



9 N. 3<sup>rd</sup> Street, Suite 100  
P.O. Box 3364  
Warrenton, Virginia 20188  
(540) 347-3767  
www.cni-usda.org

USDA Child & Adult Care Food Program Sponsor

### Welcome to Child Nutrition, Inc.

At this time, due to the COVID-19 Pandemic, Child Nutrition, Inc. (CNI) is conducting all visits virtually through telephone calls, pictures via text and face time. In order to begin the process of enrolling with the Child and Adult Care Food Program (CACFP) through our Sponsorship, you must meet all requirements in the CNI Policies and must have at least one outside daycare child enrolled in your program. Upon receipt of this package, please contact CNI or your designated Field Specialist to schedule an appointment to begin the registration process. The day you complete the registration with your Field Specialist will be the first day you are eligible for reimbursement. Please be prepared to review each of the following items with your Field Specialist. During the Virtual Visit, you will sign and date each paper that pertains to your program and mail the completed packet to CNI. Please reach out at anytime with any questions or for additional guidance. We are here to help you succeed!

- **Virginia CACFP Application** – Complete, sign, date and return to CNI
- **CNI Policies** – Read the policies, sign and date Page 7, keep for your records
- **Initial Training Certification** – Sign, date and return to CNI
- **2021 USDA CACFP Training** – Upon completion, sign, date and return white copy to CNI. Keep yellow copy for your records
- **Virginia CACFP Agreement** – Read the agreement, sign and date both copies, Return one copy to CNI and keep one copy for your records
- **Direct Deposit** – Sign, Date and return to CNI with a voided check or ACH Form from bank
- **Civil Rights** – Read power point slides. Upon completion of training with Field Specialist, sign both Civil Rights Data Collection Forms. Return one form to CNI and keep one form for your records.
- **Income Eligibility Application** – If applicable to your program, complete both sides and return to CNI with documentation of income.
- **CACFP Meal Benefit Forms for Parents** – If applicable to your program, have the parents complete the forms and return to CNI
- **Child Enrollment Forms** – MUST be complete, forms with missing information will be returned. White Copy – send to CNI, Yellow Copy – keep for your records, Pink copy – give to parent to keep
- **Building for the Future Flyer** – MUST be posted in the daycare setting where each of your daycare parents are able to read.

Field Specialist assigned to your Program: \_\_\_\_\_

Email / Phone Number: \_\_\_\_\_

2022 - 2023 Meal Rates		
	Tier 1	Tier 2
Breakfast	\$1.66	\$0.56
Lunch/Supper	\$3.04	\$1.78
Snack	\$0.97	\$0.24

“This Institution is an equal opportunity provider”

20220701

**VIRGINIA CHILD AND ADULT CARE FOOD PROGRAM  
DAY CARE HOME APPLICATION FOR PARTICIPATION**

INSTRUCTIONS: Two copies of this Application must be completed and signed by the Sponsoring Organization and by the Day Care Home Provider. The sponsoring organization and the family day care provider each keep a copy of the signed application. The expiration date of the application shall coincide with the expiration date of the day care home's licensing, registration or approval. A photocopy of the application accompanied by a photocopy of the appropriate licensing/registration/approval documentation shall be submitted to FNS-MARO no later than the 15<sup>th</sup> of the month following the month for which approval or renewal is being requested.

Agreement Number:	10207	
Name of Sponsoring Organization:	<b>Child Nutrition, Inc.</b> <b>9 North 3<sup>rd</sup> Street, Suite 100</b> <b>P.O. Box 3364</b> <b>Warrenton, VA 20188</b>	<b>Providers Name:</b>  <b>County:</b> <b>Date of Birth:</b> <b>Telephone:</b>
Fax:	N/A	
Phone:	(540) 347-3767	
Email:	bethw@cni-usda.org	<b>Email:</b>

Name(s) of all Approved Day Care Assistants Working At Home (at time of application):

Type of Approval: ☐ State License ☐ Systems License ☐ Local Approval ☐ Voluntary Reg. ☐ Military Certification

Expiration Date:		Approved Capacity:
Operating Data		
Hours of Operation:		
Operating Days - check all that apply	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	
List Any Months When Day Care is Not Provided:		
Total Number of Children Enrolled (Including Provider's Own)	Number of Provider's Own Children Income Eligible	
<input checked="" type="checkbox"/> Meal Served <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper		
Time of Meal Service		
Number of Shifts		
For Sponsor Use Only	<input type="checkbox"/> Tier 1A Census Census Tract: Census Block: <input type="checkbox"/> 2A <input type="checkbox"/> 2B Mixed	<input type="checkbox"/> Tier 1 B School School Unit:
Tier Code:	<input type="checkbox"/> Tier 1C Income	

We certify that the provider is not participating in the CACFP under any other sponsoring organization. We further certify that all of the above information is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities as outlined in the Sponsor-Home Agreement. We understand that this information is being given in connection with the receipt of federal funds and that Department or sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes. We further certify that if the day care home is found to be **Seriously Deficient** and **terminated** from CACFP, the home will be placed on the National Disqualified List and will not be allowed to participate in any Federal Programs. We further certify that the day care home provider has not previously been terminated from CACFP participation for cause in Virginia or any other state.

We further certify that this program is made available to all eligible children. In accordance with federal law and U.S. Department of Agriculture policy, **discrimination is prohibited** on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326 - W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signature of sponsoring organization representative:	Signature of day care home provider:
Date: _____	Date: _____

## USDA CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

### ***Child Nutrition, Inc., Sponsor***

***9 N. 3<sup>rd</sup> Street, Suite 100, P. O. Box 3364, Warrenton, Virginia 20188***

***540-347-3767***

***www.cni-usda.org***

## **Policies**

### **LICENSE:**

In order to apply and/or participate in the USDA Child and Adult Care Food Program (CACFP), providers must have a current State License, Voluntary Registration Certificate or a Permit from a local agency. REMINDER: Approval to participate and be reimbursed for meals/snacks expires the same time that your license/certificate expires. **Child Nutrition, Inc. (CNI) cannot reimburse for meals/snacks once a license/certificate has expired.** It is your responsibility to start the renewal process for your license/certificate prior to the expiration date. CNI recommends starting the renewal process at least two (2) months ahead of the expiration date.

Providers are ultimately responsible for all program operations and paperwork. It is understood that information provided on the application is being given in connection with the receipt of federal funds. **All information must be accurate and kept current.** Notify Child Nutrition, Inc. (CNI) when any change in name, address, household size, phone number, time of meals served, license or certificate takes place.

**Move Policy:** A provider may only be reimbursed for meals served at an **approved** facility. If a provider moves, a new USDA Application and Sponsor/Provider Agreement needs to be submitted with a new certificate/license before any further meals/snacks are reimbursed. Providers have 60 days to complete the process in order to make the deadline for the adjusted claim. Contact CNI as soon as you know you are moving in order to prevent extensive delays in your reimbursement. The effective date of the new certificate/license will be the first day that CNI can reimburse for meals/snacks at the new address.

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### **CAPACITY:**

The number of **day care children** you claim for any meal/snack cannot be more than your approved capacity documented on your license or certificate. This capacity does not include your own children or other children who live in the home. All day care children can be claimed until they turn 13 years of age. Your own children can be claimed only if they meet the requirements for Household Income Eligibility. It is very important that you are **never over capacity at any time**. CNI will not reimburse for any meals/snacks served over the approved capacity. In addition, CNI is obligated to report to licensing, Voluntary Registration or local approval agencies if a provider is found to be over capacity.

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### **INCOME OF CATEGORICAL (AREA) ELIGIBILITY:**

You can be reimbursed at the higher rate (Tier 1) for meals and snacks if you are eligible by category or income. That determination is made by (1) the location of the provider's home, (2) the household income of the provider, or (3) the household income of enrolled children.

An **Income Eligibility Application** form is required to determine if (1) the provider is eligible for Tier 1 reimbursement because of income and (2) if the provider can claim her own children. Provider's own children may be claimed only if the household meets income guidelines, the child is 12 years of age or younger, and if other enrolled children are present at meal time. In order to qualify by income, providers **must** provide supporting documentation of **all** household income. This documentation may include the 1040, Schedule C, child support letter, or any other claimed income on the Income Eligibility Application to validate proof of household income.

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### **KidKare (www.KidKare.com)**

CNI offers the KidKare Software at no cost to all providers. KidKare runs on any mobile device with an internet connection. Everything you need to manage your business can be found within the software. The software is user friendly and there are specific instructions for each task within the software. You may contact CNI anytime for your login and password. All providers have access to view their information in the software. Please refer to <https://help.kidkare.com/help> for additional support and guidance.

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### **CHILD ENROLLMENT FORMS:**

The provider completes the top portion of the enrollment form and the parent/guardian completes the bottom portion. Please encourage parents/guardians to complete the section that includes Ethnicity and Race. If a provider is unable to collect a participant's information, the provider should designate "unknown" or "not provided". The USDA Child and Adult Care Food Program must be offered to all children in care regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

The white copy of the enrollment form is to be sent to Child Nutrition, Inc. **within five (5) days** of a child being enrolled. Children should not be participating on the program without approval from their parent/guardian. Failure to submit an enrollment in a timely manner could result in a loss in your reimbursement.

The yellow copy is to be kept by the provider and should be readily available for review whenever visited by a USDA Official or representative from Child Nutrition, Inc. When a child leaves the program, write the date of the child's last day on the bottom of the yellow copy and send the yellow copy to CNI.

The pink copy is to be given to the parent/guardian to keep for their records. The provider is required to give each parent information about the Building for Future Flyer and WIC. This information is on the back of each enrollment form.

Providers are required to offer one brand of formula to all infants. Should the parent choose to use another brand, the parent is required to supply the formula. When developmentally ready, providers must provide infant cereal and other foods based on the CACFP meal pattern. Make sure the infant section at the bottom of the enrollment form is complete whenever the enrolled child is under the age of one.

You may claim only children who have a child enrollment form in our office. Children will not be activated prior to receiving an enrollment form that has been signed, dated and approved by the parent/guardian. Please be sure to complete all sections of the enrollment form. Enrollment forms with missing information will be returned to the provider.

**Enrollment Renewal Reports:** All enrollment forms are renewed annually. Each year providers will receive an Enrollment Renewal Report. For each child enrolled, the parent/guardian must review the information pertaining to their child, make any needed changes, sign and date the form. The provider will be given a deadline to return the report to CNI. Any child that does not have a parent signature and date will be withdrawn. If the report is not returned, all children will be withdrawn.

**\*\*Enrolling Children Online\*\*** When you begin taking care of a new child, you may enroll that child in KidKare.com. By enrolling that child in KidKare.com, you will also enroll that child in the CACFP, so you will receive reimbursements for each allowable meal that child receives while in your care. Specific instructions for enrolling a child are located within the software. You are still required to complete the enrollment form provided by CNI. As instructed above, mail the white copy to CNI, give the pink copy to the parent/guardian and keep the yellow copy for your records. Children entered online will not be activated until CNI receives the white copy of the enrollment form signed and dated by the parent/guardian.

## **BUILDING for the FUTURE Flyer:**

The Building for the Future Flyer needs to be posted in your daycare in a place that is accessible to your child care parents at **all times**.

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### **ATTENDANCE:**

USDA reimburses you each month according to the number of creditable meals/snacks served to enrolled children in your family day home. The daily attendance that you record in Kidkare.com is very important. It is a **legal document** given in connection with the receipt of federal funds to assist with food costs. Your electronic signature indicates that the information you provide in Kidkare.com is true and accurate.

The attendance must be recorded daily. Meal counts that are not recorded daily will not be reimbursed. Attendance records must accurately show each meal/snack served to each child individually. **Never fill out the attendance ahead of time.**

You will be reimbursed for no more than three meals per child per day, and if claiming three, one must be a snack. All meals/snacks claimed will be included on your Tax Report.

Attendance and menus must be received by CNI by the 5<sup>th</sup> working day of each month to ensure reimbursement on time. Those received later will be processed within 60 days of the claim month.

**Effective October 2019:** Meals/Snacks will NOT be reimbursed on the following Holidays: January-New Year's Day, May-Memorial Day, July-Independence Day, September-Labor Day, November-Thanksgiving Day, December-Christmas Day.

CNI does conduct home visits in the evenings and weekends. Any provider who claims dinner and/or any meals or snacks on weekends (Saturday / Sunday), will be subject to a home visit during those times. You must contact CNI in advance if you will be out with the children during a mealtime on the weekend or in the evening.

**Household Contacts:** CNI is required to contact two (2) percent of participating provider's parents/guardians each month in order to help ensure the integrity of the Child and Adult Care Food Program. This allows CNI to address any concerns that a parent/guardian might have and it is also an opportunity for parents/guardians to acknowledge providers for serving healthy meals/snacks in a safe and happy environment. Please let your parent/guardians know that they might receive a survey or a phone call from CNI and encourage them to respond accordingly. If CNI receives a household contact back from the post office as undeliverable, the provider will be notified and will need to submit a new updated enrollment form to CNI, or the child will be withdrawn.

**\*\*Important\*\*** Providers claiming online must keep written records if they are not able to log on to a computer each day. In KidKare.com you can go to Reports → Select a Category / Worksheet → Select a Report / Weekly Attendance Worksheet → Select a Date → Run and print the form to help with keeping records on paper when needed. All written records must be retained for three (3) years. The written records are the first point of entry - Do not discard your written records after transferring the information to the computer.

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### **MENUS:**

A planned menu showing the foods served must be displayed in the home **at all times** in order for the meals to be reimbursed. **Infants** must have separate menus. Meals/snacks listed on the menu must show all required food components for the meal/snack to be counted. You must serve exactly what is listed on the menu or write down the substitute food served. Menus must have a **date** for when the food was served; only meals/snacks that have a corresponding menu date can be reimbursed.

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## MEAL REQUIREMENTS (REGULAR MENU):

We cannot credit meals or snacks that do not meet USDA requirements:

- Breakfast needs to contain: Milk, Fruit or Vegetable, Grains or Bread, Meat/Meat Alternate (to replace grain up to 3 times per week)
- Snacks need to contain **two of the five different groups**: Milk, Meat or Meat Alternate, Grains or Bread, Fruit, Vegetable
- Lunch and Supper needs to contain: Milk, Meat or Meat Alternate, Grains or Bread, Fruit, Vegetable (Note: two different vegetables may be served / only one fruit may be served)

\*Serve whole milk to children 1 to 2 years old. After 2 years of age children must be served fat-free (skim) or low-fat (1%) milk to be in compliance with CACFP, unless there is a medical statement from a health professional.

Water must be made available to children throughout the day and at mealtimes.

Look over your menu carefully before submitting it to the office. A child that is on a special diet must have a doctor's note in his/her file. For additional information in regards to serving sizes and creditable meals/snacks, please refer to the Food Buying Guide for Child Nutrition Programs that is provided on our website.

([www.cni-usda.org](http://www.cni-usda.org) / Forms & Documents / Food Buying Guide for Child Nutrition Programs)

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## INFANT MEALS:

CNI has two pre-planned sample menus for infants. One is for newborn infants through 5 months; the second is for infants 6 months through 11 months old. The younger infant menu lists only formula or breast milk. Child care homes participating in the CACFP **must offer meals to all children in their care – including those under the age of 12 months**. Homes must offer at least one creditable infant formula. The caregiver must always offer a complete developmentally appropriate meal to all infants enrolled for care. Parents have the option of bringing their own breast milk or formula; however, they must be made aware of the formula that the facility will offer and that this is available for their child. In addition, parents may choose to breast feed at the home daycare. This information is to be provided on the child enrollment form for all enrolled infants.

All infants' birth through 11 months of age must be given iron-fortified formula or breast milk. Juice, cheese food or cheese spread are not creditable for infants and will not be reimbursed. USDA will reimburse for breast milk that is supplied by the parent and served by the provider to the infant or if the parent chooses to breast feed at the home daycare.

Infants 6 months through 11 months have additional food components required when they are developmentally ready. All components must be served for the meal to be counted. Indicate whether you are serving formula or breast milk and list the infant cereal, type of protein, fruit or vegetable (example: peaches, beef, etc.) that is being served. Babies who are 6 months through 11 months old may begin to eat regular table food as long as table food is suitable for them and fits into their infant meal pattern. Do not put an infant on the regular menu until the child is one year old. Menus for older children include food that is **NOT** appropriate for infants. Keep in mind that combination dinners (Example: meat/vegetable dinners, meat dinners, and dehydrated dinners) are not creditable.

All infants' names must be listed on the menus submitted to CNI and the provider must certify that she has met the USDA requirements to receive reimbursement for infant meals and snacks. Make sure you use the correct infant menu for the age of the infant you are claiming. Infants turning one year old need to be put on the 12 month through 12 year old menu starting the day they turn a year old.

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## CIVIL RIGHTS

Providers must agree to serve meals/snacks without regard to race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Providers are also required to receive a Civil Rights training once a year. Please encourage parents/guardians to complete the section that includes Ethnicity and Race on enrollment forms. If a provider is unable to collect a participant's information, the provider should designate "unknown" or "not provided". Advertising that promotes a provider's day care home to the public and their involvement in CACFP **must** include the following civil rights statement in full:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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## HOME VISITS:

USDA requires that sponsors conduct monitoring visits with CACFP providers at least three times a year. New providers have a training visit and a 28-day follow-up monitoring visit to make sure all requirements are in place. Afterward, CNI visits at least three times a year **unannounced**. On these visits, we will need to see a main meal or a snack being served, check your recordkeeping and paperwork, complete a home review form, and answer any questions you may have. USDA officials and other authorized officials may visit your home during your regular hours of operation and must show picture identification. Providers must always be prepared: Be ready to show the visitors (1) attendance records and menus that are completed for the meals and snacks served, (2) enrollment forms for all children, (3) the application and training certificate and agreement form that authorizes you to participate with USDA.

**Attendance, meal counts and menus not readily available upon arrival** of a home inspector or USDA Official will **not** be accepted. All meals and snacks served prior to the visit will be disallowed and not reimbursed.

Notify Child Nutrition, Inc. in advance whenever you are planning to be out of the home during mealtime. If this procedure is not followed and an unannounced review is conducted, claims for meals that would have been served during the unannounced review will be disallowed on the first attempt. On the second attempt, meals/snacks for the day will be disallowed. On the third attempt, meals/snacks for the week will be disallowed.

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### **MANDATED ANNUAL TRAINING:**

In order to maintain your approval status with USDA CACFP, you must either receive an annual training at home or attend one of CNI's scheduled group trainings. You will be notified in advance of the training schedule. Annual Training is required in order to remain in compliance with the USDA Child and Adult Care Food Program.

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### **RECORD MAINTENANCE:**

Each day care home must maintain documentation of each child's signed enrollment and must maintain daily records of the number of children in attendance and the number of meals, by type (breakfast, snack, lunch, dinner), served to enrolled children. These records must be kept for three years after the date of submission of the final claim for the fiscal year to which they pertain. (Fiscal Year for CNI is October to September)

Providers must only maintain and have on hand for immediate review records of attendance, enrollment, meal counts, and menus that support their program activities for the current month, as well as the previous twelve months of operation. The remaining two years of records may be stored offsite; however, they must still be in control of the provider and accessible within a reasonable amount of time. Records can be kept in hard copy or electronic format, provided they are readily available to reviewers. Failure to maintain such records will be grounds for the denial of reimbursement.

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### **SERIOUS DEFICIENCY:**

Agreements can always be terminated for either cause or convenience.

- Termination for cause means termination of a home's agreement due to the home's violation of the agreement. Termination for cause is initiated by the sponsor, not the provider.
- Termination for convenience means termination of a home's agreement for reasons that are not related to either the provider's or sponsor's performance of CACFP responsibilities. Either the sponsor or the home can take this action. Provider's terminated for convenience will not be placed on the National Disqualified List (NDL) after their agreement is terminated.

The NDL is a list maintained by the United States Department of Agriculture, which includes contractors, responsible principals and responsible individuals, and day care home providers disqualified from participating in the CACFP. While on the NDL, a provider is not eligible to participate in the CAFPP as a day care home provider, or as a principal in any CACFP organization or facility. The provider will remain on the list for 7 years after the disqualification unless Child Nutrition, Inc. and the Virginia Department of Health Division of Community Nutrition determines that the serious deficiencies have been corrected. Exception: If a provider owes a debt to the CACFP, the provider will not be removed from the NDL until the debt is paid.

Serious Deficiency Process:

1. The serious deficiency determination.
2. The serious deficiency notice.
3. The opportunity for corrective action.
4. The notice of proposed termination and disqualification.
5. The notice of termination and disqualification.

Serious deficiencies which are grounds for disapproval of applications and for termination include, but are not limited to, any of the following:

- Submission of false information on the application;
- Submission of false claims for reimbursement;
- Simultaneous participation under more than one sponsoring organization;
- Non-compliance with the CACFP meal pattern;
- Failure to keep required records;
- Conduct or conditions that threaten the health or safety of the child(ren) in care, or the public health and safety;
- A determination that the principals have been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity, including fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements; receiving stolen property; making false claims; obstruction of justice; or any other activity indicating a lack of business integrity as defined the State Agency, or the concealment of such conviction;
- Failure to participate in annual training, and
- Any other circumstance related to non-performance under the Sponsor/Provider agreement.

Once a notice of serious deficiency is issued, it can result in only two possible outcomes:

1. The provider corrects the serious deficiency within the period allotted for corrective action; or
2. The provider does not correct the serious deficiency and the sponsor proposes termination of the agreement for cause and disqualification of the provider.

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This to certify that \_\_\_\_\_ has been trained on the policies of Child Nutrition, Inc.  
(Provider Name Printed)

and has demonstrated an understanding of the requirements.

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Field Specialist Signature

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Date

I certify that I have received training for participation on the USDA Child and Adult Care Food Program from Child Nutrition, Inc. I have received a copy of the policies and agree to comply. I further certify that I have not been terminated from CACFP participation for cause in Virginia or any other state.

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Provider Signature

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Date

## USDA CHILD AND ADULT CARE FOOD PROGRAM

### ***Child Nutrition, Inc., Sponsor***

***9 N. 3<sup>rd</sup> Street, Suite 100, P. O. Box 3364, Warrenton, Virginia 20188  
(540)347-3767***

***www.cni-usda.org***

## INITIAL TRAINING

- ☐ License
- ☐ Capacity
- ☐ Income of Categorical (Area) Eligibility
- ☐ KidKare
- ☐ Child Enrollment Forms
- ☐ Building for the Future and WIC Flyers
- ☐ Attendance
- ☐ Menus
- ☐ Meal Requirements (Regular Menu)
- ☐ Infant Meals
- ☐ Civil Rights
- ☐ Home Visits
- ☐ Mandated Annual Training
- ☐ Record Maintenance
- ☐ Serious Deficiency

This to certify that \_\_\_\_\_ has been trained on the policies of Child Nutrition, Inc.  
(Provider Name Printed)  
and has demonstrated an understanding of the requirements.

\_\_\_\_\_  
Field Specialist Signature

\_\_\_\_\_  
Date

I certify that I have received training for participation on the USDA Child and Adult Care Food Program from Child Nutrition, Inc. I have received a copy of the policies and agree to comply.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

## 2023 USDA CACFP MANDATORY TRAINING

PROVIDER NAME:	PROVIDER #
<ul style="list-style-type: none"> <li>▶ Record Keeping                             <ul style="list-style-type: none"> <li>▪ Meal Counts (daily)</li> <li>▪ Menus (daily) *</li> <li>▪ Attendance Records (daily) (Weekly Attendance Worksheet*)</li> <li>▪ Enrollment Records *</li> <li>▪ Eligibility Records *</li> </ul> </li> <li>▶ Child Meal Patterns *</li> <li>▶ Infant Meal Requirements *</li> <li>▶ Serious Deficiency (CNI Policies) – Appeal Procedures *</li> <li>▶ Civil Rights Requirements – Civil Rights &amp; You *</li> <li>▶ Training Requirements (Annual)</li> <li>▶ Child Care VA <a href="http://www.doe.virginia.gov/cc/">www.doe.virginia.gov/cc/</a> Child Care Updates and Resources</li> </ul> <p style="text-align: center; margin-top: 10px;"><i>*Resource on CNI Website</i></p>	<p><b>NOTES:</b></p>

### CHILD NUTRITION TODAY MAGAZINE – FOR THE CHILD AND ADULT CARE FOOD PROGRAM COMMUNITY

- ▶ **Reduce Sodium to Shape Healthy Food Preferences (pg 11)**
  - Use herbs and spices instead of salt
  - Drain and rinse canned foods
  - Read labels
- ▶ **Why Iron Matters (pg 12)**
  - Iron is an essential mineral
  - How much Iron is needed per day?
  - There are two types of iron – Heme Iron and Non-Heme Iron
  - Per program regulations, infant formula served in the CACFP must be iron-fortified
- ▶ **NCA Membership Benefits (pg 13)**
  - Access to resources such as training, support, crafts, recipes and more
  - Free training webinars
  - Membership is a business expense

#### WEBSITE [www.cni-usda.org](http://www.cni-usda.org)

- ▶ Make sure you are familiar with our website.
- ▶ There is valuable information such as forms, resources, relevant websites, nutritional education, training, and much more.

#### 2023 CALENDAR KEEPER (*Mailed in November*)

- ▶ Excellent Resource!
- ▶ Parent connection monthly newsletters, training, record keeping, monthly activity, best practices, CACFP meal pattern tips, recipes, snack suggestions and much more.

#### KIDKARE

- ▶ Remember to check your messages in KidKare when you log in.

*I certify that I understand and will ensure compliance with the Child and Adult Care Food Program Training:*

**Provider's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Field Specialist Signature** \_\_\_\_\_ **Time** \_\_\_\_\_ **Date** \_\_\_\_\_

*This institution is an equal opportunity provider.*

CNI – 230 (12/22)

## CACFP AGREEMENT BETWEEN SPONSORING ORGANIZATION AND DAY CARE HOME

**INSTRUCTIONS:** *Two copies of this agreement must be completed and signed by the Sponsoring Organization and by the Family Day Care Provider. The Sponsoring Organization and the family day care provider each keep a copy of the signed agreement. The duration of the agreement shall be permanent until such time as the provider approval is terminated and/or the provider moves to a new address. Program payments are conditional contingent upon the availability of Federal funds.*

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ Child Nutrition, Inc.  
of 9 N 3rd St, Ste 100, Warrenton, VA 20186 and Provider: \_\_\_\_\_ Address: \_\_\_\_\_

This agreement specifies the rights and responsibilities of the Sponsoring Organization and the Day Care Home Provider as participants in the Child and Adult Care Food Program (CACFP), and is in accordance with CACFP regulations 7 CFR 226. The CACFP is administered by the Virginia Department of Health, Division of Community Nutrition, Special Nutrition Programs: 109 Governor Street, 8th Floor, Richmond, VA 23219, (T)1-877-618-7282.

### RIGHTS AND RESPONSIBILITIES OF THE SPONSORING ORGANIZATION:

**The Sponsoring Organization agrees to:**

1. Train the provider in Program duties and responsibilities prior to beginning operations.
2. Provide annual training sessions scheduled at a time and place convenient to the provider.
3. Respond to a provider's request for technical assistance.
4. Provide CACFP record keeping forms to the provider.
5. Distribute the food service reimbursement to the provider within five working days after receiving the food service payment from the Virginia Department of Health.
6. Assure that all meals claimed for reimbursement are served to eligible children without regard to race, color, national origin, sex, age, or disability and that all meals claimed meet the requirements in the CACFP regulations.
7. Provide CACFP services at no charge to the provider.
8. Submit to Virginia Department of Health documentation that the Day Care Home is in compliance with licensing or voluntary registration requirements of the Virginia Department of Social Services, or local approval, or U.S. Military certification.
9. Determine if each provider is a Tier I or Tier II home as defined in the Code of Federal Regulations governing the CACFP.
10. Disburse the full amount of food service payments to each Tier I and to each Tier II home based on the number of meals served by type to enrolled children. For those Tier II homes with children eligible for Tier I rates the Sponsoring Organizations shall calculate reimbursement by applying the method of reimbursement as determined by Virginia Department of Health.
11. Retain the right of the Sponsoring Organization, the FNS-MARO, the Virginia Department of Health and the Office of the Inspector General, United States Department of Agriculture to visit the day care home to review its meal service and records during childcare operational hours. These visits may be announced or unannounced.
12. Maintain documentation of all children enrolled in the CACFP Day Care Home.
13. Collect income eligibility statements and determine eligibility of enrolled children for free or reduced price meals for each Tier II day care home. Maintain confidentiality of the eligibility status of all children enrolled for care. The Sponsoring Organization will not inform the day care provider of the eligibility status of children enrolled for care. However, the Sponsoring Organization may inform providers of the number of children enrolled for care that are eligible for free or reduced price meals.
14. Recruit the participation of only those day care homes that do not already participate in the CACFP.
15. The right to suspend participation due to concerns regarding the health and safety of children in the Day Care Home provider's care. This action is not appealable.
16. Initiate action to terminate the agreement of a day care home for cause if the Sponsoring Organization determines that the day care home has committed a serious deficiency that violates the integrity or performance of the day care program. The Sponsoring Organization must place a childcare provider that is terminated because of serious deficiencies on the CACFP National Disqualified List.
17. The Sponsoring Organization or the provider may self-withdraw this agreement to participate in the Child and Adult Care Food Program for convenience.
18. Retain the right of the Sponsoring Organization, the FNS-MARO, the Virginia Department of Health and the Office of the Inspector General, United States Department of Agriculture to conduct parental contacts per 7 CFR 226.18(b).

*This institution is an equal opportunity provider.*

## **RIGHTS AND RESPONSIBILITIES OF THE DAY CARE HOME PROVIDER**

### **The Family Day Care Home provider agrees to:**

1. Have a current state license, registration, local approval, military certification, or extension letter.
2. Maintain the following records, using forms provided or approved by the Sponsoring Organization:
  - a) A daily record of what is prepared and served to the children for each meal;
  - b) Daily attendance records, separate from meal counts (but may be on same form);
  - c) Meal counts **recorded** at or near the time of service;
  - d) Enrollment forms for all **children** in care.
3. Prepare and serve meals that meet CACFP requirements.
4. Attend training sessions on program requirements, at least annually, as required by the Sponsoring Organization.
5. Claim no more than three meals per child per day, and if claiming three, one must be a snack.
6. Acknowledges the **right** of the Sponsoring Organization, the FNS-MARO, the Virginia **Department** of Health, and the Office of the Inspector General, United States Department of Agriculture to visit the day care home to review its meal service and records during childcare operational hours. These visits may be announced or unannounced.
7. Inform the Sponsoring Organization about any change in the number of children enrolled for care or if there are any changes in the home's location or licensing status.
8. To submit meal count, menu **records** and attendance records to the Sponsoring Organization by the 5th of the month following the month being reported. Failure to do so may result in loss or delay of payment for that month.
9. Claim only one meal per child per day at each reimbursable meal service. Meals must be served at no separate charge to all eligible children.
10. Complete an income eligibility statement for each of the provider's own children if they are being claimed for meals.
11. Claim meals for the provider's own **children** only if the provider's children are eligible for free or reduced price meals, they are enrolled for day care, and other non-residential children are present for care at the time of the meal being claimed.
12. Receive reimbursement for meals served to eligible children 12 years of age or younger, or in the case of children of migrant workers not more than 15 years of age, and persons with disabilities of any age as long as the majority of persons in care are 18 years of age or younger.
13. Provide meals to all eligible children without regard to race, color, national origin, sex, age or disability.
14. Notify the Sponsoring Organization in advance whenever they are planning to be out of their home during mealtime. The provider understands that if this **procedure** is not followed and an unannounced review is conducted when the children are not present in the day care home, claims for meals that would have been served during the unannounced review will be disallowed.
15. Request a **transfer between** sponsors no more frequently than once in any calendar year.
16. The Day Care Home's opportunity to request an appeal if the Sponsoring Organization issues a Notice of Proposed Termination of the Day Care Home's Program Agreement.
17. If so instructed by the Sponsoring Organization, the Day Care Home's responsibility to distribute to parents a copy of the Sponsoring **Organization's** notice to parents (also known as the "Building for the Future Flyer").
18. Withdraw this agreement when changing residences and notify the sponsor of such moves.
19. The right to end this Agreement to participate in the CACFP for convenience.
20. Acknowledges the **right of the Sponsoring Organization, the FNS-MARO, the Virginia Department of Health and the Office of the Inspector General, United States Department of Agriculture to conduct parental contacts per 7 CFR 226.18(b).**

## **PROVIDER SELECTION OF REIMBURSEMENT OPTION**

Type of home at date of signing: ☐ Tier I- Household Income ☐ Tier I- School Data ☐ Tier I- Census ☐ Tier II

### **FOR TIER II HOMES ONLY:** Check one option

- Option 1: ☐ To **receive** Tier II reimbursement rates for all eligible children.
- Option 2: ☐ Have **Sponsoring Organization** collect income Eligibility Statements or **other approved information** and determine the **eligibility** of all enrolled children.
- Option 3: ☐ Have **Sponsoring Organization identify** and collect information only for categorically eligible child

*This institution is an equal opportunity provider.*



FNS Instruction 113-1, Part IX, Section A (4) (d) Public Notification. State or local agencies, and their sub-recipients, must post the following nondiscrimination statement and include it, in full, on all materials regarding such programs that are produced for public information, public **education**, or public distribution. If a State **authorizes** additional language, it must be included in a separate statement.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require **alternative** means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should **contact** the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter **addressed** to USDA and provide in the letter all of the **information** requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by:

**mail:**

U.S. Department of Agriculture Office of the Assistant **Secretary for Civil Rights** 1400 Independence Avenue, SW Washington, D. C. 20250-9410

**fax:**

(202) 690-7442; or

**email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal **opportunity** provider.

The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the **Department of Agriculture** (7 CFR Part 15), DOJ (28) CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the **regulations**, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age, or **disability**, be excluded from participation in, be denied the benefits of, or be **otherwise** subject to **discrimination** under any program or activity for which the Program **applicant received** Federal **financial assistance** from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement."

"This assurance is given in consideration of and for the **purpose** of obtaining any and all Federal financial **assistance**, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the **detail** of Federal **personnel**, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or **furnishing** of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the **purchase** of food, and cash assistance for **purchase** or rental of food service **equipment** or any other financial assistance extended in reliance on the representations and agreements made in this assurance."

By accepting this assurance, the **Program** applicant agrees to compile data, **maintain** records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA **personnel** during hours of program **operation** to review such records, books, and **accounts** as needed to **ascertain** compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of **Agriculture**, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any **assistance** from USDA. The person or persons whose signatures appear below are **authorized** to sign this **assurance** on the behalf of the Program applicant.

Signature of Sponsoring Organization \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and Title)

Signature of Day Care Home Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and Title)

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## CACFP AGREEMENT BETWEEN SPONSORING ORGANIZATION AND DAY CARE HOME

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6. Assure that all meals claimed for reimbursement are served to eligible children without regard to race, color, national origin, sex, age, or disability and that all meals claimed meet the requirements in the CACFP regulations.
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15. The right to suspend participation due to concerns regarding the health and safety of children in the Day Care Home provider's care. **This action is not appealable.**
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17. The Sponsoring Organization or the provider may self-withdraw this agreement to participate in the Child and Adult Care Food Program for convenience.
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20. Acknowledges the right of the Sponsoring Organization, the **FNS-MARO**, the Virginia Department of Health and the Office of the **Inspector General**, United States Department of Agriculture to conduct parental contacts per 7 CFR 226.18(b).

## **PROVIDER SELECTION OF REIMBURSEMENT OPTION**

Type of home at date of **signing**: ☐ Tier I- Household Income ☐ Tier I- School Data ☐ Tier I- Census ☐ Tier II

### **FOR TIER II HOMES ONLY:** Check one option

- Option 1: ☐ To receive Tier II reimbursement rates for all eligible children.
- Option 2: ☐ Have **Sponsoring** Organization collect income Eligibility **Statements** or other approved information and determine the eligibility of all enrolled children.
- Option 3: ☐ Have **Sponsoring Organization** identify and collect **information** only for categorically eligible child

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FNS Instruction 113-1, Part IX, Section A (4) (d) Public Notification. State or local agencies, and their sub-recipients, must post the following nondiscrimination statement and include it, in full, on all materials regarding such programs that are produced for public information, public education, or public distribution. If a State authorizes additional language, it must be included in a separate statement.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

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To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**mail:**

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D. C. 20250-9410

**fax:**

(202) 690-7442; or

**email:**

[program.intake@usda.gov](mailto:program.intake@usda.gov).

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The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28 CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it will immediately take any measures necessary to fulfill this agreement."

"This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, **arrangement**, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in **reliance** on the representations and agreements made in this assurance."

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective **enforcement** of **nondiscrimination** laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this **assurance**. This assurance is binding on the Program **applicant**, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose signatures appear below are **authorized** to sign this assurance on the behalf of the **Program** applicant.

Signature of Sponsoring Organization \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and Title)

Signature of Day Care Home Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name and Title)

*This institution is an equal opportunity provider.*

## ***Child Nutrition, Inc.***

9 N. 3<sup>rd</sup> Street, Suite 100, P.O. Box 3364, Warrenton, Virginia 20188  
1-800-735-5434 or 540-347-3767

### **Schedule I**

#### **ACH Authorization Agreement – Direct Deposits**

**Submit a cancelled check with your completed form.**

#### **AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

Company Name: Child Nutrition, Inc.

Company ID Number: 521312582

I hereby authorize Child Nutrition, Inc. hereinafter called COMPANY, to initiate Credit Entries to my ☐ Checking Account / ☐ Savings Account (select one) indicated below at the depository financial institution names below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

#### **Depository**

Provider Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This **authorization** is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** All written credit authorizations **MUST** provide that the receiver may revoke the Authorization only by notifying the Originator in the manner specified in the authorization.

**Submit a cancelled check with your completed form.**

## CACFP Civil Rights Training

Child Nutrition, Inc. (CNI)

1

### Civil rights training ensures that you

- Understand the laws regarding civil rights;
- Understand that you are able to follow the civil rights laws;
- Are able to identify a civil rights complaint and know what to do if one is received;
- Understand that it is the basic right of the individual to file a complaint;
- Receive training on all areas of civil rights compliance.

2

### What is discrimination?

Different treatment which makes a distinction of one person or a group of persons from others; either intentionally, by neglect, or by the actions or lack of actions based on protected class-

- ✓ Race
- ✓ Color
- ✓ National Origin
- ✓ Age
- ✓ Sex (including gender identity and sexual orientation)
- ✓ Disability

3

### Federal Financial Assistance

Accepting Federal funds requires compliance with civil rights rules in all aspects of operations.

#### What are civil rights?

Civil rights are the non-political rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13<sup>th</sup> and 14<sup>th</sup> Amendments to the U.S. Constitution and Acts of Congress.

4

## Assurances

To qualify for Federal Financial assistance, an application must assure in writing that the applying entity will comply with all nondiscrimination laws, regulations, instructions, policies, and guidelines.

A Civil Rights assurance statement must be incorporated in all agreements between

- Federal and CACFP State Agencies
- CACFP State agencies and Program Operators
- Program Operators and subrecipients (if applicable)

(The agreements signed by CNI and Family Day Care Providers include assurances as required)

## Public Notification - Policy

State agencies, Program Operators and their subrecipients must:

- Notify persons with disabilities about the availability of reasonable modifications and auxiliary aids and service.
- Notify persons with limited English proficiency (LEP) and their right to free language assistance services.

## Public Notification Requirements

**If you advertise your program and mention the CACFP you must include this nondiscrimination statement and complaint procedures.**

**Note: News Media Release – Virginia Department of Health (VDH) issues a statewide media release.**

All FNS assistance programs must include a public notification system to inform applicants, participants, and potentially-eligible persons of:

- Program availability
- Program rights and responsibilities
- The policy of discrimination
- The procedure for filing a complaint

## Nondiscrimination Statement

See CNI website for full version: [www.cni-usda.org](http://www.cni-usda.org)

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program requires activity.

To file a program discrimination complaint, a Complainant should complete a Form AO-3027, USDA Program Discrimination Complaint Form which can be obtained from the USDA National Center for Complaint Resolution. For more information, contact the National Center for Complaint Resolution at (800) 877-4539, or USDA's TARGET Center at (202) 726-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-4539.

[illegible]

mail: U.S. Department of Agriculture  
Office of the Inspector General  
Washington, D.C. 20250-9000

Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442, or

For more information, contact:  
Program Director  
[Program.Hicks@usda.gov](mailto:Program.Hicks@usda.gov)

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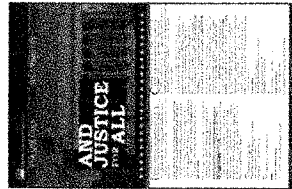
## Nondiscrimination Statement – Short Version

“This institution is an equal opportunity provider.”

- May be used where the longer statement does not fit.
- Must be in font size no smaller than font size used in rest of publication.
- Should not be used where information on rights is provided.

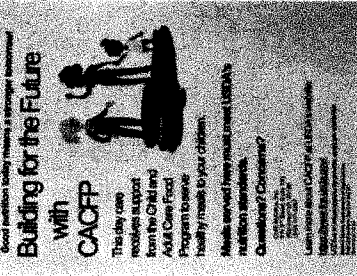
9

## “And Justice for All”



- All agencies participating in Child Nutrition Programs must display the USDA's nondiscrimination poster in a prominent area where participants have access
- Must be posted at every site
- Must be 11" x 17" format

10



## Family Day Care Homes – Building for the Future Flyer

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## Race / Ethnicity Data Collection

### Purpose-

- To determine how effectively FNS programs are reaching potentially eligible persons and beneficiaries
- To monitor Civil Rights compliance, state agencies must establish a system for the collection of race and ethnicity data for each person applying for and participating in FNS programs.

(Note: Visual observation and identification by CACFP institutions and facilities is no longer an allowable practice)

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## Race and Ethnicity Categories

1. Ethnicity
  - Hispanic or Latino
  - Not Hispanic or Latino
2. Race (may select one or more of the following)
  - American Indian or Alaskan Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

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## Complaints of Discrimination

- Complaints shall be accepted and forwarded to USDA
- Complaints must be filed within 180 days from the alleged act of discrimination.
- Complaints may be written, verbal, or anonymous.
- State agencies or subrecipient agents may develop their own complaint forms, but the use of such forms cannot be pre-requisite for acceptance.
- A separate Civil Rights complaint log shall be maintained by the State and subrecipient agency.
- Confidentiality is extremely important and must be maintained.
- Visit our website for Nondiscrimination Statement and link to complaint form and instructions [www.cni-usda.org](http://www.cni-usda.org)

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## Customer Service

- All participants must be allowed equal opportunities to participate in Child Nutrition programs regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability.
- All participants must be treated in the same manner (i.e., seating arrangements, serving lines, services and facilities, assignment of eating periods, methods of selection for application approval processes)

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## Contact Information

Child Nutrition, Inc. (CNI)  
9 N 3<sup>rd</sup> Street Suite 100  
Warrenton, VA 20186

(540) 347-3767

[www.cni-usda.org](http://www.cni-usda.org)

Please contact CNI with any questions – Thank you!

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**CHILD NUTRITION, INC.****(540) 347-3767****CIVIL RIGHTS DATA COLLECTION FORM  
CHILD AND ADULT CARE FOOD PROGRAM**

<b>SECTION 1: ETHNICITY</b>	
<i>The sum of "Hispanic or Latino" and "Not Hispanic or Latino" categories must equal the total number of all enrolled participants.</i>	<b>Number of enrolled participants</b>
<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. "Spanish origin" can be used in addition to "Hispanic or Latino."	
<b>Not Hispanic or Latino</b>	

<b>SECTION 2: RACE</b>	
<i>The sum of all racial categories will be equal to or greater than the total number of all enrolled participants.</i>	<b>Number of enrolled participants</b>
<b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	

This information is requested solely for the purpose of determining compliance with Federal civil rights laws. It will assist in assuring that this program is administered in a nondiscriminatory manner. Respect for individual dignity should guide the processes and methods for collecting data on race and ethnicity; ideally, respondent self-identification should be facilitated to the greatest extent possible, recognizing that in some data collection systems observer identification is more practical.

This certifies that the provider has received Civil Rights Training:

Provider's Name Printed: \_\_\_\_\_

Provider's Signature & Date: \_\_\_\_\_

Field Specialist Signature & Date: \_\_\_\_\_

***This Institution is an equal opportunity provider.***



9 N. 3<sup>rd</sup> Street, Suite 100  
P.O. Box 3364  
Warrenton, Virginia 20188  
(540) 347-3767  
www.cni-usda.org

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USDA Child & Adult Care Food Program Sponsor

Dear Provider:

This letter pertains to you if you wish to establish eligibility as a tier I home in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) **and/or** if you wish to claim meals served to your own child in this program.

If you are a provider who has already been classified as a tier I home, based on area eligibility, you must still complete the form below in order to claim meals served to your own child.

**Establishing Eligibility as a Tier I Home**

A two-tiered structure has been established effective July 1, 1997. In order to qualify for the higher, tier I rate, for meals served to children enrolled in your day care program, you must either: 1) be located in an area of economic need as determined by school enrollment or census data, or 2) establish individual economic need through the CACFP process of application for free and reduced price meals. The latter requires your completion of the attached Income Eligibility Application, which must be submitted to our agency for approval. If we determine that the application may be classified as eligible for free or reduced price meals, you will qualify for tier I reimbursement.

If you do not live in an area established as one of economic need and choose not to complete this form or do not qualify for free or reduced price meals you will still receive reimbursement for CACFP meals served to enrolled children at the lower tier II rate.

**Reporting Household Income to Qualify as a Tier I Home**

As indicated above, if you do not live in an area established as one of economic need, you must complete the attached Income Eligibility Application. On this form, you must report all household income, not just your day care business income. This includes payment statements from salaried work and statements pertaining to other forms of income.

We are required by law to verify the information stated on your application. If you cared for children in your home during the last tax year, you must attach a copy of your most recent tax return. The IRS 1040 submitted must be a copy of the form that had been filed with the IRS. For your own income from your child care business you must include Schedule C with your income tax return.

If you have only recently started a day care business, or if your previous tax year does not reflect your current household income, you may submit documentation for last month. If submitting documentation of your gross income for last month, you must include an income and expense statement for that month so that we can verify your net business income.

**Establishing Eligibility for Meals Served to Your Own Child**

You must complete this form if you wish to claim CACFP meals served to your own child. If you are determined to be eligible, you may claim meals served to your own child under thirteen years of age, only when meals are served at a meal service to other enrolled children in your program.

Please note that completion of this form is required for **all** providers who wish to claim meals served to their own children or foster children. Even if you live in an area determined to be economically eligible, the regulations require that you establish eligibility for your child through completion of the income eligibility application if you wish to claim meals served to them. Our agency may verify the income information you submit but is not required to do so in this circumstance. In this circumstance, do not submit verification information unless we specifically ask you to do so.

#### **Instructions For Completing the Income Eligibility Application**

If you receive food stamps or benefits under the Virginia Temporary Assistance to Needy Families (TANF), then you may complete Part 2A of the application form by listing either of these case numbers. Sign and date Part 4 of the form. If you do not participate in either of these programs, you must complete Section 2C of the form. You should include your total current household income by source and the names of all household members. You must also sign and date the form in Part 4. The Department of Agriculture defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Therefore, the income reported on the application must include the gross income of all members of your household, by source, and the net income of your child care business. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income, using last year's income as a basis, if no significant changes have occurred.

For providers wishing to claim foster children living in their residence, there is a special section to complete. You should complete Parts 3 and 4 only. A foster child who is the legal responsibility of the welfare agency or court may be certified as eligible for free meals regardless of your household income. If you have a foster child, please contact our office for additional before completing the application.

Please be sure to sign and date this application form in Part 4. The form will be in effect for one year unless there is a change in your income as noted above. Also, please ensure that all parts of the application which pertain to you, as directed on the application, have been fully completed. The application cannot be approved unless it contains complete documentation. If you have any questions regarding proper completion of the application, please contact our office for assistance.

#### **Confidentiality**

The information included in this application is confidential. This information may only be made available to designated representatives of our agency, representatives of USDA, or representatives of the General Accounting Office.

#### **Nondiscrimination Statement**

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, national origin, age, and disability. There is no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD).

This application form must be returned to our office. We will contact you regarding your eligibility status. If you have any questions about this form, please contact us at **Child Nutrition, Inc., 9 N. 3<sup>rd</sup> Street, Warrenton, VA 20186, (540) 347-3767**. Thank you for your cooperation.

Sincerely,

Elizabeth Wittusen  
Executive Director

INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED PRICE MEALS

**Effective Date July 1, 2022 – June 30, 2023**

FAMILY SIZE	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional household member ADD	+8,732	+728	+364	+336	+168

# INCOME ELIGIBILITY APPLICATION

Child and Adult Care Food Program – Family Day Care

## PART 1

Provider's Name \_\_\_\_\_  
LAST
FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST
FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST
FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST
FIRST

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST
FIRST

**PART 2A - HOUSEHOLDS NOW GETTING FOOD STAMPS OR VA TANF FOR THEIR CHILDREN** - Complete this Part and sign the statement in Part 4. Do not complete Part 2C.

Food Stamp Case Number \_\_\_\_\_ VA TANF Case Number \_\_\_\_\_

**PART 2B - FOR TIER II HOMES ONLY - HOUSEHOLDS NOW PARTICIPATING IN STATE OR FEDERAL PROGRAMS WHICH MEET CACFP INCOME CRITERIA.** Complete this Part and sign the statement in Part 4. If this applies to you, you do not have to complete Part 2C.

Indicate Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

Add additional programs if applicable:

Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

Program Name \_\_\_\_\_ Case Number \_\_\_\_\_

**PART 2C - OTHER HOUSEHOLDS** - If you did not complete Parts 2A or 2B, above, complete this Part, including the appropriate social security number, below, and sign the application in Part 4.

NAMES		CURRENT INCOME/FREQUENCY		
List of Names of Everyone in Your Household	Earnings from Work (Before Deductions) Job 1	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, Social Security	Job 2 or Any Other Income
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
6. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
7. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
8. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Name and social security number of primary wage earner or household member who signs this form:

Name: \_\_\_\_\_ Social Security Number (Last Four #'s Only) - \_\_\_\_\_

**PART 3 - FOSTER CHILD:** Complete this Part and sign the application in Part 4.

If this is a foster child, check here ( ). Write the child's income and how often it is received here: \_\_\_\_\_

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**PART 4 - SIGNATURE:** An adult household member must sign the statement before it can be approved.

**PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the Food Stamp number or TANF 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.

Signature of Adult: \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name of Adult: \_\_\_\_\_

Telephone Number \_\_\_\_\_  
Home Work

Address \_\_\_\_\_

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**PART 5 - RACE/ETHNIC IDENTITY:** You are not required to answer this question.

( ) WHITE, Not of Hispanic Origin ( ) BLACK, not of Hispanic Origin ( ) HISPANIC  
( ) ASIAN or PACIFIC ISLANDER ( ) AMERICAN INDIAN or ALASKA NATIVE

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Section 9 of the National School Act requires that, unless your food stamp or your child's TANF case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or guardian who is the primary wage earner or the social security number of the adult household member signing the statement, or an indication that neither household member possesses a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that neither the primary wage earner nor the adult household member signing the application has one, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

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**PART 6 - FOR INSTITUTION USE ONLY:**

Tier I: (a) Eligible by School Data \_\_\_\_\_ YES \_\_\_\_\_ NO Tier II: Provider's Name \_\_\_\_\_  
(b) Eligible by Census Data \_\_\_\_\_ YES \_\_\_\_\_ NO  
(c) Eligible by Income Data \_\_\_\_\_ YES \_\_\_\_\_ NO Child's Name \_\_\_\_\_

Categorically Eligible:  
Food Stamp Household \_\_\_\_\_  
VA TANF \_\_\_\_\_

Categorically Eligible: Program \_\_\_\_\_  
Income Eligible: \_\_\_\_\_ YES \_\_\_\_\_ NO

If Eligible by Income Data (Tier I (c) above is "Yes"):

Has income verification been completed: \_\_\_\_\_ YES \_\_\_\_\_ NO

(Attach verification documentation)

Determining Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

**Provider's Name** \_\_\_\_\_

## Part 1. All Household Members

**Name of Enrolled Child(ren):**

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless ☐ Migrant ☐ Runaway ☐

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

A. Name (List <b>only</b> household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____

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

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

**For Family Day Care Home participants ONLY:** \_\_\_\_\_ Initial here if you consent to allowing [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number

**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Don't fill out this part. This is for official use only.</b>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____	
Reason: _____	
Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)	
Determining Official's Signature: _____ Date: _____	

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

Household size	Yearly
1	\$25,142
2	\$33,874
3	\$42,606
4	\$51,338
5	\$60,070
6	\$68,802
7	\$77,534
8	\$86,266
Each additional person:	+8,732

<p><b>Privacy Act Statement:</b> The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.</p> <p><b>Non-discrimination Statement:</b> This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."</p>
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**CHILD ENROLLMENT FORM**  
**USDA CHILD AND ADULT CARE FOOD PROGRAM**  
Child Nutrition, Inc. 540-347-3767

**PROVIDER SECTION** – Provider please complete this section:

CHILD'S  
NUMBER:

(Child's Name)

Does this child live in the provider's home?  
☐ Yes ☐ No

Provider's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Provider's Address \_\_\_\_\_

I provide infant care and I supply infant formula at my day care. (Providers are required to offer formula to infants.)

Name of formula offered (REQUIRED) \_\_\_\_\_

➤ **Enrollments must be received within 5 days of the child being enrolled in your program.** ◀  
➤ ➤ **FORMS WITH MISSING INFORMATION WILL BE RETURNED** ◀ ◀

**PARENT/GUARDIAN SECTION** – Parents please complete this section pertaining to your child:

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Circle One:      Male      Female

The first day this child will start on is \_\_\_\_\_  
(MM/DD/YY)

**ETHNICITY (select one)**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**RACE (select all that apply)**

- ☐ Black   ☐ White   ☐ Asian  
☐ Native Hawaiian/Pacific Islander  
☐ American Indian/Alaska Native

**CIRCLE DAYS OF CARE:**   M   T   W   Th   F   Sat   Sun   **TIME:** dropped off \_\_\_\_\_ picked up \_\_\_\_\_

**CHECK MEALS:**      ☐ Breakfast      ☐ AM Snack      ☐ Lunch      ☐ PM Snack      ☐ Supper

Parent's Name (please print) \_\_\_\_\_

Parent's Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (      ) \_\_\_\_\_ Secondary Phone (      ) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date (**REQUIRED**) \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

\*Allergy / Food Restrictions / Special Diet \_\_\_\_\_  
(**Special Dietary Prescription Form REQUIRED**)

**PLEASE COMPLETE FOR INFANTS ONLY:**

\_\_\_\_\_ I will accept the formula my provider supplies.

\_\_\_\_\_ I will supply formula for my child. I am supplying \_\_\_\_\_.  
(If the formula is a specialty formula, a medical statement will be required.)

\_\_\_\_\_ I will supply breast milk for the provider to feed my child and/or I will breastfeed at the home daycare.

\_\_\_\_\_ My child is 6 months or older and developmentally ready for baby food. I want the provider to provide infant cereal and other foods for my infant based on the CACFP meal pattern.

**WITHDRAWAL**

Fill in child's last day and mail yellow copy to office. \_\_\_\_\_  
Date

White – Child Nutrition, Inc. copy

Yellow – Provider's copy

Pink copy – Parent

# ***Building for the Future***

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**MEALS:** CACFP homes and centers follow meal requirements established by USDA.

<b>Breakfast</b>	<b>Lunch or Supper</b>	<b>Snacks (Two of the five groups)</b>
Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate (to replace grain up to 3 times per week)	Milk Meat or meat alternate Grains or bread Fruit Vegetable	Milk Meat or meat alternate Grains or bread Fruit Vegetable

**PARTICIPATING FACILITIES:** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **At-Risk Afterschool Care Programs:** Centers in low-income areas provide free snacks and meals to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**ELIGIBILITY:** State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

**CONTACT INFORMATION:** If you have questions about the CACFP, please contact your

***Center/Sponsoring Organization:***

Child Nutrition, Inc.  
9 N 3<sup>rd</sup> Street, Suite 100  
Warrenton, VA 20186

1-540-347-3767

or

***State Administering Agency:***

Special Nutrition Programs: CACFP  
Virginia Department of Health  
Division of Community Nutrition  
109 Governor Street 8<sup>th</sup> Floor  
Richmond, VA 23219  
1-877-618-7282



USDA is an equal opportunity provider and employer

***WIC –Women, Infants and Children***

**A SUPPLEMENTAL NUTRITION PROGRAM**

Call if you are pregnant, breastfeeding, just had a baby or have kids under age 5.

Virginia Residents Only – Call Toll Free  
**(1-888-942-3663)**

*Revised November 2020; Previous Versions Obsolete*

# Weekly Attendance Worksheet

Claim Month:		Date:		Date:		Date:		Date:											
Name	#	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
		In/Out		In/Out		In/Out		In/Out		In/Out		In/Out		In/Out		In/Out		In/Out	
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I certify that to the best of my knowledge, this information is accurate in all respects. I understand this information is provided in connection with the receipt of federal funds and may be verified. I also understand that deliberate misrepresentation may result in state or federal prosecution.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_ Provider Number \_\_\_\_\_

This institution is an equal opportunity provider and employer.

# Weekly Attendance Worksheet

Claim Month:		Date:		Date:		Date:		Date:											
Name	#	B	A	L	P	D	E	B	A	L	P	D	E	B	A	L	P	D	E
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Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_ Provider Number \_\_\_\_\_

This institution is an equal opportunity provider and employer.

Provider Name \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

1. Clearly print any changes you make to your menu.
2. Cross out WG when not serving a whole grain. At least one serving of grain per day must be whole-grain rich.

Date	Breakfast	AM Snack	Lunch		PM Snack	Dinner	
	Milk	2 Different Food Groups  (Milk, Whole Grain (WG), Protein, Vegetable, Fruit)	Meat or Other Approved Protein		2 Different Food Groups  (Milk, Whole Grain (WG), Protein, Vegetable, Fruit)	Meat or Other Approved Protein	
	Whole Grain (WG)		Milk	Whole Grain (WG)		Milk	Whole Grain (WG)
	Vegetable, Fruit or Both		Vegetable	Vegetable or Fruit		Vegetable	Vegetable or Fruit
	Milk	WG Crackers	Chicken Stew		Yogurt	Red Beans	
	WG Cereal	Fresh Fruit Salad	Milk	WG Rice	Baby Carrots	Milk	WG Rice
	Banana		Mixed Vegetables	Oranges		Green Salad	Apples
	Milk	Apples	Ground Beef		Orange/Tangerines	Beef Hot Dogs	
	Scrambled Eggs	Celery	Milk	WG Pasta	Pretzels	Milk	WG Bun
	Strawberries	Peanut Butter	Tomato Sauce	Banana		Baked Potatoes	Fruit Cup
	Milk	WG Toast	Baked Fish		WG Crackers	Chicken	
	Oatmeal	Milk	Milk	Macaroni and Cheese	Avocado	Milk	WG Bread
	Raisins		Cucumbers/Tomatoes	Kiwi		Lettuce/Tomatoes	Grapes
	Milk	Goldfish Crackers	Lentils		String Cheese	Tuna Fish	
	Waffles	Mango	Milk	WG Rice	Pretzels	Milk	WG Bread
	Blueberries		Peas & Carrots	Mandarin Oranges		Green Salad	Apples
	Milk	Banana	Chicken		Strawberries	Grilled Cheese	
	Sliced Cheese/Turkey Breast	Milk	Milk	WG Spaghetti	Baby Carrots	Milk	WG Bread
	Oranges		Spinach/Broccoli	Apples		Lettuce/Tomatoes	Pears
	Milk	String Cheese	Homemade Beef Stew/Soup		Milk	Chicken Nuggets	
	Pancakes	Crackers	Milk	Quinoa/WG Rice	WG Toast	Milk	WG Crackers
	Mixed Berries		Mixed Vegetables	Peaches	Peanut Butter	Broccoli	Baked Potatoes
	Milk	WG Crackers	Chicken		Milk	Beef / Cheese	
	Boiled Eggs	Yogurt	Milk	WG Bread	Strawberries	Milk	Tacos/Tortillas
	Apples		Avocado Salad	Oranges	Green Apples	Lettuce/Tomatoes	Red Beans
	Milk	Apples	Mozzarella Cheese		Yogurt	Turkey/Ham	
	WG Cereal	Kiwi	Milk	WG Pasta	WG Crackers	Milk	WG Bread
	Peaches	Baby Carrots	Broccoli	Fruit Salad		Green Salad	Peaches
	Milk	Goldfish Crackers	Homemade Chicken Soup		Cucumbers	Fish Sticks	
	WG Bread	Milk	Milk	Quinoa/WG Noodles	Baby Carrots	Milk	WG Crackers
	Mango		Squash/Carrots	Apple/Broccoli	Grapes	Mixed Berries	Potatoes
	Milk	Plums	Beef Fajitas		WG Crackers	Cheese	
	Eggs	Apples	Milk	WG Rice	Oranges	Milk	Pizza Crust
	Hashbrown Potatoes	Celery	Grilled Vegetables	Avocado	Grapes	Garden Salad	Apples

**Good nutrition today means a stronger tomorrow!**

# **Building for the Future with CACFP**

This day care  
receives support  
from the Child and  
Adult Care Food  
Program to serve  
healthy meals to your children.



**Meals served here must meet USDA's  
nutrition standards.**

**Questions? Concerns?**

Child Nutrition, Inc.  
9 N 3<sup>rd</sup> Street, Suite 100  
Warrenton VA 20186  
(540) 347-3767

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

**United States Department of Agriculture**  
Food and Nutrition Service FNS-317  
November 2019