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March 29, 2005

SUBJECT: CACFP Enrollment Forms

CACFP – 83

CACFPDCH – 73

TO: Authorized Representatives

FROM: Child and Adult Nutrition Services

This information should be shared with the person(s) responsible for processing enrollment forms and the person(s) responsible for supervising those personnel. The original should be placed in the numbered memo notebook from Child and Adult Nutrition Services. The memo is also available on the Child & Adult Nutrition Services website.

The Interim Rule, implementing legislative reforms to strengthen Program integrity published in the Federal Register on September 1, 2004, requires each institution to establish procedures for collecting and maintaining documentation of the enrollment of each participant at child care centers (except outside school hours centers) and adult day care centers. For child care centers, such documentation must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care. Current enrollment forms containing this information must be collected for all enrolled children (except outside school hours centers) not later than April 1, 2005. For the purposes of this requirement, an enrolled child is any child whose meals are claimed for reimbursement.

Since most agencies are not currently collecting this type of information on their center's enrollment forms two prototype forms have been developed for the collection of this information and the updating of this information on an annual basis. These prototype forms are included with this mailing. The use of either of these forms is optional as long as the form used by the institution is in compliance with the information now required on the forms and as long as they are updated not less than annually. These forms are also available on the Child and Adult Nutrition Services website. Compliance with this requirement by April 1, 2005 will be assessed during the normal review process beginning with the CACFP reviews conducted in the 2005-2006 Program year.

If you would like further guidance or have additional questions related to this matter, please call our office at (605) 773-3413.

CACFP Enrollment Form (sample #1)

Please complete and/or update and sign this form and return it to _____ no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

Child's Name: _____ First Middle Last	Sex: M F (circle)	Date of Birth: ____ / ____ / ____	Foster Child? ____ Y ____ N
Hours normally in care: _____ to _____	Circle days of week normally in care: M T W T F S S Holidays		
Circle meals normally eaten in care:	Breakfast	AM Snack	Lunch PM Snack Supper Eve Snack
Date Enrolled: _____	Date Terminated: _____		
Select One or More:	Ethnicity: ____ Hispanic or Latino	____ Not Hispanic or Latino	
	Race: ____ American Indian / Alaskan Native	____ Asian	____ White
	____ Native Hawaiian / Pacific Islander	____ Black or African American	

Child's Name: _____ First Middle Last	Sex: M F (circle)	Date of Birth: ____ / ____ / ____	Foster Child? ____ Y ____ N
<input type="checkbox"/> Remainder of the information is the same as above (or list child's name): _____			
Hours normally in care: _____ to _____	Circle days of week normally in care: M T W T F S S Holidays		
Circle meals normally eaten in care:	Breakfast	AM Snack	Lunch PM Snack Supper Eve Snack
Date Enrolled: _____	Date Terminated: _____		
Select One or More:	Ethnicity: ____ Hispanic or Latino	____ Not Hispanic or Latino	
	Race: ____ American Indian / Alaskan Native	____ Asian	____ White
	____ Native Hawaiian / Pacific Islander	____ Black or African American	

Parent Signature: _____ **Date:** _____

Annual Updates (to be completed on an annual basis after initial enrollment):

1st Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

2nd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

3rd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

CACFP Enrollment Form (sample #2)

Please complete and/or update and sign this form and return it to _____ no later than _____.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note:** The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

(Select one or more)

(Please circle all that apply)

Full Name(s) of Enrolled Child(ren)	* Race/ Ethnicity	Date of Birth	Normal Hours In Care	Normal Days of Care	Meals Normally Eaten While at the Facility **						
					B	AM	L	PM	Su	Ev	
			_____ to _____	M T W T F S S	B	AM	L	PM	Su	Ev	
			_____ to _____	M T W T F S S	B	AM	L	PM	Su	Ev	
			_____ to _____	M T W T F S S	B	AM	L	PM	Su	Ev	
			_____ to _____	M T W T F S S	B	AM	L	PM	Su	Ev	
			_____ to _____	M T W T F S S	B	AM	L	PM	Su	Ev	

* **Race:** Hispanic or Latino **Ethnicity:** American Indian or Alaskan Native / Asian / Black or African American / Native Hawaiian or other Pacific Islander / White

** B = Breakfast AM = AM Snack L = Lunch PM = PM Snack Su = Supper Ev = Evening Snack

List any holidays that may require care: _____

Special needs or instructions (i.e. allergies): _____

Parent/Guardian's Name: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mother's Employer: _____ Phone Number: _____

Father's Employer: _____ Phone Number: _____

Family Doctor: _____ In Emergency Call: _____

Parent Signature: _____ **Date:** _____

Annual Updates (to be completed on an annual basis after initial enrollment):

1st Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

2nd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

3rd Annual Update

I have reviewed the enrollment information for my child(ren) and (check one): found it to be accurate at the present time
 made changes as needed

Parent Signature: _____ Date: _____

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