



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)

**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 and failure to do so can result in being declared Seriously Deficient.
2. **TRUE or FALSE** Once an infant is developmentally ready to eat solid foods, Ready to Eat Cereal is a creditable component for all meals/snacks.
3. **TRUE or FALSE** Air Frying is an allowable method of preparing meat/meat alternates.
4. **TRUE or FALSE** Tofu, soy yogurt, and juice are creditable components for infants.
5. **TRUE or FALSE** Providers are required to have 5 years of CACFP records plus the current fiscal year on file.
6. **TRUE or FALSE** If the 4-C CACFP has not received an enrollment form for a child in your care, you will not be not be reimbursed for meals claimed.
7. **TRUE or FALSE** An infant’s parent/guardian provides more than one component, meals/snacks can not be reimbursed.
8. **TRUE or FALSE** Providers are required to notify the 4-C CACFP if they will be away from their child care during their hours of operation.
9. Please read the below completion statement and then **sign and date**.  
I verify that I have read and understand the 2022-2023 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 **by September 1, 2023:**

**MAIL:** 5 Odana Ct. Madison, WI 53719

**FAX:** 608-271-5380

**SCAN/EMAIL:** [foodprog@4-C.org](mailto:foodprog@4-C.org)

FOR OFFICE USE:

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