

Section 11000

Resources

Log of Section Updates

This table will reflect ongoing updates to the handbook. All rows highlighted in yellow reflect the changes made in the latest released version.

Date of Edit	Content/Purpose	Subsection(s)
11-28-2022	Consolidated content from all four current CACFP Handbooks (Child Care Center, Day Care Homes, Adult Day Care, and At-Risk), which includes providing clarification and minor terminology adjustments to distinguish forms and resources that may not apply to all CACFP sub-programs. This section is now identical in all four handbooks. Once consolidation of all sections is complete, TDA will release a new version of a single CACFP Handbook.	N/A
11-28-2022	Removed contact information for “Community Operations Field Offices.” All communications to TDA regarding CACFP should be directed to the central Community.Ops@TexasAgriculture.gov email address.	Applicable subsections removed.
11-28-2022	Updated language around Time Distribution Reporting to reflect how employees dedicated 100% to CACFP activities need to document their time.	11121
11-28-2022	Numerous additions to and clarifications in the day care home provider sample serious deficiency letters, pursuant to 2021 USDA management evaluation suggestions.	11610, 11620, 11631, 11632, 11641, 11642, 11651, 11652, 11653, 11654
11-28-2022	Updated links to various USDA resources.	11230, 11411, 11500

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11100 Administration

11110 Education Service Center Offices

Additional information about Education Service Centers is available on TDA's SquareMeals website at: <https://squaremeals.org/About/EducationServiceCenters.aspx>

Region 1

Edinburg

FAX (956) 984-7602
(956) 984-6000
1900 West Schunior
Edinburg, Texas 78541

Region 3

Victoria

FAX (361) 576-4804
(361) 573-0731
1905 Leary Lane
Victoria, Texas 77901

Region 5

Beaumont

FAX (409) 951-1821
(409) 951-1700
350 Pine Street, Suite 500
Beaumont, Texas 77701

Region 7

Kilgore

FAX (903) 988-6860
(903) 988-6700
1909 North Longview Street
Kilgore, Texas 75662

Region 9

Wichita Falls

FAX (940) 767-3836
(940) 322-6928
301 Loop 11
Wichita Falls, Texas 76306

Region 2

Corpus Christi

FAX (361) 561-8649
(361) 561-8400
209 N Water Street
Corpus Christi, Texas 78401

Region 4

Houston

FAX (713) 744-2731
(713) 744-8162
7145 West Tidwell
Houston, Texas 77092

Region 6

Huntsville

FAX (936) 435-8482
(936) 435-8400
3332 Montgomery Road
Huntsville, Texas 77340

Region 8

Mt. Pleasant

FAX (903) 575-2610
(903) 572-8551
Mailing: P.O. Box 1894
Pittsburg, Texas 75456
Physical: 4145 US Highway 271 North, Mt. Pleasant,
Texas 75686

Region 10

Richardson

FAX (972) 348-1387
(972) 348-1700
400 E. Spring Valley
Richardson, Texas 75081

Region 11
Ft Worth
FAX (817) 740-3601
(817) 740-3600
1451 S. Cherry Lane
White Settlement, Texas 76108

Region 13
Austin
FAX (512) 919-5430
(512) 919-5313
5701 Springdale Road
Austin Texas 78723

Region 15
San Angelo
FAX (325) 655-4823
(325) 658-6571
Mailing: P.O. Box 5199
San Angelo Texas 76902
Physical: 612 South Irene Street, San Angelo 76903

Region 17
Lubbock
FAX (806) 799-8630
(806) 281-5803
1111 W. Loop 289
Lubbock Texas 79416

Region 19
El Paso
FAX (915) 780-6537
(915) 780-1919
6611 Boeing Drive
El Paso, Texas 79925

Region 12
Waco
FAX (254) 666-0696
(254) 297-1212
Mailing: P.O. Box 23409
Waco Texas 76702
Physical: 2101 W Loop 340
Waco, Texas 76712

Region 14
Abilene
FAX (325) 675-8659
(325) 675-8600
1850 State Highway 351
Abilene Texas 79601

Region 16
Amarillo
FAX (806) 677-5001
(806) 677-5000
5800 Bell Street
Amarillo Texas 79109

Region 18
Midland
FAX (432) 567-3290
(432) 563-2380
Mailing: P.O. Box 60580
Midland Texas 79711
Physical: 2811 LaForce Blvd.

Region 20
San Antonio
FAX (210) 370-5754
(210) 370-5659
1314 Hines Avenue
San Antonio Texas 78208

11120 Sample Forms

11121 Sample Time Distribution Report

This sample report is designed for employees who are not 100% dedicated to CACFP functions and must document the distribution of time between CACFP functions and non-CACFP functions.

IMPORTANT:

- Employees that are 100% dedicated to CACFP functions **may** sign and date an attestation every six months affirming their time allocation in lieu of a daily time distribution report/form.
 - 100% dedicated CACFP employees **must** still document allocation of time between administrative and operational tasks.
- 100% dedicated employees with a fixed allocation between administrative and operational tasks **may** attest to this every six months.
 - If the allocation is not fixed, 100% dedicated employees **may** use the (Sample) Time Distribution Report form, or an alternative reporting method containing the same data points to document their time breakdown between operational and administrative hours.
- Time and attendance sheets documenting start times, end times, and absences **must be completed and available for review (upon request) for all employees, regardless of time allocation.**
 - The employee **must** sign and date each of their own time and attendance sheets.
 - Electronic time and attendance reporting **must** allow for staff to sign off on their reported time and attendance regularly (at least monthly) and contain a statement confirming the accuracy of the time and attendance reported.

[See next three pages for form and instructions.]

Employee Name	Position	Normal Work Hours	Month/Year
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Day	WORK HOURS (INCLUDE AM/PM)		FOOD SERVICE ADMINISTRATION TASKS			FOOD SERVICE OPERATIONS TASKS					I. Non Food Service	J. Total Hours
	Start	End	A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serve	F. Meal Clean-Up	G. Supervise Meal	H. Meal Records		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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19												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Monthly Totals												

Total Food Service Hours _____ + Total Non-Food Service Hours _____ = Total
Hours Worked _____

I certify that all information is true and correct.

Signature – Employee

Date

Approval:

Signature – Supervisor

Date

Form Revised November 2022

Instructions – (Sample) Time Distribution Report

<p>PURPOSE</p> <p>To document the time spent performing Food Service and Non-Food Services tasks for each day of the month worked, as well as the allocation between operational and administrative CACFP functions. This information is used to establish the portion of costs that may be claimed as Food Service labor.</p> <p>PROCEDURE</p> <p>When to Prepare</p> <p>Full-time and part-time employees who split time between CACFP functions and non-CACFP functions must complete this form, or a similar form capturing the same data points. Employees that are 100% dedicated to CACFP functions may use this form to document time spent between operational and administrative tasks if the allocation is not fixed. Employees with fixed time allocations may sign an attestation every six months in lieu of completing this report. The information submitted in this form must account for the total activity for which each employee is compensated. The reports must reflect an after-the-fact determination of the actual activity of each employee. Each employee must be reported separately.</p> <p>Number of Copies</p> <p>Complete and maintain one original for each employee for each month.</p> <p>Transmittal</p> <p>Keep the completed and signed form in your files.</p> <p>Form Retention</p> <p>Keep the Time Distribution Report for three (3) years from the end of the contract period. Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be kept until final resolution.</p> <p>DETAILED INSTRUCTIONS</p> <p>Employee Name – Enter the name of the employee whose time distribution is being recorded.</p> <p>Position – Enter the title of the position for this employee.</p> <p>Normal Work Hours – Enter the normal start and end time for this employee.</p>	<p>Month/Year – Enter the month and the year covered by this time distribution report.</p> <p>Day – No entry is required. This column indicates that day of the month.</p> <p>Work Hours – The employee enters the start and end time for each workday, including AM/PM of hours entered. More than one time may be entered if the employee has a break in work hours other than normal lunch and break times.</p> <p>Food Service Administrative Tasks and Food Service Operational Tasks – The employee enters the time spent performing Food Service tasks in the column that best describes the nature of the activity. Time must be reported in 15-minute intervals. Employees should round up or down to the nearest half-hour. This should reflect an after-the-fact determination of the actual time spent in each activity.</p> <p>Non-Food Service – The employee enters the amount of time spent performing tasks that ARE NOT related to the administration or operation of the Food Service. Time must be reported in 15-minute intervals. Time should be rounded up or down to the nearest half-hour. This should reflect an after-the-fact determination of the actual time spent in each activity.</p> <p>Total Hours – The employee enters the total number of hours worked that day. It should agree with the total of the hours entered under the task columns.</p> <p>Monthly Total – Enter the total time spent performing the task identified in each column.</p> <p>Total Food Service Hours – Enter the total of columns A, B, C, D, E, F, G, and H.</p> <p>Total Non-Food Service – Enter the total time noted in column I.</p> <p>Total Hours Worked – Enter the total hours worked during the month. This entry should agree with the total of column J.</p> <p>Signature and Date–Employee – The employee must sign and date the document to certify that all information is true and correct.</p> <p>Signature and Date–Supervisor – The employee’s supervisor must sign and date the document to show approval of the form.</p>
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11122 Field Trip Food Service Documentation

1. Contracting Entity (CE) Name:	2. Site Name:	3. CE ID:
4. Destination/City/State:	5. Date of Trip:	6. Departure Time:
		7. Return Time:

8. Field Trip Meal Service	
Meal Type (s): _ B _ A _ L _ P _ S _ E	Where were the meals served?
Describe the method used to ensure transported foods were held at proper temperatures:	

9. MENU SERVED ON FIELD TRIP			
Menu I		Menu II	
Milk:	Meat:	Milk:	Meat:
Vegetable:	Bread:	Vegetable:	Bread:
Fruit:	Other:	Fruit:	Other:

10. FIELD TRIP ATTENDANCE		
Name of Participant	Name of Participant	Name of Participant
1.	10.	19.
2.	11.	20.
3.	12.	21.
4.	13.	22.
5.	14.	23.
6.	15.	24.
7.	16.	25.
8.	17.	26.
9.	18.	27.

11. I certify that to the best of my knowledge, the information reported on this form is true and correct. I understand misrepresentation may result in prosecution under applicable state or federal laws. I certify that all meals were prepared, delivered and served in accordance with state and local health department standards.

SIGNATURE OF EMPLOYEE

DATE OF SIGNATURE

Instructions – Field Trip Food Service Documentation Form

PURPOSE

To document field trip food service in child and adult care centers, and day care homes.

PROCEDURE

When to Prepare

Contracting Entities (CEs) and sites must maintain documentation of meals served on field trips according to program requirements. This is an optional form CEs and sites may use to document field trips. This form, if fully completed, contains all elements that are required to document field trips. Required documentation of field trips must be completed on the day of the field trip.

Number of Copies

Complete one form for each field trip and for each meal type claimed.

Transmittal

Forms are retained in the CE's and site's files.

How to Obtain Copies

Reproduce this form as necessary.

Retention

CEs and sites must keep documentation of meals served on field trips for three (3) years from the end of the program year. **Exception:** If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be kept until final resolution.

DETAILED INSTRUCTIONS

Information contained on this form does not replace the requirement that CEs and sites document meal counts and attendance on the *Daily Meal Count and Attendance Record* (H1535 for child and adult care centers and emergency shelters, or H1535-AT for At-risk afterschool care centers), *Daily Meal Count, Attendance, and Meal Production Record* (H1539 for day care homes), or alternate, or the requirement that CEs and sites document daily meal production records that include the food items and amounts of food used on the *Daily Meal Production Record* (H1530 for

children and H1530-A for infants at centers and emergency shelters, H1654 for adult day care centers), *Daily Meal Count, Attendance, and Meal Production Record* (H1539 for day care homes), or alternate.

1. Contracting Entity (CE) Name — Enter the name of the Contracting Entity.

2. Site Name — Enter the name of the child care center, adult day care center, or day care home provider.

3. CE ID — Enter the Contracting Entity's TX-UNPS CE ID.

4. Destination — Enter the destination of the trip.

5. Date of Trip — Enter the month, day, and year of the field trip.

6. Departure Time — Enter the time of departure for the field trip.

7. Return Time — Enter the return time from the field trip.

8. Field Trip Meal Service — Enter the requested information for meal service.

BALPSE — Check the appropriate box to indicate the meal type(s) served on the field trip. B = Breakfast, A = A.M. Snack, L = Lunch, P = P.M. Snack, S = Supper, E = Evening Snack.

Where Meal Was Served — Indicate the location where the meal was served on the field trip. For example: a park, picnic area, shopping mall, another center, etc.

Transportation Method — Describe how the food was transported and how the food was held at proper temperatures.

9. Menu Served on Field Trip — Enter the individual food components served. This is not a meal production record. Meal production records for foods served on field trips must be completed.

10. Field Trip Attendance — Enter the requested information for field trip attendance. This is not a meal count. Meal counts for meals served on field trips must be completed on the *Daily Meal Count and Attendance Record* (H1535 for child and adult care centers and emergency shelters, or H1535-AT for At-risk afterschool care centers), *Daily Meal Count, Attendance, and Meal Production Record* (H1539 for day care homes), or alternate.

Name of Child — Enter the name of each program participant who attended the field trip.

11. Signature and Date of Signature — The person completing the form must sign and date the form, certifying that the information reported on the form is true and correct to the best of his or her knowledge.

11123 Statement of Child’s Enrollment Examples

The following sample forms may be used in child care centers and day care homes.

11123.1 Even Start Family Literacy Program

Example:

Statement of Child’s Enrollment in the Even Start Family Literacy Program

This is to verify that _____ is currently enrolled as a participant in
(Name of child)
in the Even Start Family Literacy Program and that the child has not yet entered kindergarten.

Name of Even Start Program

Signature of Even Start Program Director or Official

Date

11123.2 Head Start Program

Example:

Statement of Child's Enrollment in the Head Start Program

This is to verify that _____ is currently enrolled as a participant in
(Name of child)
the Head Start Program provided by _____.
(Name of Head Start Program)

Signature of Head Start Program Director or Official

Date

11123.3 Early Head Start Program

Example:

Statement of Child’s Enrollment in the Early Head Start Program

This is to verify that _____ is currently enrolled as a participant in
(Name of child)
in the Early Head Start Program provided by _____.
(Name of Early Head Start Program)

Signature of Early Head Start Program Director or Official

Date

11130 Licensing (HHSC/DFPS) – Sample print screen

Child Care Search Result Details



TEXAS
Health and Human
Services

Texas Department of Family
and Protective Services

Child Care Search Result Details

Operation Details

You may click on the question mark image (?) to view the [Frequently Asked Questions \(FAQ\)](#) page.

Operation Number:	888665
Operation Type:	Licensed Child-Care Home
Operation/Caregiver Name:	Happy Times Home Child Care
Location Address:	1234 Sunny Hill Sunshine, TX 77595
Mailing Address:	
Phone Number:	512-867-5309
County:	TRAVIS
Website Address:	
Email Address:	merryhappy@sunny.com
Administrator/Director Name:	Merry Happy
Type of Issuance: ?	Full Permit
Issuance Date:	10/1/2008
Conditions on Permit: ?	No
Accepts Child-Care Subsidies: ?	
Hours of Operation:	06:30 AM-06:00 PM
Days of Operation:	Monday - Friday
Total Capacity:	12
Licensed to Serve Ages:	Infant, Toddler, Pre-Kindergarten, School
Total Capacity:	12
Number Of Admin Penalties:	0
Corrective Action: ?	No
Adverse Action: ?	No
Temporarily Closed:	No

http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityDetails.asp?pt...

6/9/2017

11140 Verifying Day Care Home Provider's Income

11141 Via IRS Form 1040

In the CACFP for Day Care Homes, all providers' households will include at least one self-employed person - the provider. Because of difficulties that may exist in verifying income for self-employed persons, Internal Revenue Service (IRS) Form 1040 may be a good source for verifying a provider's household income.

When Is It Appropriate/Not Appropriate To Use IRS Form 1040? — IRS Form 1040 is an excellent tool for sponsors to use in verifying the income of the provider's household members who are self-employed. Because providers are self-employed, these individuals will lack the normal documentation of earnings (such as wage stubs or other records of pay) that are readily available to most wage earners. Although the use of the prior year's tax form to verify self-employment income does not provide information which is as current as a biweekly pay stub for a wage earner, it often represents a reasonable estimate of a day care provider's current income.

In some cases, however, a provider's household income may have changed significantly between the end of a tax year and the time when the provider applies for Tier I status based on their household income. In such circumstances, it may be necessary for a sponsor to utilize sources other than, or in addition to, Form 1040 to verify current household income.

If, for example, there were two income earners in a household, Form 1040 would not be useful as the sole source for verification if either person's income had changed substantially. Other examples of such circumstances could include:

Change in Household Composition - The household's composition has changed since the end of the prior tax year, due to a spouse's death or a change in marital status. In this case, Form 1040 might still be an accurate representation of the remaining spouse's income, but the other spouse's income from the prior tax year would have to be excluded. In calculating and verifying current household income in such instances, please remember that losing some type of income may be at least partially replaced by other sources of income (e.g., separation or death will cause the loss of spousal income but may be at least partially offset by other sources of income, such as child support, alimony, or survivor's benefits).

Change in Household Income - Household income has changed markedly due to one member's loss or gain of regular employment. (Here, too, it is important to remember that Form 1040 may still serve as verification of income for another household member whose circumstances may not have changed, and that at least some portion of lost income may be offset by welfare benefits, unemployment compensation, or the like.)

Change in Provider's Income - The provider's own income has changed because of gaining or losing children in day care. In this situation (where the sponsor should already be aware of this change because of changes to the provider's enrollment and meal claims), a reasonable attempt should be made to use Form 1040 (and attached forms showing business expenses) as a basis for calculating the provider's new income for verification purposes.

For example, the current income of a provider whose prior year earnings were based on providing care for two children for the entire year might reasonably be estimated to have doubled if the provider added two day care children on January 1st. However, sponsoring organizations are not expected to sort through boxes of receipts or to retain the services of tax consultants for the purpose of determining the provider's current household income. In some cases, such as when the provider has added several day care children with variable hours of care, it may be advisable for the sponsor to require the provider to fill out an estimate of his/her current year income and expenses on Schedule C of Form 1040 ("Profit or Loss from Business") or some similar statement of earnings and expenses.

Unemployment - A new day care home provider who was unemployed or employed in different pursuits in the prior year. In this case, IRS Form 1040 would not serve as a useful tool for verifying provider income (though it might, in some circumstances, verify other household members' income).

Finally, when using Form 1040 for verification, sponsoring organizations should take care to ensure that the entire household's income is reflected in the prior year's Form 1040. If, for example, the provider has used filing status "3" (Married, filing Separately), the sponsor would also have to review Form 1040s for other income holders in the household.

How to Use IRS Form 1040 to Verify a Provider's Household Income – The IRS and the CACFP define income differently; therefore, there is not a single line on Form 1040 that adequately captures "household income" for CACFP purposes. Although losses from self-employment, farming, other businesses, etc., and deductions from IRAs, pensions, and Social Security distributions are allowed for IRS purposes, they are not allowed for the CACFP. Business losses cannot be deducted when determining household income. For CACFP purposes, the income of a household member reporting a loss must be treated as "zero income."

Example: A provider's spouse reports earnings of \$30,000 and the self-employed provider reports a business loss of \$5,000 (-\$5,000) on Form 1040. Although IRS would allow the provider's business loss to be deducted from the spouse's income to determine their total income ($\$30,000 - \$5,000 = \$25,000$ total income), the CACFP does not allow the provider's business loss to be deducted from the spouse's income. The CACFP considers the provider's income to be "0" not "-\$5,000"; therefore, the household income for CACFP purposes is \$30,000, not \$25,000.

If you use Form 1040 to verify a provider's household income, you must always look at lines 7-22 of Form 1040 and:

- Treat all negative numbers reported on lines 12, 13, 14, and 18 as "zero income," NOT as losses.
- Use the income reported on lines 15a, 16a, and 20a, NOT the adjusted income reported on lines 15b, 16b, and 20b.
- Calculate the total household income by adding lines 7-11, 17, 19, and 21, any positive numbers (gains) reported on lines 12, 13, 14, and 18, and the distributions reported on lines 15a, 16a, and 20a.

Record Retention – You must retain copies of IRS forms and any other information you used to verify a provider's household income for 3 years from the end of the program year.

11142 Without IRS Form 1040 – Sample Worksheet

WORKSHEET TO DETERMINE CURRENT MONTHLY INCOME <i>(without a tax return)</i>	
Last Month's Gross Income of a Provider	
Parent fees (provide copy of payment records)	\$
Other Child Care income (i.e., funded day care)	\$
<i>Other income (if applicable)</i>	
Salary received from outside employment	\$
Child Support (provide copy of court decree)	\$
Other	\$
CHILD AND ADULT CARE FOOD PROGRAM <i>The amount of reimbursement from last month (if applicable)</i>	\$
GRAND TOTAL OF PROVIDER INCOME	\$
Last Month's Business Expenses of Provider <i>(You must attach itemized receipts for any expense you wish deducted)</i>	
Day Care Home food & food-related supplies	\$
Day Care business-related expenses	\$
Advertising	\$
Toys/Books/Art supplies	\$
Bank/Legal Fees	\$
Utilities (% Time & Space % age)	\$
Child Care Supplies (diapers, clean-up supplies)	\$
Mileage (miles from log x state rate)	\$
Other	\$
GRAND TOTAL OF ALL BUSINESS EXPENSES	\$
$\text{GROSS INCOME} - \text{BUSINESS EXPENSES} = \text{CURRENT NET INCOME}$ <p style="text-align: center;">"provider only"</p>	

11200 Training

Training is an organized, instructional activity designed to develop the skills and knowledge necessary for CEs to understand and comply with Program requirements and to improve the nutrition of the children and adults participating in the USDA nutrition programs they offer. The F&N Training Unit conducts both **nutrition** and **Program** training.

11210 Training Registration

Information on training sessions, for both general nutrition education and program-specific courses, is available at the TDA web site at <http://www.squaremeals.org> and click on “F&N Resources” and then select training.

Online trainings are available on a variety of topics and can be accessed at any time. Any mandatory trainings will produce a notice of training completion after the participant successfully completes the course. Optional trainings do not produce such a notice but can be documented, as necessary, to meet training requirements.

Training events are scheduled throughout the state each year, typically hosted by the Education Service Centers (ESCs). Although TDA and USDA have not established an annual nutrition training requirement, TDA may implement such requirements in the future.

11220 Sample Training Documentation

This is a sample of a form the F&N Education Unit uses to sign in attendees at a training event to confirm that a registered participant attended and completed the training.

Child and Adult Care Food Program Training Registration and Activity Report For Contracting Entity Staff

Contracting Entity Name:	CE ID:	Date:
Location of Training:	Instructor(s):	
Training Topic(s):		

First and Last Name of Participant (Please print name clearly)	Position	Signature of Participant

11230 USDA Team Nutrition Materials

TDA wants to ensure that all CEs and sites participating in the CACFP have copies of all the Team Nutrition technical assistance and support materials available to them. These items include:

Team Nutrition Technical Assistance and Support Materials

- The *Food Buying Guide for Child Nutrition Programs*, which provides important yield information necessary to ensure CEs and sites are meeting the meal pattern requirements for compliance with the CACFP. To view and/or print a copy of the *Food Buying Guide for Child Nutrition Programs*, go to <https://foodbuyingguide.fns.usda.gov>.
- *Grow it, try it, like it!* (<https://fns-prod.azureedge.net/sites/default/files/resource-files/GTLI17ALL.pdf>) which contains garden themed education kit with hands on planting activities.

Team Nutrition Posters

The following posters, as well as others, can be ordered from Team Nutrition:

- *MyPlate for Kids: Make Half your Plate Fruits and Vegetables*
- *Eat Smart to Play Hard*

To order Team Nutrition materials, visit the Team Nutrition website at:

<http://teamnnutrition.usda.gov/>.

11240 Institute of Child Nutrition (ICN) Resources and Training

The Institute of Child Nutrition (ICN) provides online CACFP resources and training. Visit their website at theicn.org.

11300 Other Resources

11310 Other Child Nutrition Publications

The TDA website at <http://www.squaremeals.org> offers many posters, publications, menu planners, videos, and contests for kids, information for parents, educational materials for child nutrition professionals, and links to other nutrition-oriented sites. All publications are available for free download or can be ordered through the site at no charge while supplies last.

11320 Sample Agreement – Donation of Excess Meals

NOTE: Donation of excess meals is not allowed for day care homes.

Begin sample:

THIS AGREEMENT is made and entered into this (day) ____ of ____ (month) __, (year) __, between _____ hereinafter referred to as the “Agency,”
(homeless shelter, food bank, food pantry)
and _____, hereinafter referred to as the “Center.”
(CACFP Contracting Entity or Site)

WHEREAS the Agency is a nonprofit agency qualified to distribute food to needy persons in the community.

The parties hereby agree as follows:

1. *Term*—This Agreement is effective upon execution and shall remain in effect until terminated by the parties hereto. Either party may terminate this Agreement by providing the other party five (5) days advance written notification, delivered to its last known address.
2. *Duties of the Center*—The Center shall make available to the Agency at no cost and on a non-exclusive basis leftover food items from the Center’s foodservice operation, for which the Center has determined it has no further use.
3. *Duties of the Agency*—The Agency shall pick up the food items at times and places mutually agreeable to the parties, transport them as necessary, and provide them at no cost to needy persons, all in a manner that complies with applicable laws and regulations.
4. *Delivery* - Agency shall take delivery at the following location(s): (*address*)
5. *Nondiscrimination*—Neither party shall employ discrimination practices in its performance hereunder based on race, color, national origin, sex, age, or disability.
6. *Agency Representative(s) not an Officer, Employee or Agent of the Center*—While engaged in performance of this contract, the *Agency Representative(s)* is an independent contractor and is not an officer, employee, or agent of the Center.
7. *Liability*—The Center shall not be liable to the Agency for personal injury or property damage sustained by the Agency in performing this contract, whether caused by the Center, its officers, employees or by third persons.

8. *Hold Harmless and Indemnification*—The Agency agrees to release, discharge, indemnify, defend, and hold harmless the Center, its employees and agents for all illness, injury or damage to persons or property which may arise out of the activities covered under this Agreement, including the transportation, distribution, use or consumption of food items, irrespective of any negligence on the part of the Center.

Furthermore, the Agency agrees to defend and fully indemnify the Center from any and all liability, loss or damage the Center or its agents or employees may suffer as a result of claims, demands, costs, penalties, litigation or judgments against it arising from any and all illness, injury or damage to any person, persons or property caused by or resulting from the activities covered under this Agreement, including the transportation, distribution, use or consumption of food items.

9. *Insurance*—The Agency shall carry sufficient general liability insurance to protect itself, its employees, and agents against all such claims (referenced in Paragraph 7, above) arising under this Agreement, and to indemnify and defend the Center.

NOTE: Include date and signature lines for each party if utilizing this sample agreement.

11400 Menu Planning

11410 Meal Planning

Below are resources to assist in planning healthy snacks and incorporating fruits and vegetables into menus.

<http://teamn nutrition.usda.gov/>

<http://www.health.gov/dietaryguidelines/>

11411 USDA, Agricultural Research Service (ARS) National Nutrient Database for Standard Reference

Using the online USDA, ARS National Nutrient Database for Standard Reference to convert Nutrient Values per Portion Size of Breakfast Cereals

1. Go online to access the most current version of the ARS National Nutrient Database for Standard Reference at: <https://data.nal.usda.gov/dataset/usda-national-nutrient-database-standard-reference-legacy-release#>
2. Using the search function, type in the key word “cereals” to pull up all the cereal selections or enter a specific cereal you are looking for, then click “submit.”

3. Choose one cereal by clicking on the button to the left of the product you wish to select (the button will be filled in to show that you have selected). Only one selection is permitted. If you want data for a ready-to-cook cereal, make sure you select the cereal option described as dry, e.g., cereals, oats, dry. Click on “submit” which is at the bottom of the product list.
4. Select the quantities and units you want data for and click submit (one or more selections are permitted):

- a. **Ready-to-eat cereals**

You will need to select both 1 oz and $\frac{3}{4}$ cup measures to determine which serving size weighs less. (If volume data is not available, use the manual conversion method shown in attachments B and C.)

- i. *Review nutrient data for one ounce (28.35 grams) of cereal:* Select 100 grams as the description, change 1.00 (100 grams) to 0.2835 (100 grams), **and**
- ii. *Review the nutrient data for $\frac{3}{4}$ cup (0.75 cup) of cereal:* Select the description measured in cups. The volume unit may be different depending on the cereal. If the unit is 1.00 (.75 cup), keep as 1.00 (.75 cup). If the unit is 1.00 (1 cup), change to 0.75 (1 cup). If the unit is 1.00 (.5 cup), change to 1.5 (.5 cup). If the unit is 1.00 (? cup), you will need to determine what number or fraction $\frac{3}{4}$ cup is of the unit provided in parentheses and change 1.00 to the number or fraction required to obtain $\frac{3}{4}$ cup.
- iii. *Click “submit”*

- b. **Ready-to-cook cereals, dry**

- i. *Review the nutrient data for 25 grams of dry cereal:* Select 100 grams as the description. Change 1.00 (100 grams) to 0.25 (100 grams). Make sure this option is selected.
- ii. *Click “submit”*

5. Compare the nutrient profile provided for the cereal to the FNS Nutrient Criteria for Breakfast Cereals.

- a. **Ready-to-eat cereals:**

The nutrient profile will show the amounts for 28.35 grams (1 ounce) *and* for $\frac{3}{4}$ cup. The gram weight for $\frac{3}{4}$ cup will appear in the heading. Since cereals are credited 1 ounce or $\frac{3}{4}$ cup, whichever amount weighs less, choose the column having the lowest gram weight and use that column of nutrients to compare to the FNS Nutrient Criteria for Breakfast Cereals. To be creditable, the cereal must meet or exceed the minimum criteria for all five of the required nutrients.

b. **Ready-to-Cook cereals, dry:**

Since the portion size for ready-to-cook cereals is 25 grams dry, all cooked cereals will be based on 25 grams dry, regardless of the amount of cooked cereal served in the meal or how much liquid is added to cook the cereal. Compare the nutrient values to the FNS Nutrient Criteria for Breakfast Cereals. To be creditable, the cereal must meet or exceed the minimum criteria for all five of the required nutrients.

6. Print the documentation and keep on file.

11412 Manual Conversion for Nutrients per Portion of a Ready-to-Eat Breakfast Cereal

Manual Conversion for Nutrients per Portion of a Ready-to-Eat Breakfast Cereal

Ready-to-Eat Cereals: *Cereal portion size from the FNS Nutrient Criteria for Breakfast Cereals = 1.0 ounce (28.35 grams) or the weight of $\frac{3}{4}$ cup – whichever amount weighs less.*

Brand Name _____ **Cereal Name** _____

1. The portion size of the ready-to-eat cereal on Nutrition Facts Label = _____ cup(s) _____ grams
2. Determine the weight of $\frac{3}{4}$ cup of the cereal:
0.75 cup *divided by* _____ cup(s) of cereal from Nutrition Facts Label = _____ factor
_____ factor *multiplied by* _____ grams/portion from Nutrition Facts Label = _____ grams per $\frac{3}{4}$ cup cereal
3. Which weighs less, One Ounce (28.35 grams) or _____ grams per $\frac{3}{4}$ cup cereal?
The amount that weighs less = _____ grams; the nutrients in this amount of cereal will be used to compare to the FNS Criteria for Breakfast Cereals.
4. Determine the conversion factor based on the amount of ready-to-eat cereal that weighs less (Do not round up): _____ grams (amount that weighs less) *divided by* _____ grams (from Nutrition Facts Label) = _____ conversion factor for nutrients

5. Calculate the nutrients from the Nutrition Facts Label to the nutrients in the amount that weighs less by multiplying by the conversion factor for nutrients:

A. Nutrient	B. % DV from Nutrition Facts Label	x	C. Conversion Factor for Nutrients	=	D. Nutrients per Amount that Weighs less	E. FNS Nutrient Criteria for Breakfast Cereals	F. Is the Amount in Column D Equal to or Greater than the Amount in Column E? Yes or No
Thiamin (B1)		x		=		6.7%	
Riboflavin (B2)		x		=		3.5%	
Niacin (B3)		x		=		4.2%	
Folic Acid (B9)		x		=		5.0%	
Iron		x		=		3.9%	

6. _____ All of the answers in Column F are “yes,” the cereal is creditable using this option
 _____ One or more of the answers in Column F are “no,” the cereal is **not** creditable using this option

(Keep in mind that cereals meeting the requirements are allowed in the Grains/Breads Instruction or FBG flowchart are creditable even if they do not meet the FNS Nutrient Criteria for Breakfast Cereals.)

Manual Conversion for Nutrients per Portion of a Ready-to-Eat Breakfast Cereal - EXAMPLE

Ready-to-Eat Cereals: *Cereal portion size from the FNS Nutrient Criteria for Breakfast Cereals = 1.0 ounce (28.35 grams) or the weight of $\frac{3}{4}$ cup – whichever amount weighs less.*

Brand Name General Mills **Cereal Name** Wheaties

- The portion size of the ready-to-eat cereal on Nutrition Facts Label = 1 cup(s) 30 grams
- Determine the weight of $\frac{3}{4}$ cup of the cereal:
 0.75 cup *divided by* 1 cup(s) of cereal from Nutrition Facts Label = 0.75 factor
0.75 factor *multiplied by* 30 grams/portion from Nutrition Facts Label = 22.5 grams per $\frac{3}{4}$ cup cereal
- Which weighs less, One Ounce (28.35 grams) or 22.5 grams per $\frac{3}{4}$ cup cereal?

The amount that weighs less = 22.5 grams; the nutrients in this amount of cereal will be used to compare to the FNS Criteria for Breakfast Cereals.

4. Determine the conversion factor based on the amount of ready-to-eat cereal that weighs less (Do not round up): 22.5 grams (amount that weighs less) *divided by* 30 grams (from Nutrition Facts Label) = 0.75 conversion factor for nutrients
5. Calculate the nutrients from the Nutrition Facts Label to the nutrients in the amount that weighs less by multiplying by the conversion factor for nutrients:

A. Nutrient	B. % DV from Nutrition Facts Label	x	C. Conversion Factor for Nutrients	=	D. Nutrients per Amount that Weighs less	E. FNS Nutrient Criteria for Breakfast Cereals	F. Is the Amount in Column D Equal to or Greater than the Amount in Column E? Yes or No
Thiamin (B1)	50%	x	0.75	=	37.5%	6.7%	Yes
Riboflavin (B2)	50%	x	0.75	=	37.5%	3.5%	Yes
Niacin (B3)	50%	x	0.75	=	37.5%	4.2%	Yes
Folic Acid (B9)	50%	x	0.75	=	37.5%	5.0%	Yes
Iron	45%	x	0.75	=	33.7%	3.9%	Yes

6. X All of the answers in Column F are “yes,” the cereal is creditable using this option
 One or more of the answers in Column F are “no,” the cereal is **not** creditable using this option

(Keep in mind that cereals meeting the requirements are allowed in the Grains/Breads Instruction or FBG flowchart are creditable even if they do not meet the FNS Nutrient Criteria for Breakfast Cereals.)

11413 Manual Conversion for Nutrients per Portion of a Ready-to-Cook Breakfast Cereal

Manual Conversion for Nutrients per Portion of a Ready-to-Cook Breakfast Cereal

Ready-to-Cook Cereals: *Cereal portion size from the FNS Nutrient Criteria for Breakfast Cereals = 25.0 grams ready-to-cook dry cereal*

Brand Name _____ **Cereal Name** _____

1. The portion size of the ready-to-cook dry cereal on Nutrition Facts Label = _____ cup(s)
_____ grams
2. Determine the conversion factor for nutrients (Do not round up): 25 grams *divided by* _____ grams (from Nutrition Facts Label) = _____ conversion factor for nutrients
3. Calculate the nutrients from the Nutrition Facts Label to the nutrients in 25 grams of ready-to-cook dry cereal multiplying by the conversion factor for nutrients:

A. Nutrient	B. % DV from Nutrition Facts Label	x	C. Conversion Factor for Nutrients	=	D. Nutrients per 25 grams Ready-to- Cook Dry Cereal	E. FNS Nutrient Criteria for Breakfast Cereals	F. Is the Amount in Column D Equal to or Greater than the Amount in Column E? Yes or No
Thiamin (B1)		x		=		6.7%	
Riboflavin (B2)		x		=		3.5%	
Niacin (B3)		x		=		4.2%	
Folic Acid (B9)		x		=		5.0%	
Iron		x		=		3.9%	

4. _____ All of the answers in Column F are “yes,” the cereal is creditable using this option
_____ One or more of the answers in Column F are “no,” the cereal is **not** creditable using this option

(Keep in mind that cereals meeting the requirements are allowed in the Grains/Breads Instruction or FBG flowchart are creditable even if they do not meet the FNS Nutrient Criteria for Breakfast Cereals.)

Manual Conversion for Nutrients per Portion of a Ready-to-Cook Breakfast Cereal - Example

Ready-to-Cook Cereals: *Cereal portion size from the FNS Nutrient Criteria for Breakfast Cereals = 25.0 grams ready-to-cook dry cereal*

Brand Name Quaker **Cereal Name** Instant Grits, Real Cheddar Cheese Flavor

1. The portion size of the ready-to-cook dry cereal on Nutrition Facts Label = 1 packet cup(s)
28 grams
2. Determine the conversion factor for nutrients (Do not round up): 25 grams *divided by* 28 grams (from Nutrition Facts Label) = 0.89 conversion factor for nutrients
3. Calculate the nutrients from the Nutrition Facts Label to the nutrients in 25 grams of ready-to-cook dry cereal multiplying by the conversion factor for nutrients:

A. Nutrient	B. % DV from Nutrition Facts Label	x	C. Conversion Factor for Nutrients	=	D. Nutrients per 25 grams Ready-to- Cook Dry Cereal	E. FNS Nutrient Criteria for Breakfast Cereals	F. Is the Amount in Column D Equal to or Greater than the Amount in Column E? Yes or No
Thiamin (B1)	10%	x	0.89	=	8.9%	6.7%	Yes
Riboflavin (B2)	10%	x	0.89	=	8.9%	3.5%	Yes
Niacin (B3)	10%	x	0.89	=	8.9%	4.2%	Yes
Folic Acid (B9)	10%	x	0.89	=	8.9%	5.0%	Yes
Iron	45%	x	0.89	=	40%	3.9%	Yes

4. X All of the answers in Column F are “yes,” the cereal is creditable using this option
_____ One or more of the answers in Column F are “no,” the cereal is **not** creditable using this option

(Keep in mind that cereals meeting the requirements are allowed in the Grains/Breads Instruction or FBG flowchart are creditable even if they do not meet the FNS Nutrient Criteria for Breakfast Cereals.)

11420 Child Care Recipes

The USDA website provides child care recipes that meet program requirements for CACFP meal patterns when prepared and served as indicated. These recipes can be a useful resource when planning healthy and nutritious meals for the children you serve, while offering a variety of foods to keep children interested. CEs and sites should always ensure they are using the most updated recipes provided by USDA.

The recipes can be accessed on the Institute of Child Nutrition (ICN) website at theicn.org.

Select Child and Adult Care Food Program, and then select Recipes – USDA Recipes for Child Care

11430 Calculating Percentage of Calories from Fat

Example 1:

1 cup frozen cut green beans plus 1 pat butter contains 4 grams of fat. Total calories: 75

To calculate the percent of calories from fat in this food:

$$\frac{\# \text{ grams of fat (4)} \times \text{Calories/gram of fat (9)}}{\text{Total Calories (75)}} = 48 \text{ percent calories from fat}$$

Example 2:

1 cup low fat (2 percent) cottage cheese contains 4 grams of fat. Total calories: 205

$$\frac{4 \times 9}{205} = 18 \text{ percent calories from fat}$$

Example 3:

1 cupcake contains 4 grams of fat. Total calories: 120

$$\frac{4 \times 9}{120} = 30 \text{ percent calories from fat}$$

From this analysis, Example 3 (a cupcake) would be a better choice than Example 1 (green beans). This is due to the low-calorie content of the green beans and the higher calorie content of the cupcake. All three foods contribute the same amount of fat (4 grams) to a meal. They differ only in the amount of protein and carbohydrate and, therefore, in the calories contained.

11500 USDA Child Nutrition (CN) Labels

The USDA, Child Nutrition (CN) Labeling Program provides food manufacturers the option to include a standardized food crediting statement on their product label. CN Labels must be authorized by USDA, FNS prior to use and manufacturers must have quality control procedures and inspection oversight that meet the FNS requirements.

USDA has made lists available of authorized CN labels issued to manufacturers since January 2005, on the FNS CN Labeling Program website.

The web address for the FNS CN Labeling Program is:

<https://www.fns.usda.gov/cn/labeling-program>

The website provides links to manufacturers and products that have met the Quality Control Program requirements for the CN Labeling Program, which includes the United States Department of Commerce's (USDC) seafood inspection program and the Food Safety and Inspection Service inspection directory for meat, poultry, and eggs. The lists are updated monthly.

For additional information on the CN Labeling Program and how it can be used in meeting meal pattern requirements, see Appendix C of your *Food Buying Guide for Child Nutrition Programs*, also available online at

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

11600 Sample Day Care Home Provider Serious Deficiency Letters

11610 Notice of Day Care Home Provider Serious Deficiency

Prototype Letter: Notice of Serious Deficiency

[Note: this letter must be sent by certified mail/return receipt and by regular mail.]

Dear [Provider]:

This letter concerns the [brief description of the basis for the serious deficiency determination – review, audit, etc. and date] of your operation of the Child and Adult Care Food Program (CACFP).

SERIOUS DEFICIENCY DETERMINATION

Based on the [review/audit/etc.], we have determined that you are seriously deficient in your operation of the CACFP. If you do not fully and permanently correct all the serious deficiencies and submit documentation of the corrective action by the due date, we will:

- Propose to terminate your agreement to participate in the CACFP for cause, and
- Propose to disqualify you from future CACFP participation.

If you voluntarily terminate your agreement after receiving this letter, we will formally terminate your agreement, disqualify you and place your name on the National Disqualified List (NDL) without further opportunity for corrective action.

While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or site. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification.

However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the NDL until the debt has been repaid.

SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION

The following paragraph(s) detail each serious deficiency and the corrective action required.

[Insert discussion of serious deficiencies and required corrective action, including disallowances/repayment of funds if applicable.]

Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to non-performance under the sponsoring organization-day care home agreement.]

You must provide documentation of the required corrective action for each of the serious deficiencies cited in this letter. The documentation must be received (not just postmarked) by [*corrective action deadline*; **may establish different deadlines for different serious deficiencies, but no more than 30 days**].

If we do not receive the documentation of your corrective action by the due date, or if we determine that the actions taken do not fully and permanently correct all the serious deficiencies, we will propose to terminate your CACFP agreement for cause and will propose to disqualify you. However, if we receive your documentation timely and it demonstrates full and permanent corrective action, we will temporarily defer the serious deficiency determination and not terminate your agreement or disqualify you from participation in the CACFP.

You may continue to participate in the CACFP during the corrective action period. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

You may not appeal the serious deficiency determination [**If there are disallowances, the provider may appeal those, and you must provide appeal rights for that; however, the provider may not appeal the serious deficiency determination.**]. However, if we propose to terminate your agreement for cause or propose to disqualify you, you will be able to appeal those actions, and you will be advised of your appeal rights and the appeal procedures at that time.

These actions are being taken pursuant to 7 CFR 226.16(l). If you have any questions, please contact **{enter contact information here}**.

Sincerely,
Sponsor Employee Name & Title

cc: **F&N Community Operations at Community.Ops@TexasAgriculture.gov**

11620 Notice of Proposed Termination and Proposed Disqualification of Day Care Home Provider

Prototype Letter: Notice of Proposed Termination and Proposed Disqualification
[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Serious Deficiency Notice*] you were notified that you were determined to be seriously deficient in your operation of the Child and Adult Care Food Program (CACFP) and of the required corrective actions and due date for the corrective actions.

We received the documentation detailing the actions you have taken to correct these serious deficiencies on [*date*]. **[Insert if applicable: “We conducted a follow-up review on [*date*] to verify the adequacy of the corrective actions.” Or “We did not receive the documentation required to demonstrate that the serious deficiencies were corrected.”]**

Based on our review of the documentation **[insert if applicable: “and the follow-up review”]**, TDA has determined that you have not fully and permanently corrected the serious deficiencies that were cited in the Serious Deficiency Notice. **{Do not include this paragraph and the paragraph below if the Provider failed to provide any corrective action.}**

The following paragraphs detail each serious deficiency and its status based on our review of the corrective action documentation **[insert if applicable: “and the [*date*] follow-up review”]**. **[Insert discussion of each serious deficiency and the reasons why corrective action was inadequate (the corrective action may be adequate for some items and not for others; make sure you specify the status of the corrective action for each serious deficiency).**

PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION

As a result, we are proposing to:

- Terminate your agreement to participate in the CACFP for cause effective [*date*], and
- Disqualify you from future CACFP participation effective [*date*].

[The effective date for the termination/disqualification must be no earlier than 30 days from the date of this letter.]

You may continue to participate in the CACFP until [termination/disqualification effective date] or, if you appeal the proposed actions, until the hearing official issues a decision on the appeal. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

If you voluntarily terminate your agreement after receiving this letter, we will formally terminate your participation and disqualify you and place your name on the National Disqualified List (NDL) without opportunity for appeal.

While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or site. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

APPEAL OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATIONS

You may appeal the proposed termination proposed disqualification. A copy of the appeal procedures is enclosed. **(Or you can include the appeal procedures here in the letter)**

If you submit a timely request for appeal the proposed actions will not take effect until the hearing official issues a decision. If you do not make a timely request for an appeal, your agreement will be terminated, and you will be disqualified effective [date].

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,
Sponsor Employee Name & Title

Enclosure
Appeal Procedures

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11630 Notice of Termination and Disqualification of Day Care Home Provider

11631 Provider Fails to Appeal

Prototype Letter: Notice of Termination and Disqualification (following failure to appeal)

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Notice of Proposed Termination & Proposed Disqualification*] you were sent a Notice of Proposed Termination & Proposed Disqualification, which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause and proposed to disqualify you from further CACFP participation. These actions were based on the determination in our [*date of Serious Deficiency Notice*] Notice of Serious Deficiency that you are seriously deficient in your operation of the CACFP.

You received the Notice of Proposed Termination & Proposed Disqualification on [*date received*]. You had until [*insert deadline for requesting appeal*] to submit any requests for appeals of the proposed actions. No requests for appeals were submitted by that deadline.

TERMINATION AND DISQUALIFICATION

As a result, we are:

- Terminating your agreement to participate in the CACFP for cause effective [*date*], and
- Disqualifying you from future CACFP participation effective [*date*].

[The effective date for the agreement termination and disqualification must match the date given in the Notice of Proposed Termination & Proposed Disqualification.]

Upon disqualification, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or site. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification.

However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

You may continue to participate in the CACFP until [termination/disqualification effective date]. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

You may not appeal the termination of the agreement for cause or the disqualification.

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,
Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11632 Sponsor Wins Appeal

Prototype Letter: Notice of Termination and Disqualification (after sponsor wins appeal) [NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [Provider]:

On [date of Notice of Proposed Termination & Proposed Disqualification] you were sent a Notice of Proposed Termination & Proposed Disqualification, which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause and proposed to disqualify you from further CACFP participation. These actions were based on the determination in our [date of Serious Deficiency Notice] Notice of Serious Deficiency that you are seriously deficiency in your operation of the CACFP.

You filed a timely appeal of the proposed termination and proposed disqualification. On [date of hearing official's decision], the hearing official upheld our proposed actions.

TERMINATION AND DISQUALIFICATION

As a result, we are:

- Terminating your agreement to participate in the CACFP for cause effective [date], and
- Disqualifying you from future CACFP participation effective [date].

You may continue to participate in the CACFP until [termination/disqualification effective date]. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

[The effective date for the termination and disqualification must be the date of the hearing official's decision.]

Upon disqualification, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or site. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

You may not appeal the termination of the agreement for cause or the disqualification.

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,
Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11640 Notice of Temporary Deferral

11641 Provider Wins Appeal

Prototype Letter: Notice of Temporary Deferral of Serious Deficiency, Proposed Termination and Proposed Disqualification (after provider wins appeal)

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Notice of Proposed Termination & Proposed Disqualification*] you were sent a Notice of Proposed Termination & Proposed Disqualification, which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause and proposed to disqualify you from further CACFP participation. These actions were based on the determination in our [*date of Serious Deficiency Notice*] Notice of Serious Deficiency that you are seriously deficiency in your operation of the CACFP.

You filed a timely appeal of the proposed termination and proposed disqualification. On [*date of hearing official's decision*], the hearing official overturned our proposed actions.

SERIOUS DEFICIENCY DETERMINATION TEMPORARILY DEFERRED

As a result, we have temporarily deferred our serious deficiency determination and will not terminate your agreement or disqualify you from participation in the CACFP. **However, you must still implement procedures and policies to permanently correct the serious deficiency(ies).** If at any time it is determined that you have not fully and permanently corrected the serious deficiencies, we will immediately propose to terminate your agreement and disqualify you from participation in the CACFP without further opportunity for corrective action.

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11642 Notice of Successful Corrective Action

Prototype Letter: Notice of Successful Corrective Action, Temporary Deferral of Serious Deficiency

[NOTE: this letter must be sent by certified mail/return receipt and regular mail]

Dear [*Provider*]:

On [*date of Serious Deficiency Notice*] you were notified that you were determined to be seriously deficient in your operation of the Child and Adult Care Food Program (CACFP) and of the required corrective actions and due date for the corrective actions.

We received the documentation detailing the actions you have taken to correct these serious deficiencies on [*date*]. **[Insert if applicable: “We conducted a follow-up review on [*date*] to verify the adequacy of the corrective actions.”]**

SERIOUS DEFICIENCY DETERMINATION TEMPORARILY DEFERRED

Based on our review of the documentation **[insert if applicable: “and the [*date*] follow-up review”]**, we have determined that you have fully and permanently corrected the serious deficiencies. As a result, we have temporarily deferred our serious deficiency determination and will not terminate your agreement or disqualify you from participation in the CACFP.

However, if at any time it is determined that you have not fully and permanently corrected the serious deficiencies, we will immediately propose to terminate your agreement and disqualify you from participation in the CACFP without further opportunity for corrective action.

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11650 Imminent Threat to Health or Safety at Day Care Home Provider

11651 Notice of Serious Deficiency, Suspension, Proposed Termination, and Proposed Disqualification

Prototype Letter: Notice of Serious Deficiency, Suspension, Proposed Termination, and Proposed Disqualification; Imminent Threat to Health or Safety

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

We have received correspondence from the Texas Department of Family and Protective Services dated {enter date of correspondence} which indicates you have been cited for serious health or safety violations which constitute an imminent threat to the health or safety of participants and the public. See the attached correspondence for the specific violations.

As a result, we have determined you are seriously deficient in the operation of the CACFP and your participation in the CACFP, including all payments, has been suspended as of the date of this letter.

SERIOUS DEFICIENCIES

The following paragraph(s) detail each serious deficiency.

[Insert discussion of serious deficiencies and required corrective action, including disallowances/repayment of funds if applicable.]

Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to non-performance under the sponsoring organization-day care home agreement.]

In addition, we are also proposing to:

- Terminate your home's agreement to participate in the CACFP for cause effective [*date*], and
- Disqualify you from future CACFP participation effective [*date*].

[The effective date for the termination/disqualification must be no earlier than 30 days from the date of this letter.]

The suspension will remain in effect during the period of any appeal. If you appeal the proposed termination and the proposed disqualification, the proposed actions will not take

effect until the hearing official issues a decision on the appeals. If you do not make a timely request for an appeal, your agreement will be terminated, and you will be disqualified from future CACFP participation and placed on the National Disqualified List (NDL).

If you voluntarily terminate your agreement after receiving this letter, we will formally terminate your agreement and disqualify you from future CACFP participation and place your name on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the NDL until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

APPEAL OF SUSPENSION, APPEAL OF PROPOSED TERMINATION, AND PROPOSED DISQUALIFICATION

You may appeal the **suspension**, proposed termination of your agreement for cause, and your proposed disqualification. A copy of the appeal procedures is enclosed. **(Or you can include the appeal procedures here in the letter.)**

However, if you request an appeal and the hearing official overturns the suspension, all valid claims for reimbursement submitted by you for the period of the suspension will be paid. As always, we will deny any portion of a claim that is determined to be invalid.

These actions are being taken pursuant to 7 CFR 226.16(l). If you need assistance, please contact {enter contact information}.

Sincerely,

Sponsor Employee Name & Title

Enclosure
Appeal Procedures

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11652 Notice of Termination and Disqualification – Sponsor Wins Appeal

Prototype Letter: Notice of Termination and Disqualification (after sponsor wins appeal); Imminent Threat to Health or Safety

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Notice of Suspension*] you were sent a Notice of Serious Deficiency, Suspension, Proposed Termination and Proposed Disqualification; Imminent Threat to Health or Safety, which suspended your participation in the CACFP and proposed to terminate your CACFP agreement disqualify you from further CACFP participation. These actions were based on the determination that you are seriously deficient in your operation of the CACFP due to an imminent threat to the health or safety of participants or the public.

You filed a timely appeal of the proposed termination and proposed disqualification. On [*date of hearing official's decision*], the hearing official upheld the proposed actions.

TERMINATION AND DISQUALIFICATION

As a result, we are:

- Terminating your agreement to participate in the CACFP for cause effective [*date*], and
- Disqualifying you from future CACFP participation effective [*date*].

[The effective date for the termination and disqualification must be the date of the hearing official's decision.]

Upon disqualification, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or facility. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification.

However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11653 Notice of Termination and Disqualification – Provider Fails to Appeal

Prototype Letter: Notice of Termination and Disqualification (following failure to appeal); Imminent Threat to Health or Safety

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Notice of Suspension*] you were sent a Notice of Serious Deficiency, Suspension, Proposed Termination and Proposed Disqualification; Imminent Threat to Health or Safety, which suspended your participation in the CACFP and proposed to terminate your CACFP agreement disqualify you from further CACFP participation. These actions were based on the determination that you are seriously deficient in your operation of the CACFP due to an imminent threat to the health or safety of participants or the public.

You received Notice of Serious Deficiency, Suspension, Proposed Termination and Proposed Disqualification; Imminent Threat to Health or Safety on [*date received*]. You had until [*insert deadline for requesting appeal*] to submit any request for an appeal of the proposed actions. No request for an appeal was submitted by that deadline.

TERMINATION AND DISQUALIFICATION

As a result, we are:

- Terminating your home's agreement to participate in the CACFP for cause effective [*date*], and
- Disqualifying you from future CACFP participation effective [*date*].

[The effective date for the agreement termination and disqualification is the date stated in the Notice of Serious Deficiency, Suspension, Proposed Termination and Proposed Disqualification; Imminent Threat to Health or Safety.]

Upon disqualification, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in, or perform any key CACFP functions for, any CACFP institution or facility. You will remain on the NDL until such time as the Texas Department of Agriculture Food and Nutrition in consultation with the United States Department of Agriculture Food and Nutrition Service determines that the serious deficiencies have been corrected or until 7 years after your disqualification.

However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid. **[Insert if applicable: You owe a debt in the amount of {enter dollar amount}.]**

You may not appeal the termination of your agreement for cause or your disqualification.

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11654 Notice of Temporary Deferral – Provider Wins Appeal

Prototype Letter: Notice of Deferral (Deferring Serious Deficiency, Suspension, Proposed Termination, and Proposed Disqualification (after provider wins appeal); Imminent Threat to Health or Safety

[NOTE: this letter must be sent by certified mail/return receipt and regular mail.]

Dear [*Provider*]:

On [*date of Notice of Suspension*] you were sent a Notice of Serious Deficiency, Suspension, Proposed Termination, and Proposed Disqualification; Imminent Threat to Health or Safety, which suspended your participation in the CACFP and proposed to terminate your CACFP agreement disqualify you from further CACFP participation. These actions were based on the determination that you are seriously deficient in your operation of the CACFP due to an imminent threat to the health or safety of participants or the public.

You filed a timely appeal of **the suspension** and the proposed termination and proposed disqualification. On [*date of hearing official's decision*], the hearing official overturned the **suspension** and proposed actions.

SERIOUS DEFICIENCY DETERMINATION, SUSPENSION, PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION TEMPORARILY DEFERRED

As a result, we have temporarily deferred our serious deficiency determination and will not terminate your agreement or disqualify you from participation in the CACFP. **However, you must still implement procedures and policies to permanently correct the serious deficiency(ies). If at any time it is determined that you have not fully and permanently corrected the serious deficiencies, we will immediately propose to terminate your agreement and disqualify you from participation in the CACFP without further opportunity for corrective action.**

We will pay any valid claims for reimbursement submitted by you for the period of the suspension. You must submit these claims by [*insert a date that will give the provider an appropriate length of time to submit these claims*].

These actions are being taken pursuant to 7 CFR 226.16(l).

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations at Community.Ops@TexasAgriculture.gov

11700 Additional Information

11710 Imported Plasticware Safety

Any supplier with an office or address in the United States must abide by Food and Drug Administration (FDA) regulations. While many manufacturers use labor and products from all over the world, they still must follow FDA rules regarding the chemical composition of the final product.

The FDA also states that imported plasticware that does not contain bright colors or is overly soft or flexible provides little risk of migration of chemicals into food. They further noted that food should not be heated or microwaved in imported plasticware unless the plasticware is specifically made for microwave use.