



5 Odana Ct, Madison WI 53719

608.271-5242 OR 800.292-2429

Fax 608.271-5380 [foodprog@4-c.org](mailto:foodprog@4-c.org)

**Please return this sheet to 4-C by September 1, 2022**

**Provider Name** \_\_\_\_\_ **Provider Food Program #** \_\_\_\_\_

**1. TRUE or FALSE**

This Record Keeping Assignment is required to be completed to continue your participation in the CACFP. Failure to do so may result in being declared Seriously Deficient.

**2. CIRCLE ALL THAT APPLY**

2% milk can be served and claimed:

- a. To children ages 1-2 years
- b. To children ages 2-18 years
- c. If there is an approved Diet Statement and Tracking form on file
- d. Never

**3. TRUE or FALSE**

As of October 1, 2021, the method of measuring grains changed to Ounce Equivalents (Oz. Eq.).

**4. TRUE OR FALSE**

Once an infant is developmentally ready to accept solid food (including infants under age 6 months), providers are required to offer/serve them to the infant.

**5. TRUE OR FALSE**

Store-bought combination foods and processed meat products can be served and claimed for reimbursement as long as there is a valid Child Nutrition Label (CN Label) or Product Formulation Statement (PFS) is on file.

**6. CIRCLE ONE**

If a noncreditable food (such as almond milk) is served to a child due to a “parent preference” and all required paperwork is on file, can you be reimbursed for this meal?

- a. Yes
- b. No

**7. Fill IN THE BLANK**

At least \_\_\_\_\_ whole grain rich meal components must be served and recorded daily.

**8. TRUE OR FALSE**

At the time of a home review, if you have incomplete or missing attendance records, menus, or meals counts, your Nutrition Specialist will cite this as a finding and may disallow reimbursement for meals/snacks.



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**9. Please read the below completion statement and then **sign and date.****

I verify that I have read and understand the 2021-2022 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](mailto:foodprog@4-C.org)

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FOR OFFICE USE:

<b>Date Received at 4-C</b>		<b>Date Certificate Sent</b>	
<b>Nutrition Specialist</b>		<b>Date Reviewed</b>	