



5 Odana Ct, Madison WI 53719

608.271-5242 OR 800.292-2429

Fax 608.271-5380 foodprog@4-c.org

Please return this sheet to 4-C by June 1, 2020

Provider Name _____ **Provider Food Program #** _____

1. **TRUE or FALSE** A provider can be reimbursed for meals that don't meet the USDA Meal Pattern if there is a medical reason and all required paperwork is on file.
2. **TRUE or FALSE** A provider can be reimbursed for infant meals when a parent/guardian provides two of the meal components.
3. **TRUE or FALSE** Menus, meals counts, and attendance must be recorded daily.
4. **TRUE or FALSE** All children in care must be enrolled in the Food Program.
5. **TRUE or FALSE** Children age 2-5 years old can be served 2% milk.
6. **TRUE or FALSE** A 4-C Nutrition Specialist will conduct unannounced visits to my home throughout the year and will need access to a provider's records and foods served.
7. Please read the below completion statement and then **sign and date**.

I verify that I have read and understand the 2019–2020 Annual Recordkeeping Assignment which included the following required topics: Serving meals which meet the CACFP meal patterns, taking accurate meal counts, submitting accurate meal claims, how the sponsor (4-C) will review the provider's monthly claims, the program's reimbursement system, compliance with the program's recordkeeping requirements, and Civil Rights requirements.

Provider Signature: _____ **Date:** _____

Return the filled out and signed page to the 4-C CACFP office:

MAIL: 5 Odana Ct. Madison, WI 53719

FAX: 608-271-5380

SCAN/EMAIL: foodprog@4-C.org

Thank you for your participation in this Record Keeping Assignment and your continued commitment to the nutritional health, development and well-being of children in your care!

FOR OFFICE USE:

Date Received at 4-C		Date Certificate Sent	
Nutrition Specialist		Date Reviewed	

This institution is an equal opportunity provider.