

# Child and Adult Food Care Program (CACFP)

2018



# Participation Requirements

- Must be organized primarily to provide care to children after school
- Provide children with regular enrichment activities
- Tutoring/Homework help
- Sports & Games
- Arts & Crafts
- Be located in a geographic area in which 50% or more of the children are eligible for free or reduced price meals.



# Meal Requirements

## Lunch/Supper

- Serve 1 Meal Bag per child.
- Serve one 8 oz carton of Fat-Free Chocolate Milk or 1% white milk per child (**NO** whole, no 2% etc.)

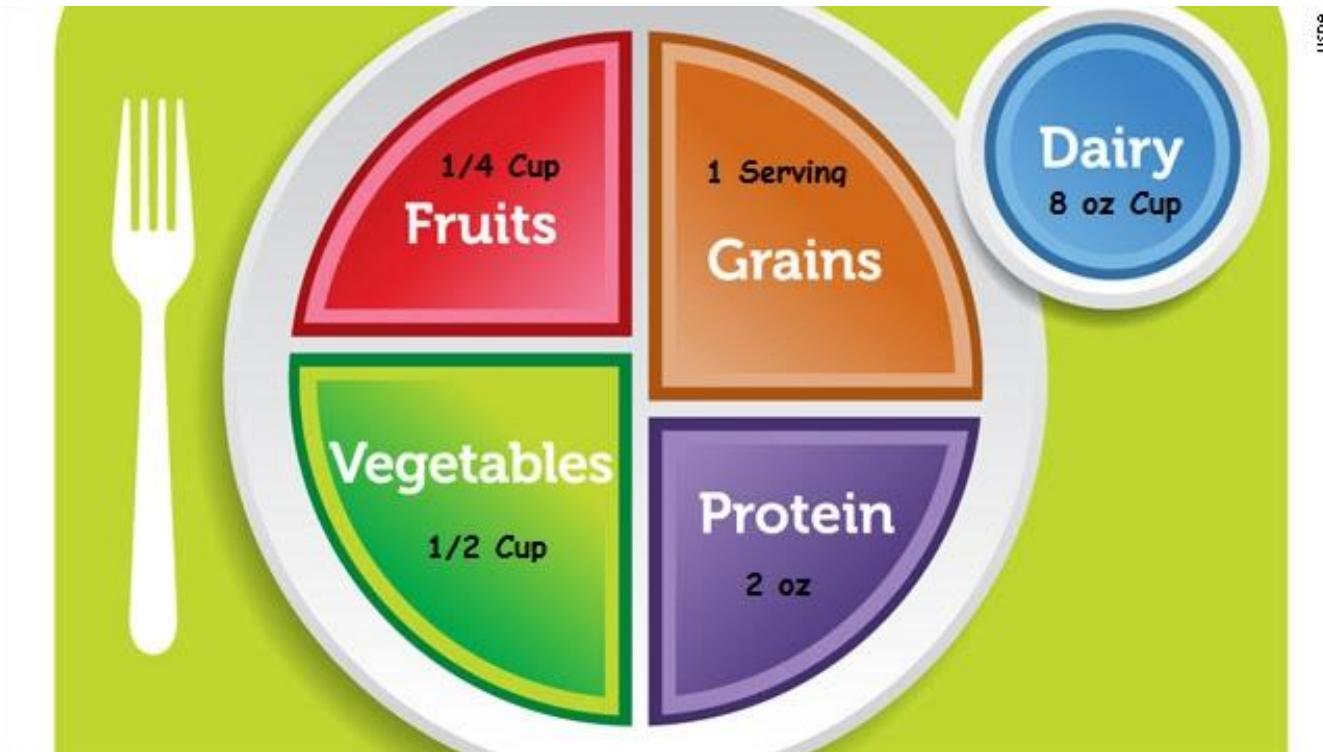
## Snacks

- Serve one 6 oz portion of fruit (can be juice)
- 100% Strength Vegetable or Fruit Juice
- Serve one portion of grain (pre-packaged bag)

All 5 year old's **MUST**  
be served white milk  
**No Exceptions!**



# New Meal Pattern



**Update:** Must serve at least  $\frac{1}{2}$  cup of vegetable. Must serve at least  $\frac{1}{4}$  cup fruit.

# Steps for Meal Preparation

- Check the meal or snack listed on the calendar
- Check your food storage to ensure you have enough of the indicated meal for service. If you do not have enough, please inform ETFB staff.
- Never serve more than two different meals on any given day.
- Prepare meals and milk before meal service.

# Tips for Meal Service



- Meals must be served within your site's designated meal service time. Meals will not be eligible if they are served before or after.
- Children can EAT past the meal service time, but they cannot receive a meal.
- Ensure children receive all components of the meal, even if they do not want parts of it.
- Any unwanted food items can be placed on the "No Thank You" table, which allows other children that have ALREADY RECEIVED A MEAL to obtain extra food.
- Meals must be eaten on site.
- Any COMPLETE meals/milks that were not served OR EATEN can be recycled for a later date's distribution.

# Menu



- Meal menus need to be posted in clear view for parents of program participants.
- Any Changes made to the menu needs to be clearly marked BEFORE meal service.
- Menus will be posted on the ETFB resource page.<http://easttexasfoodbank.org/KidsCafeResources>



If your current calendar does not reflect the correct meal to be served that day, you may correct it as long as it is before meal service.

Instead of writing all the components by hand, you may just reference the meal number as long as there is another day on the calendar that lists that meal in full. For snack, you must write the two components.

# Editing the Menu

**CITRUS WORLD** **RUBY Red  
Grapefruit x 01**

# JANUARY 2018

MON	TUE	WED	THUR	FRI
Meal 1 White Cheddar Cup Beef Stick Pretzel Goldfish Mandarin Orange Sunflower Seeds Juice Milk	Meal 2 Cheddar Stick Beef Stick Cheez-It Applesauce Sunflower Seeds Juice Milk	Meal 3 Quesco Cheese Cup Salsa Cup Corn Chips Sunflower Seeds Juice Milk	Meal 4 White Cheddar Stick Beef Stick Cheddar Goldfish Applesauce Sunflower Seeds Juice Milk	Meal 5 Chips & Dip Corn Chips Watermelon Raisels Sunflower Seeds Juice Milk
1	2	3	4	5
Meal 1 White Cheddar Cup Beef Stick Pretzel Goldfish Mandarin Orange Sunflower Seeds Juice Milk	Meal 2 Cheddar Stick Beef Stick Cheez-It Applesauce Sunflower Seeds Juice Milk	Meal 3 Quesco Cheese Cup Salsa Cup Corn Chips Sunflower Seeds Juice Milk	Meal 4 White Cheddar Stick Beef Stick Cheddar Goldfish Applesauce Sunflower Seeds Juice Milk	Meal 5 Chips & Dip Corn Chips Watermelon Raisels Sunflower Seeds Juice Milk
8	9	10	11	12
Meal 1 White Cheddar Cup Beef Stick Pretzel Goldfish Mandarin Orange Sunflower Seeds Juice Milk	Meal 2 Cheddar Stick Beef Stick Cheez-It Applesauce Sunflower Seeds Juice Milk	Meal 3 Quesco Cheese Cup Salsa Cup Corn Chips Sunflower Seeds Juice Milk	Meal 4 White Cheddar Stick Beef Stick Cheddar Goldfish Applesauce Sunflower Seeds Juice Milk	Meal 5 Chips & Dip Corn Chips Watermelon Raisels Sunflower Seeds Juice Milk
15	16	17	18	19
Meal 1 White Cheddar Cup Beef Stick Pretzel Goldfish Mandarin Orange Sunflower Seeds Juice Milk	Meal 2 Cheddar Stick Beef Stick Cheez-It Applesauce Sunflower Seeds Juice Milk	Meal 3 Quesco Cheese Cup Salsa Cup Corn Chips Sunflower Seeds Juice Milk	Meal 4 White Cheddar Stick Beef Stick Cheddar Goldfish Applesauce Sunflower Seeds Juice Milk	Meal 5 Chips & Dip Corn Chips Watermelon Raisels Sunflower Seeds Juice Milk
22	23	24	25	26
Meal 1 White Cheddar Cup Beef Stick Pretzel Goldfish Mandarin Orange Sunflower Seeds Juice Milk	Meal 2 Cheddar Stick Beef Stick Cheez-It Applesauce Sunflower Seeds Juice Milk	Meal 3 Quesco Cheese Cup Salsa Cup Corn Chips Sunflower Seeds Juice Milk	Meal 4 White Cheddar Stick Beef Stick Cheddar Goldfish Applesauce Sunflower Seeds Juice Milk	Meal 5 Chips & Dip Corn Chips Watermelon Raisels Sunflower Seeds Juice Milk
29	30	31		

**1.1** **HAPPY NEW YEAR!**

**+200** **+100** **+50**

**Good Eats at:**

**Special Announcements**

**TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER**

Fun facts on back! >

This product was funded by USDA. This institution is an equal opportunity provider.

# Justice for All Poster

- Justice for All posters must be clearly displayed to all children participating in meal service. Please do not hang them behind a door or on the back of a trifold stand. They must be visible to every child enrolled in the program and their parents.



In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (in education programs and activities), disability, age, or reprisal for prior civil rights activity. (Not all prohibited bases apply to all programs.)

If you require the information on this poster in alternative format (Braille, large print, etc.), contact the USDA TARGET Center at (202) 720-6060 (voice or TDD).

If you require information about this program, activity, or facility in a language other than English, contact the USDA agency responsible for the program or activity, or any USDA office.

To file a complaint alleging discrimination, write to USDA, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250,

9410, or call, toll free, (866) 632-9992 (voice). TDD users can contact USDA

by local toll or the federal toll at (866) 877-8359 (TDD) or (866)

377-8354 (relay voice users). USDA is an equal opportunity provider and employer.

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Si usted necesita la información de este anuncio en un formato diferente (Braille, letras grandes, a través de sonido, etc.), llame al Centro TARGET

del USDA al (202) 720-6060 (voz o TDD).

Si usted necesita información sobre este programa, actividad o instalación en un idioma diferente del inglés, llame a la agencia del

Departamento de Agricultura responsable del programa o actividad, o a cualquier oficina del

USDA.

Para presentar una queja acerca de la discriminación, diríjase a la Oficina de

Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410,

o llame gratis al 1-866-632-9992 (voz). Para llamadas TDD, llame al USDA

al 1-866-877-8359 (TDD) o al 1-866-377-8642. El Departamento

de Agricultura ofrece oportunidades en los programas de empleo libres de

discriminación.

U.S. DEPARTMENT OF AGRICULTURE

Foto AD-475-C (revisor 9/2006)

# Paperwork

Time Reports



Recycle Food Form



DAILY  
ATTENDANCE  
AND MEAL  
COUNT FORM



MONTHLY  
PAPERWORK



# Daily Attendance and Meal Count Form

- Attendance shows which children were present
- Meal Count is taken at point of service - when the children are receiving a meal
- Please be sure to fill out ALL FIELDS.
- Keep a copy of each week in your binder

Texas Department of Agriculture		Daily Attendance and Meal Count Record (At Risk)										HIS35-AT	
Name of Contracting Entity: East Texas Food Bank		Name of Site: Super Fun School		Day: 12/11/17		Day: 12/12/17		Day: 12/13/17		Day: 12/14/17		Day: 12/15/17	
Site #: 12564		Monday		Tuesday		Wednesday		Thursday		Friday			
Participant's name:	Age:	Birthday (if 5 years old)	Attendance cc	Meal									
1 Aria	5	4/20/2013	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2 Mark	6		✓	✓	✓	✓	✓	✓	✓	✓			
3 Mike	7		✓	✓	✓	✓	✓	✓	✓	✓			
4 John	8		✓	✓	✓	✓	✓	✓	✓	✓			
5 Abraham	9		✓	✓	✓	✓	✓	✓					
6 Tony	10		✓	✓	✓	✓	✓	✓	✓	✓			
7 Yolanda	11		✓	✓	✓	✓	✓	✓	✓	✓			
8 Shawn	12		✓	✓	✓	✓	✓	✓	✓	✓			
9 Nik	13		✓	✓	✓	✓	✓	✓	✓	✓			
10 Vickie	14		✓	✓	✓	✓	✓	✓	✓	✓	✓		
11													
12													
13													
14													
15													
16													
17													
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20													
21													
22													
23													
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25													
26													
27													
28													
29													
30													
Weekly Totals (please complete):		10	9	10	10	8	7	5	5	2	2		
		Number Served	Number Served	Number Served	Number Served	Number Served	Number Served						
		Meal 1	9	Meal 1	1								
		Meal 2		Meal 2	10	Meal 2		Meal 2		Meal 2			
		Meal 3		Meal 3		Meal 3	7	Meal 3		Meal 3			
		Meal 4		Meal 4		Meal 4		Meal 4	5	Meal 4			
		Meal 5		Meal 5		Meal 5		Meal 5		Meal 5	2		
		W. Milk	3	W. Milk	1	W. Milk	3	W. Milk	0	W. Milk	3		
		C. Milk	8	C. Milk	9	C. Milk	6	C. Milk	5	C. Milk	1		
I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.													
Minnie Johnson		Signature-Program Representative		12/15/17		Date		Page		of			

To be completed every day

Name of Contracting Entity:	Name of Site :
East Texas Food Bank	Super Fun School
Site #: 1264	

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

*Minnie Johnson*

12/15/17

Signature- Program Representative

Date \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

# Tips for Completing Daily Attendance and Meal Count Records

- Please use ONLY black or **blue** ink! No pencil, crayon, or markers
- Please write legibly. No scribbles
- Please total and write down the attendance and meal count under each column (weekly totals)
- Please write in the proper column for the meals that were served that day. The same for the milk. Needed for inventory purposes.
- Submit all weekly forms at the end of service for the week, no later than Monday by 12 noon of the following week.
- Please be sure to fill out **ALL FIELDS**.
- If a form is incomplete, it will be sent back to you for correction.

# Record of Recycled Food

Any leftover food that can be reused must be properly documented.

Please complete it daily  
after each meal  
service.

Submit this form with  
monthly documentation.

Keep a copy in your  
binder

# To Be Completed Everyday

**Record of Leftover/Recycled Food (H1568)**

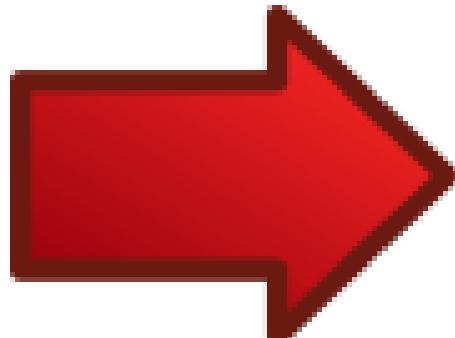
# Submitting paperwork to ETFB



Paperwork may be submitted to ETFB  
by email or fax.

Email address: [cacfpreports@gmail.com](mailto:cacfpreports@gmail.com)

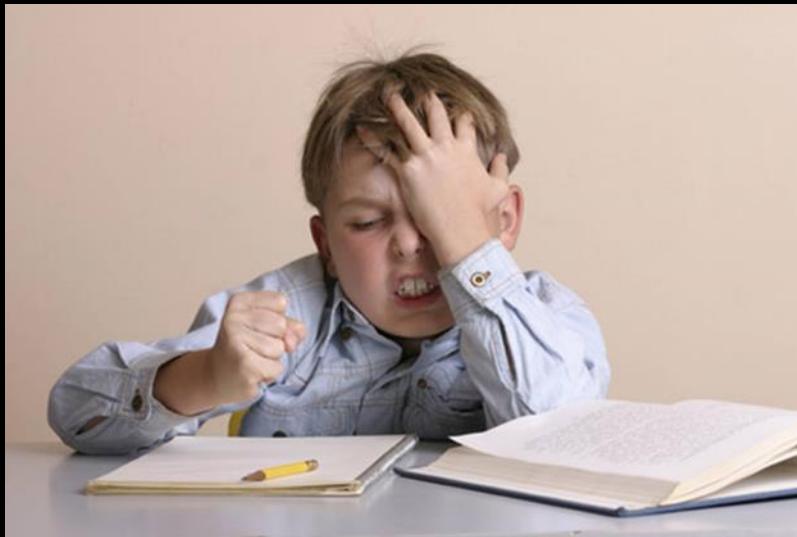
Fax number: (903) 597-7659



Weekly paperwork must be received (and correct) by ETFB no later than NOON on the Monday following the end of the previous week. Would be best to send Friday! ☺

If weekly paperwork is not received by Monday at noon, your site will be in jeopardy of not receiving food deliveries until all paperwork is received.

# Examples of Uncool Paperwork



### Daily Attendance and Meal Count Record

**Texas Department of  
Agriculture**

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### Слайд. Тенденции в развитии языка

Parshuram 200 349

◎ 陈其南：金融与经济

Participant's number	Participating in S session (yes)
2	Reinhard, Reinhard
2	Reinhard, Reinhard
3	Reinhard, Reinhard
4	Reinhard, Reinhard
5	Reinhard, Reinhard
6	Reinhard, Reinhard
7	Reinhard, Reinhard
8	Reinhard, Reinhard
9	Reinhard, Reinhard
10	Reinhard, Reinhard
11	Reinhard, Reinhard
12	Reinhard, Reinhard
13	Reinhard, Reinhard
14	Reinhard, Reinhard
15	Reinhard, Reinhard
16	Reinhard, Reinhard
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#### What is the primary purpose?

Please complete for  
each day of service  
utilized at the online



I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

5/4/18

100

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## Daily Attendance and Meal Count Record

H1533-AT

Texas Department of  
AgricultureName of Site  
[Redacted]

Site # 1534

Participant's name: Age:	Birthday (if 5 years old)	1/1/2018		1/2/2018		1/3/2018		1/4/2018	
		Monday		Wednesday		Thursday		Friday	
Attendance	Meal	Attendance	Meal	Attendance	Meal	Attendance	Meal		
1. Johnson, Adyle	13	✓	✓	✓	✓	✓	✓	✓	✓
2. Johnson, Daughters	7	✓	✓	✓	✓	✓	✓	✓	✓
3. Johnson, Apolash	9	✓	✓	✓	✓	✓	✓	✓	✓
4. Johnson, Chapman	6								
5. Johnson, Ruling	9	✓	✓	✓	✓	✓	✓	✓	✓
6. Johnson, Karmen	13	✓	✓	✓	✓	✓	✓	✓	✓
7. Johnson, Berlin	8	✓	✓	✓	✓	✓	✓	✓	✓
8. Johnson, Loni	10	✓	✓	✓	✓	✓	✓	✓	✓
9. Lewis, Adelice	9	✓	✓	✓	✓	✓	✓	✓	✓
10. Lewis, Morgan	8	✓	✓	✓	✓	✓	✓	✓	✓
11. Sheddick, Kaitlyn	7	✓	✓	✓	✓	✓	✓	✓	✓
12. Hernandez, Brianna	10								
13. Hulley, Lydie	7	✓	✓	✓	✓	✓	✓	✓	✓
14. Hulley, Remington	10	✓	✓	✓	✓	✓	✓	✓	✓
15. Martens, Adrienne	9								
16. Martens, Chaydin	13	✓	✓	✓	✓	✓	✓	✓	✓
17. Newton, Brielle	8	✓	✓	✓	✓	✓	✓	✓	✓
18. Newton, Carter	5	✓	✓	✓	✓	✓	✓	✓	✓
19. Pateheart, Marshall	13	✓	✓	✓	✓	✓	✓	✓	✓
20. Pateheart, Marshall	10								
21. Payne, Allie	13								
22. Payne, Kristen	8								
23. Pope, Bailey	9	✓	✓	✓	✓	✓	✓	✓	✓
24. Radding, Cameren	9	✓	✓	✓	✓	✓	✓	✓	✓
25. Rhodes, Mack	9								
26. Riley, Tasmine	10								
27. <b>Mitchell, M</b>	10								
28.									
29.									
30.									
Weekly Totals (please complete):		15	18	14	21	19	19	15	16
		Number Served							
		Meal 1							
		Meal 2							
		Meal 3							
		Meal 4							
		Meal 5							
		W. Milk							
		C. Milk							

Please complete for  
each day of service  
instead of the online



I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only  
for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

Signature- Program Representative

5/4/18

Date

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# Daily Attendance and Meal Count Record

H1525-AT

Texas Department of  
Agriculture

Name of Site

East Texas Food Bank

San Joaquin

Site # 1534

Participant's name:

Age:

Birthday  
(if 5 years  
old)

1	John, Mark	30
2	Smith, Captain	6
3	Smith, Maryann	30
4	Solis, Shirley	6
5	Barney, Barbara	6
6	Barney, Captain	6
7	Barney, Alice	30
8	Washington, Linda	6
9	Washington, Barbara	6
10	Washington, Linda	6
11	Washington, Barbara	6
12	Washington, Barbara	6
13	Washington, Linda	6
14	Willis, Karen	30
15	Willis, Linda	30
16		
17		
18		
19		
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21		
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26		
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28		
29		
30		

Weekly Totals (please complete):

Please complete for  
each day of service  
instead of the online



| Number Served |
|---------------|---------------|---------------|---------------|---------------|
| Meal 1        |
| Meal 2        |
| Meal 3        |
| Meal 4        |
| Meal 5        |
| W. Milk       |
| C. Milk       |

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only  
for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

\_\_\_\_\_  
Signature- Program Representative

5/4/18  
Date

Page 3 of 3





# Daily Attendance and Meal Count Record

H1535-AT

Texas Department of  
Agriculture

Name of Site : XXXXXXXXXX

East Texas Food Bank

Site #:

Participant's name: Age:	Birthday (If 5 years old)	Day: 10/30/2017		Day: 10/31/2017							
		Monday		Tuesday							
		Attendance	Meal	Attendance	Meal						
1 Acuna-Vargas, Julian	5	✓	✓	✓	✓						
2 Anderson, Clifford	7	✓	✓	✓	✓						
3 Bennett, Brandy	10	✓	✓	✓	✓						
4 Chaney, Traylon	7	✓	✓	✓	✓						
5 Fajardo, Osvaldo	8										
6 Foster, Naomi		✓	✓	✓	✓						
7 Henderson, Darren	8	✓	✓	✓	✓						
8 Hicks, Chance		✓	✓	✓	✓						
9 Horne, Alisana	7										
10 Keys, Jaluna	10	✓	✓	✓	✓						
11 Lacy, Ailianna		✓	✓	✓	✓						
12 Nalera, Anthony	9	✓	✓	✓	✓						
13 Parker, Juan	6	✓	✓	✓	✓						
14 Pedraza, Yoseline	10	✓	✓	✓	✓						
15 Spillman, Javare	9	✓	✓	✓	✓						
16 Wallace, Darlon	9			✓	✓						
17 Woolen, Harrison		✓	✓	✓	✓						
18 Riddins, Davaloe		✓	✓	✓	✓						
19 <del>Holley, Kimberly</del>											
20 Richardson, Tamara		✓	✓	✓	✓						
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
<b>Weekly Totals (please complete):</b>											

### Daily Attendance and Meal Count Record

H1535-AT

Texas Department of  
Agriculture

Name of Site : XXXXXXXXXX

East Texas Food Bank

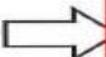
Site #:

Participant's name:	Birthday (If 5 years old)	Day: 10/30/2017		Day: 10/31/2017	
		Monday	Attendance	Tuesday	Attendance
1 Acuna-vargas, Julysse	5		✓		✓
2 Anderson, Clifford	7		✓		✓
3 Bennett, Brandy	10		✓		✓
4 Chaney, Travion	7		✓		✓
5 Fajardo, Osvaldo	8		✓		✓
6 Foster, Naomi			✓		✓
7 Henderson, Darren	8		✓		✓
8 Hicks, Chance			✓		✓
9 Hines-Alisons			✓		✓
10 Keys, Jaluna	10		✓		✓
11 Lacy, Ailianna			✓		✓
12 Najera, Anthony	9		✓		✓
13 Parker, Juan	6		✓		✓
14 Pedraza, Yoseline	10		✓		✓
15 Spellman, Jyoti	9		✓		✓
16 Wallace, Darlon	9		✓		✓
17 Wooley, Harrison			✓		✓
18 Rigging Drowne			✓		✓
19 <del>Henderson, Darren</del>			✓		✓
20 Robertson, Tamara			✓		✓
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Weekly Totals (please complete):

| Number Served |
|---------------|---------------|---------------|---------------|---------------|
| Meal 1 12008  | Meal 1        | Meal 1        | Meal 1        | Meal 1        |
| Meal 2        |
| Meal 3        |
| Meal 4        |
| LM1008        | LM1008        | LM1008        | LM1008        | LM1008        |
| W. Milk       |
| C. Milk       |

Please complete for  
each day of service  
instead of the online



I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement  
only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

XXXXXXXXXX  
Signature- Program Representative

10/30/17  
Date

Page \_\_\_\_ of \_\_\_\_



I declare that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals related to eligible participants. I understand that misrepresentation may result in prosecution.

### Figure 6.10: The 2010 Budget Deficit

3/5/2018

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I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible costs related to eligible participants. I understand that misrepresentation may result in prosecution.

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3/5-9/2018 | 2

# Self-Explanatory

I certify that the information on Form 546 is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible costs related to eligible participants. I understand that misrepresentation may result in prosecution.

3/5-9/2018

Page 9 of 2

I certify that the information on this form is true and correct to the best of my knowledge and that I will obtain written informed consent from each eligible research subject before any data is collected. I understand that non-compliance may result in prosecution.

3/5-9/20

Page 1 of 3

# Examples of Cool Paperwork





### Daily Attendance and Meal Count Record

Texas Department of  
Agriculture  
Name of Site :  
East Texas Food Bank  
Site #: 1523

*Ned Williams*

H1535-AT

Participant's name: Age:	Birthday (If 5 years old)	2/19/2018		2/20/2018		2/21/2018		2/22/2018		2/23/2018	
		Attendance	Meal								
1. Beat, Jamal	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2. Belcher, Anthony	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3. Canajil-Flores, David	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Chote, Bree	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. Couper, Haylee	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6. Corona, Isael	6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. Corona, Ivette	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8. Curry, Kennadi	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. Johnigan, Henry	8	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10. Johnigan, Jahadyn	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11. Johnson, Melba	8										
12. Jones, Anderson	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13. Kelly, Ilianna	7	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
14. Owens, Jylyen	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15. Robinsons, Keisha	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
16. Scott, Jaylynn	11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17. Surratt, Niyah	12	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
18. Tatnum, Coravon	10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
19. Williams, Isabelle	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
20. <i>Amirissa Hall</i>	9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
21. <i>Sebastian Montalvo</i>	8										
22.											
23.											
24.											
25.											
26.											
27.											
28.											
29.											
30.											
Weekly Totals (please complete):		19	19	19	19	19	19	20	20	20	20
		Number Served									
		Meal 1	19	Meal 1	19	Meal 1	19	Meal 1	20	Meal 1	20
		Meal 2		Meal 2	19	Meal 2		Meal 2		Meal 2	
		Meal 3		Meal 3		Meal 3	19	Meal 3		Meal 3	
		Meal 4		Meal 4		Meal 4		Meal 4	OUT	Meal 4	
		Meal 5		Meal 5		Meal 5		Meal 5	20	Meal 5	20
		W. Milk		W. Milk		W. Milk		W. Milk		W. Milk	
		C. Milk	19	C. Milk	19	C. Milk	19	C. Milk	20	C. Milk	20

Please complete for each day of service instead of the online form



I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

*Jenivine Cox*  
Signature- Program Representative

2-23-18

Date

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Please complete for each day of service instead of the entire

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

**Signature- Program Representative**

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Page 1 of 7

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

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7 7





# Snack Site

Texas Department of  
Agriculture

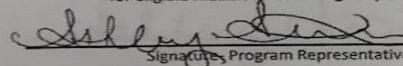
## Daily Attendance and Snack Count Record (At Risk)

H1535-AT

Name of Contracting Entity: East Texas Food Bank  
Name of Site: Greggton Afterschool  
Site #: 1321

Participant's name:	Age:	Birthday (if 5 years old)	Day:		Day: 1/30/2018		Day:		Day: Thursday		Day: Friday	
			Monday	Tuesday	Wednesday	Thursday	Friday					
1 Naomi Casas	4	20-Mar-13		✓	✓							
2 Westen McLaren	5	27-Mar-11		✓	✓							
3 Kipton Parker	4	15-Aug-13	✓	✓								
4 Amber Jacob	5	16-Aug-12	✓	✓								
5 Logan Penn	6		✓	✓								
6 Julianna Sellars	6		✓	✓								
7 Christopher Hill	9		✓	✓								
8 Jaxen McLaren	7		✓	✓								
9 Ty'Erika Robinson	8		✓	✓								
10 Ashton Valentine	9											
11 Ortavious Beechum	10		✓	✓								
12 Maricela Hernandez	7		✓	✓								
13 Guillermo Juarez	9		✓	✓								
14 Ahmya Parker	9		✓	✓								
15 Tryson Parker	8		✓	✓								
16 Laineer Sanders	9		✓	✓								
17 Madison Holman	9		✓	✓								
18 Cuauhtemoc Juarez	10		✓	✓								
19 Mariah Marsh	10		✓	✓								
20 Ty'Asia Taylor	10		✓	✓								
21 Ramon Balderas	10		✓	✓								
22												
23												
24												
25												
26												
27												
28												
29												
30												
Weekly Totals:				20	20							

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to eligible participants. I understand that misrepresentation may result in prosecution.

  
Signature, Program Representative

1/30/18

Date

Page 1 of 1



# MONTHLY REPORTS



# Time Distribution Report



- ✓ Must be completed on a daily basis.
- ✓ Must be submitted to ETFB monthly.
- ✓ Maximum claimable hours per staff member = 3 hours for lunch/supper or 2 hours for snack.
- ✓ Form should be verified and signed by the LEAD staff member AND the area director each month.

# Time Distribution Report

## Time Distribution Report

Employee Name Marisol Hilerio	Site Name Everhart	Normal Work hours 2:30pm-6pm	Month / Year Oct-17
----------------------------------	-----------------------	---------------------------------	------------------------

Day	WORK HOURS		FOOD SERVICE OPERATIONS TASKS						I. Non Food Service	J. Total Hours
	Start	End	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										
15										
16	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
17	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
18	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
19	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
20	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
21										
22										
23	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
24	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
25	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
26	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
27	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
28										
29										
30	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
31	2:30pm	6pm	0.5	0.5	0.5	0.5	1	0.5	3.5	
<b>Monthly Totals</b>			<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>6</b>	<b>42</b>	

Total Food Service Hours :

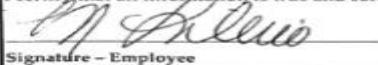
**36**

Total non food hours worked:

**6** Total hours worked:

**42**

I certify that all information is true and correct.

  
Signature - Employee

10/31/17  
Date

Approval:

  
Signature - Supervisor

10/31/17  
Date

**Record of Leftover/Recycled Food (H1568)**

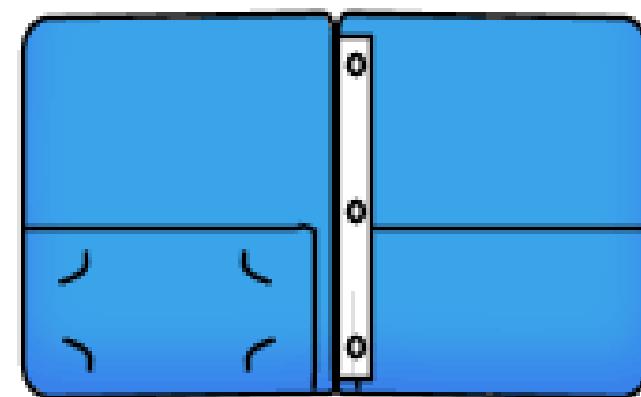
Name of Contracting Entity (CE)	CE ID	Name of Site/Provider	Site/Provider #	Month/Year
East Texas Food Bank	01544	BCC-Pittsburg	1250	8/18

# Site binder/folder



All of the following paperwork must be kept in your site's binder/folder for at least 3 years:

- Daily attendance & meal count forms
- Copy of the menu
- Recycled food form
- Documentation of training
- Time Distribution reports
- Health Dept inspections
- Food Handlers permits/certification



# SITE MONITORING



Each site will be visited by an ETFB monitor at least three times each program year.

- These visits are unannounced and will occur during meal service
- Monitors visit your site to ensure that program procedures are being followed because TDA does visit!



Your inventory will be counted each time a monitor visits.

# Program Compliance



Grounds for site suspension and/or termination include but are not limited to:

- Weekly reports are not submitted in a timely and consistent manner.
- Failure to comply with health department regulations, ETFB food storage requirements, or failure to correct food storage problems found during an ETFB visit within 30 days.
- Serving meals or snacks outside of the designated time for meal service.
- Indication or reports that the site sells, transfers or barters for money or services any items obtained from ETFB or that the site charges or is reimbursed for the items.
- Indication or reports that the site denies service to children on the basis of race, color, age, religion, national origin, gender, sexual orientation, disability, or political affiliation.

# Compliance Procedure



Identify and discuss noncompliance and establish a corrective action plan citing specific dates by which the problem(s) need(s) to be solved.

Follow-up visit.

If noncompliance has not been corrected, ETFB will determine what further action is needed. This could include placing the site on hold, suspension or termination from the program.

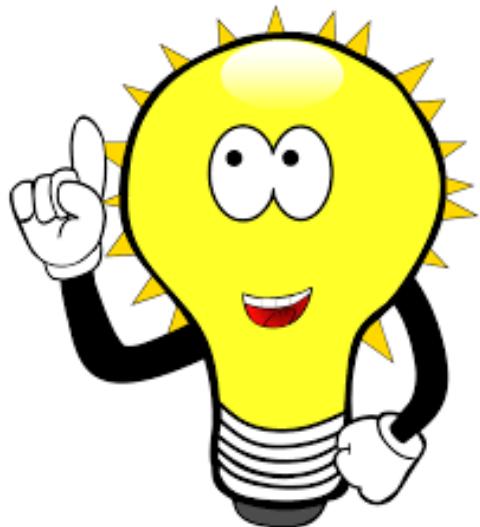
Appeals can be made in the form of written documentation to the Child Hunger Programs Manager. Tim Butler (903) 617-2031

# Voluntary Termination



Sites desiring to terminate participation in the program must submit written documentation to the East Texas Food Bank 30 days prior to the closure of the program.

# Resource Page



Visit [www.easttexasfoodbank.org](http://www.easttexasfoodbank.org)

Click "Programs"

Click "Kids Café/Snack Programs"

Resources are listed in the middle of the page.

(includes updated menus, required documents, instruction sheets, etc)

Civil rights training must be completed by all staff members who are performing primary CACFP functions (food distribution, paperwork, etc)

You conquered the CACFP  
world!

Congratulations!!!!

