

Recordkeeping & Claims



2019

Practical Training
Solutions for CACFP
Administration



CORE

CACFP OPERATIONAL
RESOURCES & EDUCATION

LEARNING OUTCOMES



Explain the purpose and importance of maintaining accurate records.



Identify common issues associated with recordkeeping.



Share information regarding records maintenance and management.



Share best practices related to recordkeeping.

RECORDKEEPING

What Is a Record?

Noun

A thing constituting a *piece of evidence* about the past, especially an account of an act or occurrence *kept in writing* or some other permanent form

7 CFR
226.16(e)

Sponsoring organizations must establish and consistently follow procedures for **collecting, maintaining, and retrieving** records for their sponsored facilities. Records can be both electronic and in paper form.

These standard operating procedures (**SOP**) must be in writing and included in the management plans.

Why Is Recordkeeping Important?

Records are **VITAL** in order to receive the correct reimbursements from the CACFP.

Records provide **PROOF** that meals were served to enrolled participants and that the funds received were actually used in support of the CACFP.

*Why do you think some sponsoring organizations and facilities **struggle** with recordkeeping?*



CHALLENGES AND IMPACT ASSOCIATED WITH POOR RECORDKEEPING

Common Challenges Associated with Recordkeeping

1. Receipts are randomly stored in a shoe box, completely disorganized.
2. Records are being “made up” while the review is taking place.
3. Meal counts are not recorded at the time of service.
4. Records are simply not available or are nonexistent.

Impact of Poor Record Keeping

Findings such as serious deficiencies

Denial of claims

Mandate to repay prior reimbursements



RECORDS MAINTENANCE AND TRACKING

Sponsoring organizations **and** facilities are responsible for maintaining and tracking **two (2)** types of records.

Program	Financial
<input type="checkbox"/> Records that demonstrate the successful operations of the CACFP	<input type="checkbox"/> Records that demonstrate the financial compliance of the CACFP

What are some examples of records that you and your facilities are required to maintain?



ACTIVITY: NAME THAT PROGRAM RECORD



Activity:
Name That Program Record

Turn to page 22 to complete this activity!

ACTIVITY: NAME THAT FINANCIAL RECORD

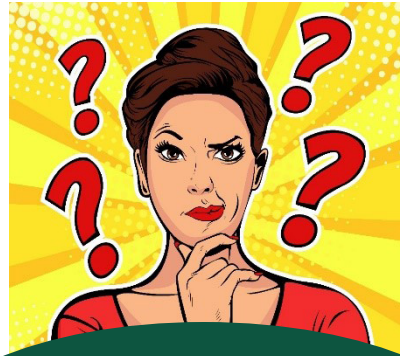


Activity:
Name That Financial Record

Turn to page 27 to complete this activity!

RECORDS MANAGEMENT

Maintaining and Managing Records...Is It REALLY Necessary??



YES!

List the reasons why having good records is important when demonstrating how your CACFP reimbursements are utilized:

REMEMBER...if you do not have accurate records to show that meals were served and funds were spent on allowable costs, then reimbursements will be denied.



RECORDS MANAGEMENT



Two important aspects of effectively managing records are **retaining** records and **retrieving** them when requested. Sponsoring Organizations are responsible and accountable to the State agency for records maintenance.

Records Retention

Records should be maintained for the three previous years plus the current year unless there is an audit finding. Then the records must be maintained until the audit finding is resolved. Terminated sponsoring organizations and facilities are required to maintain records according to the requirements. Termination does not relieve them of their recordkeeping requirements.

Also, maintaining electronic/automated records does not necessarily mean that you're in compliance. For example, if your software crashes and you do not have back-up records, you may not be in compliance with the Program.

Records Retrieval

Records must be readily available for retrieval and access upon request.

If records are maintained onsite, online, or in the cloud, then your staff should be able to access them within one hour. If they are maintained in paper form and stored offsite, you should be able to retrieve them within forty-eight hours.

Important Note: These are general federal guidelines. Some states may have different requirements regarding retention and retrieval. Please confirm with your State agency.



RECORDKEEPING BEST PRACTICES AND RECAP

Best Practices

Let's consider a few best practices for recordkeeping. These are not requirements, just recommendations for you to consider and share with your facilities.

- ✓ Keep records organized by month and vendor.
- ✓ Check your files periodically to ensure that the records are still accurate and complete.
- ✓ Ensure that your staff has access to paper and electronic records.
- ✓ Having electronic records does not necessarily mean you're in compliance.
- ✓ For sponsoring organizations and centers, maintain current month plus the previous twelve months onsite. As a reminder, day care home providers are required to maintain the current month plus the previous twelve months onsite.
- ✓ Store offsite records in a safe place and keep them confidential.
- ✓ Produce records, when requested, within a reasonable timeframe.
 - Current year = within one hour
 - Prior years = within forty-eight hours

List other best practices identified by the class:



Recap

Let's recap what we've covered in the **Recordkeeping** section of this module:

- Maintaining accurate, complete records is vital for the Program's success.
- Sponsoring organization is responsible and accountable for the records.
- There are a variety of records that must be kept.
- Records should be available for review upon request.
- Not maintaining appropriate records will have a negative impact on the success of your Program.

LEARNING OUTCOMES

Learning Outcomes for Claims for Reimbursement



Understand the sponsoring organization's role in the claims process.



Identify the key steps in the claims workflow.



Describe required and recommended edit checks.



Understand how to correctly calculate the administrative fee for sponsoring organizations.



Identify red flags.



Share best practices related to recordkeeping and claims for reimbursement.

CLAIMS FOR REIMBURSEMENT

Claims Overview



The USDA provides funds to State agencies that in turn provide funds to the sponsoring organizations.



Sponsoring organizations are responsible for **reviewing**, **validating**, and **filing** claims on behalf of their facilities.



Claims that are submitted for reimbursement **must comply** with the CACFP requirements.



SPONSORING ORGANIZATIONS' ROLE IN THE CLAIMS PROCESS



Facilities Oversight: Ensures that sponsoring organizations are in compliance with the CACFP claims process by providing guidance and training

Claims Processing: Reviews claims thoroughly, conducts edit checks, and submits claims to the State agency in a timely manner

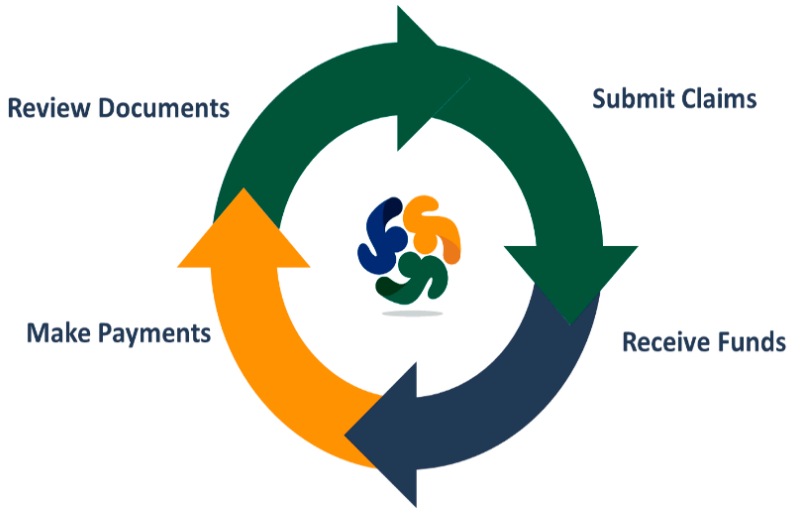
Monitoring: Conducts site visits to compare the claims documentation against observable evidence (i.e., meal records against actual attendance)

Accountability: Holds facilities accountable for invalid claims and reclaims paid funds and ensures the proper corrections are made



THE CLAIMS PROCESSING WORKFLOW AND TIMELINE

Key Steps in the Claims Processing Workflow



1. Review, verify, and approve the claims documentation you receive from your facilities.
2. Submit the claims to the State agency on behalf of your facilities.
3. Receive funds reimbursement from the State agency.
4. Make a payment to your facilities by check or electronic deposit (not cash).

Important Claims Timelines

You must submit your facilities' final claims within sixty calendar days from the last day of the claim month.

You are required to make a payment to the facilities within five business days following receipt of payment from the State agency.

Important Note: These are general federal guidelines. Some states may have different requirements regarding submission and timelines. Please confirm with your State agency.



CLAIM EDIT CHECKS

Required Claim Edit Checks

Sponsoring organizations are required to perform edit checks prior to the submission of a claim to ensure it is valid. At a minimum, your role is to

- ✓ *verify* that each facility has been approved to serve the types of meals claimed
- ✓ *compare* the number of participants enrolled to the number of meals claimed



Strongly Recommended Claim Edit Checks

In addition to the minimum edit checks, we strongly recommend that you also perform additional edit checks:

- Compare attendance sheet to meal count sheet.
- Ensure the facility is not claiming more meals than allowed per participant.
- Ensure the facility is not claiming meals for more days in the month (e.g., thirty days in February) or for days when the facility was closed (e.g., holidays).
- Conduct milk audits.
- Review meal pattern requirements.

What other edit checks might you perform?

ACTIVITY: EDIT CHECK TIME



Activity: Edit Check Time

Turn to page 32 to complete this activity!

CALCULATING ANNUAL ADMINISTRATIVE FEES

For sponsoring organizations of centers, correctly calculating annual administrative fees can sometimes be a little confusing. We've provided a high-level summary below.

- There is not an automatic or "blanket" 15% fee.
- You must consider your net administrative costs first, and then
- Calculate the **lesser** amount between the actual cost and 15% of the reimbursement.
- You cannot include Cash in Lieu when calculating the fees.
- Fees are applicable to sponsoring organizations of affiliated and unaffiliated centers.

In essence, if your annual costs are less than the 15% of the meal reimbursement, then you can only withhold based on your actual costs. The sponsoring organization can only withhold from the meal reimbursement, not including the Cash In Lieu that is paid for lunch and supper meals.

Let's Practice!

The Scenario:

- \$24,000 annual reimbursement
- \$6,000 in Cash in Lieu
- \$2,364 actual administrative cost

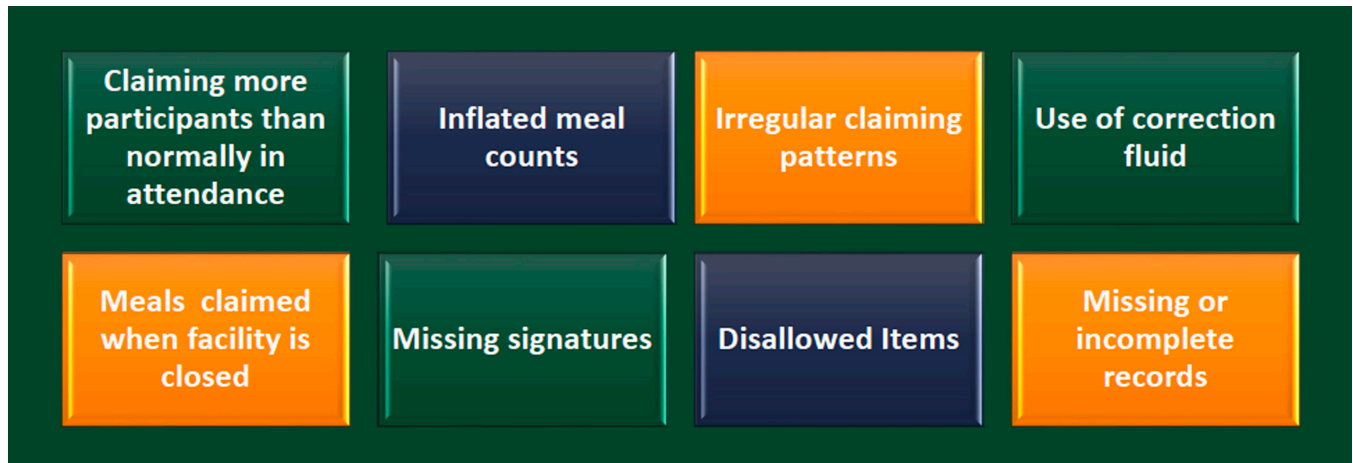
Question: How would you calculate the annual admin fee?

Correct Answer: _____

BE AWARE OF RED FLAGS

Watch Out for Red Flags!

As the sponsoring organization, you play a very important role. You should be on the lookout for “red flags” in the claims process. They could include, but are not limited to the following:



Claiming more participants than normally in attendance	Inflated meal counts	Irregular claiming patterns	Use of correction fluid
Meals claimed when facility is closed	Missing signatures	Disallowed Items	Missing or incomplete records

List other “red flags” that sponsoring organizations might be on the lookout for within the claims process.



Notes

IMPACT OF INVALID CLAIMS SUBMISSIONS AND BEST PRACTICES

The Impact of Invalid Claims Submissions

It's critical for sponsoring organizations to validate claims submissions because the consequences of filing invalid claims could include:

- denial of claims
- request for reimbursement of paid claims
- fines, or
- imprisonment if the activity is deemed fraudulent.

It's also very important, if your facility is suspected of filing a fraudulent claim, to cooperate with the state during the investigation and to take appropriate action.

Best Practices

Let's consider a few best practices regarding claims for reimbursement. These are not requirements, just recommendations for you to consider and share with your facilities:

- ✓ Perform additional edit checks that are not required.
- ✓ Use an electronic claims recordkeeping system that has an audit trail feature.
- ✓ Implement an internal second-party review of your claims.
- ✓ Institute monthly or quarterly submission of cost reporting for your centers.
- ✓ Establish and communicate a recurring deadline for your facilities to submit their claims documentation to you.



ACTIVITY: CLAIMS FOR REIMBURSEMENT BINGO



Activity:
Claims for Reimbursement BINGO

Turn to page 39 to complete this activity!

RECAP



Recap

Let's recap what we've covered in the **Claims** section of this module:

- Submit claims within sixty days of the last day of the claim month.
- Pay facilities within five business days of receiving funds.
- Conduct edit checks on claims and validate them before submission.
- Hold your facilities accountable for submitting accurate records.
- Provide TA when necessary.



ACTIVITY: NAME THAT PROGRAM RECORD

INSTRUCTIONS

1. Working independently, review the blank Program Records chart on page 23 to familiarize yourself with this activity.
2. Based on your current knowledge, name as many Program records as you can in the time allotted.
3. Write the type of record and corresponding requirements in the chart on page 23.
4. Then, determine the applicable entity who maintains the record, and any exempt facilities.
5. Share your results with your table group and choose a spokesperson to report out.

Provided for this activity:

- Program Records Worksheet
- Program Records Chart

ACTIVITY: NAME THAT PROGRAM RECORD

Type of Program Record	Requirements	Who Maintains			Exempt Facilities
		Sponsor	Center	Day Care Home	
Meal Counts	<ul style="list-style-type: none"> • Time of service (end of day for DCH) • By meal type • Maintained daily • Maintained separately from attendance 	X	X	X	At-risk

ACTIVITY: NAME THAT PROGRAM RECORD

Type of Program Record	Requirements	Who Maintains			Exempt Facilities
		Sponsor	Center	Day Care Home	
Meal Counts	<ul style="list-style-type: none"> • Time of service (end of day for DCH) • By meal type • Maintained daily • Maintained separately from attendance 	x	x	x	At-risk
Meal Counts-Adults Performing Labor in the Program	<ul style="list-style-type: none"> • Daily • Time of service • By meal type 	x	x		Day Care Homes
Enrollment	<ul style="list-style-type: none"> • Meals normally eaten • Normal days of care • Normal hours of care • Signed by parent/guardian • Updated annually 	x	x	x	At-risk

ACTIVITY: NAME THAT PROGRAM RECORD

Type of Program Record	Requirements	Who Maintains			Exempt Facilities
		Sponsor	Center	Day Care Home	
Income Eligibility Statement	<ul style="list-style-type: none"> Household income Number of people in household Indicate whether participant is categorically eligible Signed by parent/guardian Last 4 digits of SSN 	x	x		<ul style="list-style-type: none"> Day Care Homes-unless Tier II At-Risk Emergency Shelters Head Start
Attendance	<ul style="list-style-type: none"> Daily Number of participants in attendance 	x	x	x	
Menus	<ul style="list-style-type: none"> Daily dated Food items served 	x	x	x	

ACTIVITY: NAME THAT PROGRAM RECORD

Type of Program Record	Requirements	Who Maintains			Exempt Facilities
		Sponsor	Center	Day Care Home	
Training-Facilities	<ul style="list-style-type: none"> • Date • Location • Topics • Names of participants 	x	x	x	
Monitoring	<ul style="list-style-type: none"> • Location • Date • Problems noted • Corrective actions prescribed and effectiveness 	x	x	x	

Note: This is NOT an all-inclusive list. Your State agency may require additional records.

ACTIVITY: NAME THAT FINANCIAL RECORD

INSTRUCTIONS

1. Working independently, review the blank Financial Records chart on page 28 to familiarize yourself with this activity.
2. Based on your current knowledge, name as many Financial records as you can in the time allotted.
3. Write the type of record and corresponding requirements in the chart on page 28.
4. Then, determine the applicable entity who maintains the record, and any exempt facilities.
5. Share your results with your table group and choose a spokesperson to report out.

Provided for this activity:

- Financial Records Worksheet
- Financial Records Chart

ACTIVITY: NAME THAT FINANCIAL RECORD

		Who Maintains			Exempt Facilities
Type of Financial Record	Requirements	Sponsor	Center	Day Care Home	
Bank Statements/ Canceled Checks	<ul style="list-style-type: none"> To document nonprofit food service 	X	X		Day Care Homes

ACTIVITY: NAME THAT FINANCIAL RECORD

		Who Maintains			Exempt Facilities
Type of Financial Record	Requirements	Sponsor	Center	Day Care Home	
Bank Statements/ Canceled Checks	<ul style="list-style-type: none"> To document nonprofit food service 	X	X		Day Care Homes
Itemized Receipts/ Invoices	<ul style="list-style-type: none"> Merchant's name Date Items purchased Price of each item Total amount of bill Method of payment 	x	x		Day Care Homes
Payroll	<ul style="list-style-type: none"> Employer's name Employer's identification number Rate of pay Hours worked Benefits earned Reduction or increase in base pay Gross pay Net pay Date of payment Method of payment Verification that employee has been paid 	x	x		Day Care Homes

ACTIVITY: NAME THAT FINANCIAL RECORD

		Who Maintains			Exempt Facilities
Type of Financial Record	Requirements	Sponsor	Center	Day Care Home	
Compensation Plan	<ul style="list-style-type: none"> Rates of pay Hours of work Policy and schedule for regular compensation, overtime, etc. Requirements of US Dept. of Labor FLSA 	x	x		Day Care Homes
Facility Funds Integrity	<ul style="list-style-type: none"> Name of facility Facility's identification number Meal counts and cost data identified with the date the information was received Reimbursement claimed on behalf of facility Amount and date of reimbursement payment 	x			Day Care Homes

ACTIVITY: NAME THAT FINANCIAL RECORD

		Who Maintains			Exempt Facilities
Type of Financial Record	Requirements	Sponsor	Center	Day Care Home	
Procurement	<ul style="list-style-type: none"> • Procurement procedures that reflect State, local, and tribal laws and regulations • Written standards of conduct • Rationale for the method of procurement • Selection of contract • Contractor selection or rejection • Written procedures for procurement transactions • For sealed bids, a firm fixed-price contract in writing issued to the lowest responsive and responsible bidder 	x	x		Day Care Homes

Note: This is NOT an all-inclusive list. Your State agency may require additional records.

ACTIVITY: EDIT CHECK TIME

INSTRUCTIONS

1. Working as a group, review the claims submission data on the following pages.
2. Perform an edit check on the documentation as instructed.
3. Prepare to report back to the larger group

Provided for this activity:

- Edit Check #1 Worksheets (Attendance; Meal Count)
- Edit Check #2 Worksheets (Attendance; Meal Count)
- Edit Check #3 Weekly Menu Planning Tool

**ACTIVITY: EDIT CHECK TIME –
EDIT CHECK #1: ATTENDANCE**

Name of Facility: My Child Care Center
Edit Check #1: Attendance
October 2018
A = In attendance X = Absent

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jane Doe 1	A	A	A	A	A			A	A	A	x	A	A	A	A	A	A	A	A			x	x	x	x			A	A	A	
Jane Doe 2	x	x	x	x	x			x	x	x	x	x			x	x	x	x	x			x	x	x	x			x	x	x	
Jane Doe 3	A	A	A	A	A			x	A	A	x	A	A	A	A	A	A	A	A			A	A	A	A			A	A	A	
Jane Doe 4	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A			A	A	A	A			A	A	A	
Jane Doe 5	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A			A	A	A	A			A	A	A	
Jane Doe 6	A	A	A	A	x			A	A	A	A	A	A	A	x	x	A	A	A			A	A	A	A			x	x	x	
Jane Doe 7	A	A	A	A	x			A	A	A	A	A	A	A	x	x	A	A	A			A	A	A	A			A	A	A	
Jane Doe 8	A	x	A	A	x			A	x	A	A	A	A	A	A	A	A	A	A			A	A	A	A			A	A	A	
Jane Doe 9	A	x	A	A	x			A	A	A	x	A	A	A	A	A	A	A	A			A	A	A	A			x	x	x	
Jane Doe10	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A			A	A	A	A			A	A	A	

**ACTIVITY: EDIT CHECK TIME –
EDIT CHECK #1: MEAL COUNT**

**Name of Facility: My Child Care Center
Edit Check #1: Meal Count (Breakfast)**

October 2018

1 = meal eaten 0 = no meal

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jane Doe 1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 2	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jane Doe 3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0
Jane Doe 7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 9	1	1	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1
Jane Doe 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

**ACTIVITY: EDIT CHECK TIME—
EDIT CHECK #2: ATTENDANCE**

Name of Facility: My Child Care Center
 Edit Check #2: Attendance
 February 2018
 A = In attendance X = Absent C = Center Closed

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jane Doe 1	A	A			A	C	C	A	A			A	A	A	A	A			A	A	A	X	X			X	A	A			
Jane Doe 2	X	X			X	C	C	X	X			X	A	A	X	X			X	A	A	X	X			X	A	A			
Jane Doe 3	A	A			A	C	C	X	A			A	A	A	X	A			A	A	A	A	A			A	A				
Jane Doe 4	A	A			A	C	C	A	A			A	A	A	A	A			A	A	A	A	A			A	A				
Jane Doe 5	A	A			A	C	C	A	A			A	A	A	A	A			A	A	A	A	A			A	A				
Jane Doe 6	A	A			X	C	C	A	A			A	A	A	X	X			A	A	A	A	A			A	A				
Jane Doe 7	A	A			X	C	C	A	A			A	A	A	A	X			A	A	A	A	A			A	A				
Jane Doe 8	A	X			X	C	C	A	X			A	A	A	A	A			A	A	A	A	A			A	A				
Jane Doe 9	A	X			X	C	C	A	A			X	A	A	A	A			X	A	A	A	A			A	A				
Jane Doe 10	A	A			A	C	C	A	A			A	A	A	A	A			A	A	A	A	A			A	A				

**ACTIVITY: EDIT CHECK TIME—
EDIT CHECK #2: MEAL COUNT**

Name of Facility: My Child Care Center
Edit Check #2: Meal Count (Breakfast)
February 2018
1 = meal eaten 0 = no meal

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jane Doe 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Jane Doe 2	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Jane Doe 3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jane Doe 7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jane Doe 9	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jane Doe 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

ACTIVITY: EDIT CHECK TIME—EDIT CHECK #3: MENU PLANNING TOOL

Child and Adult Food Care Program
Edit Check #3: Weekly Menu Planning Tool

Facility Name:	Meal Type	Anybody's Day Care		Minimum Serving Sizes		Monday	Tuesday	Wednesday	Thursday	Friday
		Meal Component	Meal Component	Ages 1-2	Ages 3-5					
Breakfast	Fluid Milk ¹			1/2 c.	3/4 c.	1 c.	2% milk	Chocolate milk	Whole/skim milk	Whole/skim milk
	Vegetable/Fruit ²			1/4 c.	1/2 c.	1/2 c.	Peaches		Fruit cocktail	pears
	Meat-/Alternate ³			1 oz.	1-1/2 oz.	2 oz.		eggs		
	Grains ^{4,7}			1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.	Pop tarts	Whole grain toast		Whole grain toast
	Fluid Milk ¹			1/4 c.	1/4 c.	1 c.	2% milk	Chocolate milk	Whole/skim milk	Whole/skim milk
Lunch/Supper	Vegetable ²			1/8 c.	1/4c.	1/2 c.	Corn	Cole slaw	Green beans	peas
	Vegetable/Fruit ^{2,10}			1/8 c.	1/4 c.	1/4 c.	Lima beans	Peaches	Apple slices	salad
	Meat/Alternate ^{8,9}			1 oz.	1 1/2 oz.	2 oz.	Hamburger patty	Hot dog	Fish sticks	Spaghetti sauce with meat balls
	Grains ^{4,7}			1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.	Whole grain bun	Whole grain hot dog bun	Brown rice	Whole grain spaghetti noodles
	Fluid Milk ¹			1/2 c.	1/2 c.	1 c.	2% milk	water		Whole/skim milk
Snack-Choose 2	Vegetable ²			1/4 c.	1/2 c.	3/4 c.				
	Fruit ²			1/4 c.	1/2 c.	3/4 c.			grapes	
	Meat/Alternate ^{8,9}			1/2 oz. eq.	1/2 oz. eq.	1 oz.			cheese	
	Grains ^{4,7}			1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.	crackers	crackers		cheerios

ACTIVITY: EDIT CHECK TIME—EDIT CHECK #3: MENU PLANNING TOOL

¹Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old and older.

² Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

³Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁴ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁵ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁶ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁷ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is $\frac{1}{4}$ cup for children ages 1-2; $\frac{1}{3}$ cup for children ages 3-5; and $\frac{3}{4}$ cup for children ages 6-12.

⁸Alternate protein products must meet the requirements in Appendix A to Part 226.

⁹Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

¹⁰A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

ACTIVITY: BYOB—CLAIMS FOR REIMBURSEMENT BINGO

INSTRUCTIONS

1. Review your BINGO card and listen carefully for the clues.
2. If you have the correct answer, mark your BINGO card.
3. When you have 5 correct answers in a row, call out BINGO!

Provided for this activity:

- BINGO Card
- BINGO stamp dauber

ACTIVITY: EDIT CHECK OBSERVATIONS

Edit Check #1

Edit Check #2

Edit Check #3 Menu

Other Observations



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