NEW MEXICO
Child and Adult Care Food Program

ELIGIBILITY
AND
GUIDANCE

CHILDREN, YOUTH AND FAMILIES DEPT.
FAMILY NUTRITION BUREAU
1920 Fifth Street
Santa Fe, New Mexico 87502
Phone (505) 827-9961

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Welcome to the NEW MEXICO "Child and Adult Care Food program". We are happy that you have inquired about participating in this nationally sponsored program in support of providing New Mexico's participant in your care with healthy and nutritious meals through the administration of the CACFP program. Here are some helpful *facts* and reminders that will make your participation in the program successful.

What is the Child and Adult Care Food Program?

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides reimbursement for healthy meals and snacks served in child and adult day care facilities. CACFP reimburses participating day care centers for meal costs and provides them with USDA commodity food. The program generally operates in childcare centers, outside-school-hours care centers, adult day care centers and some emergency shelters. Day care providers in the CACFP must serve meals that meet federal guidelines and must offer meals to all enrolled participants. First authorized as a pilot project in 1975, the program was formerly known as the Child Care Food Program. It was made a permanent program in 1978, and the name was changed in 1989 to reflect the addition of an adult component. CACFP is administered at the Federal level by the Food and Nutrition Service (FNS), an agency of the U. S. Department of Agriculture. The State agency, CYFD/FNB oversees and administers the program at the local level.

What types of institutions receives benefits?

Benefits are provided primarily by Child Care Centers. Sponsors include licensed or approved non-residential, public or private non-profit childcare centers; Head Start centers and Emergency shelters. For-profit childcare centers may also participate if they meet certain criteria for serving low-income children. Licensed Adult Day Care Centers that are operated by public agencies for functionally impaired adults may receive cash reimbursements and commodity foods under the adult component of the CACFP.

Who qualifies for free or reduced meals?

Child and Adult day care centers must offer meals to participants with out charge and must qualify them as free, reduced or paid, based on the income eligibility guidelines. Those from families with income at or below the poverty level may qualify for the free rate; those from families with income at or below 185% of the poverty level may qualify for the reduced rate; and all others will qualify as "paid". See a copy of the current guidelines for the current rates.

The goals of the program are to:

- Ensure that well-balanced, nutritious meals are served to children and adults in care
- Help participants learn to eat a wide variety of foods as part of a balanced diet
- Provide reimbursement for meals served

- Provide technical assistance and guidance on food service operation, program management and Recordkeeping.

Why CACFP is Important?
Young children and participants need good, nutritious food to help them learn and develop normally. Receiving regular, well-balanced meals is as important in daycare as it is at home. Along with motor and developmental skills, proper eating skills are developed early. Children learn nutrition as they eat. Children can learn good, healthful eating habits when they are young. Nutrition education during meals snacks or at play can serve to begin a lifestyle of healthy eating.

Adult day care centers offer a variety of services to individuals who need special attention that might otherwise be available only in an institutional setting. Providing nutrition services to safeguard the health and nutritional well being of these adults is one of the components of care in the adult day care setting.

Independent centers and sponsoring organizations enter into agreements with the State Agency to assume administrative and financial responsibility for CACFP operations.

Child Care Centers
Eligible public or private nonprofit child care centers, outside-school hours care centers, Head Start Programs, and other institutions which are licensed or meet the licensing criteria for Child Care may participate in CACFP independently or as sponsored centers. For-profit or proprietary centers may participate if at least 25% of the children enrolled or 25% of the licensed capacity which ever is lower is funded by childcare subsidized day care benefits, or 25% of the children enrolled qualify for free or reduced price meals under the CACFP guidelines for any given month.

Adult Day Care Centers
Public or private nonprofit adult day care centers which provide structured, comprehensive services to nonresidential adults who are functionally impaired, or aged 60 or older, may be eligible to participate in CACFP as independent or sponsored centers. For-profit centers may be eligible if at least 25% of their participants receive benefits under title XIX or title XX. Centers must meet the licensing criteria and be approved by the Department of Health.

After School at Risk Care Programs
Programs that offer after-school care may be eligible to participate in the Child & Adult Care Food Program. Programs must offer regularly scheduled educational activities that are structured and supervised. In addition, program sites must be located in an area served by a school where at least 50% of the students enrolled are approved for free or reduced price meals. This is referred to as an Area-Eligible program. Snacks served in area-eligible after school snack programs receive the free rate of reimbursement for each snack served. After school programs that participate in CACFP may claim reimbursement for meals served on vacation and in-service days throughout the school year.

Emergency Shelters
To participate in CACFP, an emergency shelter must provide residential and food services to homeless children and their parents or guardians. It must be a public or private nonprofit

institution. Unlike most other CACFP facilities, a shelter does not have to be licensed to provide day care. However, it must meet any health and safety codes that are required by state or local law.

Each residential child 18 years of age and younger may receive up to three reimbursable meals each day, on weekdays and weekends. Residents of any age who have disabilities, regardless of their age, may also receive CACFP meals and snacks at the emergency shelters where they reside.

Residential children who receive their meals at the shelter are automatically eligible for free meals and snacks. There are no income eligibility application forms for their parents or guardians to fill out. All reimbursable meals and snacks are served in-group settings, at no cost to the child or to the child's parents or guardians.

Homeless shelters receive reimbursement payment for serving meals and snacks, which meet Federal nutritional guidelines, to eligible children. The payment rates are based on the numbers of meals and snacks served at the free rate for day care centers. Shelters also receive commodities or cash-in-lieu of commodities for each CACFP lunch or supper they serve.

Commodities or Cash-in-lieu of Commodities
In addition to cash reimbursement, USDA makes donated agricultural commodities or cash-in-lieu of commodities available to institutions participating in CACFP. Both the Family Nutrition Bureau and Nutrition Services Bureau have agreed that cash-in-lieu is the best method to use to serve day care centers in New Mexico, since there are currently very minimal centers participating in the commodities program.

Recordkeeping
Recordkeeping is an essential element of CACFP. Records must be kept to document program activity and to ***support the validity of the claim for reimbursements***. The minimum Records, which are required to be maintained for CACFP, include the following:

- Program Application, Agreement and Renewals
- Training Efforts
- Monitoring Efforts
- Participant Enrollment Records
- Income Eligibility Information
- Attendance Records (time in - time out sheets)
- Meal Count Records (point of service)
- Income & Expenditure Sheets (financial tracking)
- Nutrition Education Documentation
- Claims for Reimbursement
- Meal pattern requirements (menu record books)

To be eligible to participate in CACFP, institutions and organizations must demonstrate that they are financially viable, administratively capable in the administration of the program, and ensure that proper internal controls are in place to ensure accountability.

Included in this packet is some essential information and standard forms that will help you beginning with your recordkeeping for the CACFP.

Record to maintain:

Income and Expense: Federal regulations require that all food reimbursement monies received be spent on the program, and for the benefit of the participants/children. In addition, State guidelines require that you spend at the minimum 50% of the reimbursement monies specifically on food purchases, and recommend that the percentage be 70% or more. The remaining percentage of the reimbursement monies may be spent on non-food items, such as cook's salaries; food service equipment or other CACFP related expenses that are allowable. Please ensure to keep all receipts for food and other program expenditures by each month, and ensure that all receipts have expenditures itemized. Enclosed with this packet is a sample Income and Expense form for your use to keep track of all expenditures for food and non-food items. If you are not meeting the minimum 50% requirement, you might consider buying a wider variety of fresh fruits, vegetables and meats for the children.

Attendance Records: Records that identify the participants' full name and the hours of attendance must be maintained daily. Enclosed with this packet is a sample daily attendance record for your use. The time in and out columns should be accurately recorded and legible. The attendance record sheet should also be totaled on a daily basis so that the average daily attendance (ADA) can be recorded on the monthly claim. Please see the enclosed sample claim form and the instruction page for calculating the ADA included in this packet.

Meal Count Records: A separate meal count record must be maintained on a daily basis that identifies the participants' full name and meal type that each is served during the day. **Note:** (*only three meals per participants' per day may be claimed*) Sample meal count records are attached and should be used. This form must be completed at the time of meal service to ensure accurate recording of meals recorded by staff. This record will also serve as part of the documentation to validate your claim.

Income Eligibility Applications: Every participant or guardian should be given the opportunity to fill out an income eligibility application (IEA), but your center is only required to have an IEA on file for every participant who qualifies for a free or reduced price meal. If a participant or guardian knows they do not qualify for a free or reduced price meal and refuse to fill one out, an IEA is not necessary. Simply keep a list of those entire participants who are ineligible for a free or reduced priced meal and keep that list on your files along with the Income Eligibility Applications for all free and reduced priced eligible participants.

Menu Record Book: (*Meal pattern requirements*)

For Children 1-12 years: This book is to be filled out daily and should reflect the actual amounts of food prepared for each meal. Columns 2, 3 and 4 should reflect the menu items, serving size for the age group participants that you plan to serve for the appropriate

meal or snack. Column 5 should list the actual food served and the amounts of each food item that were prepared. Column 6 should list the number of meals prepared for each participant children and adults. Remember you must include the adults if they are consuming a meal during meal service, when planning, preparing and recording the amounts of food used. This is the *only* record that shows what foods were served and how much food was prepared for each meal, and will be used along with food purchase receipts to confirm adequate menu and food production. Inaccurate or lack of entries in this book will result deficiencies.

A sample menu record is enclosed with this packet. Since most children enrolled in day care centers are between 3 and 5 years old, the serving sizes used and recorded are for this age group. If the majority of enrolled children are 2 to 3 years old, and you choose to use the serving sizes for this group on the menu record, you must also ensure that enough food is prepared to meet the serving size requirement of the 3 to 5 year olds. This is why most centers prepare the serving size for 3 to 5 year olds.
The Adults Menu Record Book is very similar to the children's MRB. Please contact the State Agency to request an Adult MRB if needing one.

For Infants: The MRB for Infants and the Feeding Infants Guide together contain the tools you need and a wealth of information to help you to feed infants well and successfully on the CACFP program. Feeding infants well is so important in setting the stage for a lifetime of healthy eating habits. Babies need to be talked to, played with, nurtured, held, and fed appropriately. Brain development is affected by the care babies receive and the foods they eat. A sample menu record with serving sizes is enclosed in this packet.

The New Mexico Food Purchasing & Production Guide:

This is a tool that can be used to help you buy and use appropriate amounts of foods when preparing meals to meet the Meal Pattern Requirements. A sample "How to use the Food Purchasing & Production Guide" is included in this packet and explains how this book is used. Please refer to this book and use it as a guide when preparing meals along with the USDA Food Buying Guide.

A list of NON-CREDITABLE foods is included in this packet. These foods may not be used to meet meal pattern requirements. These foods are not to be served, because of low nutritional value. However, certain items such as condiments may be served and they will be reimbursable, credited toward food cost.

Claim for reimbursement:

The claim for reimbursement is to be completed and sent in to our office by the tenth of each month. This claim must be filled out correctly and completely in order to be processed. A copy of the claim and a detailed instruction sheet giving step-by-step instructions is included in this packet. Please ensure that only authorized persons sign this claim form. Only those persons appearing on the *Certificate of Authority* form can sign the claim form. Any other signatures will invalidate the claim.

For-profit centers are required to have on file a copy of the placement agreement with the State agency that is subsidizing childcare for those enrolled children whose families are receiving childcare assistance. These proprietary centers need to show that they received childcare assistance monies for at least 25% of their enrolled children or that 25% of the children qualified for free or reduced price meals under CACFP guidelines in order to claim reimbursement for any given month.

Training and Monitoring Efforts

Remember that the food service operation for each Day Care Center under your sponsorship is required to have three monitoring visits conducted during the program year. The first of these monitoring visits must be made within the centers first six weeks of operation, and not more than six months can elapse between each monitoring visit. In addition, all administrative and operational staff is required to be trained in program requirements annually.

The Principal Administrator overseeing the operation of the CACFP or other qualified staff member should be the one to conduct this training and monitoring. You should follow the training and monitoring scheduled plan outlined as in the management plan that you submit with your application. Enclosed in this packet is a copy of the monitoring and training forms with guidance on each to be used for documenting the sponsor's efforts. Please use the follow up form when conducting follow-up visits to record that previously cited problems have been corrected. Please duplicate these forms and use them when conducting your monitoring visits.

If you maintain the records noted on a daily basis and in an orderly manner, preparation of the Claim for Reimbursement will not be difficult to complete and will be accurate. If you have any questions or need clarification, please call our staff at (505) 827-9961. We look forward to visiting your center in the near future once the application approval process is complete to provide nutritional training and any further technical assistance that you may require, or to make arrangements to register for the next available "New Center Orientation Training".

Please contact Marvin Trujillo, Compliance Officer by Phone at (505) 827-7608

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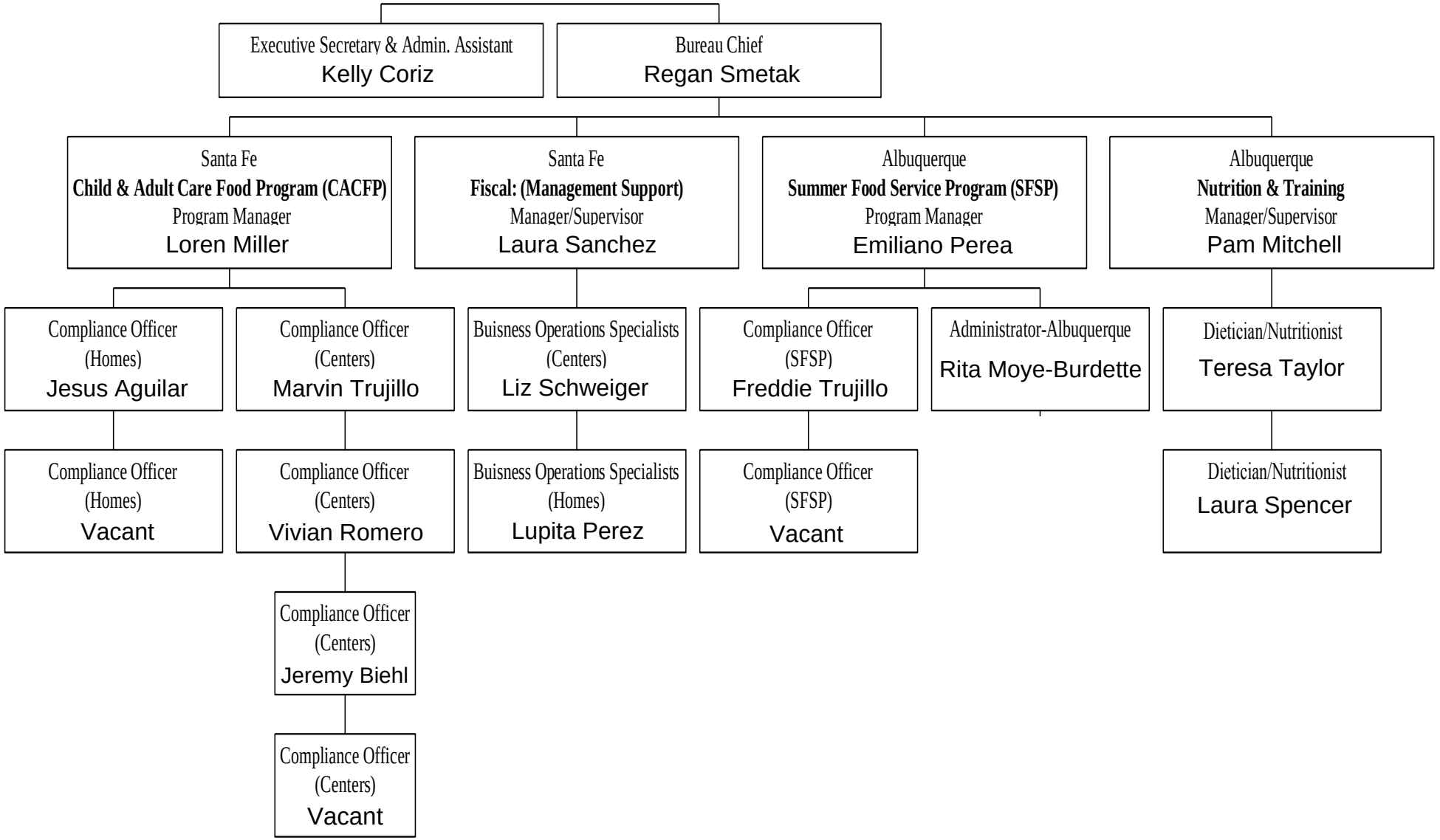
CYFD-FAMILY NUTRITION BUREAU



FAMILY NUTRITION BUREAU

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(Information and Forms) **WEB SITE**:
http://www.newmexicokids.org/content/caregivers_and_educators/health_and_safety/documents.php

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Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

RECORD TO MAINTAIN

Instructions for Completing:

INCOME & EXPENSE (Self Monitoring Form)

According to Federal Regulation 7CFR CH. 11 (1-1-00 Edition) 226.15 (e) 14, documentation must be maintained to ensure that all Program reimbursement funds are expended:

(i.) solely for the conduct of the food service operation; or

(ii.) to improve such food service operations, principally for the benefit of the enrolled participants.

(iii.) The State Agency requires that not less then 50% of your reimbursement, be spent on food cost (Creditable & Reimbursable) and the remaining percentage (if applicable) may be spent on non-food items, cooks salaries, kitchen equipment, etc.

In order to assist you in complying with these regulations, we have developed the attached form for you to complete and maintain on a monthly basis.

Heading Record the fiscal year being monitored. Fill in the name of the organization and Agreement number, make sure it's legible. **Indicate if there was any Cumulative Balance carried over from the prior year.**

Column #1 Record the reimbursement ($) amount received for that month listed. If you have to adjust your claim, reflect the change in the appropriate month.

Column #2 Monthly expenses should be itemized in this column. Back up documentation of receipts, invoices, payroll etc., should be on file to support these figures. Make sure expenditures identified in this column relate to the approved percentages on your approved budget on the management plan, for the fiscal year you are monitoring.

The State Agency requires that not less then 50% of your reimbursement be spent on food cost (Creditable & Reimbursable). Please indicate on the line available (% SPENT ON FOOD) what percentage was expended for the month. Figure this by taking the total **Food Cost** and dividing by the total **Amount of reimbursement received.** This will give you the total percentage (%) of the reimbursement spent on food.

Column #3 Record the total amount of milk purchased for each month, such as # of gallons, # of pints, etc. Include the cost of the milk purchased in the reimbursable food line item in column #2. These will help determine if enough milk was purchased for the total number of meals claimed that required milk.

Column #4 Record the carryover difference between the total in column #2 and the amount in column #1. This will help you identify if 100% of your reimbursement for each month was expended or if the organization had a negative or positive balance at the end of each month.

Column #5 Record the cumulative balance (if any) in order to determine at the end of the fiscal year (September) if the organization expended the total amount of reimbursement received from CACFP. Cumulative balance is determined by adding the positive or negative figures from the carry over no a monthly basis.

NOTE: Please be aware that no more than 25% of the total reimbursement received for the year, can be carried over to another year. Funds carried over into the next fiscal year must be spent on allowable expenses by December 31.

FISCAL YEAR_____ Name of Sponsor: _____

"INCOME AND EXPENSE" (Self Monitoring Form) Agreement # _____

REIMBURSMENT RECEIVED FOR MONTH OF:	MONTHLY EXPENSES	MILK	CARRYOVER	CUMULATIVE BALANCE
$_____ Cumulative $_____ Reimbursement $_____	***:CUMULATIVE BALANCE FROM PRIOR FISCAL YEAR IF APPLICABLE***			
	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____
NOVEMBER- $_____	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____
DECEMBER- $_____	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____
JANUARY- $_____	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____
FEBRUARY- $_____	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____
MARCH- $_____	REIMBURSABLE EXPENCES: FOODS : $_____ NON-FOOD: $_____ SALARIES: $_____ EQUIPMENT: $_____ TOTAL: $_____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$_____	$_____

FISCAL YEAR_____ Name of Sponsor: _____

"INCOME AND EXPENSE" (Self Monitoring Form) Agreement # _____

REIMBURSMENT RECEIVED FOR MONTH OF:	MONTHLY EXPENSES	MILK	CARRYOVER	CUMULATIVE BALANCE
APRIL- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____
MAY- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____
JUNE- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____
JULY- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____
AUGUST- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____
SEPTEMBER- $ _____	REIMBURSABLE EXPENCES: FOODS : $ _____ NON-FOOD: $ _____ SALARIES: $ _____ EQUIPMENT: $ _____ TOTAL: $ _____ % SPENT ON FOOD: _____ %	AMOUNT OF MILK PURCHASED _____	$ _____	$ _____

DAILY PARENT SIGN-IN/SIGN-OUT SHEET

Date: _____

Class Name: _____

CENTER NAME _____ Teacher(s): Name: _____

CHILD'S NAME	TIME IN	TIME OUT	CHILD'S NAME	TIME IN	TIME OUT
1			28		
2			29		
3			30		
4			31		
5			32		
6			33		
7			34		
8			35		
9			36		
10			37		
11			38		
12			39		
13			40		
14			41		
15			42		
16			43		
17			44		
18			45		
19			46		
20			47		
21			48		
22			49		
23			50		
24			51		
25			52		
26			53		
27			54		

WEEKLY PARENT SIGN-IN/SIGN-OUT SHEET

Week of: ___/___/____ to ___/___/____

Class Name: _____

Teacher(s): Name: _____

CENTER NAME: _____

NAME OF CHILD	MON		TUES		WED		THUR		FRI	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT
1										
2										
3										
4										
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31										

WEEKLY PARENT SIGN-IN/SIGN-OUT SHEET

Week of: ___/___/____ to ___/___/____

Class Name: _____

Teacher(s): Name: _____

CENTER NAME: _____

Class Name:

NAME OF CHILD	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1										
2										
3										
4										
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24										

MEAL COUNT FORM

Child and Adult Care Food Program

Week of: ___/___/___ To ___/___/___.

CENTER NAME:_____

Teacher: _____

Class Room: _____

Name of Child	MON					TUE					WED					THU					FRI					
	B	AS	L	PS	S	B	AS	L	PS	S	B	AS	L	PS	S	B	AS	L	PS	S	B	AS	L	PS	S	breakfast
1																										
2																										
3																										AM Snack
4																										
5																										
6																										
7																										LUNCH
8																										
9																										
10																										
11																										PM Snack
12																										
13																										
14																										
15																										Supper
16																										
17																										
18																										
19																										**TOTAL**
20																										
TOTAL																										

Child and Adult Care Food Program
MEAL COUNT FORM

Center Name: _____

Class Room: _____

Teacher: _____

Month	Week	Year

| Name of Day Care/ head Start | Enter Dates: | | |

CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households

Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian or CACFP Participant:

_____ Participates in the Child and Adult Care Food Program (CACFP)
Name of Center
administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your family day care center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

A foster child enrolled in our program that is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need to only list the case number sign and date the form. If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center then you need to only list their case number sign and date the form. Otherwise an adult household member must complete form and disclose total current household income by source, and the names of all household members. The person completing the form must sign and provide a social security number and date the form when it was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last months income does not accurately reflect your circumstances, you may provide your annual income or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

(Effective from July 1, 2015 to June 30, 2016)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional family member	+7,696	+642	+148

The U.S. Department of Agriculture (USDA) 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, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in 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 the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_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, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136.

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1920 Fifth Street, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

_____	_____	_____
Sponsor/Center Official	Organization	Date

New Mexico, CYFD/Family Nutrition Bureau
Child and Adult Care Food Program (CACFP)

Instructions for Completing the Income Eligibility Form (IEA)

[Participant Enrolled At the Center]

- ✓ List name of all enrolled participants that you are applying for which are in care.
- ✓ List each enrolled participant's date of birth and age.
- ✓ If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- ✓ If the participant enrolled is in child day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information. If the participant enrolled is in adult day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.
- ✓ If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (household and Income information)

HOUSEHOLD AND INCOME INFORMATION

(Not completed if case# is provided above)

- ✓ List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- ✓ Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application
- ✓ The income reported on the application must include all income before taxes and before other deductions.
- ✓ A foster child, defined as a ward of the court or welfare agency, is to be listed separately so that there is only one foster child per form. Only the foster child's "personal use" income is listed. Personal use income includes:
    - Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income
    - Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

- ✓ The adult family member completing the application must sign and date the application.
- ✓ If the enrolled participant is not in receipt of benefits and have not provided a case number, the adult family member signing the application must provide a social security number.
- ✓ If you do not have a social security number, check the "box" provided. Otherwise failure to provide the social security number, if you have one, will make the income application IEA invalid and will reduce the level of CACFP reimbursement your family day care center receive for meals served to the children and/or adult participants enrolled for care in their center.

INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program

_____ assures the New Mexico Children, Youth and Families Department, Early Childhood Services,
(***Center Name***)
Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant 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, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

INSTRUCTIONS: Complete this form and return to the Centers office.

Notation: (SNAP) *Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)*

***Child Care Centers**: To apply for **FREE** meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. DO NOT completes other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. DO NOT complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				**Benefit Information** *(If applicable check type of benefit & provide the required case number)*	
Name: *Last: First:*	If foster Child Check here	Date of Birth:	Age	**Child Care Centers Only-check a box* ☐SNAP ☐FDPIR	***Adult Care Centers Only- check a box* ☐SNAP ☐FDPIR ☐SSI ☐MED
		/ /		*Case Number:	**Case Number:
		/ /			
		/ /			
		/ /			

Foster Child (complete if a foster child is enrolling for care)

☐ Check this box if this application includes a foster child. List the amount of child's "personal use" monthly income $_____if there is no income, record "0".

All Other Household Members List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Name: *Last: First:*	*Name:* *Last: First:*

Total Number in Household: _____

Household Income (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)

Wages, Salary: $	Child Support (Alimony): $	Social Security: $
Pension or Retirement: $	Unemployment: $	Other Income: $
If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)		

Total Income: $_____ ☐***Weekly*** ☐***Monthly*** ☐ ***Annually*** *(Check one)*

Penalties for Misrepresentation: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

_____ * * * - * * - ☐☐☐☐ If the Adult Household Member signing this form does not have a Social Security Number, Check this box. ☐ _____

Signature of Adult Family Member *Social Security Number* Date

Privacy Act Statement: This explains how we will use the information you give us. 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 If the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. 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 programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

FOR SPONSOR USE ONLY

☐ **Child Day Care Center:**

☐ **Adult Day Care Center:** ☐ Approved Free ☐ Approved Reduced ☐ Paid

_____ _____ _____ _____

Approving Date *Date Disenrolled* *Name of Organization* *Name of Person Approving Form*

Income Eligibility Roster

Month Claimed

Center Name:

Numbers to be used for Reimbursement Claiming Month				
0	0	0	0	0
Subsidized Children	Free	Reduc	Paid	Total

Participant Name: Last First	Start Date	For Profit Centers ONLY	Enrollment Eligibility			Date Disenrolled	Comments:

State of New Mexico
CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILD AND ADULT CARE FOOD PROGRAM

INCOME ELIGIBILITY GUIDELINES
(EFFECTIVE FROM JULY 1, 2015 TO JUNE 30, 2016)

	FREE				REDUCED			
HOUSEHOLD SIZE	**YEAR**	**MONTH**	**EVERY 2 WEEKS**	**WEEK**	**YEAR**	**MONTH**	**EVERY 2 WEEKS**	**WEEK**
1	15,301	1,276	589	295	21,775	1,815	838	419
2	20,709	1,726	797	399	29,471	2,456	1,134	567
3	26,117	2,177	1,005	503	37,167	3,098	1,430	715
4	31,525	2,628	1,213	607	44,863	3,739	1,726	863
5	36,933	3,078	1,421	711	52,559	4,380	2,022	1,011
6	42,341	3,529	1,629	815	60,255	5,022	2,318	1,159
7	47,749	3,980	1,837	919	67,951	5,663	2,614	1,307
8	53,157	4,430	2,045	1,023	75,647	6,304	2,910	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+5,408	+451	+208	+104	+7,696	+642	+296	+148

DEFINITION OF INCOME

"Income means income before deductions from income taxes, employees' social security taxes, insurance premiums, charitable contributions, bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self- employment; (4) social security; (5) dividends or interest on savings or bonds, income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation;(9) government civilian employee, or military retirement, or pensions or veterans' payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; (14) other cash income. This would include cash amount received or withdrawn from any source including savings, investments, trust accounts and other resources that would be available to pay the price of a participant's meal.

DEFINITION OF HOUSEHOLD

Household means "family" as defined in Section 226.2 (family) FAMILY means in the case of children, a group of related or non-related individuals who are not residents of an institution or board house, but who are living as one economic unit or, in the case of adult participants, the adult participant, and if residing with the adult participant, the spouse and dependent(s) or the adult participant.

MENU RECORD BOOK

(Please make as many copies that you need of the production record page)

INTRODUCTION

The Menu Record Book (MRB) has been developed for your use to record breakfast, lunch and snack menus and the quantities of foods used daily. The MRB serves as a basic record for auditing purposes.

The Menu Record Book is the ONLY form of documentation required by the State Agency to ensure sponsoring organizations serve meals that meet the United States Department of Agriculture (USDA) meal pattern requirements.

The purpose of the Menu Record Book is to provide you with useful information to:

a. Plan and record menus and portion sizes which meet the USDA meal pattern requirement,
b. Plan and record food items which are creditable following Federal and State guidelines,
c. Record the calculated amounts of food needed for the number of persons planned,
d. Record the actual number of meals served, and
e. Maintain a daily, permanent record.

IMPORTANT !

The MRB must be filled out accurately and completely on **a daily basis**. This book must be available at any time for review by the Children, Youth and Families Department, Child and Adult Care Food Program or any other Federal (USDA) Program Audit Unit staff. Meals **cannot** be reimbursed unless they are recorded in the MRB. Failure to complete the MRB correctly may result in financial loss to the sponsoring organization.

IMPORTANT !

Menus should be planned two or more weeks in advance. In planning menus, consider the likes and dislikes of the children. Plan menus that children will enjoy, using a variety of foods, textures and colors. Make mealtime a relaxing time that children will look forward to everyday.

At times, menus are revised because of changes in food deliveries, seasonal availability, and inventory. If the planned menu is changed, take care to correct the menu record book to reflect the actual foods and amounts served.

If you serve ***SNACKS*** only, please contact the State Agency for a copy of the Snack Menu Record Book. If you serve ***INFANTS*** (from 0-12 months), you must follow the infant meal pattern and record meal in the Infant menu record book. If you serve children with SPECIAL NUTRITIONAL NEEDS, you must have on hand and follow the dietary prescription form in Appendix A from a recognized medical authority. The Family Nutrition Bureau Nutritionists are available for further information or technical assistance.

Please read the instructions and other important information on the next few pages carefully. This Menu Record Book should be used with the USDA Food Buying Guide for Child Nutrition Programs and the New Mexico Purchasing and Production Guide.

If you have any questions about this Menu Record Book or about the Child and Adult Care Food Program, please contact:

Family Nutrition Bureau
3401 Pan American Freeway, NE
Albuquerque, NM 87107
(505) 841-4856 or 1-800-328-2665 (1-800-EAT-COOL)

-or-

Family Nutrition Bureau
PO Drawer 5160
1920 5th Street
Santa Fe, New Mexico 87502-5160
(505) 827-9954 or (505) 827-9961

DEFINITIONS

The Children, Youth and Families Department (CYFD) reimburses sponsors participating in the Child and Adult Care Food Program (CACFP) for meals served. However, there are specific regulations regarding how the meals are served and what foods are served. The following definitions are used in the CACFP and it is important that sponsors become familiar with them.

Menu Record Book The Menu Record Book (MRB) is the official record in which the food served and quantities used to meet the meal requirements for the USDA CACFP Meal Pattern are documented.

Creditable Foods These are foods used to meet the requirements for a reimbursable meal. Foods are creditable based on the following: 1) nutrient content; 2) customary function in a meal; 3) USDA regulations; 4) the Food and Drug Administration's (FDA) Standards of Identity; and 5) Federal and State Agency policies.

Non-Creditable Foods These are foods that do not meet one or more of the five criteria described under creditable foods, above. (Also called "Other Foods" or "Extras".) A meal may contain both creditable and some non-creditable foods. Non-creditable foods are allowed, for example, to supply calories to meet the energy needs of growing children, or to improve acceptability of the rest of the meal. However, non-creditable foods may not be used to meet the meal pattern requirements. Some non-creditable foods are also not reimbursable.

Reimbursable Meals Those meals that are served and meet the following requirements:

1) USDA meal pattern requirements;
2) Federal regulations; and,
3) State agency policies.

Non-Reimbursable Meals Those meals that do not meet the criteria for reimbursement.

Non-Reimbursable Foods These are foods which are non-creditable (i.e., do not meet the meal pattern guidelines) and non-reimbursable as part of total food costs. Most of these foods are very low in nutritional value and high in cost.

Family Style This is a style of meal service in which both adults and children participate in setting the table, serving the food, eating together and cleaning up after the meal. All required components of the meal are placed on the table at the start of the meal. The minimum required amount of each meal component must be available for each child and adult. Children are encouraged to take a portion from each meal component

Component One of four food categories of the USDA Meal Pattern Requirements, including:

1) Milk
2) Meat/Meat Alternates
3) Grains/Breads
4) Fruits/Vegetables

Disallowance A meal or meals that are not approved for reimbursement by the State Agency because:

1) Meals are ***not recorded*** in the menu record book,
2) Meals are missing one or more of the required components. ***All of these meals will be disallowed;*** and/or,
3) Documentation in the menu record book and/or food receipts indicates that not enough food was served and/or purchased to give each participant the required minimum amount. In this case, the State Agency uses the USDA Food Buying Guide to determine how many servings of each component were available. ***If the number of servings available is less than the number of participants listed on the menu record book, the difference will be the number of meals disallowed*.**

USDA Food Buying Guide The instrument utilized by State Agency review staff to determine the exact quantities of food components required, based on menu record documentation. The servings per purchase unit (sppu) indicated in this guide are used as the final authority when meals are disallowed.

The New Mexico Purchasing and Production Guide (NMP&PG)

The tool used to determine the approximate quantities of food required in preparation. The quantities in this book are based on the USDA Food Buying Guide. In the NMP&PG, the amounts are rounded up; therefore, it is not a precise method to disallow meals.

*Note *** Note *** Note ****

Disallowance can be the result of substandard record keeping, insufficient documentation in the MRB, preparation of inadequate amounts of food and/or not meeting the meal pattern guidelines.

Note *** Note *** Note ***

USDA MEAL PATTERN REQUIREMENTS FOR THE

CACFP MEAL PATTERN FOR CHILDREN

BREAKFAST MEAL PATTERN COMPONENTS	AGES 1-2	AGES 3-5	AGES 6-12
Milk **Milk,** fluid	1/2 cup	3/4 cup	1 cup
Vegetables and Fruits Vegetable(s) **and/or** fruit(s) **or** Full-strength fruit or vegetable juice **or** an equivalent quantity of any combination of the above	1/4 cup 1/4 cup	1/2 cup 1/2 cup	1/2 cup 1/2 cup
Grains/Breads Bread **or** Cornbread, biscuits, rolls, muffins, etc. **or** Cold dry cereal **or** Cooked cereal **or** Cooked pasta or noodle products **or** Cooked cereal grains **or** an equivalent quantity of any combination or bread and bread alternates	1/2 slice 1/2 serving 1/4 cup or 1/3 oz. 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup or 1/2 oz. 1/4 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup or 1 oz. 1/2 cup 1/2 cup 1/2 cup

LUNCH OR SUPPER MEAL PATTERN

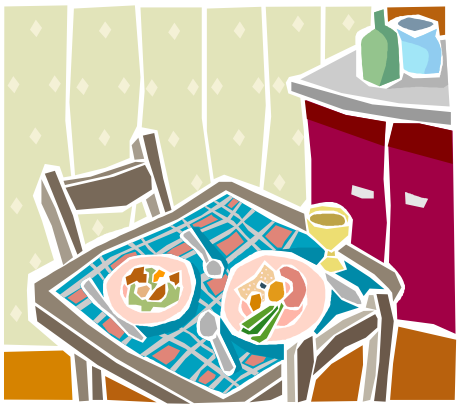
COMPONENTS	AGES 1-2	AGES 3-5	AGES 6-12
Milk Milk fluid	1/2 cup	3/4 cup	1 cup
Vegetables and Fruits Vegetables(s) **and/or** fruit(s) (two or more)	1/4 cup	1/2 cup total	3/4 cup total
Grains/Breads Bread **or** Cornbread, biscuits, rolls, muffins, etc. **or** Cooked pasta or noodle products **or** Cooked cereal grains **or** an equivalent quantity of any combination or bread and bread alternates	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/4 cup 1/4 cup	1 slice 1 serving 1/2 cup 1/2 cup
Meat and Meat Alternates Lean meat or poultry or fish **or** Cheese **or** Eggs **or** Cooked dry beans or peas **or** Peanut butter or soynut butter or Other nut or seed butters **or** Peanuts or soynuts or tree nuts or seeds* **or** Yogurt, plain or sweetened and flavored **or** an equivalent quantity or any combination or the above meat and meat alternates	1 oz. 1 oz. 1 egg 1/4 cup 2 tbsp. 1/2 oz.= 50% 4 oz.	1-1/2 oz. 1-1/2 oz. 1 egg 3/8 cup 3 tbsp. 1/2 oz. = 50% 6 oz.	2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp. 1 oz = 50% 8 oz.

*** Can only be used to meet half the meat requirement at lunch or supper. Serve with caution to children under five because of the risk of choking.**

SUPPLEMENT (SNACK) MEAL PATTERN

COMPONENTS *(Choose 2 different components)*	**AGES 1-2**	**AGES 3-5**	**AGES 6-12**
Milk Milk fluid	½ cup	1/2 cup	1 cup
Vegetables and Fruits Vegetables(s) **and/or** fruit(s) **or** Full-strength fruit or vegetable juice **or** an equivalent quantity of any combination of the above	1/2 cup ½ cup	1/2 cup 1/2 cup	3/4 cup 3/4 cup
Grains/Breads Bread **or** Cornbread, biscuits, rolls, muffins, etc. **or** Cold dry cereal **or** Cooked cereal **or** Cooked pasta or noodle products **or** Cooked cereal grains **or** an equivalent quantity of any combination or bread and bread alternates	1/2 slice 1/2 serving 1/4 cup or 1/3 oz. 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup or 1/2 oz. 1/4 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup or 1 oz. 1/2 cup 1/2 cup 1/2 cup
Meat and Meat Alternates Lean meat or poultry or fish **or** Cheese **or** Eggs **or** Cooked dry beans or peas **or** Peanut butter or soynut butter or Other nut or seed butters **or** Peanuts or soynuts or tree nuts or seeds* **or** Yogurt, plain or sweetened and flavored **or** an equivalent quantity or any combination or the above meat and meat alternates	1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz. or 1/4 cup	1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz. or 1/4 cup	1 oz. 1 oz. 1 egg 1/4 cup 2 tbsp. 1 oz. 4 oz. or 1/2 cup

* Serve with caution to children under five.



NEW MEXICO
Child and Adult Care Food Program
Summer Food Service Program

Foods served, as part of the CACFP/SFSP program, can be creditable or non-creditable. Some non-creditable foods may be served as an "extra or enhancement" to the CACFP/SFSP meal.

Creditable

1) Foods that meet the requirements for CACFP/SFSP meal pattern components.
2) Foods that are found in the USDA Food Buying Guide, sections 1-4.
3) Creditable food categories include: fluid milk, grains/bread that are enriched or whole-grain, fruits and vegetables, and meat/meat alternates.

Non-Creditable

Some foods are classified as "Other" or "Non-Creditable". This means that they do <u>not meet the USDA requirement for any component</u> in the meal patterns of the food-based menu planning approaches.

1) "Other" foods are frequently used as condiments, seasonings, or enhancement to the meal. They are served and recorded as an "extra".
2) Purchasing information on "Other" foods, can be found in Section 5 of the USDA Food Buying Guide.
3) Keep in mind that many of these food items are high in salt, fat, or sugar and provide little nutrition and "empty calories." Consider carefully how often and in what amount you use them. Some examples are: butter, mayonnaise, barbecue sauce, coconut, cream cheese, jam, jelly or preserves, ketchup, salad dressings, and syrups.

Non-Reimbursable Expenses

This category of foods is non-reimbursable. <u>These are foods that may NOT be served, even as an "extra".</u> If these items are purchased, their cost **<u>will not</u>** be considered an allowable food cost.

Revised June 2012

Non-Creditable Food List:

These foods may not be served to meet any part of the CACFP/SFSP meal pattern requirements.

MEAT/MEAT ALTERNATES

CHEESES
-Cheese "product"
-Imitation cheese of any kind
-Powdered cheese

MEATS/FISH
-Bacon
-Chorizo
-Cold Sandwich Meats not in USDA Food Buying Guide and without CN label
-Pepperoni/Salami
-Smoked snack sticks w/ beef & chicken
-Beef/Turkey/Salmon Jerky
-Pork Rinds
-Wild game meats (if not USDA inspected)
*Hot dogs or Frankfurters and Link Sausage such as Polish, Bratwurst, Italian or Vienna pose a choking hazard and are **not** recommended for children 1-5 years of age.

YOGURT or YOGURT PRODUCTS
-Homemade Yogurt
-Yogurt covered fruit/nuts
-Frozen Yogurt Products

NUTS and SEEDS
-Acorns
-Chestnuts
-Coconut

EGGS
-Pasteurized, dried, refrigerated or frozen, egg products that are not made from whole eggs

VEGETABLE PROTEIN PRODUCTS
-Tofu

VEGETABLES/FRUITS

FRUITS
-Banana chips
-Fruit cobbler, pie filling, or pie
-Fruit flavored frozen bars or Popsicles
-Fruit Flavored Gummy Snacks
-Fruit flavored or plain gelatin
-Fruit jams, preserves, & jellies
-Fruit leather or roll-ups
- Fruit syrups
- Popsicles (fruit flavored yogurt or pudding pops)

JUICES
-Any fruit beverage that is not 100% fruit juice such as:
Lemonade, orangeade, fruit drinks, or beverages, cocktails, nectars, powdered drinks or sport drinks

VEGETABLES
-Hominy
-Posole corn

OTHER FOODS (USDA Food Buying Guide-Section 5)

Food items in this category may not be used toward the meal pattern requirements.

SNACK ITEMS

Corn nuts, popcorn, potato chips, pudding (canned or packaged), candy, coffee, gum, soda, and tea may not be used toward the meal pattern requirements.

Milk

The only item that is creditable toward the milk component is fluid, pasteurized milk. 2% or whole milk for children over the age of 2 years is not creditable for CACFP. Evaporated or non-fat dry (powdered) milk, sour cream, cream cheese, eggnog, or cream are not creditable as milk, but may be used as "other" foods.

Non-Reimbursable Food List:

If these items are purchased, their cost will not be considered an allowable food cost.

SNACK ITEMS

Potato Chips*
Popcorn*

***Note: Food items may pose a choking risk to children**

MEAT/MEAT ALTERNATES

Wild game meats (not USDA inspected)

OTHER

Candy Coffee Gum Soda Tea

Note: This list is designed to be used with the USDA Food Buying Guide for Child Nutrition Programs to determine the creditability of foods. It DOES NOT include every food that is non-creditable or non-reimbursable in the NM CACFP/SFSP.

Revised June 2012

DOCUMENTATION FOR COMMERCIALLY PREPARED FOODS

To serve commercially prepared foods, such as pizza, burritos, or lasagna, documentation must be provided to support the fact that the ingredients provide the minimum amounts of meal component requirements. There are two ways to document these products:

-Child Nutrition (CN) label, or
-Manufacturer's Analysis sheet

What is the Child Nutrition (CN) Label? The CN label:

- is a voluntary Federal labeling program for the Child Nutrition Program,
- provides a warranty for CN-labeled products,
- allows manufacturers to claim a product's contribution to the meal pattern requirements.

A CN label will always contain the following information:

- the CN logo, which is a distinct border,
- the meal pattern contribution statement,
- a six-digit product identification number,
- USDA/FNS authorization,
- the month and year of approval.

NOTE:

A CN label does not mean the product provides the entire serving of the required CACFP meal component.

It is important to check the quantity of food contained per portion before assuming the product provides complete meal components. Also check with the State Agency to ensure the food items served are creditable.

Because of state guidelines, some products that do have a CN label are still **not creditable** in the NM CACFP. Be sure to check the list of non creditable & non-reimbursable foods before serving the item.

CN (Child Nutrition) Labels

Some Examples

CHAR-BROILED BONELESS PORK RIB SHAPED PATTIE

CN

CN

2.25 oz. cooked Mon Rib by Monfort provides 2.0 oz. equivalent meat/meat alternate for child Nutrition Meal Patten Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 06-90).

CN

CN

4" x 6" CHEESE/CHEESE SUBSTITUTE PIZZA

CN

CN

This 5.00 oz. Cheese/Cheese Substitute Pizza provides 2.00 oz. equivalent meat alternate, 2 servings of grains/breads and 1/4 cup vegetable for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 4-92).

CN

CN

Manufacturer's Product Analysis/Product Formulation

When CN labels are not available, a manufacturer's product analysis may be used. This analysis must be signed by an official of the food manufacturer (not the salesperson) and must also document the amount of meal component(s) provided by the product.

Product Analysis for Pizza - CN Approved

This product analysis form provides information to enable the purchaser to determine to what extent a meat product is purported to contribute to the Type A lunch requirements.

Product Name: Pizza with Beef Pattie Crumbles
Product Code: #63627*VPM
List Variety (ies) of Meat Used in Product: Ground Beef-domestic
Total Weight of Uncooked Product: 5.460 oz.
Total Weight of Uncooked Meat Topping: .88 oz.
Weight of Raw Meat: .602 oz.
Percent Fat of Raw Meat: not greater than 26%
(Weight of Dry VPP): .089 oz.
(Weight of Hydrated VPP): .258 oz.
(Weight of Raw Meat & Hydrated VPP): .86 oz.
Weight of Seasonings, etc.: .02 oz.
Total Weight of Precooked Product: 5.10 oz.
Weight of Prebaked Crust: 1.83 oz. = 2 bread servings
Weight of Sauce: .98 oz. = 1/8 cup vegetables
Weight of Precooked Meat (with VPP, etc.): .88 oz.
Weight of Natural Cheese: .705 oz.
Weight of Substitute Cheese: .705 oz.

I certify the above information is true and correct, and the above meat product (ready for serving) contains a total of 2.02 ounces (equivalent to 2.00 ounces) of cooked lean meat/meat alternate when prepared according to directions. I further certify the Textured Vegetable Protein Product (TVPP) used in this product conforms to USDA-FCS requirements of the child nutrition requirements.

_____ Product Development Supervisor
Signature

_____ _____
Company Date

Child and Adult Care Food Program
INSTRUCTIONS FOR COMPLETING THE MENU RECORD BOOK

✓The following information must be recorded at all times in the CACFP Menu Record Book:

Date	Food Items Used
Menu	Amounts Prepared
Size of Serving	Actual Number Served

See Example

(1) **Meal Pattern**

These are the types of food which must be served for each meal. Any extra foods which are served at lunch or supper should be indicated here.

(2) **Menu**

Record the food items you plan to serve, making sure they meet the required components for that meal. We recommend planning menus at least 2 weeks in advance.

(3) **Size of Serving**

This column lists the minimum serving size for 3-5 year old and 6-12 year old children. Circle the planned serving size in this column. Be sure to serve at least the minimum required amount.

(4) **Food Items Used**

Give a description of the food items prepared and offered at the meal. Abbreviate, if necessary. Use descriptive words as appropriate such as homemade, fresh, canned, frozen, etc. For example:

Frozen concentrated orange juice	Whole wheat bread
Chicken breasts	Boneless ham
Milk, 2%	Homemade chicken soup
Fresh oranges	

5) **Amounts Used**

This information is extremely important to the State Agency monitoring staff, for it determines whether enough food was prepared and offered to the children and/or adults.

This information needs to be recorded on a daily basis and as accurately as possible. The number of staff who eat with the children needs to be included when calculating the amount of food to prepare.

Record the size of the container for canned and bottled products and use "pounds" for fresh products.

For example:

1 #10 can of whole kernel corn
4 pounds lettuce

(6) <u>Actual Number Served</u>

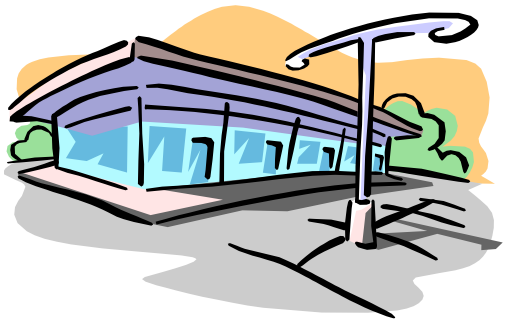
The information recorded in this section must specify the actual number of people served. For improved accuracy, this section is divided into 2 groups:

Children:	Total number of children served.
Adults:	Total number of adults served.

Remember, when submitting your monthly claim for reimbursement, include only the number of children served. The program does not reimburse meals for adults except in adult day care centers.

REMEMBER . . .

Ensure that the amount of food used is at least the minimum amount required to serve *ALL* children and adults.



SAMPLE

MENU RECORD FOR CHILDREN

Name of Person Completing Menu: Kathy Wright

Date: 5/18/08

Child and Adult Care Food Program

(1) MEAL PATTERN	(2) MENU	(3) SIZE OF SERVINGS 3-5	(3) SIZE OF SERVINGS 6-12	(4) FOOD ITEMS USED	(5) AMOUNTS PREPARED	(6) PLANNED NUMBER TO SERVE
BREAKFAST 1. Milk, fluid 2. Vegetable, and/or fruit or full-strength juice 3. Grains/Breads	1. Milk 2. Apples 3. Oatmeal	3/4 c 1/2 c 1/2 sv	1 c 1/2 c 1 sv	1. MILK – 2 % Lowfat 2. Apples - fresh 3. Oats, rolled	2 1/2 gal. 7 lbs. 1 3/4 lbs.	Children: 44 Adults: 5 TOTAL: 49
A.M. SUPPLEMENT* 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit or full-strength juice 4. Grains/Breads	1. 2. Orange Juice Bran Muffin	1/2 c 1/2 oz 1/2 c 1/2 sv	1 c 1 oz 3/4 c 1 sv	1. 2. Orange Juice - frozen Muffins, 1 oz. each	 3 – 12 oz. 25 each	Children: 22 Adults: 3 TOTAL: 25
LUNCH 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit (2 or more) 4. Grains/Breads	1. Milk 2. Spaghetti w/meat sauce 3. Caeser Salad Peaches 4. Spaghetti Noodles Garlic Toast	3/4 c 1 ½ oz 1/4 c 1/4 c 1/2 sv	1 c 2 oz 1/4 c 1/2 c 1 sv	1. MILK– 2 % Lowfat 2. Ground Beef 3. Lettuce, romaine Tomato Sauce Peaches 4. Spaghetti Noodles Garlic Toast	3 1/4 gal. 8 1/2 lbs. 2 1/4 lbs. 3/4 - #10 1 1/2 - 10 2 1/4 lbs. 2 1/4 lbs.	Children: 55 Adults: 7 TOTAL: 62
P.M. SUPPLEMENT* 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit or full-strength juice 4. Grains/Breads	1. Peanut Butter 2. Celery (extra) Graham crackers	1/2 c 1/2 oz 1/2 c 1/2 sv	1 c 1 oz 3/4 c 1 sv	1. 2. Peanut Butter Celery Sticks Graham crackers	 1-32 oz. jar 2 lbs. 1 1/2 lbs.	Children: 21 Adults: 3 TOTAL: 24
SUPPER 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit (2 or more) 4. Grains/Breads	1. Milk 2. Fishsticks 3. Green peas Pineapple 4. Bread	3/4 c 1 ½ oz 1/4 c 1/4 c 1/2 sv	1 c 2 oz 1/4 c 1/2 c 1 sv	1. MILK– 2 % Lowfat 2. Fishsticks, frozen (CN) 3. Peas, frozen, cooked Pineapple, canned w/ juice 4. Bread, whole wheat	1 gal. 6 lbs. 2 1/4 lbs. 1/2 - #10 3/4 lb.	Children: 15 Adults: 2 TOTAL: 17

* A.M./P.M. Supplements -Select 2 of the 4 components. Juice may not be served when milk is served as the only other component.

** Serving size for meat/meat alternates is the size of serving listed or the equivalent.

MENU RECORD FOR CHILDREN 3-5 YEARS OLD

Date: _____ New Mexico Child and Adult Care Food Program Name of Person Completing Menu:_____

(1) MEAL PATTERN (REQUIRED COMPONENTS)	(2) MENU	(3) SERVING SIZE 3-5 y.o.	(4) FOOD ITEMS USED	(5) AMOUNTS PREPARED & Units (oz, lb, can size & number, quart, gallon, etc.)	(6) PLANNED Number to Serve	(7) ACTUAL Number Served *(OPTIONAL)*
BREAKFAST 1. Milk, fluid 2. Vegetable, and/or fruit or full-strength juice 3. Grains/Breads	1. 2. 3.	1. 3/4 C 2. 1/2 C 3. 1/2 SV	1. *MILK* 2. 3.		Children: Adults: **TOTAL:**____	Children: Adults: TOTAL:
A.M. SUPPLEMENT* 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit or full-strength juice 4. Grains/Breads	1st *component* 2nd *component* 	1. 1/2 C 2. 1/2 OZ 3. 1/2 C 4. 1/2 SV	1st 2nd 		Children: Adults: **TOTAL:**____	Children: Adults: TOTAL:
LUNCH 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit (2 or more) 4. Grains/Breads	1. 2. 3. 4.	1. 3/4 C 2. 1½ OZ 3. 1/2 C TOTAL 4. 1/2 SV	1. *MILK* 2. 3. 4.		Children: Adults: **TOTAL:**____	Children: Adults: TOTAL:
P.M. SUPPLEMENT* 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit or full-strength juice 4. Grains/Breads	1st *component* 2nd *component* 	1. 1/2 C 2. 1/2 OZ 3. 1/2 C 4. 1/2 SV	1st 2nd 		Children: Adults: **TOTAL:**____	Children: Adults: TOTAL:
SUPPER 1. Milk, fluid 2. Meat/meat alternate** 3. Vegetable, and/or fruit (2 or more) 4. Grains/Breads	1. 2. 3. 4.	1. 3/4 C 2. 1½ OZ 3. 1/2 C TOTAL 4. 1/2 SV	1. *MILK* 2. 3. 4.		Children: Adults: **TOTAL:**____	Children: Adults: TOTAL:

* A.M./P.M. Supplements -Select 2 of the 4 components. Juice may not be served when milk is served as the only other component. ** Serving size for meat/meat alternates is the size of serving listed or the equivalent.

INTRODUCTION

The Menu Record Book (MRB) has been developed for your use to record breakfast, lunch, supper and snack menus and the quantities of foods used daily. The MRB serves as a basic record for auditing purposes.

The Menu Record Book is the ONLY form of documentation required by the State Agency to ensure child care centers serve meals that meet the USDA meal pattern requirements.

The purpose of the Menu Record Book is to provide you with useful information to:

a. Plan and record menus and portion sizes which meet the USDA meal pattern requirement,
b. Plan and record food items which are creditable following Federal and State guidelines,
c. Record the calculated amounts of food needed for the number of persons planned,
d. Record the actual number of meals served, and
e. Maintain a daily, permanent record.

The MRB MUST be filled out accurately and completely **on a daily basis**. This book must be available at any time for review by the Children, Youth & Families Department, Child & Adult Care Food Program or any other Federal Program Audit Unit staff. Meals **cannot** be reimbursed unless they are recorded in the MRB.

Please read the instructions and other important information on the next few pages carefully. This Menu Record Book should be used with the USDA Food Buying Guide for Child Nutrition Programs (Program Aid Number 1331) and the New Mexico Simplified Food Buying Guides. If you have any questions about this Menu Record Book or about the Child and Adult Care Food Program, please contact:

Family Nutrition Bureau
3401 Pan American Freeway, N.E.
Albuquerque, NM 87110
(505) 841-4856 OR 1-800-328-2665

OR

Family Nutrition Bureau
PO Drawer 5160 / PERA Building
Santa Fe, NM 87502-5160
(505) 827-9954 OR 827-9961

Dear CACFP Sponsor:

We are pleased to share with you our ***Menu Record Book for Infants***.

Feeding infants well is so important in setting the stage for a lifetime of healthy eating habits. Babies need to be talked to, played with, nurtured, held, and fed appropriately. Brain development is affected by the care-giving babies receive and the foods they eat. The nutrients in breast milk (and infant formula), and the tactile sensations of sucking help to stimulate pathways in the brain that control distress. This is one good reason to feed babies when they are hungry. Babies need to develop a sense of trust in the world to meet their needs, both physically ***and*** mentally.

Babies also need many nutrients to grow well, but they especially need:

- **Iron** – There is no substitute for iron-fortified infant formula or breast milk and iron-fortified infant cereal during the first year of life. Babies grow quickly, and iron is needed for blood, tissue, and brain development. Iron is an important micronutrient, which is required for many brain processes that help infants and children to concentrate, to think and to learn. Iron is part of the brain's neurotransmitter synthesis and myelination,[1] two processes that help infants develop recognition memory. Iron deficiency anemia is a very serious problem that can lead to a number of mental and physical problems for infants and children.

- **Dietary fat** - In infancy, fat supplies the energy for growth, carries fat-soluble vitamins and provides essential fatty acids. Breast milk contains the fatty acids docosahexaenoic acid (DHA) and arachidonic acid (AA). These fatty acids are found in high proportions in the structural lipids of cell membranes, particulary those of the central nervous system.[2] Since babies are growing so rapidly, their brain cells are increasing, which meals they need more of these essential fatty acids. Most infant formulas contain linoleic and linolenic acids, which the baby's body can convert to DHA and AA, but not as well. Now, new creditable formulas are starting to appear on the market that contains DHA and AA. This is good news for babies, and hopefully, you will see a price drop, as more of these store brand iron-fortified formulas with DHA and AA are available in the future.

A wonderful addition to our ***Menu Record Book for Infants*** is the ***Feeding Infants*** guide. This guide has up-to-date information on best practices for feeding babies foods which are safe and developmentally appropriate. You can download a copy at http://www.fns.usda.gov/tn/Resources/contents.pdf. Please use this guide and share it with all providers who work with infants. Also keep in mind that it is appropriate to share this information with parents.

[1] Shonfoff, Jack P, Editor. FROM NEURONS TO NEIGHBORHOODS: The Science of Early Childhood Development, Chapter 3, The Developing Brain, National Academies Press, 2000.

[2] Simmer K. Longchain polyunsaturated fatty acid supplementation of infants born at term In: The Cochrane Library, Issue 4, 1998. Oxford: Update Software.

Other important reminders about feeding infants and CACFP requirements:

- Meals containing beast milk only **are** reimbursable.
- Child care providers who are on CACFP and who care for infants must provide foods to meet the meal pattern requirements for infants.
- Child care providers must offer at least one infant formula, which meets program requirements.
- A parent or guardian may elect to decline the offered infant formula and supply another infant formula or breast milk.
- Between 4 and 7 months, when a baby is developmentally ready to accept them, solid foods must be served to make a reimbursable meal in the Child and Adult Care Food Program.
- Communication with parents is very important when deciding on the timing of introducing new foods to infants.

The Menu Record Book for Infants and the ***Feeding Infants Guide*** together contain the tools you need and a wealth of information to help you to feed infants well and successfully on the Child & Adult Care Food Program. If you have concerns, or need further information, please contact the Bureau Nutritionists in Albuquerque at (505) 841-4856.

Nutrition Education and Training Section
Family Nutrition Bureau
3401 Pan American Freeway, NE
Albuquerque, NM 87107

CACFP Meal Pattern Requirements for Infants

	Birth through 3 months	4 through 7 months	8 through 11 months
Breakfast	4-6 fl. oz. Formula[1] or Breast milk[2,3]	4-8 fl. oz. Formula[1] or Breast milk[2,3] 0-3 Tbsp. Infant cereal[1,4,]	6-8 fl. oz. Formula1 or Breast milk[2,3] and 2-4 Tbsp. Infant cereal[1] and 1-4 Tbsp. Fruit or Vegetable or both
Lunch or Supper	4-6 fl. oz. Formula[1] or Breast milk[2,3]	4-8 fl. oz. Formula[1] or Breast milk[2,3] 0-3 Tbsp. Infant cereal[1,4] 0-3 Tbsp. Fruit or Vegetable or both[4]	6-8 fl. oz. Formula[1] or Breast milk[2,3] and 2-4 Tbsp. Infant cereal[1]; and/or 1-4 Tbsp. Meat, Fish, Poultry, Egg Yolk, Cooked Dry Beans or peas; or ½ -2oz. Cheese; or 1-4oz (volume) Cottage Cheese, or 1-4oz (weight) Cheese Food, or Cheese spread; and 1-4 Tbsp. Fruit or Vegetable or both
Supplement (Snack)	4-6 fl. oz. Formula[1] or Breast milk[2,3]	4-6 fl. oz. Formula[1] or Breast milk[2,3]	2-4 fl. oz. Formula[1] or Breast milk[2,3] or 100% Fruit Juice[5]; and 0-1/2 Bread[4,6] or 0-2 Crackers[4,6]

[1] Infant formula and dry infant cereal must be iron-fortified.
[2] Breastmilk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
[3] For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
[4] A serving of this component is required when the infant is developmentally ready to accept it.
[5] Fruit juice must be full-strength.
[6] A serving of this component must be made from whole-grain or enriched meal or flour.

FOODS FOR INFANTS IN THE CHILD & ADULT CARE FOOD PROGRAM

R E C O M M E N D E D

Formula/Milk

Breast milk Iron fortified formula

Grains/Cereal

Infant iron fortified cereals in a box or can: Barley cereal High protein cereal Mixed cereal Oatmeal cereal Rice cereal

Bread/Bread Alternates*** (Served in a form to be eaten as a finger food:**

Breads: without nuts, seeds, or hard pieces of whole grain kernels such as:

Bagels, Bread (white or wheat), Biscuits, English Muffin, Pita Bread, Rolls, Soft tortillas

Cracker-type products * Crackers - plain saltines or snack crackers made without nuts, seeds or hard pieces of whole grain kernels

Any mashed, strained or diced fresh fruit or vegetable that qualifies in CACFP Programs

Vegetables in a can (instant):	Fruits in a can (instant):	Infant Juices*****
Beets	Apples & apricots	(**Should be served in a cup)**
Carrots	Apples & bananas	
Green beans	Apples & peaches	Must be 100% Juice, including:
Mixed beans	Apples & pears	Apple
Peas and carrots	Applesauce	Apple-apricot
Squash	Apricots with pears and bananas	Apple-banana
Sweet potatoes	Bananas	Apple-carrot
	Mixed fruit	Apple-cherry
Vegetables in a jar:	Peaches & pears	Apple-grape
Beets	Pears	Apple-peach
Carrots		Apple-plum
Garden vegetables	Fruits in a jar:	Apple-prune
Peas	Apple blueberry	Guava w/mixed fruit
Squash	Applesauce	Mixed fruit
Sweet potatoes	Applesauce & apricots	Orange
Green beans	Bananas	Orange-apple-banana
	Peaches	Pear
	Pears	
	Pears & pineapples	***Creditable at snack only for 8-11 month old infants in place of formula/breast milk.**
	Prunes	

Meats/Protein*

Meat, freshly cooked from USDA Inspected meats (beef, chicken, lamb, turkey, veal)

Meat in a jar or can (instant)

Strained beef	Strained turkey
Strained egg yolks	Strained chicken
Strained lamb	Strained veal
Strained beef liver	

*** Creditable for 8-11 month old infants only.**

NOT RECOMMENDED	
Grains/Cereal	Cracker-type products* (contains sugar): Animal crackers Arrowroot cookies Graham Crackers (must be made without honey) Teething Biscuits Toddler biscuits Zwieback crackers Zwieback toast ***Creditable at snack only for 8-11 month old infants**
Fruit/Vegetable	Fruits in a jar or can with added sugar Vegetables in a jar or can with added starch and/or fillers
Meats/Protein*	Meats in a jar with gravy (contains starch and/or "fillers", less nutrition per serving) ***Creditable for 8-11 month old infants only**

NOT CREDITABLE FOR INFANTS AT ANY AGE	
Formula/Milk**	Goats Milk Low fat milk Non-fat dry milk Rice Milk Skim milk Soy Milk Whole Milk
Fruit/Vegetable	All Fruit Desserts in a jar or can (for example: Dutch apple dessert, Fruit dessert, Vanilla custard) Fruits in a jar which list water as the first ingredient Vegetables in a jar which list water as the first ingredient
Meats/Protein	Infant, junior or toddler dinners or combination foods in a jar or can Egg Whites Fish sticks Meat sticks, including chicken and turkey sticks Peanut butter, other nut butters Yogurt

Combination baby food dinners can be served as additional foods if a parent requests that they be served. Parents can provide the combination baby food dinner to the provider if they desire to do so. If combination foods are served, they are NOT creditable on the CACFP program.

Obligation to Offer Infant Formula and Food

CENTER AGREEMENT#: _____ Child & Adult Care Food Program - _____ FAMILY #: _____

Center Name

Dear Parent:

This _____ offers _____ Iron Fortified Infant Formula for infants less than 12 months of age as part
(Name of Center) *(Name of Formula)* of the Child and Adult Care Food Program (CACFP).

We are required to follow the Infant Meal Pattern for different age groups of infants at no additional charge. We are pleased to offer these benefits for as long as this center is eligible to participate. To better meet your personal preferences and your infant's needs, you may choose from the following options. Please check your selection, sign, and date this form. If your decision changes, you may fill out a new form. Also, if the situation changes such as your pediatrician changing the infant's formula, then a new form should be filled out as well. The 'old' form will be kept on file.

A form must be completed for every infant enrolled at our center.

**** <u>Please Note:</u> We are providing formula to be used at our center ONLY.** If your infant's current formula is different, we strongly recommend that you check with your pediatrician before switching. Remember, you may choose to use our formula at no extra charge or continue to provide your own brand.

Infant's Name: _____ Date of Birth: _____

_____ I accept the formula offered by:_____ *which is* _____ *Iron Fortified Formula*
(Name of Center) *(Name of Formula)*

_____ I decline the formula offered by: _____ **AND I will provide** _____ **(formula brand name or breast milk)**
(Name of Center)

** I understand the center staff will serve food according to the planned infant menus. According to licensing regulations, I will be **<u>required</u>** to clearly label the bottles with my infant's name and the date.

PARENT'S SIGNATURE:_____ CENTER STAFF SIGNATURE: _____
Signature and Date Signature and Date

From I-A (05/08)

The State of New Mexico Children, Youth and Families Department, Child and Adult Care Food Program does not discriminate on the basis of age, color race, sex, national origin or disability. Any person who believes they have been discriminated against in any USDA-related activity should contact: USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).

DAILY INFANT MEAL RECORD

Instructions for Completing Daily Infant Meal Record for Infants

The following information must be recorded on the CACFP Meal Form:

1. **Date**
   Record the date menu was served.

2. **Completed By**
   Record the name of the person completing the form.

3. **Name(s) of Infant(s)**
   Record the names of infants eating meals in appropriate age table.

4. **Completion of Columns**
   - Using a (T), indicate iron-fortified formula/breast milk or iron-fortified cereal was served.
   - Record the *kind* of vegetable/fruit or meat/meat alternate served.
   - All formula and infant cereal served *must* be iron-fortified.

5. **Daily Infant Totals**
   Complete Daily Infant Totals for *each meal, each day* in the box provided.

Please refer to the sample page opposite for the following:

Birth through 3 months
Scott is 2 months old and Hannah is 3 months. At this age, both infants only need to be fed breast milk or iron fortified formula.

4 through 7 months
Shannon has just turned 4 months old and Taylor is almost 7 months old. Shannon is still being fed breast milk, which is fine (all that is actually required on the CACFP). Taylor is being introduced to iron fortified cereal and vegetables/fruits (optional).

8 through 11 months
Mark and Maxine are older babies. They need iron fortified formula or breast milk, iron fortified cereal and/or meat/meat alternate and vegetables/fruits.

DAILY INFANT MEAL RECORD

Date: _____

Completed by: _____

INSTRUCTIONS:

- **Record the names of the infant(s) eating the meal.**
- **Use a (✓) where indicated.**
- **Record the *kind* of fruit/vegetable or meat served.**
- **All formula & infant cereal served *must* be iron fortified.**
- **Record Daily Infant Totals *each day*.**

Adapted for New Mexico CACFP from: Nebraska Department of Education 2/2003

NAMES Birth through 3 months	BREAKFAST Formula or Breast Milk 4 – 6 oz (✓)	AM SNACK Formula or Breast Milk 4 – 6 oz (✓)	LUNCH Formula or Breast Milk 4 – 6 oz (✓)	PM SNACK Formula or Breast Milk 4 – 6 oz (✓)	SUPPER Formula or Breast Milk 4 – 6 oz (✓)

NAMES 4 through 7 months	BREAKFAST Formula or Breast Milk 4 – 8 oz (✓)	 Infant Cereal 0 – 3 T (✓)	AM SNACK Formula or Breast Milk 4 – 6 oz (✓)	LUNCH Formula or Breast Milk 4 – 8 oz (✓)	 Veg./Fruit 0 – 3 T (Specify kind)	 Infant Cereal 0 – 3 T (✓)	PM SNACK Formula or Breast Milk 4 – 6 oz (✓)	SUPPER Formula or Breast Milk 4 – 8 oz (✓)	 Veg./Fruit 0 – 3 T (Specify kind)	 Infant Cereal 0 – 3 T (✓)

NAMES 8 through 11 months	BREAKFAST Formula or Breast Milk 6–8 oz (✓)	 Infant Cereal 2 – 4 T (✓)	 Veg./ Fruit 1 – 4 T (Specify kind)	AM SNACK Formula, Breast Milk or Fruit Juice 2 – 4 oz (✓)	 0 – 1/2 slice bread or 0 – 2 crackers (✓)	LUNCH Formula or Breast Milk 6 – 8 oz (✓)	 Veg./ Fruit 1 – 4 T (Specify kind)	 Infant Cereal 2 – 4 T (✓)	 and / or	 Meat/Alt. 1 - 4 T. 1/2 – 2 oz (Specify kind)	PM SNACK Formula, Breast Milk or Fruit Juice 2 – 4 oz (✓)	 0 – 1/2 slice bread or 0– 2 crackers (✓)	SUPPER Formula or Breast Milk 6 – 8 oz (✓)	 Veg./ Fruit 1 – 4 T (Specify kind)	 Infant Cereal 2 – 4 T (✓)	 and / or	 Meat/Alt 1-4 T/ 1/2–2 oz (Specify kind)

Daily Infant Totals:

Brkst:____ AM snack:____ Lunch:____ PM snack:____ Supper:____

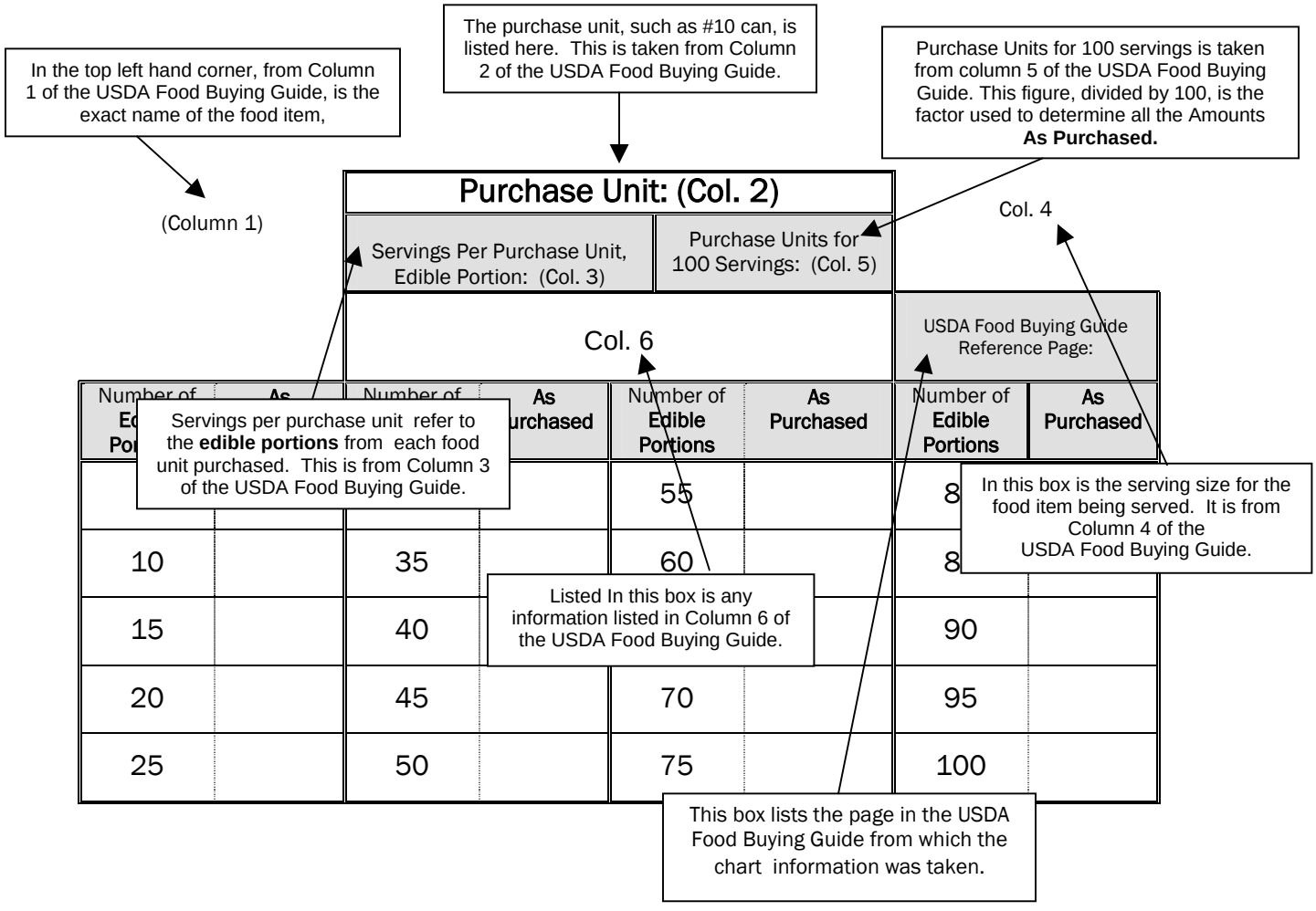
NEW MEXICO FOOD PURCHASING & PRODUCTION GUIDE

Introducing the New Mexico Food Purchasing and Production Guide

The **New Mexico Food Purchasing and Production Guide** has been designed to eliminate the need for complicated math calculations when determining the amount of food to prepare for your program. This guide will also save valuable time and increase accuracy when completing the Menu Record Book. This guide consists of tables that list foods most often used in Child Care Centers and the Summer Food Service Program. It is divided into six sections by different colors:

Section	Color
1 Meats/Meat Alternates	Pink
2 Fruits	Purple
3 Vegetables	Green
4 Grains/Breads	Yellow
5 Milk	Blue
6 Appendix	Tan

Each table in the guide shows the amount of food needed for 5 to 100 servings. The calculations have been done, based on the purchase units for 100 servings. The charts are set up with information taken from the ***USDA Food Buying Guide for Child Nutrition Programs***, as follows:



Calculating Amounts to Purchase

You may want to calculate purchase amounts for specific foods on your cycle menu to make it easier to determine quantities to purchase. Use the following template and instructions to complete the calculations.

Blank template forms can be found at the end of the Appendix – please copy them for your use.

Before beginning the calculations, please locate the specific item you will be using in the USDA Food Buying Guide and "plug in" the correct information from Columns 1-6. Remember to include any footnote explanations from the USDA Food Buying Guide.

Template Col. 1		Purchase Unit: (Col. 2) Servings Per Purchase Unit, Edible Portion: (Col. 3)		Purchase Units for 100 Servings: (Col. 5)		Col. 4	
		Col. 6				USDA Food Buying Guide Reference Page:	
Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**
5		30		55		80	
10		35		60		85	
15		40		65		90	
20		45		70		95	
25		50		75		100	

To calculate production amounts in increments of five:

❶Take the figure from Col. 5, purchase units for 100 servings,

❷Divide by 100 to get "X"

❸Multiply "X" by 5, then 10, then 15, etc. all the way to 100 – rounding those figures to the nearest ¼ purchase unit. Record those figures in the corresponding "as purchased column."

❹Verify your figures and you're done!

Helpful Tip . . .

You may want to visit: http://www.fns.usda.gov/tn/Resources/foodbuyingguide.html

to open the USDA Food Buying Guide and use it to "cut and paste" information for Columns 1, 4, and 6.

How to Use the New Mexico Food Purchasing and Production Guide

Follow the steps below to determine how much food to purchase and prepare:

1. Find the **food item** you need in the guide. Food items are divided into five food components: Meat/Meat Alternates, Fruits, Vegetables, Grains/Breads and Milk. You may also look for the food item in the Appendix of Foods section provided at the end of this guide. If there is no table for the food item you will be serving, you must go to the USDA Food Buying Guide for Child Nutrition Programs.
2. Find the chart with the **portion size** you will be serving.
3. Find the **purchase unit** you will be using (by can size or by pound).
4. Decide on the **number of servings** needed for the food item.

Below are some examples of how to use this guide:

Q: How many pounds of ground beef are needed for 50 children at lunch (3-5 year olds)?

Beef, Ground, fresh or frozen[7, 8]
no more than 20% fat
Includes USDA Commodity
(Like IMPS #136)

Purchase Unit: Pound				1 ½ oz cooked lean meat	
Servings Per Purchase Unit, Edible Portion: 7.89		Purchase Units for 100 Servings: 12.7			
				USDA Food Buying Guide Reference Page: 1-16	
Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**
5	¾	30	4	55	7	80	10 ¼
10	1 ½	35	4 ½	60	7 ¾	85	11
15	2	40	5 ¼	65	8 ½	90	11 ½
20	2 ¾	45	5 ¾	70	9	95	12 ¼
25	3 ¼	50	6 ½	75	9 ¾	100	12 ¾

[7]Ground Beef is based on USDA, FSIS standard as published in the Code of Federal Regulations, Title 9, Part 319.15(a) chopped beef, ground beef, but with maximum fat content as listed here.
[8]USDA recommends that the very young, the very old, and those with weakened immune systems not eat undercooked ground beef. To be sure all bacteria are destroyed, cook meat loaf, meatballs, casseroles, hamburgers, and other dishes containing ground beef to the temperature set by your local and State standards and check by using a thermometer.

Answer: **6 ½ pounds**

Q: How many gallons of milk are needed for 70 (6-12 year old) children at breakfast?

Milk, Fluid

Skim or Nonfat milk, Lowfat milk, Reduced fat milk, Whole milk, Lactose-reduced milk, Lactose-free milk, Buttermilk, Acidified milk (unflavored or flavored)

Purchase Unit: Gallon		½ pint milk (1 cup milk)
Servings Per Purchase Unit, Edible Portion: 16.0	Purchase Units for 100 Servings: 6.3	
		USDA Food Buying Guide Reference Page: 4-2

Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**	Number of **Edible Portions**	**As Purchased**
5	½	30	2	55	3 ½	80	5 ¼
10	¾	35	2 ¼	60	4	85	5 ½
15	1	40	2 ¾	65	4 ¼	90	5 ¾
20	1 ½	45	3	70	4 ½	95	6
25	1 ¾	50	3 ¼	75	4 ¾	100	6 ½

Answer: **4 ½ gallons**

If the food you are serving is not listed in this guide, please refer to the USDA Food Buying Guide for Child Nutrition Programs.

Some fruits and vegetables are listed by the pound (Purchase Unit) and by size, (for example - apples, size 138). You may find that your produce distributor or food service distributor does not carry a specific size. Sizes and counts may vary from area to area, and therefore availability of a particular size may depend upon your distributor's source of supply.

To request a complete guide, please call the State Office

CLAIM

FOR

REIMBURSEMENT

CHILD CARE ASSISTANCE BENEFICIARIES: **(FOR PROFIT CENTERS ONLY)**

Enter every month the total number of children enrolled that is Child Care Assistance Beneficiaries. For Profit Centers must have at least 25% of their enrollment or license capacity, (whichever is less) Child Care Assistance Beneficiaries at each center to be eligible to claim or free and reduced Income Eligible participants. Updated **lists** of Title XX beneficiaries must be submitted with each monthly claim for reimbursement, and **copies** of each eligible contract must be available at the center.

LICENSE EXPIRATION DATE:

Enter the expiration date of the license issued by State Licensing. Centers exempt from licensing requirements but on the Child and Adult Care Food Program will expire at the end of the approved fiscal year. Send in a copy of your license when it is renewed.

AVERAGE DAILY ATTENDANCE (A.D.A.):

Compute average daily attendance by adding daily attendance for the month and dividing that total by the number of days of operation during the same month. ***See attachment for further details.**

TOTAL DAYS OF OPERATION:

Enter the total number of days food service was provided for the month being claimed.

TOTAL NUMBER OF MEALS SERVED PER CENTER:

Enter the total number of meals served to eligible participants enrolled in care centers. Do not claim staff meals.

CERTIFICATION:

Read certification clause, sign and enter title. **This signature must correspond to signature on Certificate of Authority on file with the Family Nutrition Bureau.**

Keep a copy for your files and submit original copy of the completed Claim for Reimbursement no later than the 10th of the month following the month being claimed to:

Children, Youth and Families Department
Family Nutrition Bureau
1920 Fifth Street
Santa Fe, NM 87502

We have included a completed sample Claim for Reimbursement for you to use as a reference guide. If you have any questions, please feel free to contact any of the following people for assistance.

Maxine Urrutia	827-7989
Connie Bell	827-9964

INSTRUCTIONS FOR COMPLETION OF CLAIM FOR REIMBURSEMENT
CHILD AND ADULT CARE FOOD PROGRAM

GENERAL Report data for one calendar month only, the Family Nutrition Bureau based on the claiming percentage method will compute your amount of payment. Your claim **WILL BE RETURNED** for correction if not properly completed. Be sure **TO SIGN** this **CLAIM** before mailing to avoid delay of your payment check. Any claim not received within 60 days will not be processed.

1. Enter your agreement number, name and address, as found in your agreement with the Family Nutrition Bureau and the W-9 submitted with your application for approval.

2. Enter the agreement number assigned to the organization by the State Agency.

3. Enter, in numbers, the month and year this claim covers.
   EXAMPLE: October 2006 = 10 / 06

4. Enter the number of centers of your sponsorship and the ADA; enter the total for each center type.

5. Name of Center; enter the name of each center in the row as it appears on the childcare license.

6. Center Type-
   - C- Child Care Center
   - H- Head Start Center
   - O- Outside School Centers
   - A- Adult Day Care Center
   - AR- At Risk Center (Snack Only)
   - HS- Emergency Shelters

Center ADA- (Average Daily Attendance) For each center, compute the average daily attendance by adding attendance totals for each day of the month which the center was opened divide that total by the number of days of operation during the same month. *Always round up!*

At Risk ADA- For any center reporting At Risk snacks, exclusively or in conjunction with another meal service, the ADA for children eligible for the At Risk snack must be reported separately here.

Enrollment Eligibility- Enter the number of participants that are enrolled in each of the following categories by collection of the Income eligibility forms: Free, Reduced and Ineligible (paid) along

with the total for each center. Enrollment data must reflect current enrollment for the claim month.

Subsidized Children- **Only organizations of for –profit day care centers need to complete this column**. Enter the total number of children whose tuition is subsidized by Childcare assistance. In order to claim reimbursement for the month, for-profit centers must meet one of the following criteria:

1) 25% of enrollment receive subsidized tuition
2) 25% of licensed capacity receive subsidized tuition
3) 25% of enrolled are free or reduced eligible

Day of Operation- Enter the number of days each center was in operation for the complete month.

Total # of Meals- Enter the total numbers of meals calculated from each meal count form for that center (breakfasts, lunches, suppers, snacks & At-risk snacks) served to eligible participants enrolled in the center.

Total- If not using electronic form enter the total of each column in the shaded boxes at the bottom.

7. "Certification"- Someone who the organizations official has authorized on the Certificate of Authority form submitted to the State Office must sign the claim. Unsigned claims without an authorized signature will be rejected. To change or update the authorized person(s), send a new Certificate of Authority form to the Family Nutrition Bureau.

CHILD AND ADULT CARE FOOD PROGRAM

INSTRUCTIONS: HOW TO CALCULATE AVERAGE DAILY ATTENDANCE (ADA)

Step 1. At the end of each day; from your attendance, determine the number of different children (adult participants if Adult Day Care Centers) who attend that day and total.

Step 2. At the end of the reporting claiming month, add the daily attendance totals. This figure is your total monthly attendance.

Step 3. To determine ADA, divide the total attendance for the month claiming by the number of days the center operated and served meals.

The following is an example of a worksheet for calculating ADA for one claiming month.

Days center operated:			*Number of participants each day:*
1	July 1		40
2	July 2		39
3	July 3		35
4	July 4 (holiday)	(*Not considered an operational date*)	0
5	July 5		35
6	July 8		35
7	July 9		40
8	July 10		29
9	July 11		29
10	July 12		35
11	July 15		40
12	July 16		39
13	July 17		39
14	July 18		40
15	July 19		38
16	July 22		39
17	July 23		38
18	July 24		32
19	July 25		38
20	July 26		35
21	July 29		40
22	July 30		40
23	July 31		40
Total monthly Attendance =			815
Divided by *Days center operated*=		/	22
ADA =			**37**

If we had ended up with a total of 36.48 you would have to **round up** to the nearest whole number when calculating the ADA. If you sponsor more than one center, calculate each center separately and add totals.

Child & Adult Care Food Program

Child & Adult Day Care Centers

Rates for Reimbursement

Effective July 1, 2014 thru June 30, 2015

BREAKFAST		
Free	$	1.62
Reduced	$	1.32
Paid	$	.28
LUNCH & SUPPER		
Free	$	2.98
Reduced	$	2.58
Paid	$	.28
SUPPLEMENT		
Free	$	.82
Reduced	$	.41
Paid	$	.07

Cash payment in lieu of commodities	$	.2475

CLAIM SUBMISSION

Submitting a Claim

Instructions for independent centers and sponsors of centers

Who can submit a claim?

- A principle or responsible individual
- Typically an administrator, director or other supervisory staff.
- Not recommended to have cooks or teaching staff be responsible for submitting claims.

How does a sponsor designate who can submit a claim?

- All persons who are authorized to submit claims must have a certificate of authority on file.
- Additionally each person must complete an EPICS external user request form.
- Each person must have a unique e-mail address and will receive a temporary password via that e-mail address

Collecting your records

For each site, location or care type:

- Meal count totals by meal type
- IEAS categorized by type
- Information on the days of operation
- Average Daily Attendance
- Total enrollment for the month

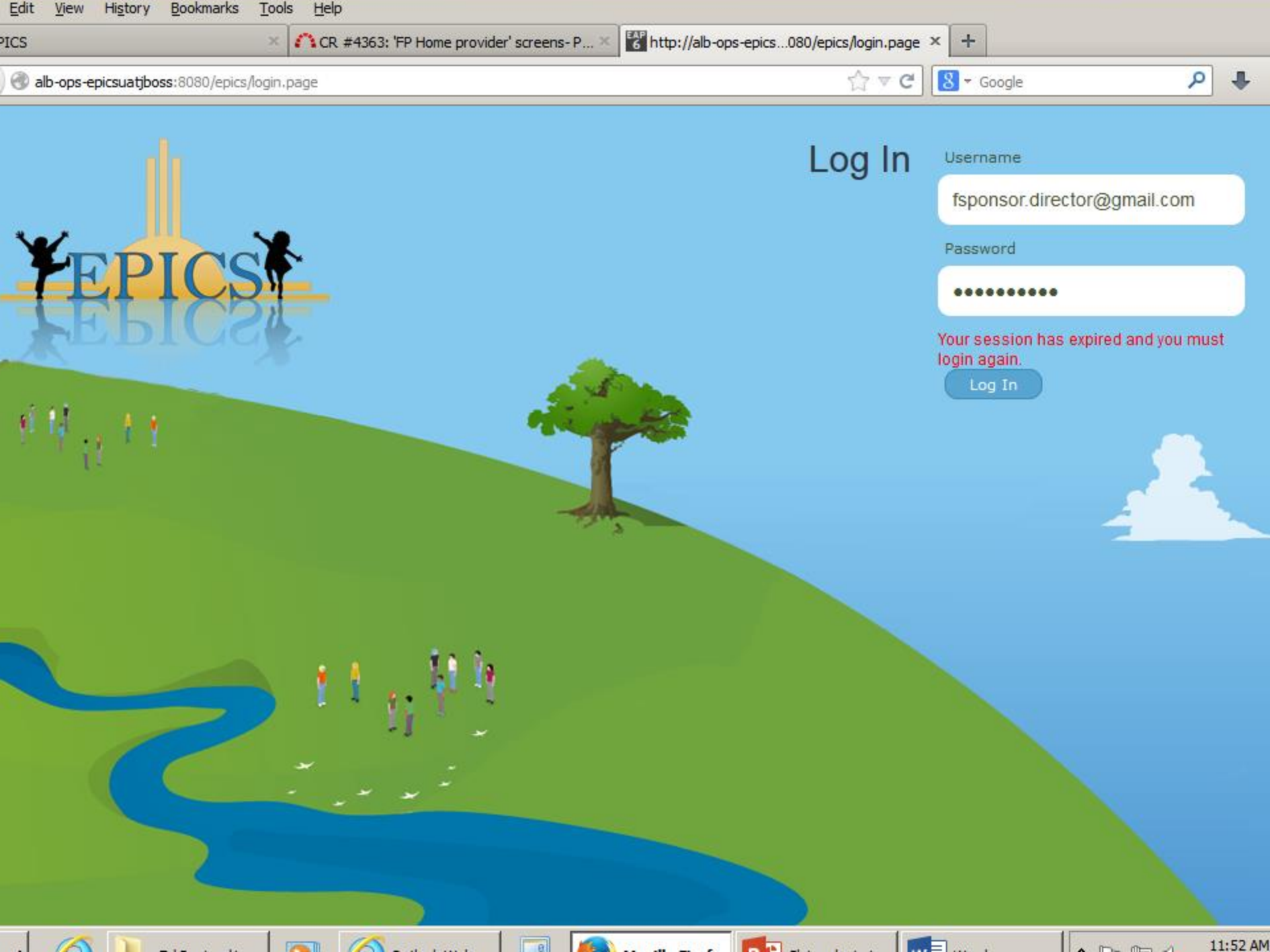
How the Claim is reported

- Report the ADA (Average daily Attendance) for each type of center.
- Many organizations will only have only one center or if there are multiple centers there may only be one type of center.
- Some organizations will have both multiple centers & multiple types of sites.
- There will be an entry field for each site

What is the URL?

- https://epics.cyfd.state.nm.us/epics/login.page

- Let's see what the web site looks like;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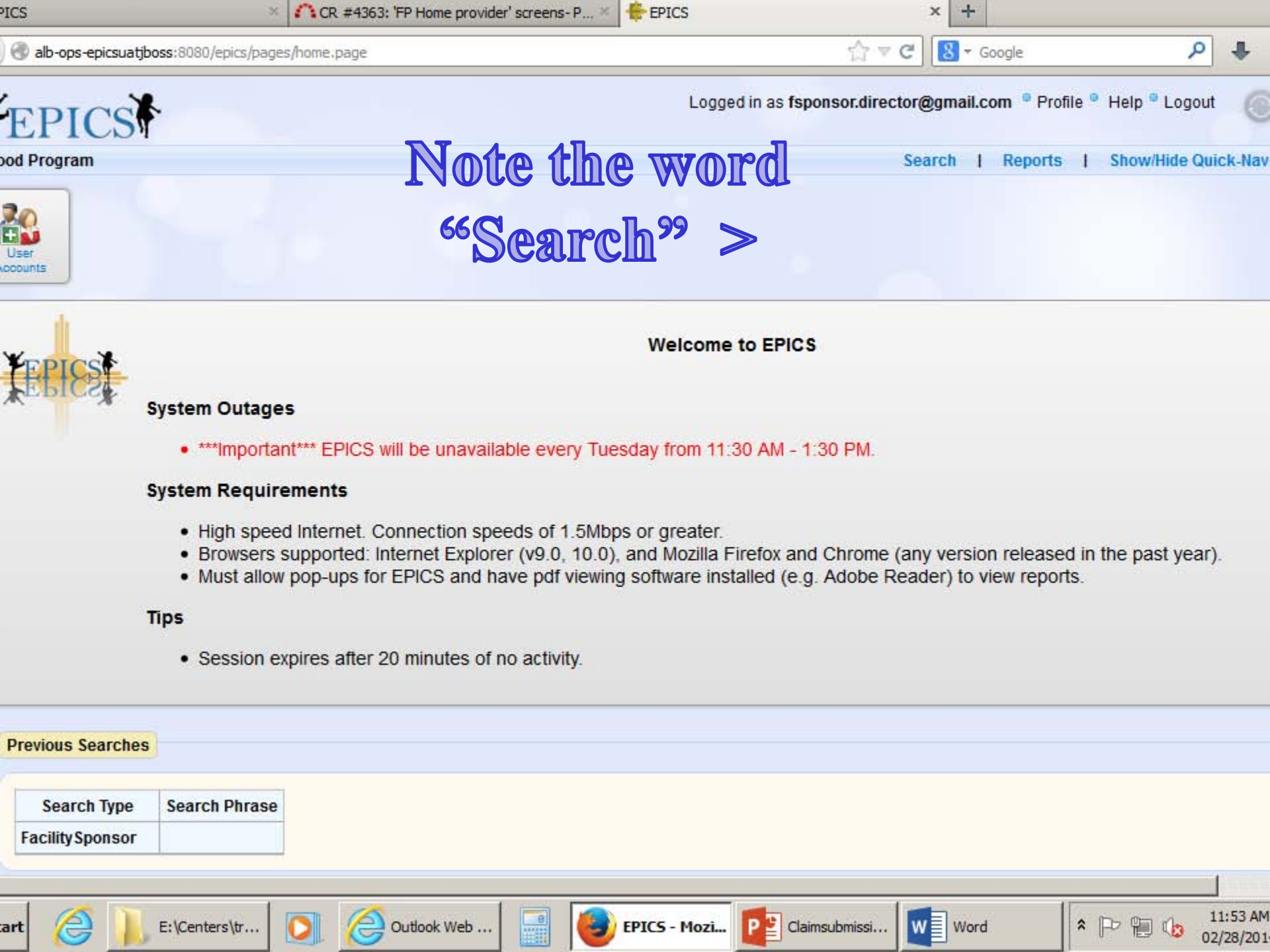
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EPICS
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ood Program
Search | Reports | Show/Hide Quick-Nav
User
Note the word
"Search" >
Welcome to EPICS
System Outages
Important EPICS will be unavailable every Tuesday from 11:30 AM - 1:30 PM.
System Requirements
High speed Internet. Connection speeds of 1.5Mbps or greater.
Browsers supported: Internet Explorer (v9.0, 10.0), and Mozilla Firefox and Chrome (any version released in the past year).
Must allow pop-ups for EPICS and have pdf viewing software installed (e.g. Adobe Reader) to view reports.
Tips
Session expires after 20 minutes of no activity.
Previous Searches
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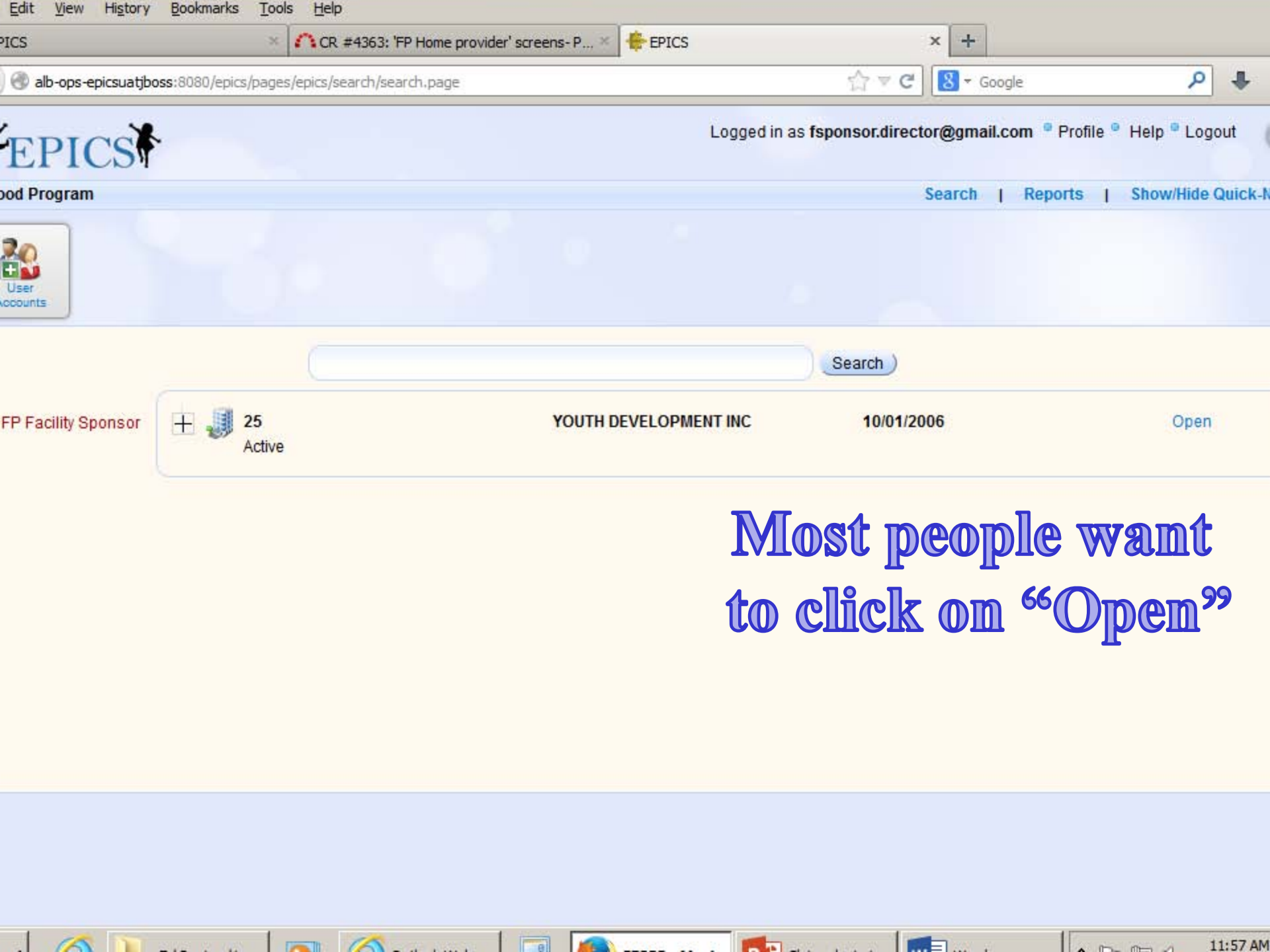
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YOUTH DEVELOPMENT INC
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User Accounts

cility Sponsor | Application Status | Facilities | Other Staff

Facility Sponsor Name	Facility Sponsor ID	Facility Sponsor Status	Facility Sponsor Status Date
YOUTH DEVELOPMENT INC	25	Active	08/26/2004

Facility Sponsor Information

Sponsor Name * YOUTH DEVELOPMENT INC

Organization Type * Private Non-Profit

Review Cycle * 36

SHARE Vendor ID 0000047025

CRS Number

TIN/FEIN * 85-0246036

CYFD Unique ID

State Unique ID

Authorizing Agency * CYFD

Fiscal Year End

Last One-Time Exception

Eligibility Begin Date 10/01/2006

FNB Representative

Is New Sponsor

Number of Approved Facilities 30

Number of Active Facilities 30

States

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut

⇒ Add all
→ Add
← Remove
⇐ Remove all

Operating States

New Mexico

Facility Sponsor Status

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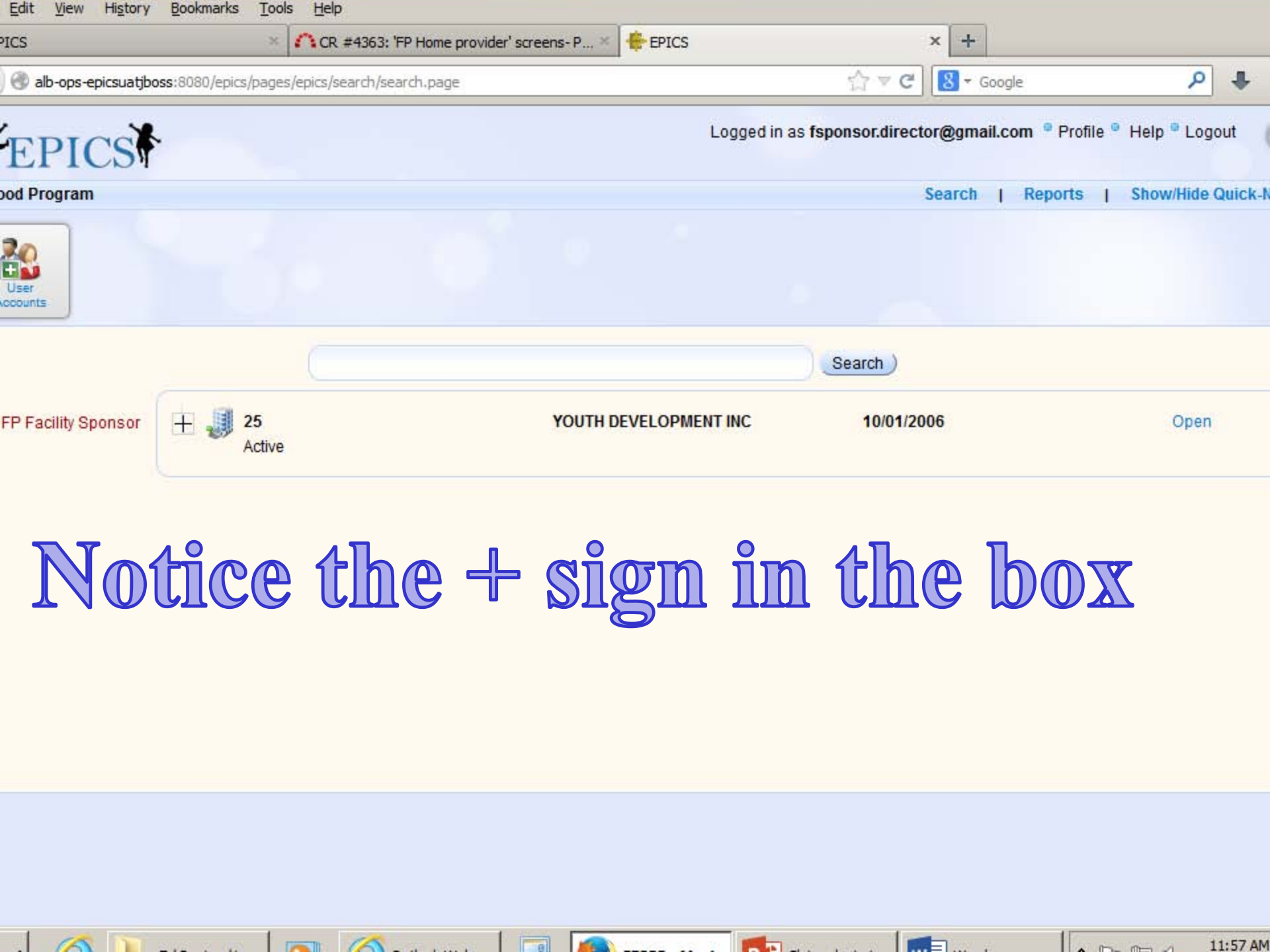
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FP Facility Sponsor
25
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YOUTH DEVELOPMENT INC
10/01/2006
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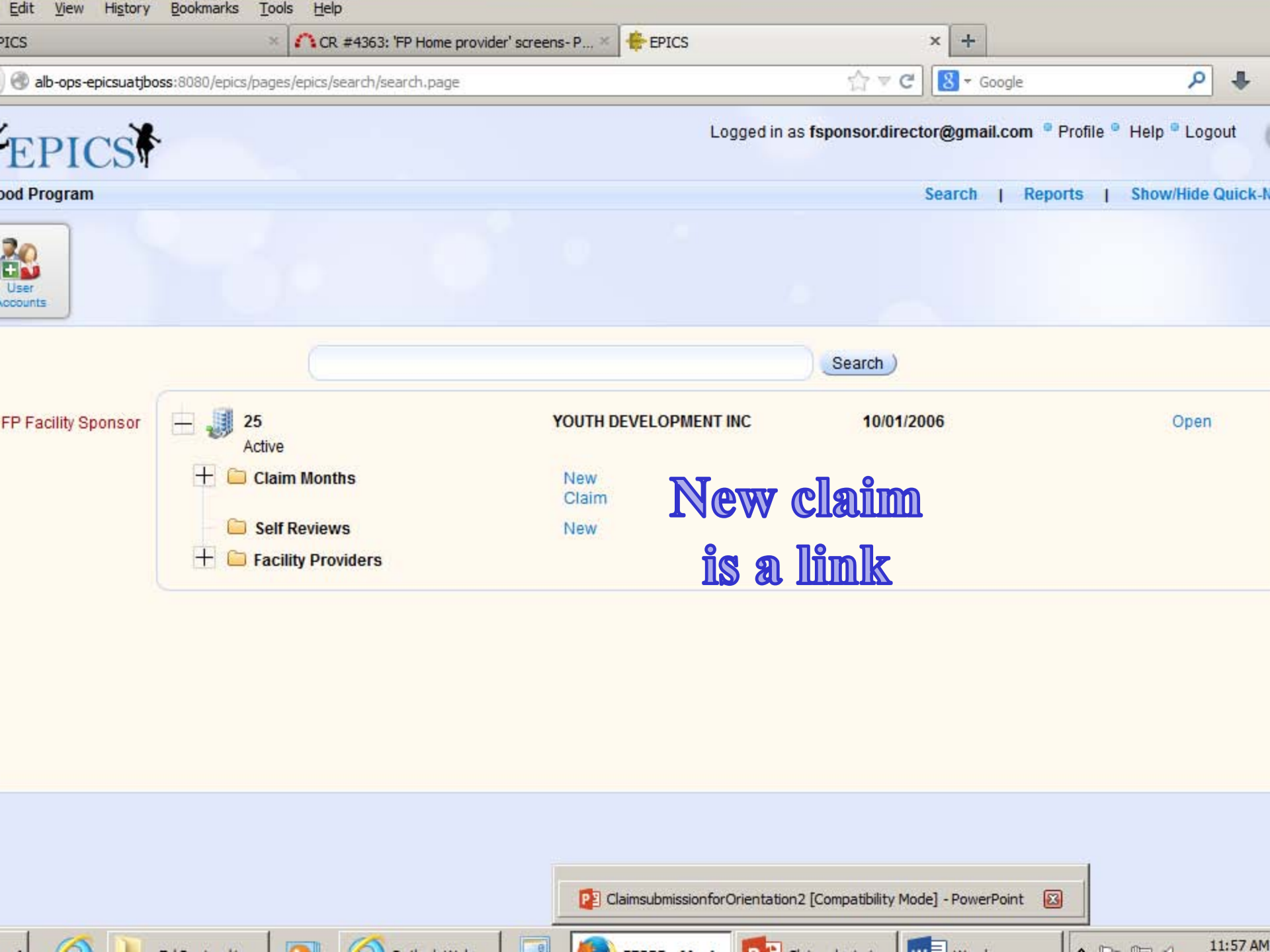
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YOUTH DEVELOPMENT INC
10/01/2006
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Facility Providers
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Google

EPICS

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ood Program

Search | Reports | Show/Hide Quick-N

User Accounts

Claim Entry

Please click the 'SAVE' button after entering the New Claim Month & Year (MM/YYYY) to create the Claim Entry screen.

Facility Sponsor
YOUTH DEVELOPMENT INC

New Claim Month/Year

Create Default Entries

ve

12:02 PM

Claim Entry

Facility Sponsor
YOUTH DEVELOPMENT INC

New Claim Month/Year
02/2014

Claim Entry														
Care Type	ADA	Days Open	Free	Reduced	Paid	Total Enrollment *	BRK	AMS	LUN	PMS	SUP	EVS	Cash In Lieu Amount	Meal Amount
Y D I Headstart - Fairview														
Pre-Kindergarten	0	20	0	0	0	0	0	N/A	0	N/A	N/A	N/A	0	0
YDI Head start - Abiquiu														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0
YDI Head start - Alameda														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0
YDI Head start - Chico & Gen. Bradley														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0
YDI Head start - Embudo														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0
YDI Head start - Espanola														
Headstart	0	20	0	0	0	0	0	0	0	0	N/A	N/A	0	0
YDI Head start - Hernandez														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0
YDI Head start - Highland														
Headstart	0	20	0	0	0	0	0	N/A	0	0	N/A	N/A	0	0

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EPICS

Claim Entry

Facility Sponsor
LITTLE HOUSE ON THE MESA, INC.

Claim Month
01/2014

Claim Entry														
Care Type	ADA	Days Open	Free	Reduced	Paid	Total Enrollment *	BRK	AMS	LUN	PMS	SUP	EVS	Cash In Lieu Amount	Meal Amount
Little House on the Mesa														
Child Care	21.73	22	8	6	8	22	478	0	418	468	N/A	N/A	97.18	1465.62

Claim Summary

Care Type Totals for LITTLE HOUSE ON THE MESA, INC.											
Care Type	ADA	Free	Reduced	Paid	Enrollment	BRK	AMS	LUN	PMS	SUP	EVS
Child Care	21.73	8	6	8	22	478	0	418	468	0	0

Grand Totals for LITTLE HOUSE ON THE MESA, INC.											
	ADA	Free	Reduced	Paid	Enrollment	BRK	AMS	LUN	PMS	SUP	EVS
Grand Totals	21.73	8	6	8	22	478	0	418	468	0	0

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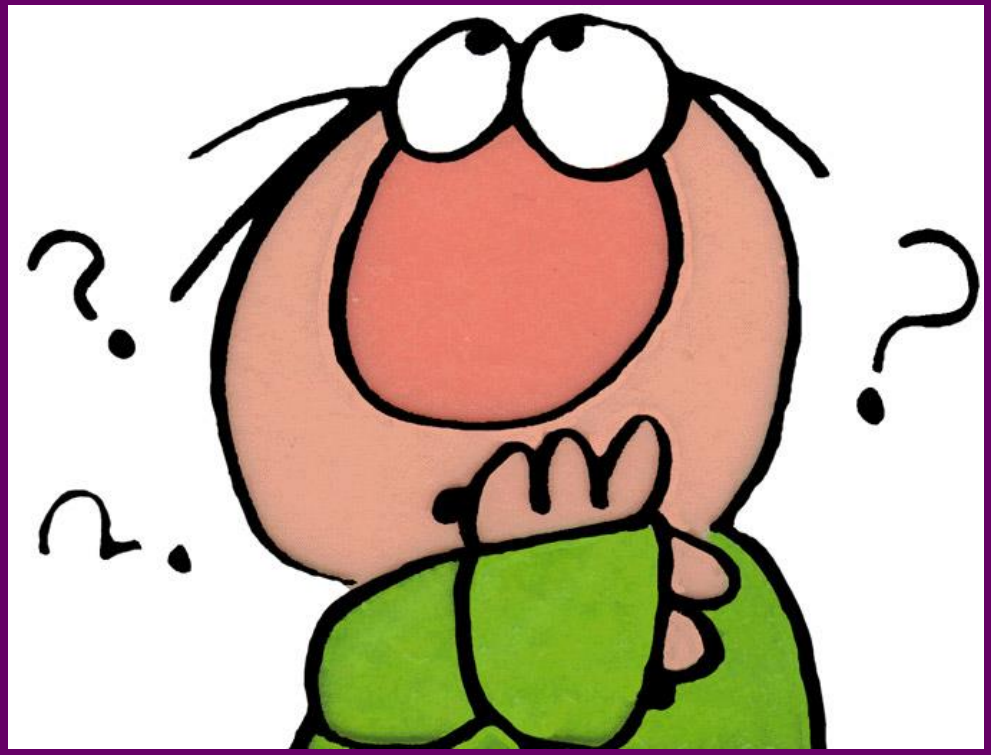
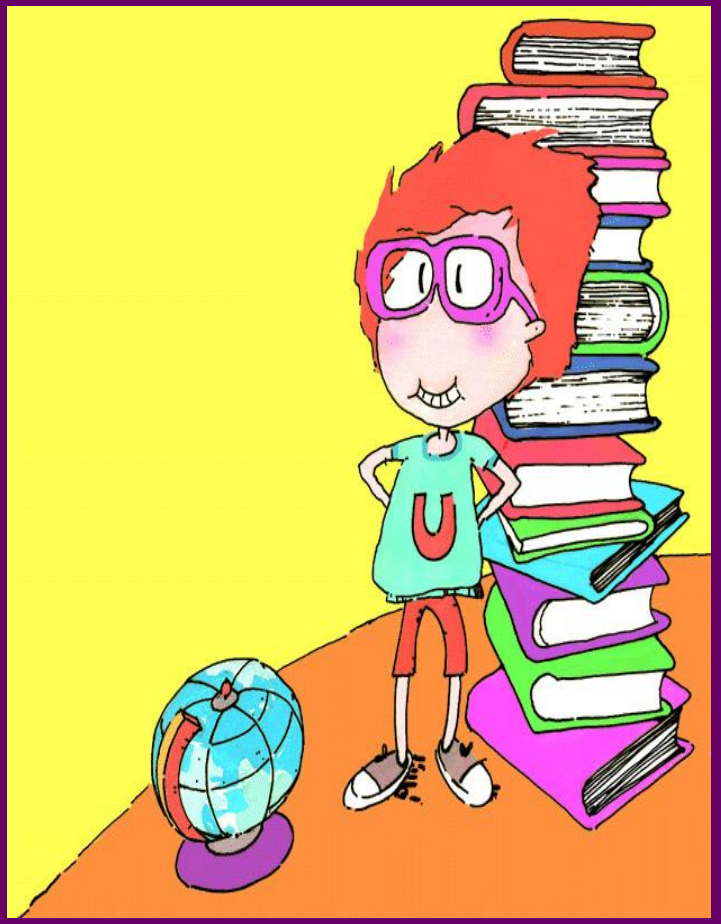
Average Daily Attendance



Determined by adding the daily attendance for the month, then dividing by the number of days of operation

Attendance Records are used for calculating ADA

- Attendance records have:
- Date
- Child's Full Name
- Time In and Time Out
- Recorded Daily
- Exempt Organizations (HS, OSH, AR, EH/S) Marking that child is present is sufficient



Gathering information for calculating ADA

- Dates
- Monday April 1
- Tuesday April 2
- Wednesday April 3
- Thursday April 4
- Friday April 5
- Monday April 8
- Tuesday April 9
- End of Service

- Attendance
- 50 Children 4-1
- 50 Children 4-2
- 60 Children 4-3
- 40 Children 4-4
- 30 Children 4-5
- 70 Children 4-8
- 50 Children 4-9
- 350 Total for month

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Google

EPICS

Claim Entry

Facility Sponsor
LITTLE HOUSE ON THE MESA, INC.

Claim Month
01/2014

Claim Entry														
Care Type	ADA	Days Open	Free	Reduced	Paid	Total Enrollment *	BRK	AMS	LUN	PMS	SUP	EVS	Cash In Lieu Amount	Meal Amount
Little House on the Mesa														
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Claim Summary

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Child Care	21.73	8	6	8	22	478	0	418	468	0	0

Grand Totals for LITTLE HOUSE ON THE MESA, INC.											
	ADA	Free	Reduced	Paid	Enrollment	BRK	AMS	LUN	PMS	SUP	EVS
Grand Totals	21.73	8	6	8	22	478	0	418	468	0	0

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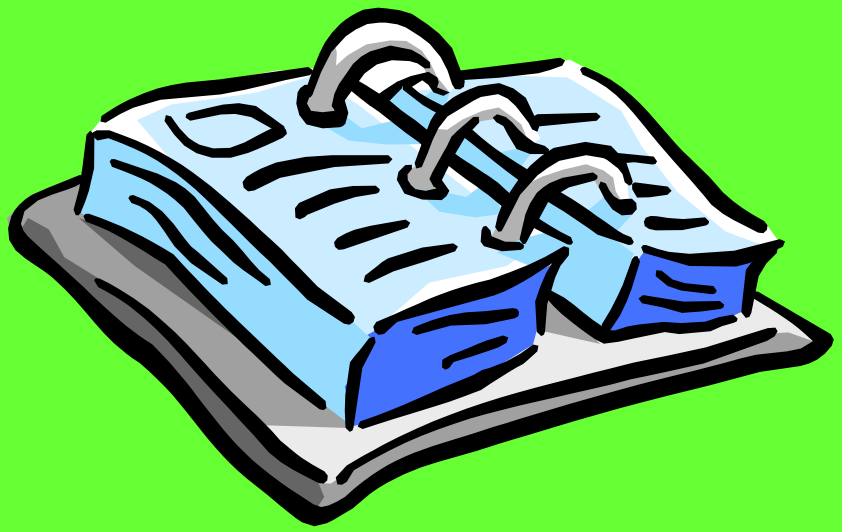
Days of Operation



EPICs will enter the number of days each center was in operation for the month based on the days that the center is approved to be open.

You can modify the number if EPICS does not guess correctly. In this case it is 7 days.

Calculation of ADA

Now use the 7 days to figure ADA. Divide total attendance by days open. 350/7 = 50.00 = ADA

Suppose it was 349: 349/7 = 49.85 Use 2 decimal places

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EPICS

Claim Entry

Facility Sponsor
LITTLE HOUSE ON THE MESA, INC.

Claim Month
01/2014

Claim Entry														
Care Type	ADA	Days Open	Free	Reduced	Paid	Total Enrollment *	BRK	AMS	LUN	PMS	SUP	EVS	Cash In Lieu Amount	Meal Amount
Little House on the Mesa														
Child Care	21.73	22	8	6	8	22	478	0	418	468	N/A	N/A	97.18	1465.62

Claim Summary

Care Type Totals for LITTLE HOUSE ON THE MESA, INC.											
Care Type	ADA	Free	Reduced	Paid	Enrollment	BRK	AMS	LUN	PMS	SUP	EVS
Child Care	21.73	8	6	8	22	478	0	418	468	0	0

Grand Totals for LITTLE HOUSE ON THE MESA, INC.											
	ADA	Free	Reduced	Paid	Enrollment	BRK	AMS	LUN	PMS	SUP	EVS
Grand Totals	21.73	8	6	8	22	478	0	418	468	0	0

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Enrollment Eligibility

Calculate the enrollment using your attendance, Sign in & out sheets or your IEAs if you keep one for each participant.

Categorize all children into one of these 3 categories:

- **Free**
- **Reduced**
- **Paid**

Head Start Programs Homeless Shelters and "At Risk" programs

Do not require IEAs

Head start children qualify by income to be in Head start

Children in Homeless Shelters are assumed to be below the income cutoff

At risk qualify by geographical area

State funded pre-K programs <u>are</u> required to collect IEAs

Edit View History Bookmarks Tools Help
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Google

EPICS

Claim Entry

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Claim Month
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Grand Totals	21.73	8	6	8	22	478	0	418	468	0	0

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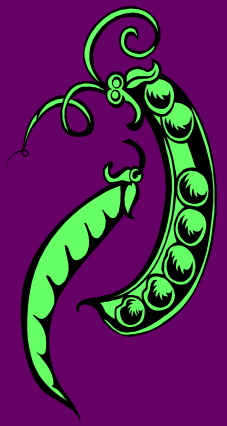
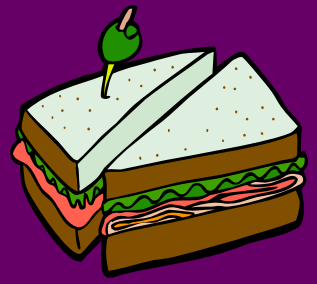
Source Document for Meal Totals= Meal Count Form

- Name of Center
- Full Date – Month, Day, Year
- Child's Full Name
- Type of Meal Served

Meal Count Records





Meal counts should be completed during meal service for accuracy

Sponsor may claim two main meals and one snack per participant. Homeless shelters 3 main meals, At Risk 1 snack & 1 meal

Meal counts are expected to be 100% accurate

Meal Count Records

- Total your Meals by type for each center
- Each type of snack is reported separately
- Report different care types separately

- Click the SAVE button in the lower left corner

How do I submit my claim?

- The claim information is finished at this point but YOU are not finished.
- You still need to submit the claim to CYFD
- Submitting the claim allows FNB to process it and locks you out from changing any information.
- Think about it like dropping a letter in the mailbox inside the post office

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EPICS

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ood Program

Search | Reports | Show/Hide Quick-N

User Accounts

Search

FP Facility Sponsor

25 Active	YOUTH DEVELOPMENT INC	10/01/2006	Open
Claim Months	New Claim		
12/2013	Actions ...		
11/2013	Actions ...		
Self Reviews	New		
Facility Providers			

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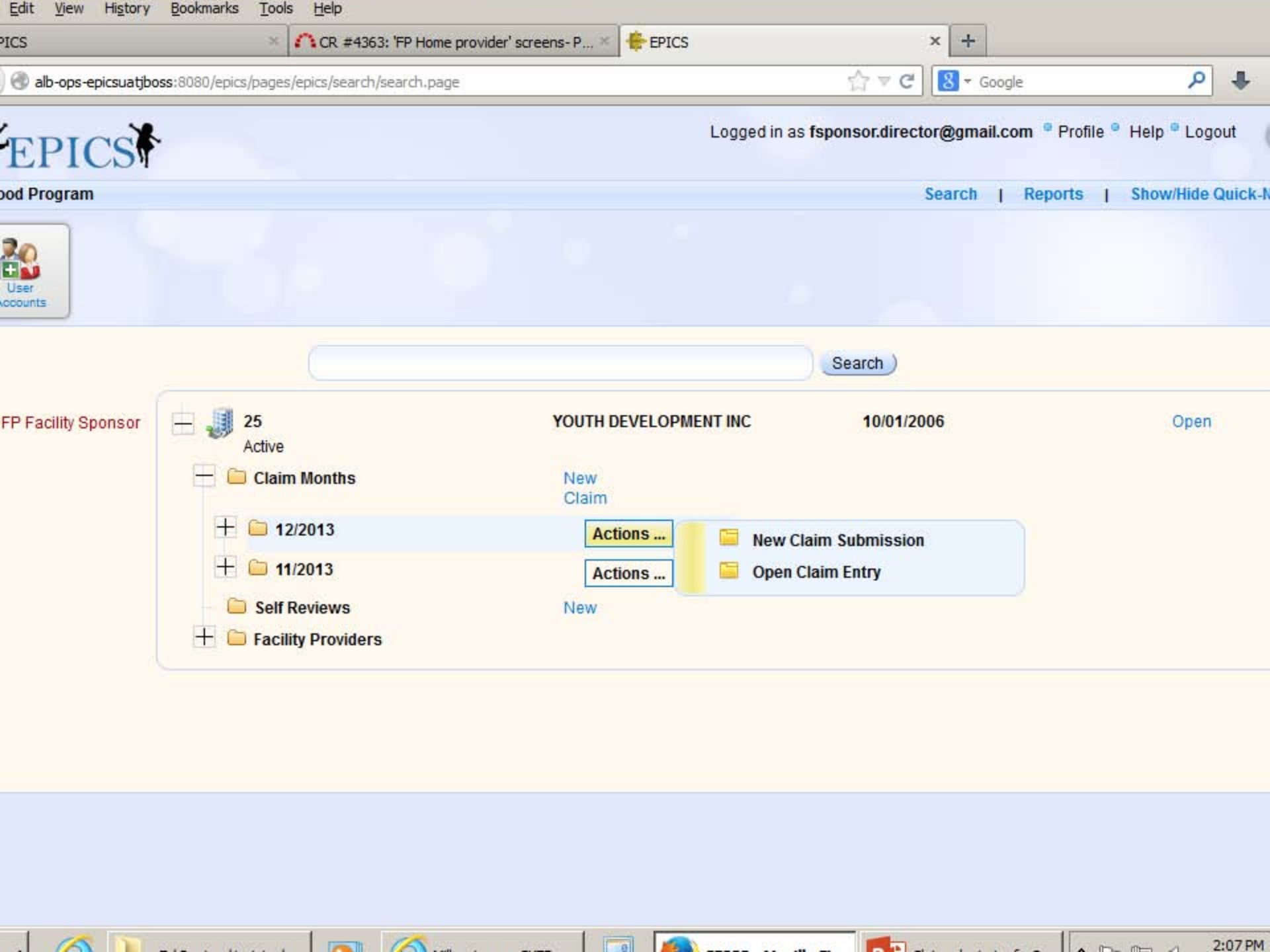
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FP Facility Sponsor
25
Active
YOUTH DEVELOPMENT INC
10/01/2006
Open
Claim Months
New Claim
12/2013
Actions ...
11/2013
Actions ...
New Claim Submission
Open Claim Entry
Self Reviews
New
Facility Providers
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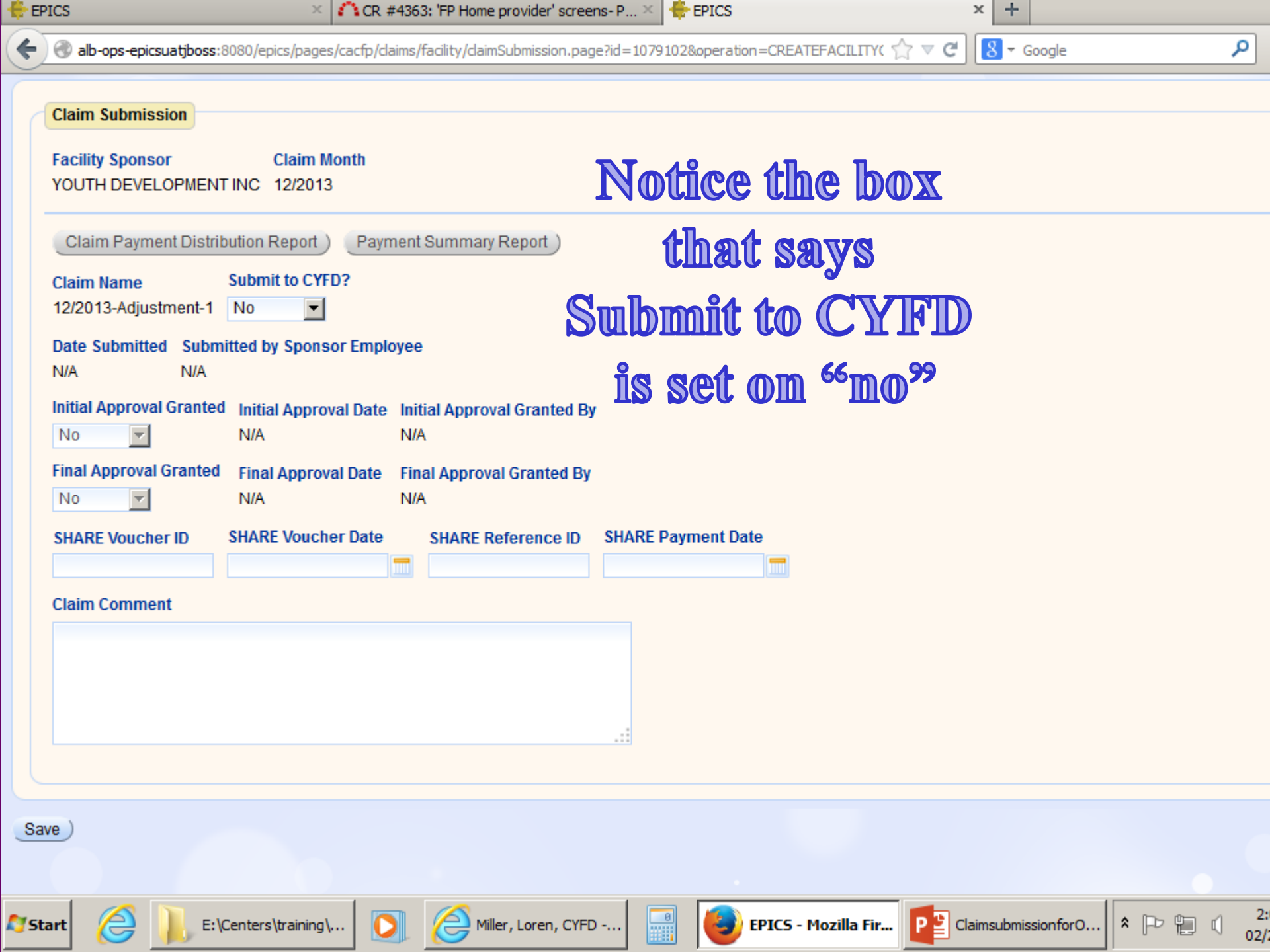
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Google
Claim Submission
Facility Sponsor
YOUTH DEVELOPMENT INC
Claim Month
12/2013
Notice the box that says Submit to CYFD is set on "no"
Claim Payment Distribution Report
Payment Summary Report
Claim Name
12/2013-Adjustment-1
Submit to CYFD?
No
Date Submitted
N/A
Submitted by Sponsor Employee
N/A
Initial Approval Granted
No
Initial Approval Date
N/A
Initial Approval Granted By
N/A
Final Approval Granted
No
Final Approval Date
N/A
Final Approval Granted By
N/A
SHARE Voucher ID
SHARE Voucher Date
SHARE Reference ID
SHARE Payment Date
Claim Comment
Save
Start
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Google

EPICS

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ood Program

Search | Reports | Show/Hide Quick-Nav

User Accounts

Claim Submission

Facility Sponsor	Claim Month	Claim
SMILING FACES CHILD CARE	01/2014	01/2014-Original

Notice Payment Summary report button

Claim Payment Distribution Report | Payment Summary Report

Claim Name	Submit to CYFD?
01/2014-Original	Yes

Date Submitted	Submitted by Sponsor Employee
02/03/2014	CARRIE FRENCH

Initial Approval Granted	Initial Approval Date	Initial Approval Granted By
Yes	02/05/2014	Lizana Schweiger

Final Approval Granted	Final Approval Date	Final Approval Granted By
Yes	02/05/2014	Sandy Sandoval

SHARE Voucher ID	SHARE Voucher Date	SHARE Reference ID	SHARE Payment Date
00236145	02/05/2014	3000100203	02/17/2014

Claim Comment

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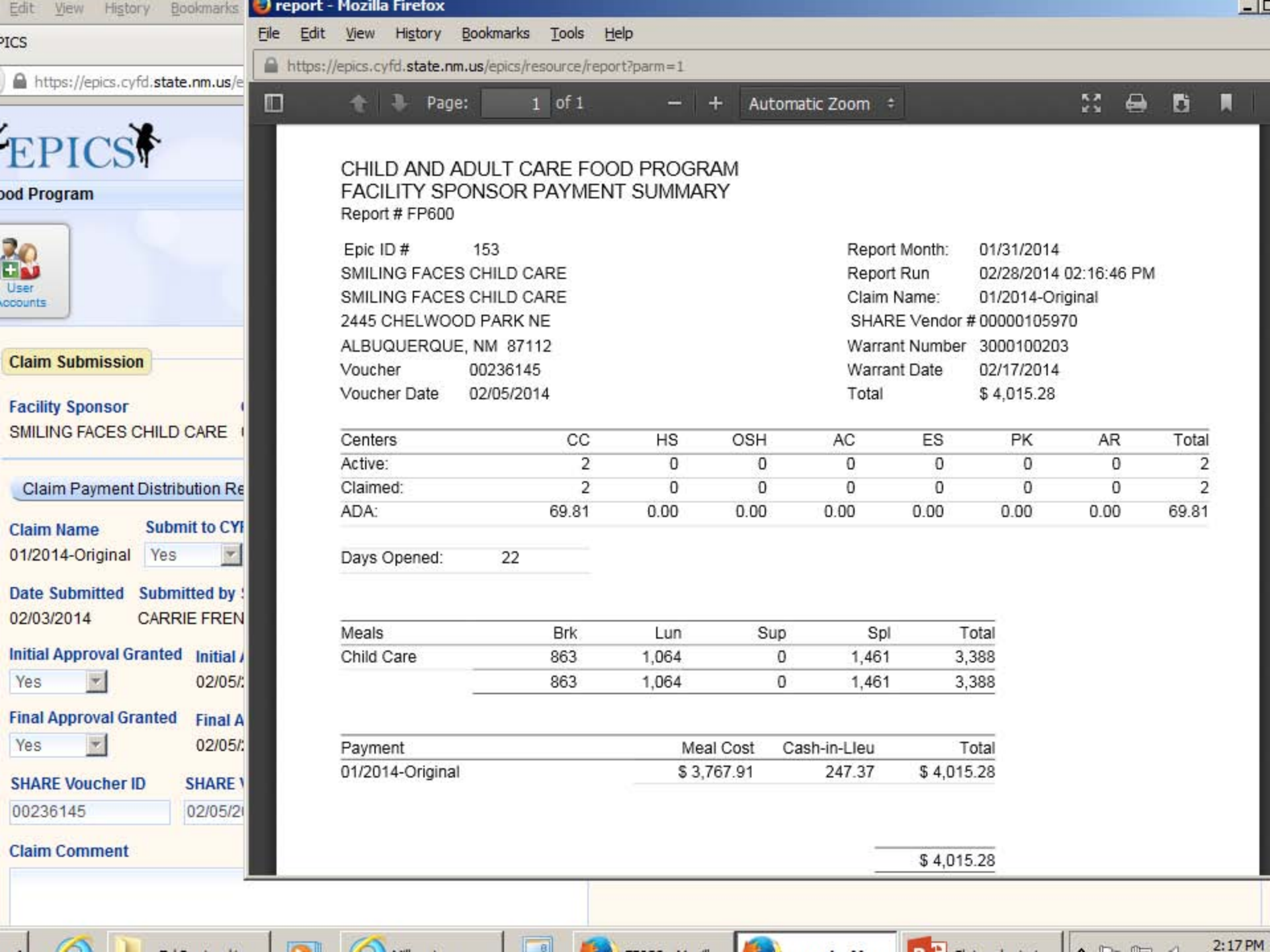
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Page: 1 of 1
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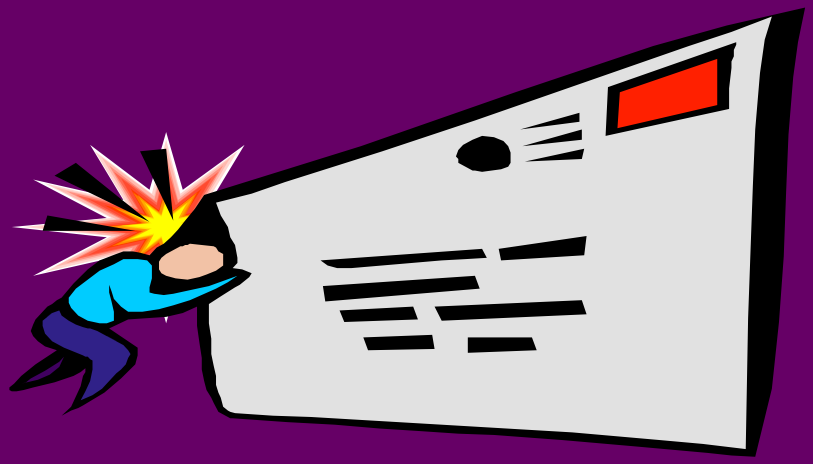
CHILD AND ADULT CARE FOOD PROGRAM
FACILITY SPONSOR PAYMENT SUMMARY
Report # FP600
Epic ID # 153
SMILING FACES CHILD CARE
SMILING FACES CHILD CARE
2445 CHELWOOD PARK NE
ALBUQUERQUE, NM 87112
Voucher 00236145
Voucher Date 02/05/2014
Report Month: 01/31/2014
Report Run 02/28/2014 02:16:46 PM
Claim Name: 01/2014-Original
SHARE Vendor # 00000105970
Warrant Number 3000100203
Warrant Date 02/17/2014
Total $ 4,015.28
Centers CC HS OSH AC ES PK AR Total
Active: 2 0 0 0 0 0 0 2
Claimed: 2 0 0 0 0 0 0 2
ADA: 69.81 0.00 0.00 0.00 0.00 0.00 0.00 69.81
Days Opened: 22
Meals Brk Lun Sup Spl Total
Child Care 863 1,064 0 1,461 3,388
863 1,064 0 1,461 3,388
Payment Meal Cost Cash-in-Lieu Total
01/2014-Original $ 3,767.91 247.37 $ 4,015.28
$ 4,015.28
EPICS
ood Program
User Accounts
Claim Submission
Facility Sponsor
SMILING FACES CHILD CARE
Claim Payment Distribution Re
Claim Name
01/2014-Original
Submit to CYF
Yes
Date Submitted
02/03/2014
Submitted by
CARRIE FREN
Initial Approval Granted
Yes
Final Approval Granted
Yes
SHARE Voucher ID
00236145
Claim Comment

Causes For Delays

* Expired License
* Address Change (W-9)
* Problems with EPICS
* Incomplete Claim
* Late submission
*



Claim Deadline

10th of EACH MONTH

After 60 days the claim is not valid for payment. Do not hold on to your claims. Get them submitted on time.

What happens if you miss the deadline of the 10th?

- The claim is considered late
- You will receive your reimbursement direct deposit later than you normally would.
- The quicker you get your claim submitted, the quicker you will receive your reimbursement.

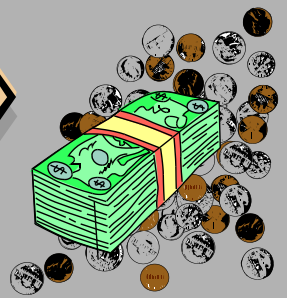
Final Deadline

- If you try to submit a claim more than 60 days from the end of the month being claimed, you will not be able to enter your claim into EPICs and your organization will not be reimbursed for that month.

State Agency Claim Processing

Receive Claim

DFA



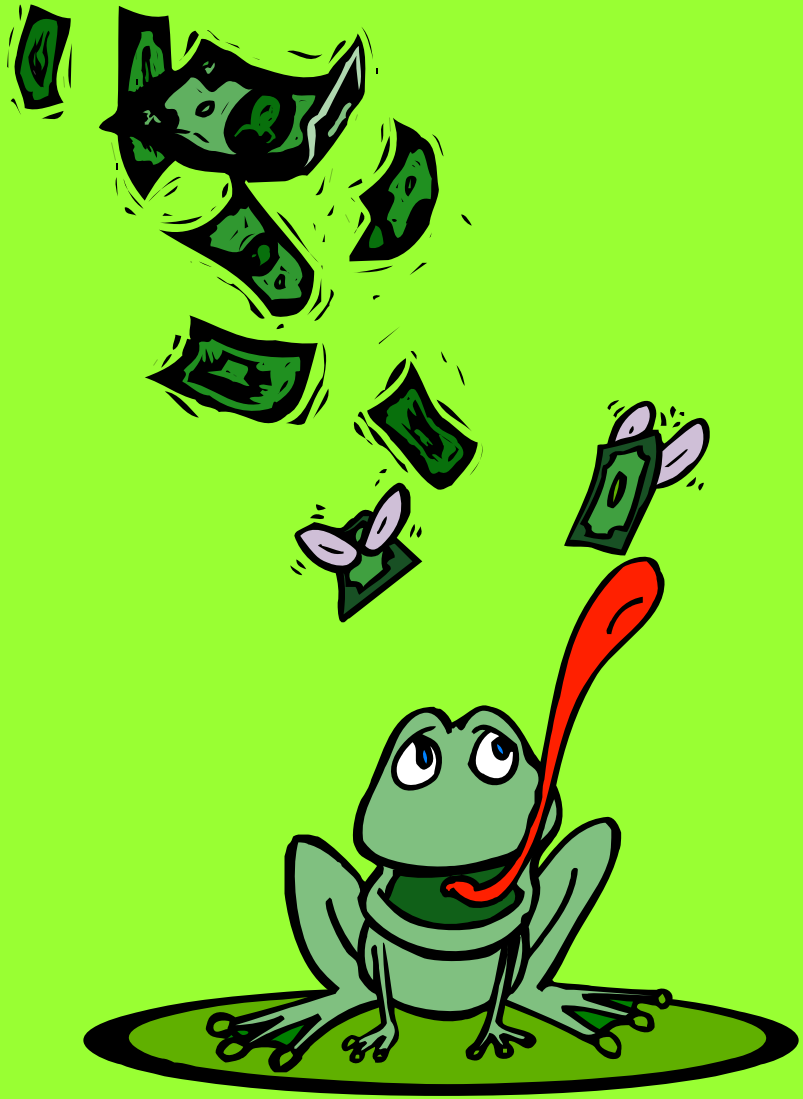
Deposit to Sponsor's bank account

CYFD Internal Audit

FNB Approval

Use your reimbursement don't lose your reimbursement

- **<u>Disallowances are made for:</u>**
- **Claims not supported by accurate Meal counts; (missing, incorrect, etc.)**
- **Ineligible meals; missing menu components or production amounts**
- **IEAs not on file/current**



TRAINING AND MONITORING EFFORTS

GUIDANCE FOR TRAINING AND MONITORING REQUIREMENTS FOR CHILD CARE CENTERS

Each sponsoring organization shall accept final administrative and financial responsibility for food service operation in all childcare and adult DAY CARE facilities under its jurisdiction.

Each sponsoring organization shall provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all childcare and adult DAY CARE facilities under its jurisdiction. At a minimum, such program assistance shall include:

Pre-Approval Visits - Section 226.16d, (1) See Form

The purpose of this visit is to discuss program benefits and to ensure that the facility is capable of providing the proposed food service. Sponsoring organizations should use the Pre-approval visit form when a new center is added.

Pre- Operational Training - Section 226.16d, (2)

Training is absolutely vital if the Child and Adult Care Food Program is to operate properly at all facilities under a sponsoring organization. Each sponsoring organization must thoroughly train childcare facility staff members on all program duties and responsibilities before the facility starts its program. The training should include but is not limited to:

1. Program duties and responsibilities
2. Emphasis on Food Service Procedures
3. Program regulations and requirements of CACFP
4. Record Keeping requirements

Annual Training - Section 226.16d, (3) #13 Management Plan

Training must be provided at least once a year for all administrative and operational staff to review program requirements and update any correspondence from Child and Adult Care Food Program state office.

The sponsor must keep a written record to document training sessions. Documentation should include:

1. Location of meeting
2. Dates of each training session
3. Names of staff present
4. Topics covered

A sample agenda is attached for your use. You may use as is or modify according to your needs.

Additional Training

Additional training for all DAY CARE providers is provided through the Regional Early Care and Education Conferences (RECEC). These conferences are provided throughout various regions of the State. Guidance, materials and training which cover all aspects of child care are provided.

Monitoring Requirements - Section 226.16d, (4), (i) (iii) #15 of Management Plan

Reviews of food operation to assess compliance with meal patterns, record keeping, and other program requirements is essential. For any sponsoring organization's program to be successful and to run smoothly, it is essential that it closely monitor all food service Operations in its facilities. Adequately monitoring of the program will help to make it easier to correct any problems that arise during the operation of the program. Sponsoring organizations must review and monitor the food service operations in all facilities it sponsors. The sponsoring organization must keep documents on file of the location and date of each facility review, any problems noted, and the corrective action required. The sponsoring organization should also maintain records documenting assistance and guidance it has provided to a facility to correct any deficiencies .

Facility reviews must be scheduled according to the following requirements:

1. Child Care Centers (*Including one center sponsors and Adult Day Care Center*)

Review food service operations three times a year at each child care center. One of these reviews must be made during the centers first six weeks of operation and no more than six months can elapse between each review. The attachment (A) must be used for this first monitor. Attachment (B) checklist must be used to document the other (2) reviews. Attachment (C-) is a follow-up form for monitoring when deficiencies were found and corrective action is necessary.

2. Outside - School - Hours Care Centers

Review food service operations six times a year at each outside school hours care center. One of these reviews must be made during the centers first four weeks of operation and not more than three months can elapse between each review. The attachment A must be used for the first monitor. Attachment (B) must be used to document the other (5) reviews.

A copy of the monitoring efforts should be kept on file in your red binder for state agency reviews.

Child & Adult Care Food Program

Centers Monitoring Form

Facility Information

Name:_____

Address:_____

_____

Current License Posted ?

Yes ☐ No ☐

Training:

Has everyone with CACFP duties received training within past 12 months?

Yes ☐ No ☐

If no when are they scheduled to receive training?_____

Training agenda & sign in sheet for all staff on file? Yes ☐ No ☐

Monitoring:

Are monitoring forms on file for past & current year? Yes ☐ No ☐

Is monitoring on track for being completed during current year?

Yes ☐ No ☐

Record keeping:

Are daily records kept of the number of meals served by type to participants & program adults?

Yes ☐ No ☐

Attendance sign in sheets up to date?

Yes ☐ No ☐

IEA's complete, correct & on file?

Yes ☐ No ☐

Categorized by free, reduced & paid?

Yes ☐ No ☐

Are IEA's reviewed every month to determine the numbers for the claim?

Yes ☐ No ☐

Income & Expense ledger sheet complete & up to date with itemized receipts on file by month?

Yes ☐ No ☐

All other records including CACFP Binder on file & available for review?

Yes ☐ No ☐

Enrollment forms all updated within the past 12 months? Yes ☐ No ☐

Sanitation

Hand sink; hot & cold water? Soap & paper towels? Yes ☐ No ☐

Dishwashing using wash, rinse & sanitize?

Yes ☐ No ☐

Freezer below 0º F ?

Yes ☐ No ☐

Refrigerator 40º F or lower?

Yes ☐ No ☐

Chemicals & Toxins properly stored?

Yes ☐ No ☐

Current Sanitation/EID inspection posted?

Yes ☐ No ☐

Food Service:

Menu Record Book complete & up to date?

Yes ☐ No ☐

Is cook recording actual items & amounts used?

Yes ☐ No ☐

Does MRB documentation include any nonstandard units? Yes ☐ No ☐

Is menu posted and followed?

Yes ☐ No ☐

Family Style Dining being practiced?

Yes ☐ No ☐

Staff eating the same food and sitting with participants? Yes ☐ No ☐

Substitutions for allergies or special diets on file? Yes ☐ No ☐

All required components served for each meal? Yes ☐ No ☐

Any blank lines in the MRB for breakfast, lunch or supper? Yes ☐ No ☐

Nutrition Education:

One activity documented per month and on file? Yes ☐ No ☐

Meal service:

Meal observed; _____

Participants served; _____
Program adults served:_____

Meal count comparison with past 5 days
Dates/counts for 5 previous days of service at this center

Date				
Count				

Served at the time approved on application? Yes ☐ No ☐

Components served; Quantities

Milk_____

Meat_____

Vegetable_____

Fruit_____

Bread_____

Plate Waste?
High ☐ Moderate ☐ Low ☐

Are infants being served at the center? Yes ☐ No ☐
If yes are infants being claimed properly? Yes ☐ No ☐

Civil Rights:

And Justice for all poster displayed? Yes ☐ No ☐

Problems that need correction

1_____
2_____
3_____
4_____
5_____
6_____
7_____
8_____

Use additional pages as needed

Assignment of timeframe and person responsible to correct the problems;

1_____
2_____
3_____
4_____
5_____
6_____
7_____
8_____

Date of review:_____

_____
Signature of Monitor/Reviewer

_____
Title of Monitor/Reviewer

CHILD and ADULT CARE FOOD PROGRAM
ANNUAL TRAINING FOR DAY CARE CENTER STAFF

Date:____ ___ _____ Time:_____ _____ Place:_____ _____

AGENDA
Child Care Food Program Requirements

A. Duties and responsibilities of each staff person in regards to Child Care Food Program Requirements may vary. A listing of who should attend each section is included

(1.) Record Keeping- *Administrator, Director, Owner, CACFP coordinator*

a. Menu Record Book – Infants & older children
b. Meal Counts & Attendance
c. Income Eligibility Applications
d. Receipts, Invoices & payroll records
e. Monitoring- completed 3 times per year. Review the monitor form
f. Nutrition Education

(2.) Meal planning and preparation – *Cook, cook's helper, director*

a. Menu planning
b. Purchasing and planning – allowable costs, receipt tracking
c. Menu record book recording
d. Meal Pattern & Creditable foods
e. Food safety and sanitation, storage

(3.) Meal service – *Teachers, cook, director, supervisor*

a. Family Style Dining
b. Point of service recording of meal counts
c. Meal Pattern

(4.) Income Eligibility Applications- *Administrator, director, receptionist*

a. Distribution of forms – Use new forms only
b. Review of forms when received- to ensure completion of required information
c. Enrolled children listed separately from other HH members
d. Total Household size and Income included; Income is monthly unless noted or the family qualifies categorically (SNAP or FDPIR)
e. Requirement for SS#, signature and date for form to be complete.
f. Requirement to have a form for every free & reduced child reported on the claim and to only report those who were present for at least one day of the month
g. Forms are only good for 12 months. Then the parent needs to complete a new form.

(5.) Nutrition Education- *Teachers, CACFP Coordinator, directors*

a. Formal requirement for activity once a month- documentation required
b. Informal educating of children during meal time

(6.) Financial – *Administrator, financial staff, directors CACFP coordinator*

a. Claim for reimbursement must be filed by 10th of month using information taken directly from meal count sheets and IEA summary of those present for at least one day during the month of the claim.

b. Income & Allowable expense for CACFP is tracked monthly on the Income and Expense Form. Receipts are kept on file by month to validate expenses

(7.) Civil rights. - *Everyone*

a. be sure the "…and justice for all" poster is up – Letter to household is to be distributed to every family.

b. Include information about ethnicity, nondiscrimination and segregation

c. requirements to not discriminate against any child.

B. General Record Keeping Information -

Enrollment records – Updated at least every 12 months

Attendance Records- every child signed in & out each day, all forms dated day/month/ year

Daily meal counts. Each form dated day/month/year, days clearly identified, children identified by first and last name, meals clearly marked at the time the meal is served, added correctly & submitted regularly to the office. Any additional meals over the 3 per child per day (such as a fourth meal service) must be identified and not counted for the CACFP claim.

Income Eligibility Applications- included with enrollment packet, completed properly, categorized correctly, tallied up monthly for the claim, good for 12 months, on file for 3 years

Letter to households is distributed with the application, new income guidelines used each year

MRB- Completed daily, accurately, includes amounts that were actually prepared, reviewed at least once a month. Recording legibly and with sufficient detail and proper units.

Receipts & Invoices- Should include only allowable expenses, Food & non-food separated. Should be filed by month. Each receipt needs to identify clearly the item purchased, cost per unit, date of purchase and vendor. Do not include unallowable expenses!

Reminder for Everyone; Lack of documentation and/or following regulations results in meals that are not eligible for reimbursement. This means the center may be required to pay back money that has already been received and spent. The amount that must be repaid can be quite large. Therefore; Be sure to be in compliance with the requirements and document properly.

III. List of attendees with job title (attach additional sheets, if necessary)

Print name & sign	List job title or titles
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____