

# Section 11000

## Resources

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**11000**  
**Resources**

**11100 Administration**

**11110 County Codes by Community Operations Field Office**

**El Paso**

Andrews	002	Gaines	083	Motley	173
Armstrong	006	Garza	085	Nolan	177
Bailey	009	Glasscock	087	Ochiltree	179
Borden	017	Gray	090	Oldham	180
Brewster	022	Hale	095	Parmer	185
Briscoe	023	Hall	096	Pecos	186
Brown	025	Hansford	098	Potter	188
Callahan	030	Hartley	103	Presidio	189
Carson	033	Haskell	104	Randall	191
Castro	035	Hemphill	106	Reeves	195
Childress	038	Hockley	110	Roberts	197
Cochran	040	Howard	114	Runnels	200
Coleman	042	Hudspeth	115	Scurry	208
Collingsworth	044	Hutchinson	117	Shackelford	209
Comanche	047	Jeff Davis	122	Sherman	211
Crane	052	Jones	127	Stephens	215
Crosby	054	Kent	132	Stonewall	217
Culberson	055	King	135	Swisher	219
Dallam	056	Knox	138	Taylor	221
Dawson	058	Lamb	141	Terrell	222
Deaf Smith	059	Lipscomb	148	Terry	223
Dickens	063	Loving	151	Throckmorton	224
Donley	065	Lubbock	152	Upton	231
Eastland	067	Lynn	153	Ward	238
Ector	068	Martin	156	Wheeler	242
El Paso	071	Midland	165	Winkler	248
Fisher	076	Mitchell	168	Yoakum	251
Floyd	077	Moore	171		

### Dallas/Fort Worth Metroplex

Anderson	001	Franklin	080	Montague	169
Archer	005	Freestone	081	Morris	172
Baylor	012	Grayson	091	Navarro	175
Bell	014	Gregg	092	Palo Pinto	182
Bosque	018	Hamilton	097	Panola	183
Bowie	019	Hardeman	099	Parker	184
Camp	032	Harrison	102	Rains	190
Cass	034	Henderson	107	Red River	194
Cherokee	037	Hill	109	Rockwall	199
Clay	039	Hood	111	Rusk	201
Collin	043	Hopkins	112	San Saba	206
Cooke	049	Hunt	116	Smith	212
Coryell	050	Jack	119	Somervell	213
Cottle	051	Johnson	126	Tarrant	220
Dallas	057	Kaufman	129	Titus	225
Delta	060	Lamar	140	Upshur	230
Denton	061	Lampasas	142	Van Zandt	234
Ellis	070	Limestone	147	Wichita	243
Erath	072	Marion	155	Wilbarger	244
Falls	073	McLennan	161	Wise	249
Fannin	074	Milam	166	Wood	250
Foard	078	Mills	167	Young	252

### Houston

Angelina	003	Hardin	100	Orange	181
Austin	008	Harris	101	Polk	187
Brazoria	020	Houston	113	Robertson	198
Brazos	021	Jackson	120	Sabine	202
Burleson	026	Jasper	121	San Augustine	203
Calhoun	029	Jefferson	123	San Jacinto	204
Chambers	036	Lavaca	143	Shelby	210
Colorado	045	Leon	145	Trinity	228
DeWitt	062	Liberty	146	Tyler	229
Fort Bend	079	Madison	154	Victoria	235
Galveston	084	Matagorda	158	Walker	236
Goliad	088	Montgomery	170	Waller	237
Gonzales	089	Nacogdoches	174	Washington	239
Grimes	093	Newton	176	Wharton	241

### San Antonio

County	Code	County	Code	County	Code
Atascosa	007	Gillespie	086	Medina	163
Bandera	010	Guadalupe	094	Menard	164
Bastrop	011	Hays	105	Reagan	192
Bexar	015	Irion	118	Real	193
Blanco	016	Karnes	128	Schleicher	207
Burnet	027	Kendall	130	Sterling	216
Caldwell	028	Kerr	133	Sutton	218
Coke	041	Kimble	134	Tom Green	226
Comal	046	Kinney	136	Travis	227
Concho	048	La Salle	139	Uvalde	232
Crockett	053	Lee	144	Val Verde	233
Dimmitt	064	Llano	150	Williamson	246
Edwards	069	Mason	157	Wilson	247
Fayette	075	Maverick	159	Zavala	254
Frio	082	McCullough	160		

### San Juan

Aransas	004	Jim Wells	125	San Patricio	205
Bee	013	Kenedy	131	Starr	214
Brooks	024	Kleberg	137	Webb	240
Cameron	031	Live Oak	149	Willacy	245
Duval	066	McMullen	162	Zapata	253
Hidalgo	108	Nueces	178		
Jim Hogg	124	Refugio	196		

## 11120 Food and Nutrition Community Operations Field Offices

### **Austin Field Office (Region 4 Satellite Office)**

Texas Department of Agriculture  
Food and Nutrition  
1700 North Congress Avenue  
Austin, TX 78701  
P.O. Box 12847  
Austin, Texas 78711-2847  
Telephone: (877) 839-6325  
Fax: (888) 237-5148

### **Dallas/Fort Worth Metroplex Field Office (Region 2)**

Texas Department of Agriculture  
Food and Nutrition  
1501 Circle Drive, Suite 155  
Fort Worth, TX 76119  
Telephone: (817) 321-8101  
Fax: (888) 223-9037

### **El Paso Field Office (Region 1)**

Texas Department of Agriculture  
Food and Nutrition  
401 E. Franklin, Suite 410  
El Paso, TX 79901  
Telephone: (915) 834-7506  
Fax: (888) 244-9816

### **Houston Field Office (Region 3)**

Texas Department of Agriculture  
Food and Nutrition  
Elias Ramirez State Office Building  
5425 Polk Street, Suite G-40  
Houston, TX 77023  
Telephone: (713) 921-8201  
Fax: (888) 244-9764

### **Lubbock Field Office (Region 1 Satellite Office)**

Texas Department of Agriculture  
Food and Nutrition  
West Texas Regional Office  
4502 Englewood Ave.  
Lubbock, TX 79414  
Telephone: (806) 799-8555  
Fax: (888) 244-9816

### **Lufkin Field Office (Region 3 Satellite)**

Texas Department of Agriculture  
Food and Nutrition  
Mail/deliveries only – no walk-in  
3009 S. John Redditt Dr., Ste. E, No.323  
Lufkin, TX 75904-5669  
Telephone: (936) 499-7837 or (936) 648-6879  
Fax: (936) 639-3125

### **San Antonio Field Office (Region 4)**

Texas Department of Agriculture  
Food and Nutrition  
8918 Tesoro Drive, Suite 120  
San Antonio, TX 78217  
Telephone: (210) 820-0288  
Fax: (888) 244-9763

### **San Juan Field Office (Region 5)**

Texas Department of Agriculture  
Food and Nutrition  
Valley Regional Office  
900-B E. Expressway 83  
San Juan, TX 78589  
Telephone: (956) 787-8866  
Fax: (888) 250-4627

## 11130 Education Service Center Offices

### 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 11

#### Ft Worth

FAX (817) 740-3601  
(817) 740-3600  
1451 S. Cherry Lane  
White Settlement, Texas 76106

### 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 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 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 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

11140 Sample Forms

11141 Time Distribution Report

Employee Name	Position	Normal Work Hours	Month/Year
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Day	WORK HOURS		FOOD SERVICE ADMINISTRATION TASKS			FOOD SERVICE OPERATIONS TASKS					I. Non Food Service	J. Total Hours
	Start	End	A. Managin g	B. Plannin g	C. Organizin g	D. Menu Plannin g	E. Meal Prep/Serv e	F. Meal Clean -Up	G. Supervis e Meal	H. Meal Record s		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
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26												
27												
28												
29												
30												
31												
<b>Monthly Totals</b>												

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 October 2017

## 11141.1 Instructions – Time Distribution Report

Employees that do not spend 100% of their time on CACFP non-profit food service functions must document the distribution of time between CACFP functions and non-CACFP functions.

<p><b>PURPOSE</b></p> <p>To document the amount of time spent performing Food Service and Non-Food Services tasks for each day of the month. This information is used to establish the portion of costs that may be claimed as Food Service labor.</p> <p><b>PROCEDURE</b></p> <p><b>When to Prepare</b></p> <p>All full-time and part-time employees whose compensation in whole or in part is paid with Food Service funds must complete this report. The Information 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. A separate report is required for each employee.</p> <p><b>Number of Copies</b></p> <p>Complete one original for each employee for each month.</p> <p><b>Transmittal</b></p> <p>Keep the completed and signed form in your files.</p> <p><b>Form Retention</b></p> <p>Keep the Time Distribution Report for three 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 retained until all issues are resolved.</p> <p><b>DETAILED INSTRUCTIONS</b></p> <p><b>Employee Name</b> – Enter the name of the employee whose time distribution is being recorded.</p> <p><b>Position</b> – Enter the title of the position for this employee.</p> <p><b>Normal Work Hours</b> – Enter the normal start and end time for this employee.</p> <p><b>Month/Year</b> – Enter the month and the year covered by this time distribution report.</p> <p><b>Day</b> – No entry is required. This column indicates that day of the month.</p>	<p><b>Work Hours</b> – The employee enters the start and end time for each workday. 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><b>Food Service Administration Tasks and Food Service Operations Tasks</b> – The employee enters the amount of 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><b>Non Food Service</b> – 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><b>Total Hours</b> – 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><b>Monthly Total</b> – Enter the total time spent performing the task identified in each column.</p> <p><b>Total Food Service Hours</b> – Enter the total of columns A, B, C, D, E, F, G, and H.</p> <p><b>Total Non-Food Service</b> – Enter the total time noted in column I.</p> <p><b>Total Hours Worked</b> – Enter the total hours worked during the month. This entry should agree with the total of column J.</p> <p><b>Signature and Date – Employee</b> – The employee must sign and date the document to certify that all information is true and correct.</p> <p><b>Signature and Date – Supervisor</b> – The employee's supervisor must sign and date the document to show approval of the form.</p>
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**11142 Statement of Child’s Enrollment Examples**

**11142.1 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  
(name of child)

enrolled as a participant 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

**11142.2 Head Start Program**

**Example:**

**Statement of Child's Enrollment in the Head Start Program**

This is to verify that \_\_\_\_\_ is currently  
(name of child)  
enrolled as a participant in the Head Start Program provided by

\_\_\_\_\_  
(Name of Head Start Program)

\_\_\_\_\_  
Signature of Head Start Program Director or Official

\_\_\_\_\_  
Date

**11142.3 Early Head Start Program**

**Example:**

**Statement of Child's Enrollment in the Early Head Start Program**

This is to verify that \_\_\_\_\_ is currently  
(name of child)

enrolled as a participant in the Early Head Start Program provided by

\_\_\_\_\_  
(Name of Early Head Start Program)

\_\_\_\_\_  
Signature of Early Head Start Program Director or Official

\_\_\_\_\_  
Date

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:	10/1/2006
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...](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/ppFacilityDetails.asp?pt...) 6/9/2017



## 1160 Verifying Provider's Income

### 11160.1 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 any 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 quite 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 on the basis of 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 the loss of 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 as a result of gaining or losing children in day care. In this situation (where the sponsor should already be aware of this change as a result 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.

**Change in Provider's Income, cont.** - 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 either 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, suffice to verify other household members' income).

Finally, when using Form 1040 for verification purposes, sponsoring organizations should take care to ensure that the entire household's income is reflected on 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 spouses' 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 spouses' 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 use to verify a provider's household income for 3 years from the end of the program year.

<b>WORKSHEET TO DETERMINE CURRENT MONTHLY INCOME</b>	
<i>(without a tax return)</i>	
<b>Last Month's Gross Income of a Provider</b>	
Parent fees (provide copy of payment records)	\$
Other Child Care income (i.e., funded day care)	\$
<b>Other income (if applicable)</b>	
Salary received from outside employment	\$
Child Support (provide copy of court decree)	\$
Other	\$
<b>CHILD AND ADULT CARE FOOD PROGRAM</b>	<b>\$</b>
<i>The amount of reimbursement from last month (if applicable)</i>	
<b>GRAND TOTAL OF PROVIDER INCOME</b>	<b>\$</b>
<b>Last Month's Business Expenses of Provider</b>	
<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	\$
<b>GRAND TOTAL OF ALL BUSINESS EXPENSES</b>	<b>\$</b>
$\frac{\text{GROSS INCOME}}{\quad} - \frac{\text{BUSINESS EXPENSES}}{\quad} = \frac{\text{CURRENT NET INCOME}}{\quad}$ <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 Education 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. 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):		

Name of Participant (Please print name clearly)	Position	Signature

## 11230 USDA Team Nutrition Materials

TDA wants to ensure that all CEs and day care homes 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 the TDA website at <http://www.squaremeals.org> click on “F&N Resources” and then select tools and links.
- *Grow it, try it, like it!*, 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*
- *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](http://theicn.org).

## 11300 Other Resources & Additional Information

### 11310 Other Child Nutrition Publications

The TDA website at <http://www.squaremeals.org> offers a large number of 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 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 have to 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.

## **11400 Menu Planning**

### **11410 Meal Planning**

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

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

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

<http://www.whatscooking.fns.usda.gov/>

### **11410.1 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 the ARS National Nutrient Database for Standard Reference at:  
<http://www.nal.usda.gov/fnic/foodcomp/search/>
2. Using the search function, type in the key word “cereals” to pull up all of the cereal selections or enter in 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 made a selection). 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 located 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.

**11410.2 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 ¾ 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 ¾ 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 ¾ cup cereal

3. 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. \_\_\_\_\_ 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.)**

### 11410.3 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. \_\_\_\_\_ 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 website at [theicn.org](http://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, it would seem that 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:

<http://www.fns.usda.gov/cnd/cnlabeling/authorized.htm>

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

[http://www.fns.usda.gov/tn/Resources/FBG\\_AppendixC.pdf](http://www.fns.usda.gov/tn/Resources/FBG_AppendixC.pdf)



## 11600 Sample Provider Serious Deficiency Letters

### 11610 Notice of 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 of 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.]**

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 of 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 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.

If you have any questions please contact {**enter contact information here**}.

Sincerely,  
*Sponsor Employee Name & Title*

cc: F&N Community Operations field office

## 11620 Notice of Proposed Termination and Proposed Disqualification

### 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”]**, we have 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].

Sincerely,  
*Sponsor Employee Name & Title*

Enclosure  
Appeal Procedures

cc: F&N Community Operations field office

## 11630 Notice of Termination and Disqualification

### 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 not appeal the termination of the agreement for cause or the disqualification.

Sincerely,

*Sponsor Employee Name & Title*

cc: F&N Community Operations field office

## 11632 Sponsors 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].

**[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.

Sincerely,  
*Sponsor Employee Name & Title*

cc: F&N Community Operations field office



## 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, 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 field office

## 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.

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations field office

## 11650 Imminent Threat to Health or Safety

## 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.

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.

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 PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

You may appeal the 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)**

If you need assistance please contact {enter contact information}.

Sincerely,

Sponsor Employee Name & Title

Enclosure  
Appeal Procedures

cc: F&N Community Operations field office

## 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}.]**

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations field office

## 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.

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations field office



## 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 proposed termination and proposed disqualification. On [*date of hearing official's decision*], the hearing official overturned the 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.

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*].

Sincerely,

Sponsor Employee Name & Title

cc: F&N Community Operations field office