



5 Odana Ct, Madison WI 53719

608.271-5242 OR 800.292-2429

Fax 608.271-5380 foodprog@4-c.org

Provider Name _____ Provider Food Program # _____

ANSWERS CAN BE SUBMITTED ONLINE INSTEAD OF USING THIS FORM (<https://forms.gle/RHnuwkoVsQ7Gh4jb6>)

1. **TRUE or FALSE** Children 1 year of age must be served whole milk.
2. **TRUE or FALSE** Infants can not be served solid foods until they are 6 months of age.
3. **TRUE or FALSE** Store-bought combination foods that combine two or more meal components in a single serve food item (such as frozen pizza and chicken nuggets) and processed meat/meat alternate products that are not 100% creditable meat/meat alternate ingredients (such as meatballs, pepperoni, summer sausage, frozen beef patties, and soy cheese) need a Child Nutrition (CN) Label or Product Formulation Statement (PFS) in order to credit any part of the product towards any component in the meal pattern.
4. **TRUE or FALSE** Claims are due to the 4-C CACFP office by the 5th of every month.
5. **TRUE or FALSE** Grain-based dessert products (such as granola bars) are creditable grain components as long as they are homemade.
6. **TRUE or FALSE** There are sugar limits for both yogurts and cereals that determine if a specific yogurt or cereal is creditable.
7. **TRUE or FALSE** All home visits conducted by 4-C CACFP staff are scheduled in advance.
8. **TRUE or FALSE** After your claim is processed each month, you should review your claim summary and contact the 4-C CACFP office as soon as possible with any question and/or concerns.
9. Please read the below completion statement and then **sign and date**.
I verify that I have read and understand the 2023-2024 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, 2024:

MAIL: 5 Odana Ct. Madison, WI 53719

FAX: 608-271-5380

SCAN/EMAIL: foodprog@4-C.org

FOR OFFICE USE:

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