



LOUISIANA EARLY CHILDHOOD Key Training Modules:

**Child and Adult Care
Food Program Additional Support**

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Welcome, Session & Group Introductions

Learning Objectives

LEARNING OBJECTIVES

- Review challenging areas of the Child and Adult Care Food Program (CACFP) application and implementation
- Understand how to implement the CACFP with greater success in their early learning centers
- Review best practices in administering the CACFP
- Review the resources available in the CACFP Guidebook

LICENSING REQUIREMENTS & FOOD

Louisiana Administrative Code

Title 28

Education

Part CLXI. Bulletin 137—Louisiana Early Learning Center Licensing Regulations

Chapter 19. Minimum Health, Safety, and Environment Requirements and Standards

§1919. Food Service and Nutrition

A. All meals and snacks provided by the center, and their preparation, service and storage, shall meet the requirements for meals of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), 7 CFR 226.20, and LAC 51:XXIII.

OPPORTUNITY FOR ADDITIONAL FUNDING

Why not get paid for providing meals within the CACFP guidelines?

Participation in the food program is an opportunity to receive federal funding to provide nutritious meals and offset food cost.



CACFP Approval Process

CACFP OVERVIEW

- Provides nutritious meals and snacks to children enrolled at participating entities.
- Reimburses three eligible meals per day (breakfast, lunch, and snack) for enrolled children 12 years of age and under.
- Reimbursements are calculated on a sliding scale with rates for breakfast, lunch, and snack based on free, reduced, or above eligibility categories.



CACFP ELIGIBILITY REQUIREMENTS

To be eligible to participate in the CACFP, you must:

- Possess a current Type II or Type III license and be in operation for at least three months.
- Be considered financially viable.
- Have attended a Potential Sponsor Orientation.
- For-profit centers must have 25% of participants eligible for free or reduced-price meals.

FINANCIAL VIABILITY

To be Financially Viable, a center must have a positive net gain/profit:

- As evidenced in an Income Statement (Statement of Expenses), and
- Covering at least a three-month period.



POTENTIAL SPONSOR ORIENTATIONS

- The CACFP website address is: cnp.doe.louisiana.gov.
- The orientation meetings are generally held every three months in Baton Rouge at the LDOE building.
- Prior to registering for the class, centers need to contact the CACFP office to express interest in applying and to receive an informational email.



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Welcome to the Louisiana Department of Education Child Nutrition Programs Website

SYSTEM LOGIN	
Login Name	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="Login"/>	
Password Reset	
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Memos/Resources	
Course Registration	
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Helpful Links-Grouped

COVID-19

- [Child Nutrition Nationwide Waiver on 60-Day Reporting Requirements for January and February 2020](#)
- [Food Service Vendor List](#)
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FOR-PROFIT VS. NONPROFIT ELIGIBLY

For-profit Centers may only participate if at least 25 percent of their enrolled children are eligible for free or reduced priced meals based on the free/reduced meal applications. The meal applications are completed by the parents to determine the eligibility category.

Nonprofit Centers are required to have a 501(c)(3) tax exempt status from the Internal Revenue Service and are not required to meet the 25 percent free or reduced priced meal threshold.

Meal Application Sample

Dropped Date: _____ Re-Entered Date: _____ Transferred Date: _____

CACFP 106 (Rev. 06-19)
FY 2020 FRPM Application

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

MEAL BENEFIT INCOME ELIGIBILITY FORM

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2019 – September 30, 2020)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)

Print Name of Participant:	(First, Middle Initial, Last)			Age	DOB (mm/dd/yy)
Foster Child?	Yes _____	No: _____		If participant is in Foster Care, Eligibility is FREE.	
Enter CID # for Child or Adult Care, if applicable:					Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)
Enter FITAP or FDPIC # for Child or Adult Care, if applicable:					
Enter SSI/Medicaid # for Adult Day Care Only					

PART 2. Total Household Gross Income
If you listed a CID/FITAP/FDPIC/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)

A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other income	
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>
	\$ / /	\$ / /	\$ / /	\$ / /	<input type="checkbox"/>

PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)

Expected Days of participation: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Expected Hours of participation: From _____ To _____ or Before School: From _____ To _____ Afterschool: From _____ To _____

Expected Meal participation: _____ Breakfast _____ Lunch _____ Snack

PART 4. Adult Signature, Social Security Number, and Contact Information
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)
I certify that all information on this form is true and that all income is reported. I understand that the center 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: _____
Social Security Number: XXX-XX-_____
 I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)
Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino Mark one or more racial identities: Asian White Black or African American American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

For Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Month, Twice a month, Every two weeks, Week, Year Household size: _____

Eligibility Determination: _____ Free CID (Food Stamp)/FITAP/FDPIC/SSI/Medicaid Eligible _____ Reduced _____ Above/ Paid

Extended Categorical Eligibility Validation Attached _____ YES _____ NO

Determining Official's Signature: _____ Date: _____

APPLICATION PROCESS AND TRACKER

The Guidebook walks you through a 6-step process to getting approved to participate in the CACFP program. You must complete all steps before receiving reimbursements for meals.

1. Register and attend the potential sponsor orientation.
2. Complete and mail application packet (application tracker provided).
3. Review, sign, and mail back preprinted agreement.
4. Prepare for preapproval visit (self-assessment provided).
5. Receive login and password.
6. Complete three online applications (Sponsor, Facility & Budget) (Guidance to Access Online Applications Provided).

Application Packet Checklist

CHILD AND ADULT CARE FOOD PROGRAM NEW INSTITUTION INFORMATION/AGREEMENT PACKET CHECKLIST

Enclosed are the necessary documents and instructions required to apply for participation in the Child and Adult Care Food Program (CACFP). DO NOT RETURN TO STATE AGENCY UNLESS all required documentation is enclosed. Incomplete and/or improperly documented packets will be returned. If you have any questions, please call our office at (225) 342-3707 or toll-free 1-877-453-2721.

DOCUMENTS THAT MUST BE SUBMITTED

- Completed/Signed Training Certification Statement (attached to email)
- Copy of Certificate from Orientation Training (training dates listed in email)
- Completed/Signed Information Sheet and Site Summary Worksheet (forms A-1 and A-2)
- A copy of current Type II or III license or Adult Day Care License for each site
- Latest Income Statement or Audited Financial Statement (must cover at least a 3-month period) (form C)
- 4-week Cycle Menus used in your center
- Completed menu worksheet and infant production record (1-5 days' worth)
- **Confirmation of an active status in System for Award Management (SAM- DUNS number registration)**
- **Verification of Registration in OSRAP/LaGov (vendor registration instructions attached to email)**
- **Homeless/Emergency Shelters and At-risk Afterschool Meal Institutions:** a copy of current Health/Sanitation and Fire Marshall Inspection reports per regulations
- **Non-Profit Institutions:** 501(c) (3) Tax Exempt Letter
- **Non-Profit Institutions:** print out from Secretary of State website showing agency is in good standing
- **For-Profit Institutions:** EIN letter or any correspondence from the IRS including your agency/institution name, address, and EIN number
- **Child Care Centers (except Head Start) - Enrollment percentage worksheet (form B)**
- **Adult Day (Health) Care Center:** prior month's Title XIX remittance print-out sheets and provider agreement, if applicable
- **At Risk Sponsors and Sponsors of Unaffiliated Sites** MUST submit information listed on Financial Viability Form
- **If applicable,** Permanent Agreement Between Sponsoring Organization and Unaffiliated Site/Facility (if institution does not own facility) (find under Child and Adult Care Food Program Forms on CNP website)
- **If applicable,** Completed/Signed Food Service Agreement with supporting documents, (only if food prepared by an outside agency) (find under Child and Adult Care Food Program Forms on CNP website)
- **If applicable:** Form 8822-B (only if agency address is different than listed on IRS letter)

Guidance
Provided

Mail this information to:
La Department of Education
CACFP Ste. 4-317
1201 North 3rd Street
Baton Rouge, LA 70802

DUNS NUMBER AND SAM REGISTRATIONS

Applicants must register for a DUNS Number and have an active status in SAM to receive CACFP funding. You should know:

- These registrations are both **free of charge**.
 - Please be careful when starting the SAM registration to ensure you are on the official website. Fraudulent scammers have created websites that look identical to the official website.
- The process for registering for each of these can be confusing.
 - The Guidebook provides an overview of the registration along with helpful tips for navigating through the process.
- Confirmation of an ACTIVE status with the SAM registration must be submitted with the application packet. An ACTIVE status indicates the registration is completed.

LOUISIANA VENDOR REGISTRATION

Applicants must also register as a Louisiana Vendor to receive CACFP funding.

- The Guidebook provides an overview of this registration along with helpful tips and contact information for the Office of Statewide Reporting and Accounting Policy (OSRAP) which maintains the Louisiana Vendor registrations.
- A current W-9 must be submitted to get to an ACTIVE status.
- An Electronic Funds Transfer (EFT) enrollment form must be submitted to OSRAP to receive direct deposits.
- Verification of registration must be submitted with the application packet.

Application Process Tracker

Application Process and Tracker

Use this tracker to guide you through the steps of the application process.

- **Step 1** - Register and attend a Potential CACFP Sponsor Orientation Informational Meeting after receiving informational email from CACFP Staff. Course registration containing upcoming dates, times and location can found on the CACFP website at <http://cnp.doe.louisiana.gov>. Training Date _____
- **Step 2** - Receive email from CACFP Staff containing the application packet, complete the application and return by mail. Incomplete applications will take longer to process. Faxed or emailed packets will not be accepted. See Exhibit 1 for Application Packet Checklist. Date mailed _____
- **Step 3** - Review and sign the preprinted agreement and return by mail. The agreement will be mailed once the application packet is complete and accepted. Contact the CACFP Office if corrections are needed. Date mailed _____
- **Step 4** - A preapproval site visit is scheduled and conducted after the agreement is received. The site visit functions primarily as one on one technical assistance. Centers must have their completed free/reduced meal applications and enrollment rosters available for review along with some completed daily menu worksheets. An approval and effective date are given during the site visit. See Exhibit 2 for Preapproval Visit Self Assessment. Date of site visit _____
- **Step 5** - A login name and password authorizing online access will be emailed from the CACFP technology team after being approved.
- **Step 6** - Complete the three online applications. The online applications must be approved before the first reimbursement claim can be submitted. The online applications are accessed through the CACFP website using the login name and password. Date Submitted _____

Preapproval Self-Assessment

CACFP Preapproval Visit Self Assessment

Date

Administrative Capabilities

YES

NO

The center has a working computer.

The center has internet service.

The center has a working printer.

The center has a dedicated office space.

The center has Microsoft Office available for use.

The Director is comfortable working with Word and Excel.

The center has a separate checking account opened for CACFP funds.

Recordkeeping Setup

YES

NO

The center has a Meal Application for every enrolled child.

The eligibility categories have been determined (F/R/A).

The Enrollment Rosters are complete.

The Attendance Records form have been setup.

The Meal Applications, Enrollment Rosters and Attendance Records are in the same order.

The Weekly Point of Meal Service has been setup.

Meal Service and Meal Count Procedures

YES

NO

The cook has been trained on CACFP requirements.

The center has ladles, measuring cups and a scale.

The cook has hair nets, gloves and an apron.

Daily menu worksheets for the prior week are complete.

Menus are posted in the kitchen.

Special dietary restrictions are on file in the kitchen.

Adequate food purchases have been made.

GUIDANCE TO ACCESS ONLINE APPLICATIONS



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Application Type	Description of Application
Sponsor Application	Organization data such as center name, address, phone number and program contact person. Accounting information and closure days are also required in this application.
Facility Application	Food service data such as meal service times, enrollment information, food service staff or vendor information if meals are contracted is required in this application.
Budget Application	Budget Data, including projected calculations of every child eating every meal for the year and allowable expenses, is required in this application.

Program Administration

PUTTING SYSTEMS IN PLACE

There are several processes to prepare for. These are outlined in the Guidebook.

- Set up the 16 File Folder method for documentation management.
 - Maintain enrollment rosters, meal applications, receipts, and invoices.
- Create and manage daily documentation.
 - Daily menu worksheets, weekly Point of Meal Service Form, meal count, attendance records.
- Prepare for Food Purchases – Document Special Diets.
- Submit Timely Consistent Claims.
- Perform Annual Internal Trainings and Monitoring.

MAINTAINING PROGRAM PARTICIPATION

- CACFP participants are reviewed to ensure program compliance.
- Announced reviews are conducted every 2-3 years.
- Unannounced reviews can occur at any time.
- The checklist used by the reviewer is provided in the guidebook.

Tip: Use the checklist to spot check your center's compliance at any time.

Session Review

REVIEW LEARNING OBJECTIVES

- Review challenging areas of the Child and Adult Care Food Program (CACFP) application and implementation
- Understand how to implement the CACFP with greater success in their early learning centers
- Review best practices in administering the CACFP
- Review the resources available in the CACFP Guidebook

**Reflections,
Questions, &
Comments**



**Please complete the
Post-Assessment
Evaluation.**

Thank you!

