

1. Who needs to collect CEFs?

CEFs for the Child and Adult Care Food Program (CACFP) must be collected by CACFP sponsors who operate **child care centers** and **Head Start programs**.

2. Why do I need to collect Child Enrollment Form (CEFs)?

A CEF shows that participants are enrolled to receive CACFP meals and/or snacks. It helps to verify meal counts that are claimed and helps determine the reimbursement rate for child care centers and Head Start programs with community slots.

3. How long is a CEF valid?

CEFs are valid from the first day of the month in which the form is signed by the parent or guardian through the last day of the same calendar month twelve months later. A form signed on March 21, 2026 is valid from March 1, 2026 through March 31, 2027.

4. Where can I find the CEF template?

The two templates are available from Oregon Department of Education Child Nutrition Program (ODE CNP) [CACFP Page](#) under the section for Child Care Centers. One includes an Infant Formula Selection that must be filled in for infant participants (0-11 months) and can be used for all age groups. The other does not include an Infant Formula Selection and can only be used for participants aged 1 year old and older. Sponsors can choose to use both templates or the template that best meets their facility's needs.

5. Which sections of the CEF must be filled out to be valid?

The child's full name, the parent or guardian signature, and the date of the parent or guardian signature must be completed for all age groups. For infant participants, the Infant Formula Selection must also be completed. **CEFs must be valid in order for meals to be claimed for the participant.**

6. Which sections of the CEF must be filled out to be complete?

In addition to all the sections that must be filled out for a valid form, the CEF is only considered complete if it also includes the sponsor or site name, the hours in care, days in care, meals received must be completed for all age groups. For infant participants, the parent or guardian must check whether they accept or decline the creditable formula provided.

CEFs that are not complete will result in findings and corrective actions during an administrative review and potential disallows.

7. Can I upload this form and have parents/guardians complete and sign it electronically?

Yes, as long as digital or e-signatures can be verified. This can include digital time stamps or login verifications.

8. Do I have to use the ODE CNP template?

Yes, but you can request approval from your assigned Child Nutrition Specialist to change the ODE CNP CEF template or use your center's Child Enrollment Form template as long as it has the same required information as the ODE CNP template. A CEF must include the following:

- Sponsor or site name
- Child's first and last name
- Hours in care
- Days in Care
- Meals received
- Parent or guardian signature
- Date of parent or guardian signature
- If a participant is an infant at the time the form is completed:
 - The type of creditable infant formula provided by the child care center
 - Whether the parent or guardian accepts or declines the formula

9. Can I change the ODE CNP CEF templates?

Yes. Sponsors can remove the following items without prior approval from ODE CNP:

- OMER Roster Number
- Days in care that are not part of the licensed operating times (ex. Sat and Sun)
- Meals received that are not ODE CNP-approved meals and snacks for the site (ex. Eve Snack)
- The section on "Attendance occasionally varies due to work or school schedule" if it does not apply (ex. you only enroll for full time care)
- Sections for additional children
- Section for annual updates if a new form is collected annually

To change other sections of the ODE CNP template or to add sections to the ODE CNP template, sponsors must submit a revised template to their assigned Child Nutrition Specialist at least two weeks prior to the anticipated implementation time and an explanation for why the changes are necessary for your CACFP operations. Your Specialist will review the revised template to ensure it meets all requirements. Revised templates that require approval cannot not be used until ODE CNP approval is granted.

10. I want to use our own Child Enrollment Form, how do I get ODE CNP approval?

Send the template you want to use to your assigned Child Nutrition Specialist at least two weeks prior to your anticipated implementation time along with your written CEF procedure that covers distribution, collection, and form management. If you are using an electronic template, print the template to PDF or another easily accesible file format and send in the form via email. Your Specialist will review the template to ensure it meets all the requirements listed in #8 above. Sponsor templates cannot be used until ODE CNP approval is granted.

11. Which parts of the CEF can a sponsor pre-fill?

Sponsors must fill in the following sections:

- Sponsor or site name
- Creditable (FDA regulated, iron-fortified) infant formula provided by the child care for CEFs provided to parents/guardians of infant participants

Sponsors can choose to fill in the following sections without ODE CNP pre-approval:

- OMER Roster Number – this is optional, for sponsor recordkeeping purposes only
- Child’s first and last name
- If a center has **structured** hours in care, days in care, and meals received for all participants (ex. school-like setting where all children arrive at the same time and leave at the same time), the sponsor can fill out the hours in care, days in care, and meals received

With prior ODE CNP approval and a written CEF procedure that includes an **integrity plan**, sponsors can also elect to fill in the following sections:

- Hours in care, days in care, and meals received for centers without structured hours in care

12. What needs to be included in an integrity plan?

An integrity plan needs to detail how pre-filled forms will be verified by the parent or guardian to ensure that it reflects actual enrolled hours in care, days in care, and meals received. Suggested practices include having the parent or guardian initial all pre-filled sections.

13. What can I do if a parent/guardian does not read English?

ODE CNP translates the CEF into Arabic, Chinese (Traditional and Simplified), Chuukese, Russian, Somali, Spanish, and Vietnamese. For parents and guardians who cannot read, sponsor staff can guide them through completing the form and in addition to the parent or guardian signature, include the signature of the staff that helped to complete the form.

14. We have a parent who does not want to enroll their child for CACFP meals. What do I do?

As best practice, have the parent or guardian sign and date a statement stating that they do not wish to enroll their child in CACFP. This can be on the CEF or on another document. Make sure that there is a procedure in place so that no meals and/or snacks will be claimed for the child under CACFP.

15. I have more questions, who should I contact?

Reach out to your assigned Child Nutrition Specialist.

Additional Resources:

- [ODE CNP CACFP Policy and Procedure Manual](#)
- Training: [CEF Overview](#)

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The example below shows a valid and complete CEF. The **boxes in green** must be complete in order to have a **valid** form. The **boxes in orange** must also be complete in order to have a **complete** form. The **blue type** is filled out by the sponsor and the **purple type** is filled out by the parent or guardian. Infant formula selection only needs to be filled out if a participant is under 1 years old at enrollment.

OREGON CACFP Child Enrollment Form OMER Roster Number 102
 Child Care Centers/Head Start Programs

Adventure Time Child Care
 CACFP Sponsor Name/Site Name

This center/program receives funding from the USDA Child and Adult Food Care Program (CACFP) for serving nutritious, well-balanced meals and snacks to children in care. CACFP requires enrollment forms for all infants and children. Please complete the table below for each child in your family enrolled at this center/program. Form must be signed and dated.

TO BE COMPLETED BY PARENT/GUARDIAN ONLY

Enrolled Child's Full Name	Hours in Care	Days in Care	Meals Received
<i>Complete sections based on typical daily attendance:</i>			
Last: <i>Merten-Campbell</i> First: <i>Finn</i>	Arrive: <i>8:00</i> AM / PM Leave: <i>5:00</i> AM / PM	<input checked="" type="checkbox"/> Mon <input type="checkbox"/> Thurs <input type="checkbox"/> Tues <input checked="" type="checkbox"/> Fri <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Sat/Sun	<input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> AM Snack <input type="checkbox"/> Supper <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Eve Snack
<input type="checkbox"/> Attendance occasionally varies due to work or school schedule.			
Last: _____ First: _____	Arrive: _____ AM / PM Leave: _____ AM / PM	<input type="checkbox"/> Mon <input type="checkbox"/> Thurs <input type="checkbox"/> Tues <input type="checkbox"/> Fri <input type="checkbox"/> Wed <input type="checkbox"/> Sat/Sun	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> AM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Lunch <input type="checkbox"/> Eve Snack
<input type="checkbox"/> Attendance occasionally varies due to work or school schedule.			
<input type="checkbox"/> Attendance occasionally varies due to work or school schedule.			

INFANT FORMULA SELECTION: Required for any child listed above that is under one year of age.
 This center provides the following FDA regulated, iron-fortified infant formula: **Similac Advance**
 Parents and guardians of infants must check one:
 I accept the center provided formula
 I decline the center provided formula - I understand that by declining the center provided formula, I agree to provide breast milk or formula for my child. The center will only be reimbursed for the meal if the formula is FDA regulated and iron-fortified.

The parent/guardian signing this form certifies that the enrollment information above is correct.

Parent/Guardian Signature: *Minerva Campbell* Date: *Sept 2, 2026*
 Parent/Guardian Printed Name: *Minerva Campbell*

Annual Updates - Only complete section below when making updates to form.
 Enter the appropriate change(s) on the form above and initial the change(s). Sign below to certify.

1 st Update Signature	Date
2 nd Update Signature	Date

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Parents/guardians of infants must check to accept or decline the sponsor provided formula

Sponsor must list sponsor provided formula for all infants

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