

ILLINOIS STATE BOARD OF EDUCATION

Nutrition and Wellness Programs Division

100 North First Street, W-270

Springfield, IL 62777-0001

**Child and Adult Care Food Program (CACFP)
EDIT CHECKS 1 AND 2**

MONTH/YEAR

INSTRUCTIONS: Sponsoring organizations must complete both edit checks monthly for each site. The monthly edit checks will help ensure your claim approved meal services and prevent meal counting errors, such as math and transportation errors that could result in an over claim. Compare both edit checks to the total meals calculated for each meal service before submitting to ISBE.

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	Edit Check 2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	Edit Check 2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	Edit Check 2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	Edit Check 2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)

SITE NAME	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper
	Edit Check 2) Maximum Number of Meals for this Site _____ (Enrollment) X _____ (Operating Days) = _____ (Maximum Meals per Meal Service)