

CHILD AND ADULT CARE FOOD PROGRAM PROCEDURE

1302.44 Child nutrition.

b) *Payment sources.* A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the primary source of payment for meal services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA.

Renewal Application

1. A renewal application is required for each new federal fiscal year our program participates in the Child and Adult Care Food Program (CACFP). The renewal application must be completed and submitted by October 1st to the Office of Superintendent of Public Instruction Child Nutrition Services.
2. All sponsors are required to complete the following portions of the renewal application online via the Washington Integrated Nutrition System (WINS): sponsor profile, sponsor application, site applications, site calendars, budget, and management plan.
3. In addition, the following documents must be uploaded into WINS as part of the application process: Procurement Standards, childcare licenses, Food Service Vendor Agreements.
4. Institutions must revise and resubmit their application in WINS when changes occur during the year.

CACFP Enrollment Forms

1. Parents/guardians of Early Head, Head Start or ECEAP enrolled children must complete a CACFP Enrollment Form to be kept on file.
2. CACFP forms are turned into the Family Services Program Manager within one week of the child's first day of class.
3. A new CACFP enrollment form must be completed if a child transfers sites or drops and reenrolls in the program and turned into the Family Services Program Manager within one week of the child transferring or reenrolling in the program.

Early Head Start Center Based Infant Meal Offer Forms

1. Parents/guardians of Early Head Start center based enrolled Infants, under 1 year of age, must complete an "Infant Meal Offer Form" to be kept in the child's file.
2. A copy of the "Infant Meal Offer Form" is turned into to the Family Services Program Manager within one week of the child's first day at the center.
3. A new Infant Meal Offer Form must be completed if a child transfer sites or drops and reenrolls in the program and turned in within one week of the child transferring or reenrolling in the program.

Study Month

1. Programs participating in CACFP are required to complete a study month to determine participant eligibility for the CACFP program.
2. A study month is one calendar month or 30 consecutive calendar days including weekends and holidays. All participating sites must be open and operational during the study month.

3. Children who are enrolled in Head Start or an Early Childhood Education Assistance Program (ECEAP) are automatically eligible for free meals in the Child and Adult Care Food Program without further application. Documentation from the grantee agency must confirm the child's enrollment in Head Start or ECEAP during the study month.
4. Parents/guardians of Head Start or ECEAP enrolled children must still complete a CACFP Enrollment Form to be kept on file.
5. Study month eligibility data is included with the October CACFP claim.

Training Requirements and Site Monitoring

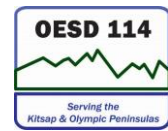
1. A representative of the sponsoring agency must attend in person or online mandatory annual OSPI training.
2. Sites participating in CACFP are required to receive required annual training as part of the program management plan. Training must include: menus and meal pattern requirements, accurate meal counts, the reimbursement process, claims submission, record keeping and civil rights requirements and grievance procedures.
3. Family Advocates attend an annual USDA training once as part of their new hire training. Family Advocates receive additional annual training specific to site monitoring requirements.
4. Ongoing site monitoring is required three times per year for part-year sites participating in CACFP. An additional monitoring visit is required for full-year sites.
5. New sites or sites that had not previously participated in CACFP must receive the first monitoring visit within 30 days of opening.
6. No more than 6 months may elapse between monitoring visits.
7. Sites with identified corrective action plans must receive a follow-up monitoring visit within 30 days.

Claim Submission

1. Claims for reimbursement must be submitted by the 15th of the following month.
Note: more than 3 late submissions per fiscal year may result in a review by an OSPI Program Specialist.
2. Claims are calculated by reviewing site attendance, days of operation, and meal counts (minus meals that do not meet meal pattern requirements).
3. Claim submission forms are given to the Administrative Coordinator, Finance and Support for submission via WINS.
4. A copy of the claim submission form is given the Early Learning Family Services Program Manager for review by Policy Council.

Meal Service

1. All meals are served family style.
2. Menus are pre-planned and posted in the classroom.
3. Menus meet meal pattern component and serving size requirements for the meal being served.
4. Infant menus for children 12 months and under are individualized based on age.
5. Children with food allergies, sensitivities or religious/cultural requirements are accommodated.
6. Changes in the menu or food substitutions offered are documented on the menu along with food temperatures of hot foods.



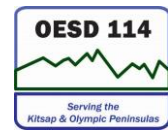
7. Meal counts are taken at time of service. All required meal components must be offered to each child twice before they can be counted as part of the meal service.

Allowable and Administrative Costs

1. Receipts and invoices for necessary and reasonable costs associated with CACFP meal service are turned in to the Family Services Program Manager for review.
2. Allowable costs are indicated on receipts by the Family Services Program Manager and a copy kept for records. Receipts are forwarded to the Administrative Assistant-Fiscal for processing.
3. Food service labor costs and administrative costs associated with the administration of CACFP or meal related duties of a CACFP meal service are included on the employee Time and Effort form.

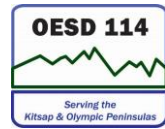
Required Documentation

1. All documentation is required to be kept for 3 years plus the current fiscal year.
2. Documentation includes:
 - CACFP Enrollment Forms
 - Grantee list of eligible children
 - Claim submission forms
 - Receipts / invoices, including food service labor and administrative labor costs recorded on employee Time and Effort sheets
 - Menus
 - Meal counts
 - Infant Formula Offer Forms
 - Request for Fluid Milk Substitution forms
 - Medical / non-medical food substitution request forms



Child Nutrition Services PROCEDURE FOR HANDLING COMPLAINTS of DISCRIMINATION

1. Complaints of discrimination must be filed within 180 days of the alleged discrimination.
2. Complaints of discrimination should be given to Child Nutrition Services director, Office of Superintendent of Public Instruction. Director will forward to Food and Nutrition Services, Western Regional Office, San Francisco.
3. Complaints of discrimination may be written or verbal. Use of a form is not required for a person filing a complaint. If a person is unwilling, unable, or not inclined to put the complaint in writing, the person taking the complaint shall do so. (Complaint form attached.)
4. Complaints of discrimination should contain as much as possible of the following information:
 - a. Name, address, e-mail address, and telephone number or other means of contacting the complainant.
 - b. The specific location and name of the entity providing the benefits.
 - c. A description of a specific action that caused the complainant to believe that discrimination was a factor.
 - d. Basis on which the complainant feels that discrimination occurred (race, color, national origin, sex, age, disability, or reprisal or retaliation for prior civil rights activity).
 - e. Name and titles, if known, and addresses of persons who may have knowledge of the discriminatory action.
 - f. The date(s) the alleged discriminatory actions occurred or the duration of such action.



Name of Complainant _____

Address _____

Telephone Number (include area code) _____

E-Mail Address _____

List Name/Location of Organization Providing Benefits:

Indicate the discriminatory action or incident (include date action occurred):

On what basis does the complainant believe he/she was discriminated against (race, color, national origin, gender, age, disability, reprisal or retaliation for prior civil rights activity)?

Persons who may have knowledge of the discriminatory action:

Name	Title	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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