Review Ready: Navigating Your CACFP Administrative Review

LDOE CACFP Staff

November 2026

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USDA is an equal opportunity provider, employer, and lender.

Welcome In!

- Participants are muted
- Enter your questions into the Q&A
- CACFP staff will answer questions in the Q&A



IMPORTANT a QR code will be up for 5 minutes at the conclusion of this training, if you do not scan the QR code to complete the questionnaire you will not receive a certificate

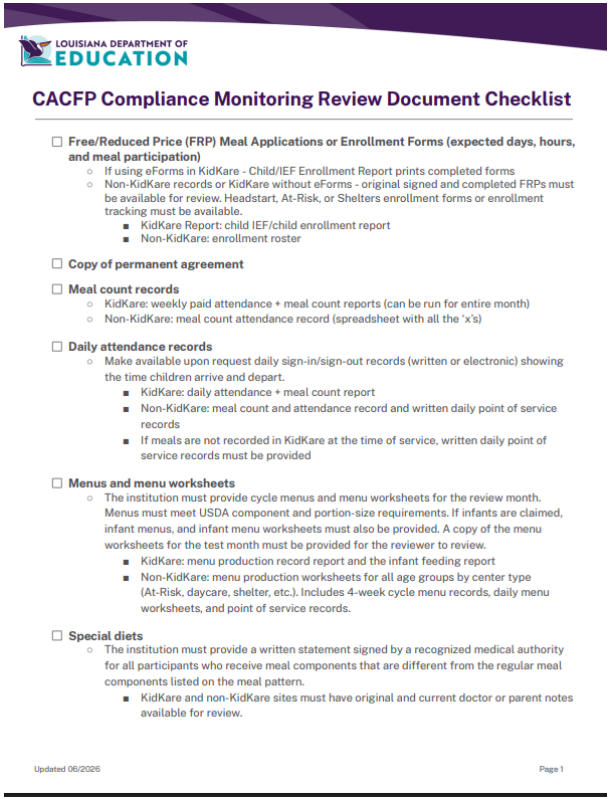
A Reviewer is Coming . . .

You get an email that your CACFP review is in two weeks. What's your reaction?

A. We're ready.
B. Time to check KidKare.
C. Where are those receipts?
D. PANIC!

Plan to Succeed!

- Maintaining accurate and organized records is vital for successful participation
- Without good recordkeeping, meals can end up disallowable!
- It doesn't exist if it is not recorded
- Resources:
  Document Checklist for Compliance Monitoring Reviews
  Required Records for the Management of CACFP
  Required Records for KidKare



LOUISIANA DEPARTMENT OF EDUCATION

CACFP Compliance Monitoring Review Document Checklist

☐ **Free/Reduced Price (FRP) Meal Applications or Enrollment Forms (expected days, hours, and meal participation)**
- If using eForms in KidKare - Child/IEF Enrollment Report prints completed forms
- Non-KidKare records or KidKare without eForms - original signed and completed FRPs must be available for review. Headstart, At-Risk, or Shelters enrollment forms or enrollment tracking must be available.
  - KidKare Report: child IEF/child enrollment report
  - Non-KidKare: enrollment roster

☐ **Copy of permanent agreement**

☐ **Meal count records**
- KidKare: weekly paid attendance + meal count reports (can be run for entire month)
- Non-KidKare: meal count attendance record (spreadsheet with all the 'x's)

☐ **Daily attendance records**
- Make available upon request daily sign-in/sign-out records (written or electronic) showing the time children arrive and depart.
  - KidKare: daily attendance + meal count report
  - Non-KidKare: meal count and attendance record and written daily point of service records
  - If meals are not recorded in KidKare at the time of service, written daily point of service records must be provided

☐ **Menus and menu worksheets**
- The institution must provide cycle menus and menu worksheets for the review month. Menus must meet USDA component and portion-size requirements. If infants are claimed, infant menus, and infant menu worksheets must also be provided. A copy of the menu worksheets for the test month must be provided for the reviewer to review.
  - KidKare: menu production record report and the infant feeding report
  - Non-KidKare: menu production worksheets for all age groups by center type (At-Risk, daycare, shelter, etc.). Includes 4-week cycle menu records, daily menu worksheets, and point of service records.

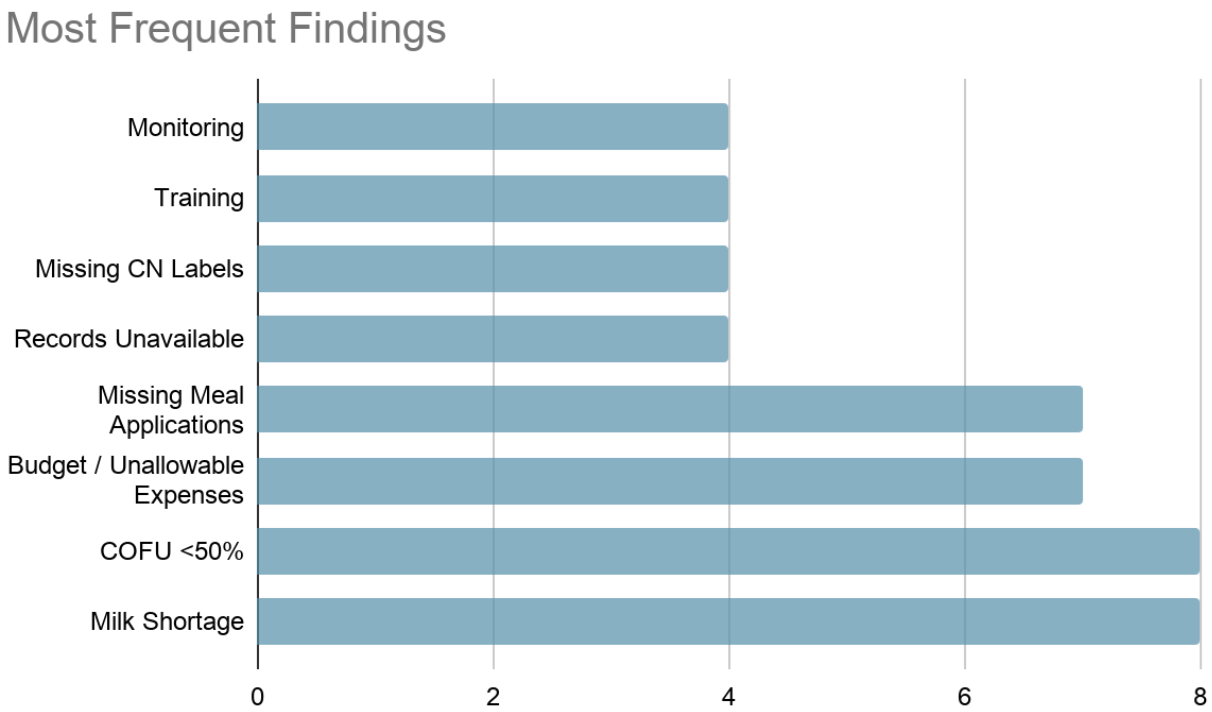
☐ **Special diets**
- The institution must provide a written statement signed by a recognized medical authority for all participants who receive meal components that are different from the regular meal components listed on the meal pattern.
  - KidKare and non-KidKare sites must have original and current doctor or parent notes available for review.

Updated 06/2026 Page 1

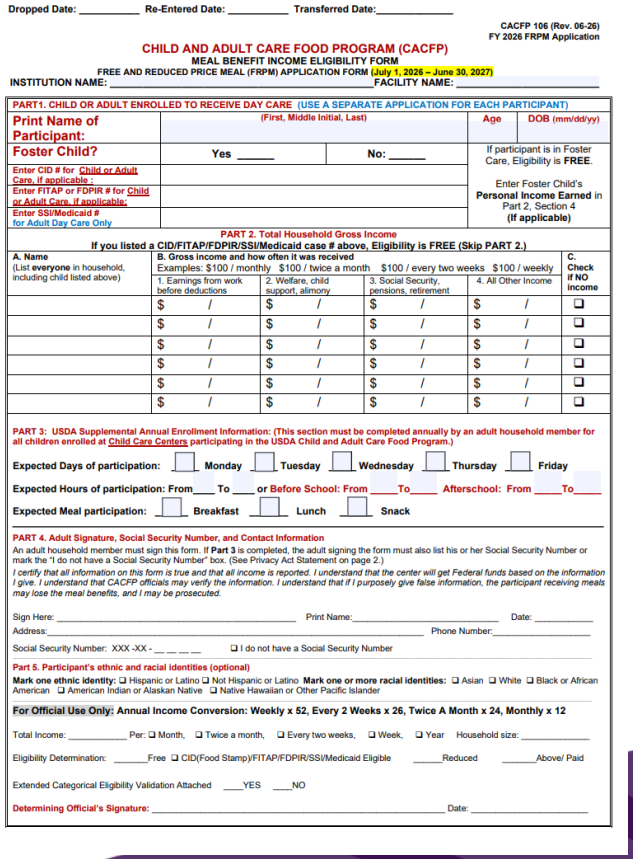
The Greatest Hits

Most common findings in FY26

Where FY26 Findings Clustered



Free, Reduced, Paid Meal Application Form



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

CACFP 106 (Rev. 06-26)
FY 2026 FRPM Application

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL BENEFIT INCOME ELIGIBILITY FORM
FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (July 1, 2026 – June 30, 2027)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART1. 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 FITAP or FDPIR # for Child or Adult Care, if applicable.			Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)
Enter SSI/Medicaid # for Adult Day Care Only			

PART 2. Total Household Gross Income
If you listed a CID/FITAP/FDPIR/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. Examples: $100 / monthly $100 / twice a month $100 / every two weeks $100 / weekly				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	
	$ /	$ /	$ /	$ /	❑
	$ /	$ /	$ /	$ /	❑
	$ /	$ /	$ /	$ /	❑
	$ /	$ /	$ /	$ /	❑
	$ /	$ /	$ /	$ /	❑
	$ /	$ /	$ /	$ /	❑

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/FDPIR/SSI/Medicaid Eligible _____Reduced _____Above/ Paid

Extended Categorical Eligibility Validation Attached ___YES ___NO

Determining Official's Signature: _____ Date: _____

- Must have one for each participant
- Must be completed annually
- Forms are updated every July
- Head Start programs may use this form or the Head Start Enrollment Form
- At-Risk Afterschool Meals and Emergency Shelter programs do not require this form

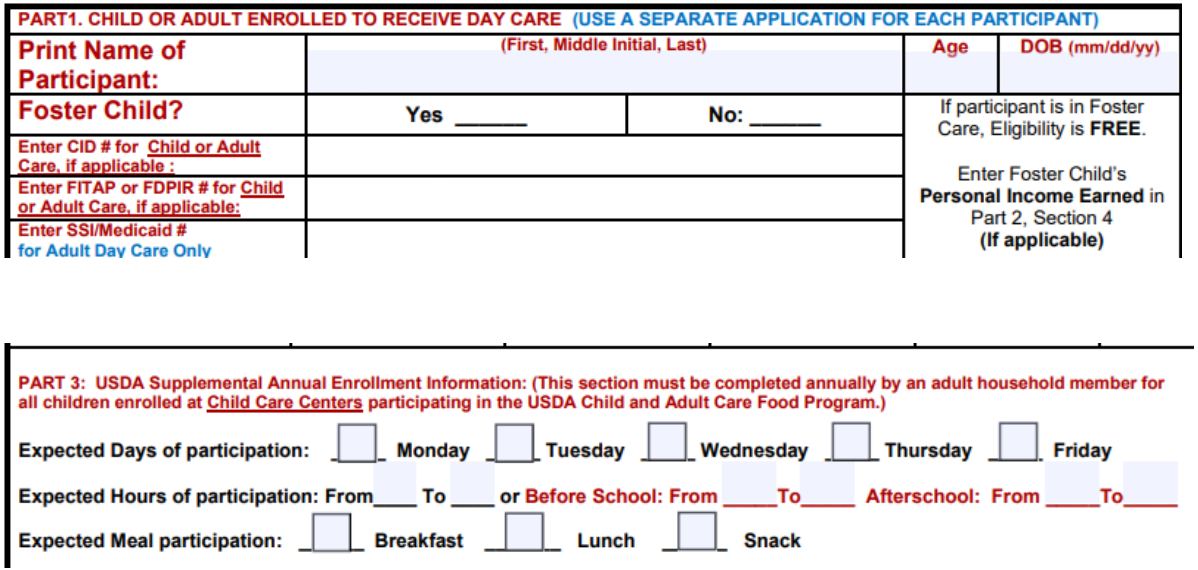
F/RP Meal Application

F/RP Meal Applications - Common Errors

Ensure the Name, DOB, and Age are completely filled out

If using SNAP to qualify, the CID number is required do not put their SNAP card number

Double check Expected Days of Participation, Hours, and Meals are completely filled out



PART1. 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 FDPIR # for Child or Adult Care, if applicable:			
Enter SSI/Medicaid # for Adult Day Care Only			

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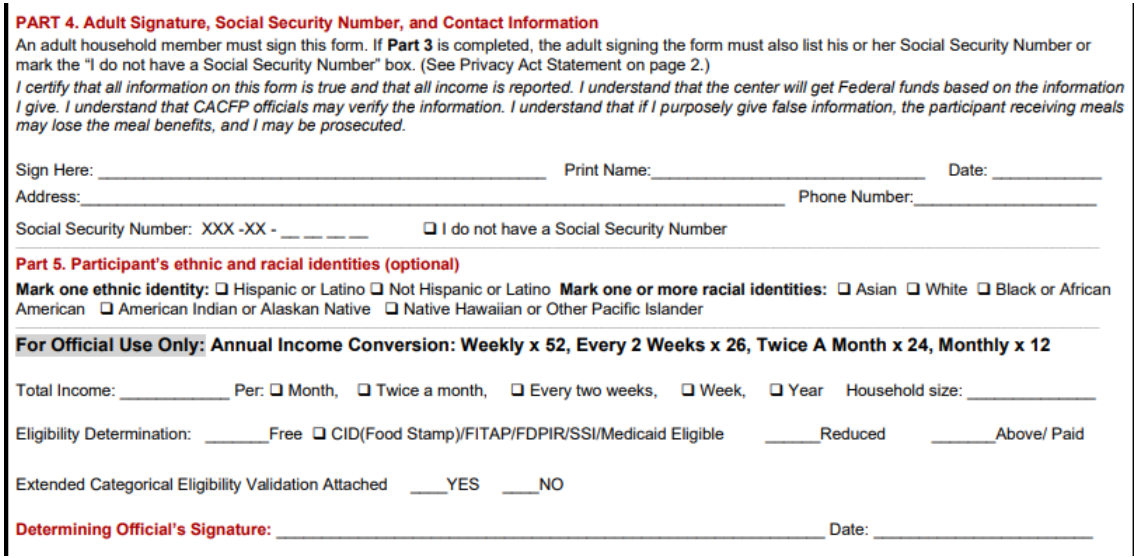
Expected Hours of participation: From____ To ____ or Before School: From _____To_____ Afterschool: From _____To_____

Expected Meal participation: ☐ Breakfast ☐ Lunch ☐ Snack

F/RP Meal Applications - Common Errors

Most common missing items:

- Dates of signature
- Last 4 of SSN
- Total Income
- Eligibility Determination
- Determining Official Signature and/or Date



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.)

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Sign Here: _____ Print Name:_____ Date: _____

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Social Security Number: XXX -XX - __ __ __ __ ❑ I do not have a Social Security Number

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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

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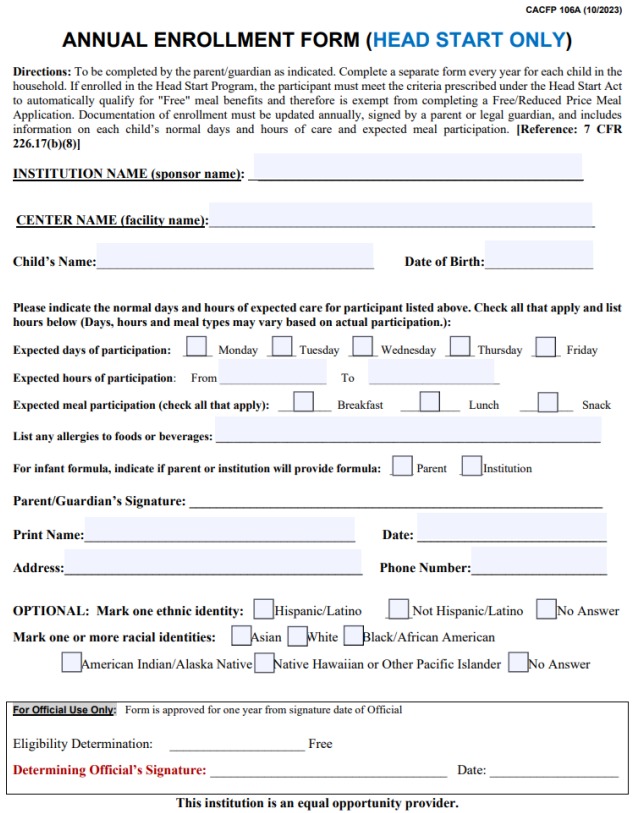
Eligibility Determination: _____Free ❑ CID(Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible _____Reduced _____Above/ Paid

Extended Categorical Eligibility Validation Attached ____YES ____NO

Determining Official's Signature: _____ Date: _____

Any of these errors makes the form incomplete and the child must be listed as above/paid

Head Start Annual Enrollment Form



CACFP 106A (10/2023)

ANNUAL ENROLLMENT FORM (HEAD START ONLY)

Directions: To be completed by the parent/guardian as indicated. Complete a separate form every year for each child in the household. If enrolled in the Head Start Program, the participant must meet the criteria prescribed under the Head Start Act to automatically qualify for "Free" meal benefits and therefore is exempt from completing a Free/Reduced Price Meal Application. Documentation of enrollment must be updated annually, signed by a parent or legal guardian, and includes information on each child's normal days and hours of care and expected meal participation. **[Reference: 7 CFR 226.17(b)(8)]**

INSTITUTION NAME (sponsor name): _____

CENTER NAME (facility name): _____

Child's Name: _____ **Date of Birth:** _____

Please indicate the normal days and hours of expected care for participant listed above. Check all that apply and list hours below (Days, hours and meal types may vary based on actual participation.):

Expected days of participation: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Expected hours of participation: From _____ To _____

Expected meal participation (check all that apply): ☐ Breakfast ☐ Lunch ☐ Snack

List any allergies to foods or beverages: _____

For infant formula, indicate if parent or institution will provide formula: ☐ Parent ☐ Institution

Parent/Guardian's Signature: _____

Print Name: _____ **Date:** _____

Address: _____ **Phone Number:** _____

OPTIONAL: Mark one ethnic identity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ No Answer

Mark one or more racial identities: ☐ Asian ☐ White ☐ Black/African American

☐ American Indian/Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ No Answer

For Official Use Only: Form is approved for one year from signature date of Official

Eligibility Determination: _____ Free

Determining Official's Signature: _____ Date: _____

This institution is an equal opportunity provider.

- Must have one for each participant
- Must be completed annually
- Head Start programs may use this form or the F/RP Meal Application

Common Missing Items:

- Days, hours, and meals of expected participation
- Determining Officials signature and date

Training Requirements



Updated 06/2026

Child and Adult Care Food Program Training Session

SAMPLE

Date: _____

Time: _____

Person Conducing:	Sally Sponsor
Location:	Sesame Street
Topic:	CACFP Recordkeeping and Civil Rights
Summary:	How to create menu worksheets
	How to properly maintain meal count/attendance records
	Importance of FRP Meal Applications
	Updating the enrollment roster in KidKare
	Conducing an inventory count
	Answering questions about components/portion-size requirements
	Why do we implement edit checks?
	Civil Rights and Nondiscrimination review

Attendees:

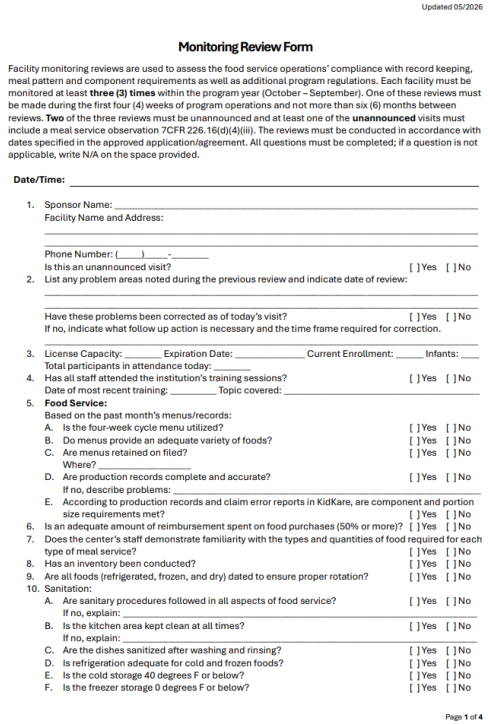
Signature:	Title:
Sally Sponsor	Executive Director
Erica Smith	Cook
Regina Williams	Assistant Cook
Ellie Lowley	Teacher
Susan John	Teacher

Training Form

- All staff must be trained annually and at least 2x per program year.
- New staff must be trained **prior** to starting any responsibilities for the CACFP
- First training must be over Civil Rights and Recordkeeping.
- Must have signatures and titles for all staff trained.
- Include a brief description and source material for training.

Louisiana Fit Kids - Recorded Trainings

Monitoring Requirements



Updated 05/2026

Monitoring Review Form

Facility monitoring reviews are used to assess the food service operations' compliance with record keeping, meal pattern and component requirements as well as additional program regulations. Each facility must be monitored at least **three (3) times** within the program year (October – September). One of these reviews must be made during the first four (4) weeks of program operations and not more than six (6) months between reviews. **Two** of the three reviews must be unannounced and at least one of the **unannounced** visits must include a meal service observation 7CFR 226.16(d)(4)(iii). The reviews must be conducted in accordance with dates specified in the approved application/agreement. All questions must be completed; if a question is not applicable, write N/A on the space provided.

Date/Time: _____

1. Sponsor Name: _____
   Facility Name and Address:
   _____
   _____
   Phone Number: (____)____-_____
   Is this an unannounced visit? [ ] Yes [ ] No
2. List any problem areas noted during the previous review and indicate date of review:
   _____
   _____
   Have these problems been corrected as of today's visit? [ ] Yes [ ] No
   If no, indicate what follow up action is necessary and the time frame required for correction.
   _____
3. License Capacity: _____ Expiration Date: _____ Current Enrollment: _____ Infants: ___
   Total participants in attendance today: _____
4. Has all staff attended the institution's training sessions? [ ] Yes [ ] No
   Date of most recent training: _____ Topic covered: _____
5. **Food Service:**
   Based on the past month's menus/records:
   A. Is the four-week cycle menu utilized? [ ] Yes [ ] No
   B. Do menus provide an adequate variety of foods? [ ] Yes [ ] No
   C. Are menus retained on filed? [ ] Yes [ ] No
      Where? _____
   D. Are production records complete and accurate? [ ] Yes [ ] No
      If no, describe problems: _____
   E. According to production records and claim error reports in KidKare, are component and portion size requirements met? [ ] Yes [ ] No
6. Is an adequate amount of reimbursement spent on food purchases (50% or more)? [ ] Yes [ ] No
7. Does the center's staff demonstrate familiarity with the types and quantities of food required for each type of meal service? [ ] Yes [ ] No
8. Has an inventory been conducted? [ ] Yes [ ] No
9. Are all foods (refrigerated, frozen, and dry) dated to ensure proper rotation? [ ] Yes [ ] No
10. Sanitation:
    A. Are sanitary procedures followed in all aspects of food service? [ ] Yes [ ] No
       If no, explain: _____
    B. Is the kitchen area kept clean at all times? [ ] Yes [ ] No
       If no, explain: _____
    C. Are the dishes sanitized after washing and rinsing? [ ] Yes [ ] No
    D. Is refrigeration adequate for cold and frozen foods? [ ] Yes [ ] No
    E. Is the cold storage 40 degrees F or below? [ ] Yes [ ] No
    F. Is the freezer storage 0 degrees F or below? [ ] Yes [ ] No

Page 1 of 4

Facility Monitoring Forms

Each facility must be monitored at least **3** times per program year

2 out of the 3 monitorings must be **unannounced**, at least **1** must have a meal observation

No more than **6** months may pass between monitoring reviews

Completed in accordance with schedule/plan in online application

Monitoring Requirements - 5 Day Reconciliation

K. **Five Day Reconciliation:**
Insert the dates, total enrolled participants, attendance for the day, and corresponding meal counts for only the meals served on those days.

	Date:	Enrollment:	Attendance:	Breakfast Meal Count:	AM Snack Meal Count:	Lunch Meal Count:	PM Snack Meal Count:	Supper Meal Count:
1.								
2.								
3.								
4.								
5.								

Often missed
Use 5 consecutive days in current month or previous month if monitoring at beginning of month

Use this to review edit checks and point of service count practices to see if improvements are required

Can use KidKare reports for this information

Monitoring Requirements - Meal Observation

13. **Meal Service:**
    A. For the meal service observed, record the kinds and total quantity of food served. **Only one (1) meal observation is required during a monitoring session.**

Meal:	Meal Requirements:	Food Served: (specify actual food items)	Total Amount Served:
Breakfast	Milk		
	Fruit or vegetable, including juice		
	Bread or alternate, including cereal		
	Other foods		
Lunch	Milk		
	Meat and/or meat alternate		
	Vegetable and/or fruit (two or more)		
	Bread or alternate		
	Other Foods		
Snack Supplement (select two of the four components)	Milk		
	Meat and/or alternate		
	Bread or alternate, including cereal		
	Fruit or vegetable, including juice		

At least **1** unannounced visit must contain a meal observation.

Fill out completely, use KK daily menu or written menu worksheets to complete

Best Practice Tips:

- Observe a meal at each monitoring session
- Indicate any menu items that require a CN label and check to see if they are on hand

Monitoring Requirements - Common Errors

G. Based on the sponsor/facility documentation, please indicate the number of participants in each ethnic and racial category for today's meal service.

Ethnic Identity		Racial Identities						
Hispanic or Latino	No Hispanic or Latino	Black or African American	American Indian Alaskan Native	Asian	White	Native Hawaiian or Other Pacific Islander	Un-Reported or Unknown	Total

15. Write a short summary of your visit. Point out program strengths and weaknesses. Give your opinion on how the program could be improved. Recommend changes that you see as desirable or required. Note: short comments such as "good program" are no sufficient.

_____
_____
_____
_____

_____ _____
Signature of Reviewer/Sponsor Representative Date

_____ _____
Signature of Facility Representative Date

Sponsor Name: _____

Facility Name: _____

G is often missed
KidKare report Race and Ethnicity Report for Each Child in Attendance

Don't worry about being perfect; if you notice missing CN labels, milk not being handed out as the same time as the meal, or point of service meal counts lacking, note it here.

Make sure to sign and date it!

Menus/Menu Worksheets

SAMPLE

LOUISIANA CHILD AND ADULT CARE FOOD PROGRAM
DAILY MENU WORKSHEET RECORD: CHILD CARE CENTER (AGES 1-12 YEARS)

CACFP-6
Rev 10/17 (Updated 10/21)

SPONSOR: Sesame Street Center **FACILITY:** Same **DATE:** 10-1-20XX

(1) MEAL PATTERN	(2) DAILY MENU	(3) SERVING SIZE	(4) NO. OF PLANNED MEALS	(5) FOOD ITEMS USED	(6) AMOUNTS USED	(7) NUMBER SERVED
BREAKFAST 5. MILK 6. *GRAIN / BREAD 7. VEGETABLE OR FRUIT 8. OTHER (OPTIONAL) **Meat or meat alternate may be served in place of entire grain component at breakfast a maximum of 3 times per week.	MILK WHOLE GRAIN CHEESE TOAST SPICED APPLESAUCE	1/2, 3/4, 1 C ---(1/2 PT)--- 1/2 OZ, 1 OZ 1/4 C, 1/2 C	-0- 3 8 8 19	MILK, 1% LOW FAT (1/2 PTS) WHOLE MILK (1/2 PTS) CHEESE TOAST WG BREAD (20 OZ Loaf) CANNED APPLESAUCE (29 OZ CAN) MOZZERELLA CHEESE	16 3 3 LOAVES 3 CANS 24 oz.	Infants 0 1-2 3 3-5 8 6-18 2 Adults 6 TOTAL 19
LUNCH 6. MILK 7. *GRAIN / BREAD 8. MEAT OR MEAT ALTERNATE 9. VEGETABLE OR FRUIT 10. VEGETABLE	MILK CORNBREAD SQUARES BAKED CHICKEN THIGHS CUT GREEN BEANS FRESH MED. APPLE	1/2, 3/4, 1 C ---(1/2 PT)--- 1, 2 SQ 1, 1-1/2, 2 OZ 1/8, 1/4, 1/2 C 1/8, 1/4, 1/2 C	-0- 3 8 8 19	MILK, 1% LOW FAT (1/2 PTS) WHOLE MILK (1/2 PTS) CORN BREAD SQ (YIELD) CORNBREAD MIX (8.5 OZ BX) BONELESS/SKINLESS CHICKEN THIGHS FROZEN CUT GREEN BEANS MED FRESH APPLES	16 3 (25-1 OZ SQ) 4 BOXES 15 LBS 3-3lb BAG 8 LBS	Infants 0 1-2 3 3-5 8 6-18 2 Adults 6 TOTAL 19
SUPPER 1. MILK 2. *GRAIN / BREAD 3. MEAT OR MEAT ALTERNATE 4. VEGETABLE OR FRUIT 5. VEGETABLE	MILK WG BREAD OZICED, SMOKED HAM OZICED PEACHES BAKED YAMS	1/2, 3/4, 1 C ---(1/2 PT)--- 1/2 OZ, 1 OZ 1, 1-1/2, 2 OZ 1/4 C, 1/2 C 1/8, 1/4, 1/2 C	-0- 3 8 8 19	MILK, 1% LOW FAT (1/2 PTS) WHOLE MILK (1/2 PTS) OZICED WG BREAD (20 OZ Loaf) HAM, 5lb EACH PEACHES, #10 CAN YAMS, #10 CAN	16 3 3 LOAVES 2 1 1	Infants 0 1-2 3 3-5 8 6-18 2 Adults 6 TOTAL 19

*At least one serving of grains per day must be whole grain (WG) rich. For additional grains/bread or meat/meat alternates, consult the "Meal Pattern Requirements" on the CNP website. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce. Juice may not be served when milk is served as the only other component.

PLATE COUNT: B 19 L 19 S 19

Menu Production Worksheets

If not adding information into KidKare during meal preparation or immediately after the meal service, paper production records must be maintained at least daily

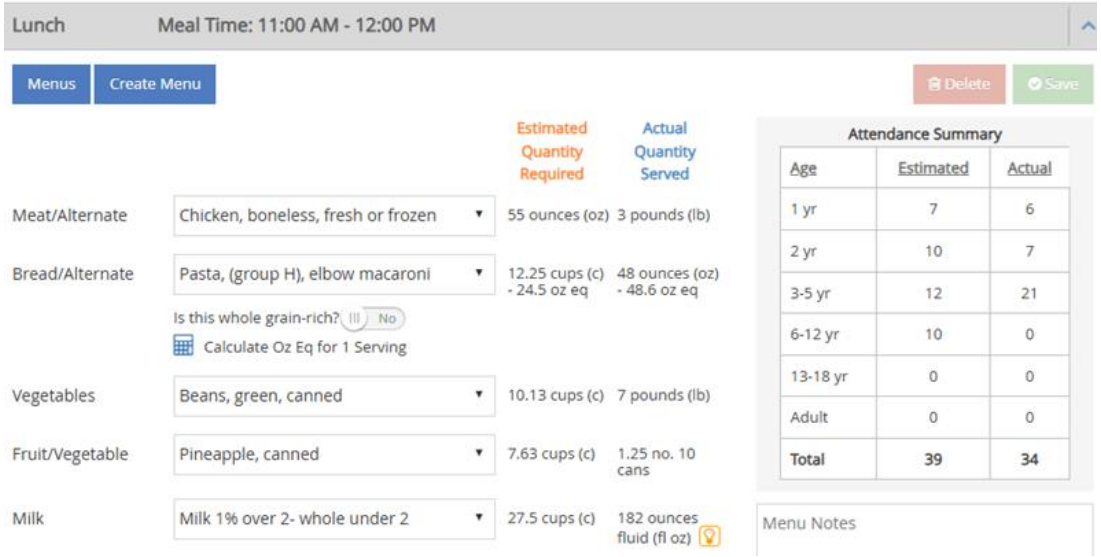
Fill out all columns

Be specific, don't just write 2 loaves bread, indicate how many ounces of bread are in each loaf

Indicate whole grain items

List how many participants in each age group were served

Menus/Menu Worksheets - Common KK Mistakes



Copy the information you recorded on the paper record

Be specific if you served 2 boxes of pasta that were 16 oz each record 32 oz of pasta, cut up 5.5 lbs of apples, record the exact amount prepared

Numbers very rarely should match

Menus/Menu Worksheets - Best Practices





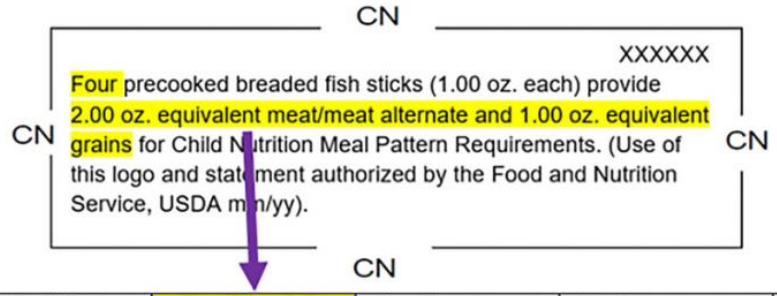




Tools and Tips:

- Use a kitchen scale
- Purchase portion spoons
- Use standardized recipes
- Create a cheat sheet of commonly used items such as:
  - Pasta box size
  - Bread loaf size
  - Cereal box size
- Mark cups with required serving size to make pouring easier

Child Nutrition Labels



Ages	Min. Meal Pattern Requirements	Crediting Info From CN Label	Serving Size at Lunch/Supper	Meal Component Amts per Serving	Amt Meets Meal Pattern Reqs
1&2 year olds	1 oz M/MA ½ oz eq Grains	4 fish sticks = 2 oz eq M/MA 1 oz eq Grains	2 fish sticks	1 oz eq M/MA ½ oz eq Grains	✓
3-5 year olds	1.5 oz M/MA ½ oz eq Grains		3 fish sticks	1.5 oz eq M/MA ¾ oz eq Grains	✓
6 years & older	2 oz M/MA 1 oz eq Grains		4 fish sticks	2 oz eq M/MA 1 oz eq Grains	✓

What products can be CN labeled?

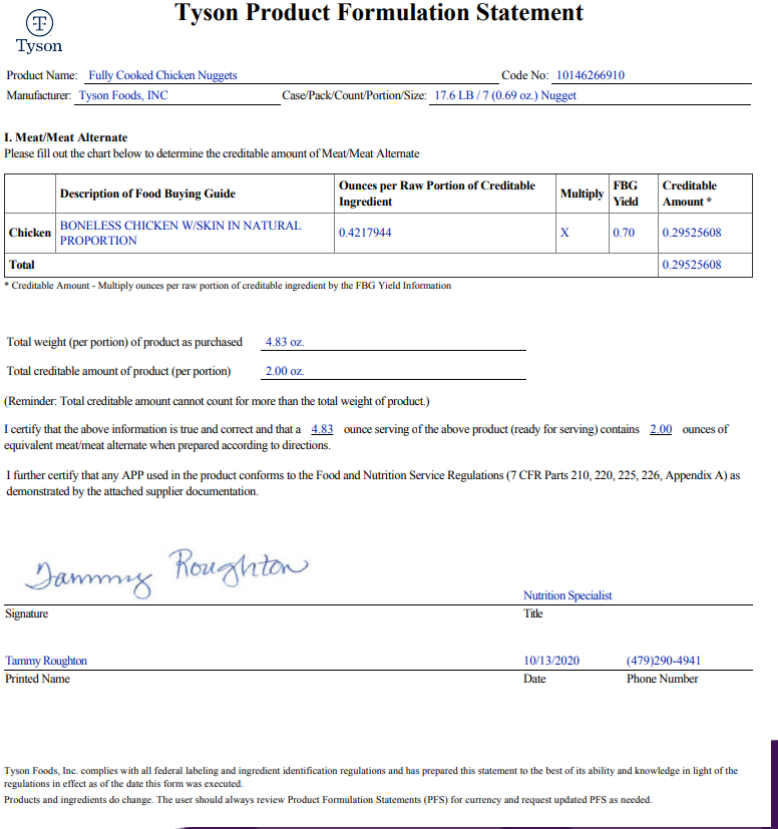
Main dish products that contribute to the meats/meat alternates component of the meal pattern.

What foods do I need it for?

- Highly Processed Meats (hot dogs, mixed meat meatballs/ patties, pepperoni)
- Combination Foods (ck nuggets, fish sticks, raviolis, premade burritos, premade pizza, corn dogs etc.)

[CN Label Information from National CACFP Association]

Product Formulation Statement



Tyson

Tyson Product Formulation Statement

Product Name: Fully Cooked Chicken Nuggets Code No: 10146266910

Manufacturer: Tyson Foods, INC Case/Pack/Count/Portion/Size: 17.6 LB / 7 (0.69 oz.) Nugget

I. Meat/Meat Alternate

Please fill out the chart below to determine the creditable amount of Meat/Meat Alternate

	Description of Food Buying Guide	Ounces per Raw Portion of Creditable Ingredient	Multiply	FBG Yield	Creditable Amount *
Chicken	BONELESS CHICKEN W/SKIN IN NATURAL PROPORTION	0.4217944	X	0.70	0.29525608
Total					0.29525608

* Creditable Amount - Multiply ounces per raw portion of creditable ingredient by the FBG Yield Information

Total weight (per portion) of product as purchased 4.83 oz.

Total creditable amount of product (per portion) 2.00 oz.

(Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a 4.83 ounce serving of the above product (ready for serving) contains 2.00 ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation.

Tammy Roughton

Signature

Nutrition Specialist

Title

Tammy Roughton

Printed Name

10/13/2020

Date

(479)290-4941

Phone Number

Tyson Foods, Inc. complies with all federal labeling and ingredient identification regulations and has prepared this statement to the best of its ability and knowledge in light of the regulations in effect as of the date this form was executed.

Products and ingredients do change. The user should always review Product Formulation Statements (PFS) for currency and request updated PFS as needed.

What to look for on a PFS:

- Is it on company letterhead?
- Does it include the product name, code number, and portion/serving size?
- Does include a signature?
- Does it demonstrate how the creditable ingredients contribute toward the meal pattern requirement?

USDA Resource - Evaluating a PFS

Commonly Miscredited Foods - Tortilla Chips

Crediting Corn Chips/Tortilla Chips:

- Whole Grain-Rich: look for whole corn, whole ground corn, corn with lime/nixtamalized corn (corn masa)
- Enriched: look for enriched corn, enriched yellow corn, corn + nutrient ingredient
    - example: corn flour (folic acid, riboflavin, niacin, and thiamine)



INGREDIENTS: ORGANIC **WHOLE GROUND CORN**, ORGANIC VEGETABLE OIL, SEA SALT.

INGREDIENTS: **CORN MASA FLOUR**, WATER, VEGETABLE OIL, SEA SALT.

INGREDIENTS: **WHOLE CORN**, VEGETABLE OIL, WHOLE WHEAT, WHOLE GRAIN BROWN RICE FLOUR, WHOLE OAT FLOUR, SUGAR, AND SALT.

Crediting Tortilla Chips Cheat Sheet

Commonly Miscredited Foods

Non-Creditable Tortilla Chips & Corn Chips:

- 1st ingredients in corn that is not whole, enriched, or treated with lime
- 1st ingredient is a non-creditable grain or flour (cassava, almond, tapioca, potato flour/starch)



INGREDIENTS: CORN, VEGETABLE OIL, SALT.

INGREDIENTS: GROUND WHITE CORN, VEGETABLE OIL, SALT.

INGREDIENTS: POTATO STARCH, CORN STARCH, CANE SUGAR, SWEET POTATO POWDER, SALT, CALCIUM CHLORIDE, POTASSIUM CHLORIDE, SPINACH POWDER, TOMATO POWDER, BEETROOT POWDER, AVOCADO OIL, SEASONING.

Commonly Miscredited Foods





























Note: Products purchased from a food distributor with brand names Tostitos, Fritos, etc. may be WGR. Prior to purchasing a product, verify it is creditable. Recipes for all products are subject to change at any time.

Commonly Miscredited Foods - Milk

Substituting Milk:
Must meet the nutrition requirements that dairy milk provides.

Most common nutrient missing from non-dairy substitutes is **protein**.

Nutrient	Per cup (8 fl oz)
Calcium	276 mg
Protein	8 g
Vitamin A	150 mcg RAE
Vitamin D	2.5 mcg
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	0.44 mg
Vitamin B12	1.1 mcg



Serving Size	1 Cup (240ml)
Amount per serving	
Calories	**110**
	% Daily Value*
Total Fat: 4.5g	**6%**
Saturated Fat: 0.5g	**3%**
Trans Fat: 0g	
Polyunsaturated Fat: 3g	
Monounsaturated Fat: 1g	
Cholesterol: 0mg	**0%**
Sodium: 90mg	**4%**
Total Carbohydrate: 8g	**3%**
Dietary Fiber: 2g	**7%**
Total Sugars: 5g	
Includes 4g Added Sugars	**8%**
Protein: 8g	**16%**
Vitamin D: 3mcg	15%
Calcium: 470mg	35%
Iron: 1mg	6%
Potassium: 370mg	8%
Vitamin A: 150mcg	15%
Riboflavin: 0.44mg	35%
Folate: 40mcg DFE	10%
Vitamin B12: 2.4mcg	100%
Phosphorus: 230mg	20%
Iodine: 15mcg	10%
Magnesium: 40mg	10%

*Percent Daily Values are based on a 2,000 calorie diet



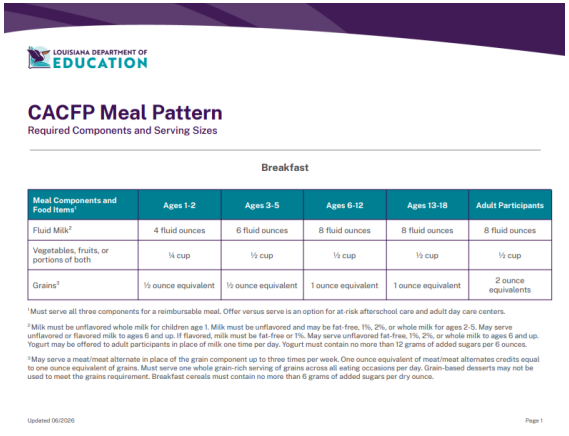
Servings Per Container About 8

Serving Size	1 Cup (240ml)
Amount per serving	
Calories	**60**
	% Daily Value*
Total Fat: 2.5g	**3%**
Saturated Fat: 0g	**0%**
Trans Fat: 0g	
Polyunsaturated Fat: 0.5g	
Monounsaturated Fat: 1.5g	
Cholesterol: 0mg	**0%**
Sodium: 150mg	**7%**
Total Carbohydrate: 8g	**3%**
Dietary Fiber: 0g	**0%**
Total Sugars: 7g	
Includes 7g Added Sugars	**14%**
Protein: 1g	
Vitamin D: 4mcg	20%
Calcium: 470mg	35%
Iron: 0.5mg	2%
Potassium: 0mg	0%
Vitamin A: 150mcg	15%
Vitamin E: 4mg	25%
Vitamin B12: 1.1mcg	45%
Magnesium: 15mg	4%

*Percent Daily Values are based on a 2,000 calorie diet

Non-Dairy Milk Substitutes Fact Sheet

Menu/Meal Pattern Resources



LOUISIANA DEPARTMENT OF EDUCATION

CACFP Meal Pattern

Required Components and Serving Sizes

Breakfast

Meal Components and Food Items[1]	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18	Adult Participants
Fluid Milk[2]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both	¼ cup	½ cup	½ cup	½ cup	½ cup
Grains[3]	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

[1] Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool care and adult day care centers.

[2] Milk must be unflavored whole milk for children age 1. Milk must be unflavored and may be fat-free, 1%, 2%, or whole milk for ages 2-5. May serve unflavored or flavored milk to ages 6 and up. If flavored, milk must be fat-free or 1%. May serve unflavored fat-free, 1%, 2%, or whole milk to ages 6 and up. Yogurt may be offered to adult participants in place of milk one time per day. Yogurt must contain no more than 12 grams of added sugars per 6 ounces.

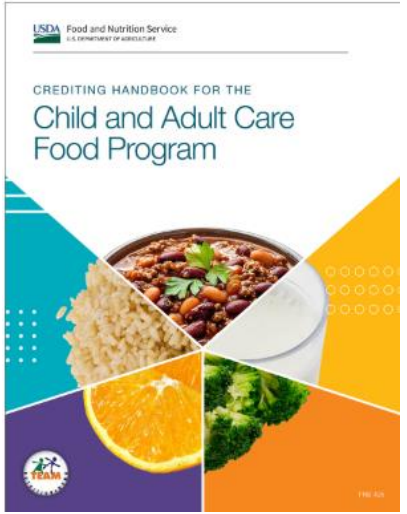
[3] May serve a meat/meat alternate in place of the grain component up to three times per week. One ounce equivalent of meat/meat alternates credits equal to one ounce equivalent of grains. Must serve one whole grain-rich serving of grains across all eating occasions per day. Grain-based desserts may not be used to meet the grains requirement. Breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.

Updated 06/2026 Page 1

[LDOE - Meal Patterns All Ages Resource]

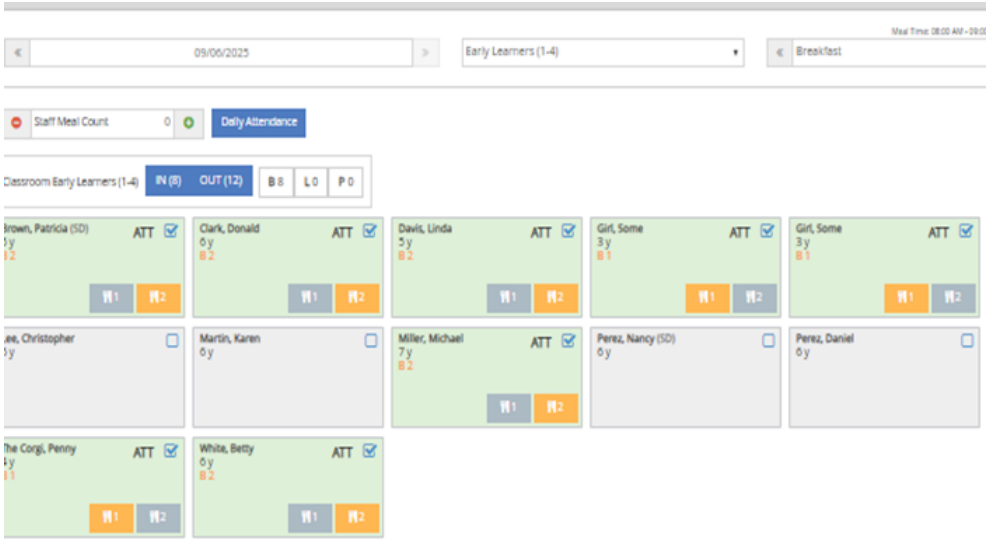


[USDA Food Buying Guide]



[CACFP Crediting Handbook]

Point of Service Meal Count Records - KidKare

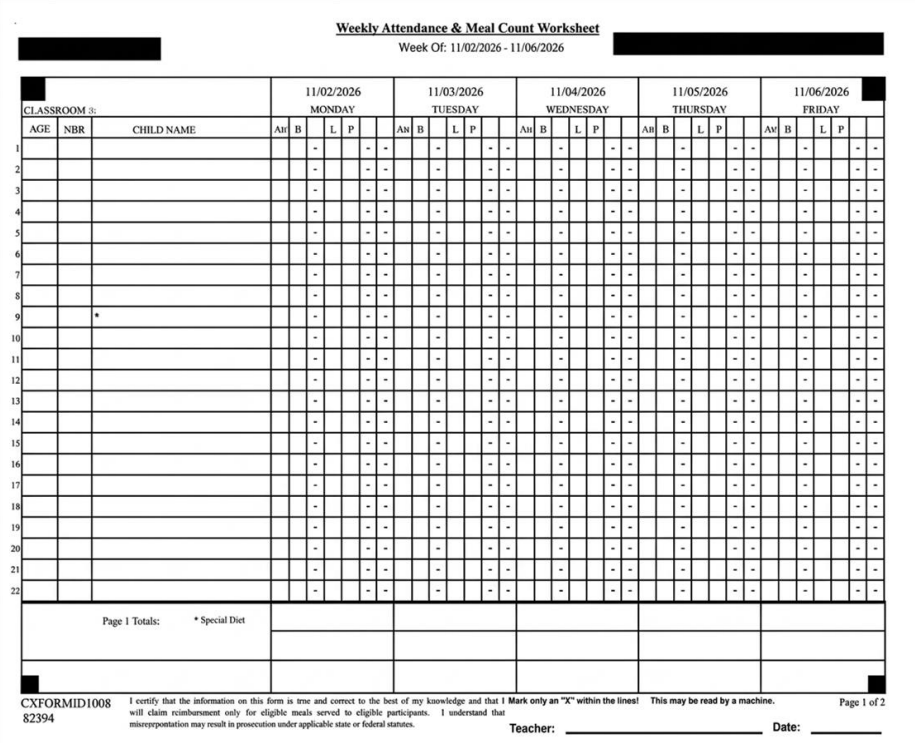


KidKare:

- Click the Fork/Knife when the participant receives the complete meal or snack.
- Can be accessed from smartphones, tablets, laptops, or desktop computers

If not marking participants as they are being served, will need paper POS records to back up what is put in KidKare. These paper records must be completed during the meal service.

Point of Service Meal Count Records - Paper



Weekly Attendance & Meal Count Worksheet

Week Of: 11/02/2026 - 11/06/2026

[redacted]

CLASSROOM #:			11/02/2026 MONDAY						11/03/2026 TUESDAY						11/04/2026 WEDNESDAY						11/05/2026 THURSDAY						11/06/2026 FRIDAY					
AGE	NBR	CHILD NAME	AM	B		L	P		AM	B		L	P		AM	B		L	P		AM	B		L	P		AM	B		L	P	
1					-			-	-			-		-	-			-		-	-			-		-	-			-		-
2					-			-	-			-		-	-			-		-	-			-		-	-			-		-
3					-			-	-			-		-	-			-		-	-			-		-	-			-		-
4					-			-	-			-		-	-			-		-	-			-		-	-			-		-
5					-			-	-			-		-	-			-		-	-			-		-	-			-		-
6					-			-	-			-		-	-			-		-	-			-		-	-			-		-
7					-			-	-			-		-	-			-		-	-			-		-	-			-		-
8					-			-	-			-		-	-			-		-	-			-		-	-			-		-
9		*			-			-	-			-		-	-			-		-	-			-		-	-			-		-
10					-			-	-			-		-	-			-		-	-			-		-	-			-		-
11					-			-	-			-		-	-			-		-	-			-		-	-			-		-
12					-			-	-			-		-	-			-		-	-			-		-	-			-		-
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14					-			-	-			-		-	-			-		-	-			-		-	-			-		-
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20					-			-	-			-		-	-			-		-	-			-		-	-			-		-
21					-			-	-			-		-	-			-		-	-			-		-	-			-		-
22					-			-	-			-		-	-			-		-	-			-		-	-			-		-
		Page 1 Totals: * Special Diet																														

CXFORMID1008
82394

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursment only for eligible meals served to eligible participants. I understand that misrerportation may result in prosecution under applicable state or federal statutes.

Mark only an "X" within the lines! This may be read by a machine.

Page 1 of 2

Teacher: _____ Date: _____

KidKare:
Reports → Attendance → Blank Attendance + Served Meals Worksheet

[LDOE Point of Service Weekly Records]

Common Fiscal Findings

- No Documentation
- Missing Receipts
- No CAFP Disbursement Journal
- Unallowable Expenses
- Not Following Approved Budget
- Cost of Food Used
- Inventory Control Sheet
- Incorrect or unavailable line-item account

These findings have the potential to cost the agency to pay back money into the CACFP account or back to LDOE

Fiscal Oversight Best Practices

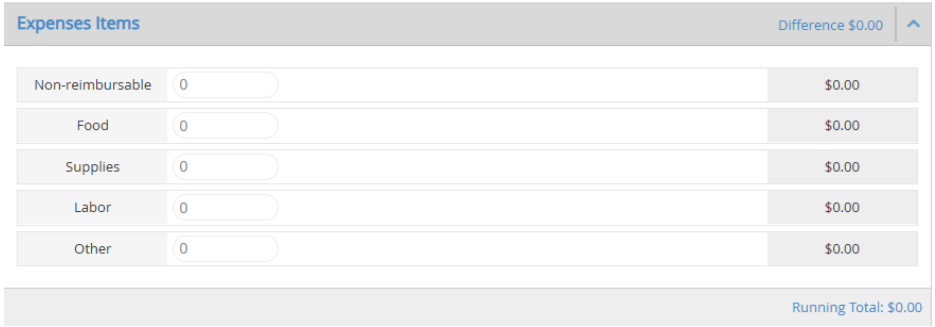
Put Everything in KidKare!

- KidKare is your complete Disbursement Journal
- Anything you spend money on with CACFP funds should be put into KidKare
- Report: Center Receipts Journal



Keep a folder for each month with:

- Bank Statement
- Invoices/Receipts
- Make a copy of original receipts



If selecting ‘Other’ the description should be specific such as “Pest Control”, “Grease Trap Service”, or “Internet”.

Milk Audit



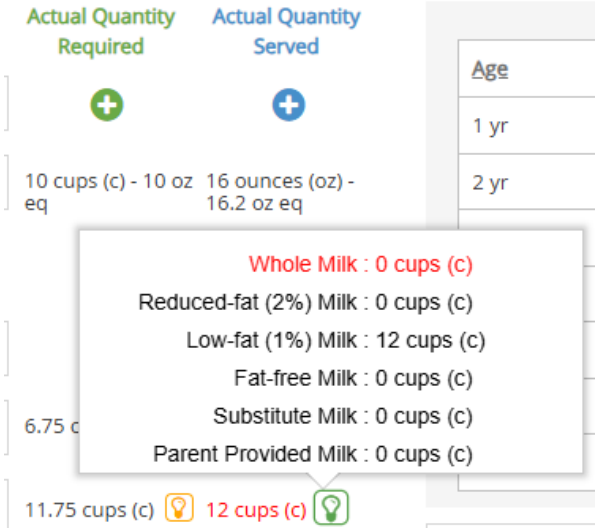
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1 0.5000 0.3124	2 0.8750 0.3124 3.1250	3 1.0000 0.3750	4 1.0625 0.4376	5 0.5000 0.3124	6
7	8 1.0000 0.1876	9 5.5000 0.3750	10 1.0000 0.3750	11 2.2500 0.3750	12 0.4375 0.3750	13
14	15 0.8750 0.2500	16 1.0000 0.3750 3.1250	17 1.1250 0.3750	18	19	20
21	22 1.0000 0.3750	23 0.8750 0.3750	24 1.0000 0.4376	25 1.0000 0.4376	26 0.6250 0.2500	27
28	29 0.6250 0.3124	30 0.7500 0.4376 3.1250	1	2	3	4

Common Mistakes in KidKare:

- **Not entering all receipts**
- **Not entering beginning balance**
- Not entering the correct type of milk
- Not selecting the correct type of milk on the Daily menu

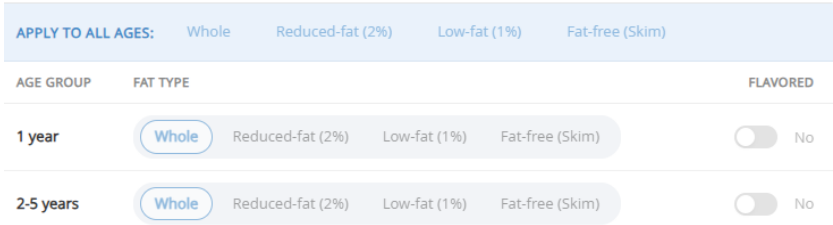
	Whole	Reduced-fat (2%)	Low-fat (1%)
Previous Month Carry Over / Starting Balance (Gallons)	0.0000	0.0000	7.0000

Milk Audit

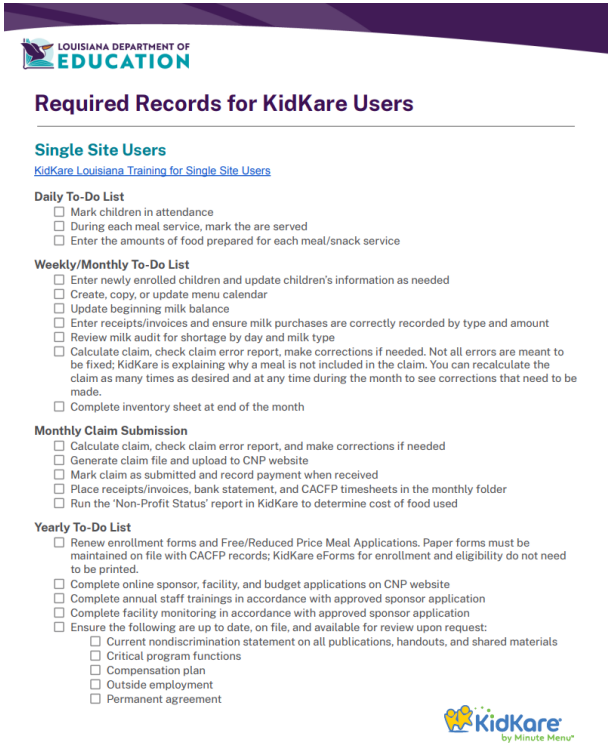


Common Mistakes in KidKare:

- Not entering all receipts
- Not entering beginning balance
- **Not entering the correct type of milk**
- **Not selecting the correct type of milk on the Daily menu**



Utilizing KidKare



LOUISIANA DEPARTMENT OF EDUCATION

Required Records for KidKare Users

Single Site Users

KidKare Louisiana Training for Single Site Users

Daily To-Do List

- ☐ Mark children in attendance
- ☐ During each meal service, mark the are served
- ☐ Enter the amounts of food prepared for each meal/snack service

Weekly/Monthly To-Do List

- ☐ Enter newly enrolled children and update children's information as needed
- ☐ Create, copy, or update menu calendar
- ☐ Update beginning milk balance
- ☐ Enter receipts/invoices and ensure milk purchases are correctly recorded by type and amount
- ☐ Review milk audit for shortage by day and milk type
- ☐ Calculate claim, check claim error report, make corrections if needed. Not all errors are meant to be fixed; KidKare is explaining why a meal is not included in the claim. You can recalculate the claim as many times as desired and at any time during the month to see corrections that need to be made.
- ☐ Complete inventory sheet at end of the month

Monthly Claim Submission

- ☐ Calculate claim, check claim error report, and make corrections if needed
- ☐ Generate claim file and upload to CNP website
- ☐ Mark claim as submitted and record payment when received
- ☐ Place receipts/invoices, bank statement, and CACFP timesheets in the monthly folder
- ☐ Run the 'Non-Profit Status' report in KidKare to determine cost of food used

Yearly To-Do List

- ☐ Renew enrollment forms and Free/Reduced Price Meal Applications. Paper forms must be maintained on file with CACFP records; KidKare eForms for enrollment and eligibility do not need to be printed.
- ☐ Complete online sponsor, facility, and budget applications on CNP website
- ☐ Complete annual staff trainings in accordance with approved sponsor application
- ☐ Complete facility monitoring in accordance with approved sponsor application
- ☐ Ensure the following are up to date, on file, and available for review upon request:
  - ☐ Current nondiscrimination statement on all publications, handouts, and shared materials
  - ☐ Critical program functions
  - ☐ Compensation plan
  - ☐ Outside employment
  - ☐ Permanent agreement

KidKare by Minute Menu

Daily:

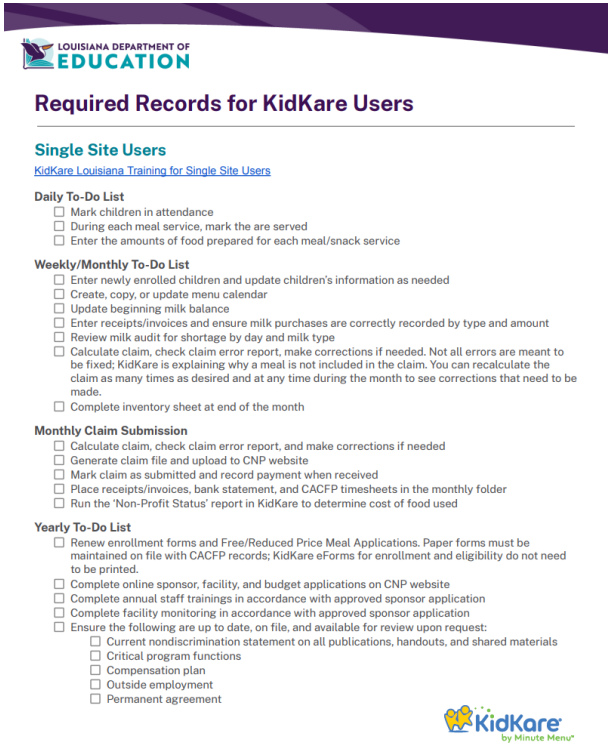
- Attendance
- Meal counts
- Menu/production records

Weekly:

- Review attendance, meal counts, and production records before end of business Friday
- Review milk audit
- Input receipts/invoices
- Update children, IEF dates, FRP category, etc. as needed

Required Records for KidKare

Utilizing KidKare



LOUISIANA DEPARTMENT OF EDUCATION

Required Records for KidKare Users

Single Site Users

KidKare Louisiana Training for Single Site Users

Daily To-Do List

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Monthly Claim Submission

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  - ☐ Current nondiscrimination statement on all publications, handouts, and shared materials
  - ☐ Critical program functions
  - ☐ Compensation plan
  - ☐ Outside employment
  - ☐ Permanent agreement

KidKare by Minute Menu

Required Records for KidKare

Monthly:

- Calculate claim (can be done more often)
- Review/fix errors as able
- Upload claim to CNP website
- Complete inventory and enter beginning balance into KidKare

What are the impacts of findings?

May lead to repayment of money reimbursed or denial of claim

Require corrective action

Increased oversight by LDOE

May lead to termination of participation in CACFP and other Child Nutrition Programs

May lead to being placed on the National Disqualified List

What is the National Disqualified List (NDL)

National Disqualified List (NDL): A federal database managed by USDA, and it lists centers and individuals terminated from CACFP due to serious noncompliance.

If you or your center is listed on the NDL:

- You lose your CACFP participation – and your reimbursement
- You're disqualified for at least 7 years, or longer if debts are still owed
- You cannot participate in other child nutrition programs like the Summer Food Service Program

How to Avoid Ending Up on the NDL

Staying compliant requires a proactive mindset!

- Keep accurate financial records
- Track reimbursements and expenses carefully
- Monitor operations regularly
- Follow meal pattern requirements
- Participate in training or ask for technical assistance
- Utilize KidKare’s edit checks routinely



How to Write a Corrective Action Plan?

1. Read the finding carefully and make sure you understand it
2. Gather additional documentation requested
3. Draft a clear response that follows the template sent
4. Submit on time or early



Example CAP #1: Missing Receipts

The Issue: Missing receipts for food purchases made during the review month.
SD Language: Lacked itemized receipts to support food purchases for test month.
Root Cause: No organized system for saving receipts for all purchases, no set schedule for entering receipts into KidKare, staff purchasing food not regularly trained on maintaining original receipts, and/or staff turnover
Corrective Action:

- Mandatory staff training: provide specific date, agenda, sign-in sheet for all staff involved in purchasing/recordkeeping on CACFP documentation requirements
- Create a Standard Operating Procedure (SOP) for receipt management, including oversight

Example CAP #1: Missing Receipts

Responsible Person:

Jane Jones, Director

Supporting Documentation Required to Maintain for Future Review:

- ❑ Located Receipts
- ❑ Training agenda and signed attendance sheet
- ❑ KidKare receipts journal
- ❑ Copy of new SOP

Where Records Will Be Maintained:

List the address of where all your records are stored for CACFP, if there is a specific folder/drawer/cabinet indicate here (must be accessible in director's absence)

Example CAP #2: Inaccurate Meal Counts

The Issue: Meal counts for test month did not match daily attendance record
SD Language: Insufficient edit checks to ensure the accuracy of enrollment, eligibility, attendance, and number of meals claimed.
Root Cause: Meal counts were not recorded at point of service, no edit checks at end of month before claim submission
Corrective Action:

- Program director to review all meal counts and compare with parent sign-in sheets/other attendance records
- Teachers will utilize KidKare to enter meal counts when children are served
- Staff Retraining: All teaching and kitchen staff were trained on importance of POS meal counts, how to use KK correctly, and cross-checking procedures with attendance and meal counts

Example CAP #2: Inaccurate Meal Counts

Responsible Person:

Matthew Smith, Program Director

Supporting Documentation Required to Maintain for Future Review:

- ❑ Training agenda and attendance sheet
- ❑ Meal counts recorded during each meal service in KK
- ❑ If SOP was created or updated, maintain a copy on file

Where Records Will Be Maintained:

List the address of where all your records are stored for CACFP, if there is a specific folder/drawer/cabinet indicate here (must be accessible in director's absence)

Thank You!

Louisiana Department of Education
Division of Nutrition Support
Child and Adult Care Food Program
PO Box 94065
Baton Rouge, LA 70804

1201 N Third Street
5th Floor, Suite 160
Baton Rouge, LA 70802

Stephanie Loup, MPH, RD, LDN
Executive Director
225-342-3769

David Thibodeaux
Director of Community Programs
225-342-3997

Community Staff Program Contact List