Complete this page.

Part 1—Serving meals which meet the CACFP meal patterns.

Please review the following menus. Create a corrected menu.

	<u>Create a new corrected menu</u>
8-11 month Breakfast	Breakfast
Whole milk	
Cottage Cheese	
Blueberry Muffin	
1-12 yr old Snack	Snack
Orange Juice	
Peaches	
2-12 yr old Lunch/Dinner	Lunch/Dinner
2% Milk	
Sweet green peas	
Watermelon	
Grapes	
Brown Rice	

If an 8 month old infant is not ready for cereals and semi-solids, what form is required?

What two criteria must be included on the form mentioned in the above question?

A provider must be willing to offer one type of iron fortified	l infant formula and	the parent give	en the opportunity
to accept or decline the formula offered. This information	is documented on w	hat Form?	
Part 2—Taking Accurate Meal Counts			
Menus and meal counts must be recorded using Horizons	approved forms or e	lectronic media	a by the end of
each business day.			
1. Meal counts may be recorded in advance?	True	False	
2. Menus may be recorded in advance?	True	False	
3. If using Minute Menu Kids, if changes are made to	the menu is it requir	ed that those	changes be
updated in the software?	True	False	
Can every participating provider claim their own children fo	or reimbursement?	Yes	No
If you answered no, please explain.			
If you are away or closed during an approved meal time wh	nat procedure must y	ou follow?	
If using Minute Menu Kids and your internet is down how sh	hould you record you	r menus and n	neal counts?

If you claim manually and have run out of forms how should you record your menus and meal counts?

Part 3—Submitting accurate meal claims
Name 3 reasons why a meal may be disallowed on your claim.
What steps must be taken to receive reimbursement for meals served on a holiday:
what steps must be taken to receive reimbursement for means served on a nonday.
Part 4—How Horizons Unlimited Food Program will review the provider 's monthly claims
If you are licensed and need a helper to maintain staff/child ratios, what documentation must be sent to
Horizons?
A completed monthly claim must be either postmarked or electronically submitted by what day of the month to
ensure reimbursement will be received on time?
To review claim disallows if you use Minute Menu Kids, what report should you open?
Part 5—The Program's Reimbursement System
Fait 3—The Frogram's Kennish sement System
If you submit a December claim on time when can you expect your direct deposit?
first Monday of January first Monday of February first Monday of March
If you submit a June late claim, when can you expect your direct deposit?
□ second Monday of July □ second Monday of August □ second Monday of September
Upon receipt of your reimbursement the provider should review any claim disallows and if you do not agree with
call the Horizons office right away to discuss any discrepancies.
All adjustments must be requested within days of the last day of the month being claimed.

Part 6—Compliance with Program's recordkeeping requirements
Name 4 of the records you are required to maintain on site for 12 months and readily assessable for 24 months
Explain your system of organization for food program records and the procedure you use to record menus and meal counts.
What is the definition of discrimination?
What are 3 Civil Rights "Must Do's"?
Nutrition Essay:
Review your menus from last week. How can you improve upon those menus to meet the nutritional needs of
children in your care? Some things to consider: Sources of Vitamin A and C, whole grains, lean meats and
meat alternates, more fruits and veggies, less processed foods, and less sugar/salt/fat. What are some barriers
you face to making these changes? How can you overcome them? What can Horizons do to help?

Check each box after you have read and understand the section. Answer each question using another sheet of
paper if needed. Call the Horizons Office if you have any questions. Sign on the first page.
☐ I have read and understand Part 1 - Serving meals which meet the CACFP meal patterns.
☐ I have read and understand Part 2 - Taking accurate meal counts.
☐ I have read and understand Part 3 - Submitting accurate meal claims.
I have read and understand Part 4 - How Horizons Unlimited will review the provider's monthly claims.
☐ I have read and understand Part 5 – The Program's reimbursement system.
☐ I have read and understand Part 6 – Compliance with Program recordkeeping and Civil Rights requirements.
Signature: Date:
For Horizons Use only:
Date Received:
Reviewed and Appoved by:
Date Approved: