

# Delaware Department of Education (DDOE) Child and Adult Care Food Program (CACFP)

## Administrative Review – Frequently Asked Questions (FAQ)

If you are new to the CACFP Administrative Review process or are looking to reduce findings, this FAQ will help! Below is a list of the most frequently cited findings from Delaware's Fiscal Year 2021 Administrative Reviews.

The questions numbers in this document reference the question number in the Compliance Module in DENARS. The Compliance Module is used for all CACFP Administrative Reviews.

### Sponsor level

#### Enrollment

**Question #100:** Are all claimed participants properly enrolled?

- A. Contain all required elements (applies to Adult Day Care (ADC) Center and Child Care Center (CCC)).
- B. Forms not over 12 months old.

**Answer:** Sponsor must have a current roster identifying all children enrolled in program. The roster should be updated monthly to reflect children that have exited or entered the program. Sponsors should be able to provide an income eligibility form (IEF) with enrollment or enrollment documentation used as part of the Centers enrollment process. The document should include a start date, arrival and departure time, normal days in care, and meals eaten while in care. The enrollment information must be updated annually. ADC Sponsors must have a Plan of Care on file for each enrolled functionally impaired participant.

**Question #101:** Did the Sponsor report the correct enrollment count?

**Answer:** Counting errors, in most cases, may be due to human error(s) and inconsistency in the documentation. Implementing good organizational habits, such as assigning one staff member to review IEFs monthly for accuracy and completeness, promotes fewer human errors. When participants withdraw from services, staff should make the following updates: 1. Document the date withdrawn on the IEF and 2. remove the participant from the roster. Every participant should have a completed IEF on file, this includes full-time, part-time, and/or drop-ins, and it must be updated annually. Do not discard IEF's or enrollment documents from exited participants. All documents must be retained for three years plus the current year.

## Enrollment Section

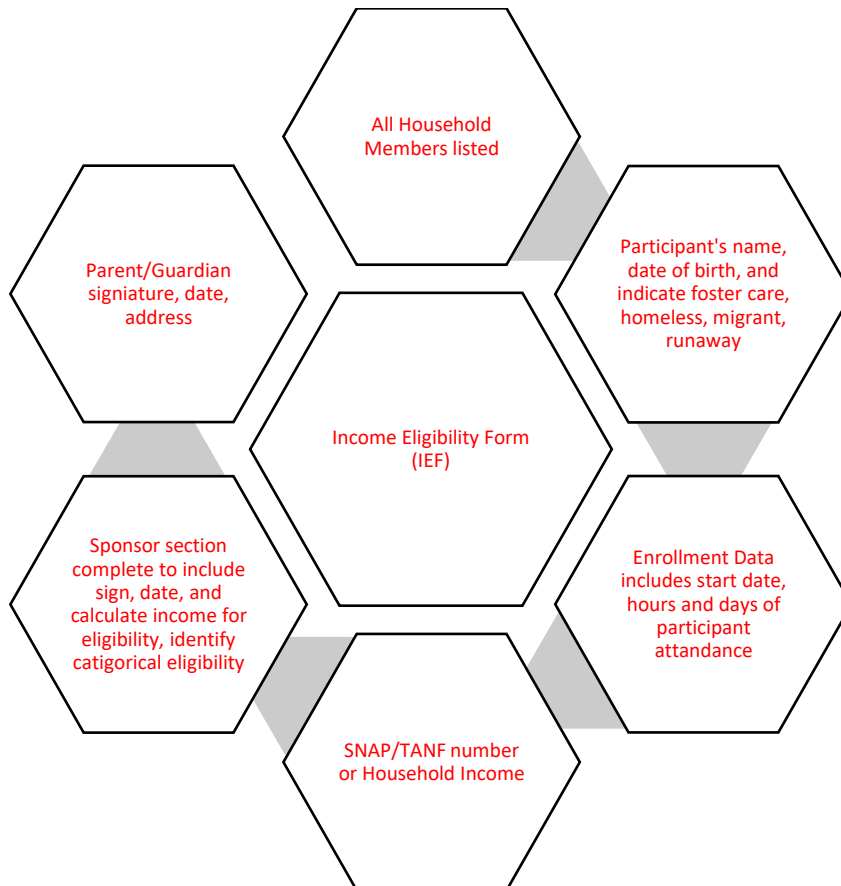
**This is a screen shot of the enrollment section of the standard IEF.**

PART 2 - ENROLLMENT											
Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No		
Normal days of week Participant(s) is/are in care (circle all that apply):					Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Meals eaten at Provider's Center: (Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant):											
Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack						

## Eligibility

**Question #202:** Were all IEFs reviewed completely and categorized correctly?

**Answer:** The IEFs should be fully completed by the parent/legal guardian. Parents/guardians should state NA if a question or statement does not apply to their situation. If the IEF is not fully completed, this could lead to mis-categorization, and participants would be moved from one eligibility category to another, potentially resulting in a claim revision. All family members including children who do not attend the program should be listed on the IEF, to reflect an accurate picture of the household. If a family is qualifying by income, ensure that the Sponsor's staff correctly calculate the income based on the information provided. Do not leave blanks on the IEF. See IEF chart below for all required information.



**Question #203:** Were all participants claimed in the correct eligibility category?

**Answer:** IEFs that indicate household members are receiving SNAP/TANF must include a SNAP/TANF case number to qualify for free meals. If the SNAP/TANF case number is not provided, the participant's eligibility will be moved from the free to the paid category during the review. IEFs providing household income must include complete and accurate information (Name of household member(s), income before deductions, and how often). CACFP Sponsors can call the parent/guardian to get missing information when they are processing the forms, note it on the IEF and date and initial. This will help avoid a finding in this section. Sponsors must complete the sponsor section of the IEF. The Sponsor must complete the yearly income conversion using the family size represented on the IEF. Sponsors will use the Income Eligibility Guidelines to determine eligibility. See screenshots below referencing specific sections of IEF.

**SNAP/TANF Section of IEF below:**

PART 3 – HOUSEHOLD INCOME	
Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?	
Check one: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
If you answered NO – Complete Part 3.	If you answered YES – Write a case number below, then go to Part 4 Case Number: _____ <small>(Write only one case number in this space)</small>

**Household Income Section of IEF below:**

A. Child Income		Child Income		How Often?											
Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in PART 1 here.		\$		Weekly	Bi-Weekly	2x Month	Monthly								
B. All Adult Household Members (including yourself)		List all Household Members not listed in Part 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.													
Name of Adult Household Member (First/Last)	Earnings from Work (Before Deductions)	How Often?				Public Assistance/ Child Support/ Alimony	How Often?				Pensions/SSI/ Retirement/ All Other Income	How Often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
1	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sponsor section of the IEF**

SPONSOR USE ONLY:	
Categorical Eligibility (If Yes, Check One): <input type="checkbox"/> SNAP (Food Stamp) Household <input type="checkbox"/> TANF Household <input type="checkbox"/> Head-Start <input type="checkbox"/> ECAP <input type="checkbox"/> Foster Child(ren) <input type="checkbox"/> Homeless/Migrant/Runaway Participant(s)	DATE WITHDRAWN: _____
Total Family Income: _____ Family Size: _____ (Include all Participants)	
Yearly Income Conversion: <b>Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12</b>	
ELIGIBILITY - Based on the information provided this application will be: <input type="checkbox"/> Approved FREE <input type="checkbox"/> Approved REDUCED <input type="checkbox"/> Denied – The meals will be claimed in the PAID category.	
Determining Official Signature: _____	Review/Effective Date: _____

## Meal Counting and Claiming

**Question #300:** Does the attendance the Sponsor reported on the claim agree with the validated count?

**Answer:** The Sponsor should have an organized system of documenting attendance. Attendance should not be documented until the participants are physically present at the facility. It would be helpful to the staff who are consolidating the meal counts and attendance counts to input the claim data in DENARS, if there was a consistent system of documenting the meal counts and attendance. For example, A= absent, P = present, X = participant was served a meal.

**Question #303:** Are meal counts accurately recorded on the daily meal count and attendance record or on an alternate form?

**Answer:** Sponsors' staff should ensure meal counts and attendance are taken daily at the point of service. Point of Service is when meal counts are recorded at the time each meal or snack is served to the enrolled participant in a clear and concise manner.

**Questions #306 (breakfast), #308 (Lunch), and #309 (PM Snacks):** Do meal and snack counts reported on the claim agree with the validated count?

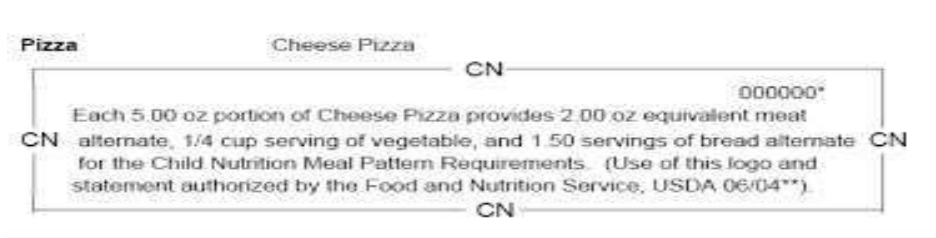
**Answer:** The Sponsor should have an organized system of documenting meal and snack counts. Meal and snack counts should be documented during point of service. It would be helpful to the staff who are consolidating the meal and snack counts to input claim data in DENARS using a consistent system of documentation. For example, X = participant was served a meal. Please note attendance records cannot be used to determine the number of meals and snacks served, but must support the actual meal and snack counts reported.

## Meal Production Food Service

**Question #403:** Do the menus show compliance with meal components?

**Answer:** Ensure that Child Nutrition (CN) labels, product formulation statements, or documentation of recipes are on file and available for review to support USDA Meal Pattern creditability. The documents provide the meal component creditability. For example, pizza may credit for the grain, meat/meat alternate and/or vegetable component depending on the kind of pizza served. Sponsors serving homemade dishes must have recipes on file and available for review to support USDA Meal Pattern creditability. Something as simple as a peanut butter and jelly or grilled cheese sandwich needs a recipe to ensure the required USDA meat/meat alternate and grain is met. The recipe provided should represent food ingredients for the enrollment of the site. For example, if your site has 25 children enrolled the recipe ingredients should reflect enough for at least 25 servings based on the USDA meal pattern serving sizes.

## Sample CN label



## Standardized recipe

MEAL TYPE: LUNCH or SUPPER		NOM NOM NUGGETS		
INGREDIENTS	10 Servings	50 Servings	100 Servings	
Panko Bread Crumbs	1 cup + 1 Tbsp.	5 ½ cups	11 cups	
Black Pepper	½ tsp	2 ½ tsp	5 tsp	
Paprika	½ tsp	2 ½ tsp	5 tsp	
Margarine (Trans-Fat Free)	1 Tbsp. + 1 tsp	½ cup + 2 Tbsp.		
Chicken Breasts, Boneless, Skinless	1 lb.	5 lb.	10 lb.	
Honey	2 Tbsp. + 2 tsp	¾ cup + 2 Tbsp.	1 ¾ cup	
Mayonnaise with Olive Oil	2 Tbsp. + 2 tsp	¾ cup + 2 Tbsp.	1 ¾ cup	
Dijon Mustard	2 Tbsp. + 2 tsp	¾ cup + 2 Tbsp.	1 ¾ cup	
Lemon Juice	2 tsp	3 Tbsp. + 2 tsp	½ cup + 2 Tbsp.	

### Directions:

1. Line baking pan with foil. Coat with cooking spray. Preheat the oven to 325°F.
2. In a bowl, mix panko bread crumbs, black pepper, and paprika together.
3. Melt margarine.
4. Cut chicken in ½ oz. portions (about the size of your thumb).
5. Roll each piece of chicken in margarine followed by bread crumb mixture.
6. Place on baking sheet and spread evenly apart.
7. Bake for 25 to 35 minutes.
8. In a mixing bowl, add honey, mayonnaise, Dijon mustard and lemon juice. Whisk until smooth.
9. Serve nuggets with honey mustard sauce (optional).

### LUNCH or SUPPER

AGE GROUP	SERVING SIZE
Ages 1-2	2 nuggets
Ages 3-5	3 nuggets
Ages 6-12	4 nuggets

### FOOD COMPONENT

Meat/Meat Alternate

**NOTE:** The number of servings is based on Ages 3-5; Number of servings may increase or decrease based on the ages of the children served.

## Resource Management

**Question #503:** Were all the Sponsor’s expenses necessary, reasonable and allowable?

**Answer:** When purchasing non-CACFP related items and/or personal items on the same receipt with CACFP items, highlight unallowable items and subtract the amount from the total receipt. See chart below for examples of allowable and non-allowable CACFP costs.

### Allowable and Non-Allowable Costs

- USDA 2 CFR §200 Uniform Guidance
- USDA 796-2 Revision 4

ALLOWABLE COST (Related to Food Service)	NON-ALLOWABLE COSTS (Not related to Food Service)
Appliances (toaster, blender, small microwave)	Candy/gum
Baby bottles and nipples	Cigarettes
Bibs	Classroom activity items
Bleach/sanitizing solution	Clothing
CACFP training tools	Coffee and cream
Cookbooks	Diapers
Cookware (pots, pans, etc.)	Facial tissue
Cups	Floral arrangements
Dish cloths	Food costs for meals/snacks NOT claimed or NOT approved on-site application
Dish soap	Food NOT for daycare children/adults (parents and/or staff meetings)
Food costs for meals/snacks claimed	Food served to non-program persons
Food service equipment replacement parts and repairs	Hand soap
Food storage containers	Holiday decorations
Kitchen aprons, hairnets, uniforms	Paper towels for bathroom or classroom
Laundry soap for washing aprons, bibs, etc.	Personal purchases
Paid staff time spent on food service duties	Pet food
Paper plates	Pop/soda and bottle deposits
Placemats	Toilet paper
Spray bottles for sanitizing solution	Toothpaste
Tablecloths	Toothbrushes
Thermometer for refrigerator/freezer	Toys
Trash can and lid for food service	Volunteer or non-paid staff
Utensils (forks, spoons, etc.)	

*This is not an all-inclusive list, and only reflects frequently asked questions about allowable and non-allowable costs.*

## Site Level

### Meal Counting and Claiming

**Question #208:** Will the Sponsor have snacks/meals disallowed due to this review?

- A. Number of Breakfasts disallowed
- B. Number of AM Snacks disallowed
- C. Number of Lunches disallowed
- D. Number of PM Snacks disallowed
- E. Number of Supper disallowed
- F. Number of Evening Snacks disallowed

**Answer:** The following are reasons snacks/meals could be disallowed: meal counting errors, menu errors, and missing enrollment documentation. The Sponsor can submit the monthly menu(s) for the DDOE Field Agents to review for compliance at any time. The Sponsor should have an organized system of documenting meal and snack counts. Meal and snack counts should be documented during the point of service.

### Meal Production / Food Service

**Question #310:** Does the site maintain CN labels, signed product analysis sheets, manufacturer's specification or product formulation statement on file as needed?

**Answer:** If the Sponsor purchases from a food service supplier, such as Gordon's, Sysco or Novick Brothers, they should contact the supplier to request CN labels and/or product formulation statements. If the Sponsor purchases food items from a grocery store, such as Wal-Mart, Food Lion, BJ's, the Sponsor will need to contact the manufacturer and request the CN label and/or product formulation statement. Sponsors serving homemade dishes must have recipes on file and available for review to support USDA meal pattern creditability. For example, a grilled cheese sandwich recipe should include all ingredients such as WGR bread, cheese and butter. The recipe should include the amount of butter, number of bread and cheese slices. The recipe provided should represent food ingredients for the enrollment of the site and ensure that USDA meal pattern age appropriate serving sizes are met.

**General Notes:**

1. Internal Controls is a system of checks and balances that provide assurance that the policies and procedures work as designed. Internal controls are required by the CACFP performance standards and by regulations that govern all federal programs.  
(2 CFR 200.303, 2 CFR 200.62, and 7 CFR 226.6(b))
2. All Sponsors must be in compliance with the CACFP Performance Standards. The Performance Standards include Financial Viability, Administrative Capability and Program Accountability (VCA). 7 CFR 226.6(b)(1)(xviii)