

The Wapanucka Public School

(Name of Institution)

announces its participation in the Child and Adult Care Food Program (CACFP). All participants in attendance are served meals at no extra charge to the parents. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

EXAMPLE

DAILY ATTENDANCE RECORD

Regular Meals
 At-Risk Meals

Name of Day Care Center: TOYS N NOISE

Month: OCT

Year: YYYY

Circle if reimbursable taken - add columns daily meals

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Douglas, Steffy			X	X	A	A	X			X	X	X	X	X			X	X	A	X	X			X	A	X	X	X			X	
Douglas, Julie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	X			X	A	X	X	X			X	
Douglas, Debbie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	X			X	A	X	X	X			X	
Phillips, Peter			X	X	A	A	X			X	X	X	X	X			X	X	X	X	X			X	A	X	X	X			X	
Simonsky, Barbara			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Olson, Martiah			X	X	A	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
McClain, Johnny			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
McClain, Joanie			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
McClain, David			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
McClain, Chase			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Scott, Florence																																
Scott, Frank																																
Jensen, Jodi			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Castion, Amber			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Sanders, Sue-I			X	X	A	A	A			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Sanders, Todd			X	X	A	A	A			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Butler, Addie			X	X	A	A	A			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Butler, Thatcher			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Thomas, Cathy			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	
Thomas, Gary			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	

X = attendance
 A = absent
 (X) = reimbursable meal taken

* Numbers will go on meal count worksheet & month number as served

MEAL COUNT WORKSHEET

The CACFP Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtimes. The verified meal count for each meal service is recorded under each of the following categories of meals served:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.

Meals Served to Program Children are:

- Meals meeting minimum meal pattern requirements.
- Meals served to children enrolled for care in the center.

Meals Served to Program Infants are:

- Meals meeting minimum meal pattern requirements for infants.
- Meals served to infants enrolled for care in the center that do not have an Infant Meal Waiver on file.

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

NOTE: Do not forget to add infant meal counts to the Meal Count Worksheet.

Nonclaimable Meals Served:

- Meals over license capacity
- Meals not meeting meal pattern requirements
- Nonprogram adult meals*
- Any meals over the three meals per child per day limit

The CACFP must be reimbursed for any nonclaimable meals served. Income must be documented for nonclaimable participants' meals because the cost of nonclaimable meals is not an allowable expense. The price charged for the meal must reflect at least the free rate of reimbursement for the applicable meal plus the value of USDA Foods (formerly commodities) for lunch and supper meals.

Program adult meals may be served free of charge, and the cost of these meals is absorbed by the institution.

No adult meals, either ***PROGRAM**** or ***NONPROGRAM****, are allowed to be claimed for reimbursement.

- * Nonprogram adults are those ***NOT*** involved in the preparation, service, and/or supervision of the participants during the meal service. Supervision means sitting with and eating the same meal served the participants. Therefore, program adults are those involved in the preparation, service, and/or supervision of the participants during the meal service.

CIVIL RIGHTS

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in the Child and Adult Care Food Program (CACFP).

A. Public Information Responsibilities

1. Ensure that all forms of communication and printed program information distributed include the following *nondiscrimination statement*.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

If material is too small to permit the full statement, *this institution is an equal opportunity provider* will be included at a minimum in print size **no smaller than the text**.

D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint *within 180 days* of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA. (Not all bases apply to all programs.)
2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the *State Agency*), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded to the FNSRO (as applicable) and then forwarded at once to the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on page 97. The person who has allegedly been discriminated against must complete and sign.

PROGRAM DISCRIMINATION COMPLAINT FORM

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (If You Have One): _____

Telephone Number, Starting With Area Code: _____

Alternate Telephone Number, Starting With Area Code: _____

Best Time of Day to Reach You: _____

Best Way to Reach You (Check One): Mail _____ Phone _____ E-Mail _____ Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes _____ No _____

If Yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary. Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check mark the United States Department of Agriculture (USDA) agency below that conducts the program or provides federal financial assistance for the program (if known):

- Farm Service Agency
- Rural Development
- Forest Service

- Food and Nutrition Service
- Natural Resource Conservation Service
- Other: _____

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) PROGRAM DISCRIMINATION COMPLAINT FORM INSTRUCTIONS

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by fax or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your e-mail. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed no later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints filed after the 180-day deadline must include a *good cause* explanation for the delay. For example, you may have a *good cause* if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period.
 2. You were seriously ill or incapacitated.
- The same complaint was filed with another federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.)

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT

The USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in the form to which this Notice is attached. The USDA's Office of the Assistant Secretary for Civil Rights requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines the disclosure is:

UPDATED Meal Patterns (must follow no later than October 1, 2017)

FOOD COMPONENTS AGES 6-12 AND AGES 13-18	BREAKFAST	LUNCH OR SUPPER	SNACK
Milk		*	
Milk, unflavored fluid low-fat (1%) or fat-free (skim), or flavored fat-free (skim)	1 cup	1 cup	1 cup
Vegetable(s)³			
Vegetable	½ cup ⁴	½ cup	¾ cup
Fruits^{3,5}			
Fruit	½ cup ⁴	½ cup	¾ cup
Grains^{6,7}			
Whole grain-rich or enriched bread; or	1 slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, muffin; or	1 serving	1 serving	1 serving
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta; or	½ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁹ :			
Flakes or rounds	1 cup		1 cup
Puffed cereal	1 ½ cup		1 ½ cup
Granola	¼ cup		¼ cup
Meat and Meat Alternates¹⁰	Not Required		
Lean meat or poultry or fish; or		2 ounces	1 ounce
Cheese; or		2 ounces	1 ounce
Eggs; or		1 large egg	½ large egg
Tofu, soy product, or alternate protein product; or		2 ounces	1 ounce
Cooked dry beans or peas; or		½ cup	¼ cup
Peanut, soy nut, or other nut or seed butters; or		4 tablespoons	2 tablespoons
Peanuts or soy nuts or tree nuts or seeds ¹²		1 ounce=50%	1/2 oz = 50%
Yogurt ¹³		8 ounces or 1 cup	4 ounce or ½ cup
(An equivalent quantity of any combination of the above meat alternates)			

¹ Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

² Select 2 of the 5 components for a reimbursable snack. Only one of the two components may be a beverage.

³ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁴ A total combined serving of a 1/2 cup of fruits and vegetables is recommended at breakfast.

⁵ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served. Fruit cannot be used to meet the vegetable requirement.

⁶ All grains must be made with enriched or whole grain meal or flour. At least one serving per day, across all eating occasions, must be whole-grain rich. Grain-based desserts do not count towards the grains requirement.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 6-12 years and ages 13-18 years. 9. A serving size consists of the edible portion of the cooked lean meat, poultry or fish.

¹⁰ Alternate protein products must meet the requirements in Appendix A to Part 226.

¹¹ A meat/ meat alternate is not required at breakfast but may be used to substitute the entire grains component a maximum of 3 times per week.

¹² Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch/supper requirement.

¹³ Yogurt may be plain or flavored, unsweetened or sweetened, but must contain no more than 23 grams of total sugars per 6 ounces.

SHARED TABLE

Meals CAN NOT be taken home!

- Only ONE non-perishable item may be taken home either the lunch bag OR the shared table.

Examples of items that students are allowed to take home:

- Unopened pre-packaged items, such as a bag of baby carrots or sliced apples
- Whole pieces of fruit, such as bananas or apples
- Grain item without any non-perishable components

Non-Allowable items:

- Unpackaged items, such as a salad bowl without a lid.
- Packaged items that can be opened and resealed
- Open items, such as an opened bag of baby carrots or sliced apples.
- Perishable foods are not allowed to be shared

Please make sure that all items placed on the shared table are not open, punctured or otherwise compromised.

Explain the shared table concept to students, taking care to emphasize the importance of healthy eating and trying new foods whenever possible.