

- Child and Adult Care Food Program
(CACFP)
Training

Child and Adult Program Mission

- CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons.
- Through CACFP, more than 4.2 million children and 130,000 adults receive nutritious meals and snacks each day as part of the day care they receive.

Webb County Head Start Program

- 2018 2019 budget \$ 662,631.67

- 2018-2019 Reimbursement Rate

Rates per meals served in adult day care centers and child care centers

	Breakfast	Lunch/Supper	Snacks
Paid	\$0.31	\$0.31	\$0.08
Reduced	\$1.49	\$2.91	\$0.45
Free	\$1.79	\$3.31	\$0.91

The cash-in-lieu value of commodities for July 1, 2018 - June 30, 2019 is \$0.2350.

- Provide 3 Food component Breakfast, 5 food component lunch and 2 food component PM Snack to 14 affiliated sites Meals are provided at no cost for families
- Responsible for overseeing the food program at sites
- Additional CACFP requirements including documentation, monthly claim submission and staff training

Train Key Staff Annually

- Responsibility for
 - Administration and/or operation of CACFP
 - Maintenance of CACFP records for 3 years and 3 months
 - Compliance with other CACFP requirements
 - Monitor of each affiliated sites at least 3 times a year



Timing and Frequency of Training Requirements

New Staff and Staff at New Sites

Prior to beginning program operations

Prior to being held responsible for CACFP requirements

Current Staff

Annual basis

Once each fiscal year
(Oct. 1 – Sept. 30)

GOVERNING BODY AWARENESS

In accordance with Child and Adult Care Food Program (CACFP) policy, we are submitting the following documentation that confirms our organization's governing body is aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

Organization: _____

Governing Body Meeting Minutes

Attached is a copy of the organization's meeting minutes signed by the Secretary of the Board. The minutes include (1) Date of the meeting, (2) Items discussed, including the decision to participate in the CACFP, (3) Names of all Board Members present at the meeting, and (4) Names of all Board Members who voted on the action items.

Written declarations from each Governing Body Board Member

Attached are written declarations from Board Members acknowledging that they are aware of the organization's responsibilities and liabilities associated with participation in the CACFP.

Governing Body Meeting Minutes and Written declaration(s) from Governing Body Board Member(s)

Attached are the organization's meeting minutes signed by the Secretary of the Board, and written declaration(s) from Board Members not present at the meeting for which the notes are attached, acknowledging that they are aware of the organization's responsibilities and liabilities associated with participation in the CACFP. The minutes include (1) Date of the meeting, (2) Items discussed, including the decision to participate in the CACFP, (3) Names of all Board Members present at the meeting, and (4) Names of all Board Members who voted on the action items.

Governing Body Required Forms

GOVERNING BODY MEMBER

Name of Organization: _____

Name of Governing Body Member: _____

Home Street Address: _____
(If different from mailing
Address provided in TX-UNPS) _____

Relationship with any other member or employee of the organization; and compensation, if any, that you receive for services provided to the organization:

Written Declaration:

As a member of the governing body of this organization, I am aware of the organization's responsibilities and liabilities associated with participation in the CACFP as detailed in the Code of Federal Regulations, Texas Administrative Code, CACFP Handbooks and any additional instruction or guidance issued by the Texas Department of Agriculture.

Signature of Governing Body Member: _____

Date of Signature: _____

Thank you!

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.