



Child Development Associates Nutrition Program
180 Otay Lakes Road., Suite 300 • Bonita, California 91902 • (619) 427-4922

COMMITMENT TO PROGRAM COMPLIANCE & INTEGRITY

The purpose of this commitment statement is to ensure providers understand the importance and urgency of complying with program regulations. This list is not meant to be all inclusive, but is representative of the federal requirements that the provider has agreed to adhere to as a participant on the Child Care Food Program. The following are required areas of compliance:

- keep your paperwork up-to-date on a daily basis (7 CFR 226.16 [1][2][v])
- be available for monitoring visits during your child care hours (7 CFR 226.16[d][iii])
- have children in care (as scheduled) when visited (7 CFR 226.16[d][iii])
- call the office when away during meal service times (7 CFR 226.16[1][2][ix])
- know your license capacity and operate within it (7 CFR 226.6 [d])
- claim only the children in your care and to whom you serve the meals (7CFR 226.16[1][2][i])
- serve foods and amounts that comply with the USDA Meal Pattern (7 CFR 226.16[iv]) (7 CFR 226.18[b][3])

I, _____, by signing this Commitment statement, understand as a participant on CDA’s Nutrition Program the importance of complying with the Federal Regulations that govern this program. By signing this Commitment statement, I agree that I have been trained on the regulations listed above and all that has been provided in my Provider Handbook and will operate within the bounds of these regulations.

I also agree that by signing this statement that I have read and fully understand the Compliance Check List and have read through and fully understand the Compliance section of my Provider Handbook and all other sections of the Handbook which provide guidance to the regulations and how I operate/participate on the program.

I understand that if I have questions regarding any of these regulations that I will contact the office to discuss my questions and/or have my Field Services Representative provide Technical Assistance to re-train me on what I do not understand.

Provider Name (print)

Provider Number

Provider Signature

Date