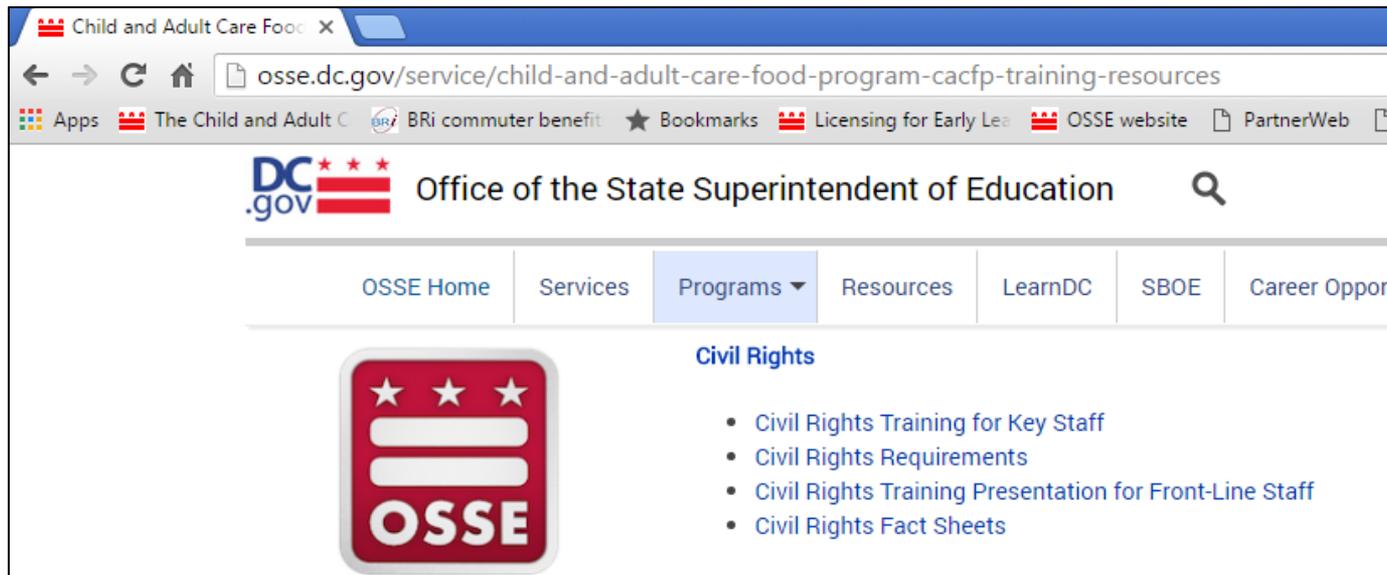
Institutions need to have a contingency plan in place to avoid becoming seriously deficient

Staff Turnover & Training

When should the institution conduct Civil Rights training for **new** staff?

Upon Employment

What method do you use to ensure that occurs?



The screenshot shows a web browser window with the URL osse.dc.gov/service/child-and-adult-care-food-program-cacfp-training-resources. The page header includes the DC.gov logo and the text "Office of the State Superintendent of Education". A navigation menu contains links for "OSSE Home", "Services", "Programs", "Resources", "LearnDC", "SBOE", and "Career Oppor". The "Programs" menu is expanded, showing a "Civil Rights" section with a list of resources:

- [Civil Rights Training for Key Staff](#)
- [Civil Rights Requirements](#)
- [Civil Rights Training Presentation for Front-Line Staff](#)
- [Civil Rights Fact Sheets](#)

On the left side of the page, there is a red square logo with three white stars and the text "OSSE" below them.

[Osse.dc.gov/cacfp](https://osse.dc.gov/cacfp) -> "Resources for Current Participants" -> "Training Resources"

Annual Duties: Civil Rights Data Collection Form



The Child and Adult Care Food Program (CACFP)

Annual Civil Rights Data Collection Form

Use this form to record the actual race and ethnicity information for all CACFP participants at your institution and the race and ethnicity information for the potentially eligible persons in the service area in which the institution or facilities are located. This form should be completed with the information for the participants listed on the **November enrollment** or, for at-risk programs, **November attendance**.

Name of Institution: _____
Institution Address: _____ Street: _____
City, State and ZIP Code: _____

Actual Participants' Race and Ethnicity Information

Total November enrollment or attendance: _____

Ethnicity

Number of Hispanic or Latino: _____ Number of Not Hispanic or Latino: _____

Race

Number of American Indian or Alaskan Native: _____ Number of Native Hawaiian or Other Pacific Islander: _____
Number of Asian: _____ Number of White: _____
Number of Black or African American: _____

Race and Ethnicity Information for the Eligible Population

Data Source: _____

Population: District Ward (specify): _____ Other (specify): _____

Ethnicity

Number or Percentage of Hispanic or Latino: _____ Number or Percentage of Not Hispanic or Latino: _____

Race

Number or Percentage of American Indian or Alaskan Native: _____ Number or Percentage of Native Hawaiian or Other Pacific Islander: _____
Number or Percentage of Asian: _____ Number or Percentage of White: _____
Number or Percentage of Black or African American: _____ Two or More Races / More Than One Race / Some Other Race: _____

Signature of Institution Official _____ Date _____

Printed Name of Institution Official _____

- Institutions are required to obtain the race and ethnicity of program participants upon enrollment and annually thereafter

Civil Rights: Data Collection Form: Part 1

Ethnicity must equal total enrollment or attendance
Race must at least equal total enrollment or attendance

Actual Participants' Race and Ethnicity Information

Total November enrollment or attendance: 51

Ethnicity

Number Hispanic or Latino: 15

Number Not Hispanic or Latino: 36

Race

Number American Indian or Alaskan Native: 15

Number Native Hawaiian or Other Pacific Islander: 15

Number Asian: 0

Number White: 15

Number Black or African American: 36



Civil Rights: Data Collection Form: Part 2

Completing the racial and ethnic data for the (potentially) eligible population in the service area that the institution(s) or facility(ies) are located:

Race and Ethnicity Information for the Eligible Population

Data Source: D.C. Office of Planning

Population: District Ward (specify): 8 Other (specify): _____

Ethnicity

Number or Percentage of Hispanic or Latino: _____

Number or Percentage of Not Hispanic or Latino: _____

Race

Number or Percentage American Indian or Alaskan Native: _____

Number or Percentage Native Hawaiian or Other Pacific Islander: _____

Number or Percentage Asian: _____

Number or Percentage White: _____

Number or Percentage Black or African American: _____

Two or More Races / More Than One Race / Some Other Race: _____

Civil Rights: Data Collection Form: Part 2

Where to obtain census data for completing Part 2:

If your institution serves participants throughout the District, check “District.” You will need to gather data on the entire District since this is your population of potentially eligible participants.

For District data, go to: <http://www.census.gov/quickfacts/>

If your institution primarily serves participants from the ward in which the institution is located, check “Ward” and specify the ward. You will need to gather data on that ward since this is your population of potentially eligible participants.

For data by ward, go to: <http://planning.dc.gov/node/1128597>



Responsibility Overview

Monthly Duties of an Institution



Monthly Duties

Main monthly duties include:

1. Planning/receiving monthly menus
 2. Consolidating CACFP reimbursement and expenses
 3. Updating the Master Enrollment List (MEL)
 - Save a separate MEL every month
 4. Preparing and submitting a monthly claim
 - Title XIX or XX Addendum (*for-profits*)
 5. File monthly records for the claim month
- 

Responsibility Overview

Daily Duties of an Institution





Daily Duties

Main daily duties include:

1. Attendance (sign-in sheets for at-risk)
2. HACCP Checklist (once a week for at-risk)
2. Prepare meals or collect delivery tickets
3. Verify meals meet CACFP requirements/record menu changes
4. Serve meals
5. Take meal counts
6. Daily document maintenance/storage

Daily Duties – Prepare Meals

Meal Prep Documents

Prepare Meals

- a. Consider keeping log of recipes or food prep records

Maintain daily delivery tickets

- a. Verify all components and correct number of meals are delivered
- b. Check food temperatures upon arrival, write on delivery ticket or keep temperature log



Daily Duties – Verify Meals

Do Meals meet CACFP requirements?

1. Be able to make substitutions if necessary
 2. Document substitutions on posted menu and menu kept on file
 3. Don't claim meals you shouldn't
- 

Daily Duties – Serving Meals

Feed your Participants

Questions to consider:



1. Was the child served every component?
2. Right portion size available/served?
3. Safe food handling methods used?

Daily Duties – Meal Counts

Meal Counts

1. Why can't you use attendance as your meal count records?
2. At what time should the meal count be taken?
3. Should you document meals served to staff?
Why or why not?

As-Needed Duties





As-Needed Duties

- Renew your license
 - Renew Food Safety Manager certificate before expiration date
 - Submit updates to the State Agency (staffing, license, tax status, operational changes)
 - Procurement
 - Training – current and new hires
 - Initial paperwork for new enrollees
- 

Questions

