



ENROLLMENT FORM REQUIREMENTS

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)



Illinois State Board of Education (ISBE)

Target Audience: Child Care Centers, Head Start and Even Start Programs, Pre-K Programs, Licensed Outside School Hours Programs



This training will
cover...



Annual Enrollment Form

- ❖ Requirements
- ❖ Step-by-step instructions for completion



ILLINOIS STATE BOARD OF EDUCATION Annual Enrollment Form Child and Adult Care Food Program

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.
This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

Parents/Centers: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

Annual Enrollment Form (ISBE 67-98)

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS DURING WEEK	4	MEALS RECEIVED
First Child	Name Birth Date Age	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	TIME IN AM PM TIME TIME OUT AM PM TIME TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
Second Child	Name Birth Date Age	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above TIME IN AM PM TIME TIME OUT AM PM TIME TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
Third Child	Name Birth Date Age	<input type="checkbox"/> Same Days as Above <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Same Times as Child Above TIME IN AM PM TIME TIME OUT AM PM TIME TIMES CHILD ATTENDS SCHOOL Leaves Center Returns To Center <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours	<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			

Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—

A. Ethnic data of child(ren) — Mark only one. Hispanic or Latino Not Hispanic or Latino

B. Racial data of child(ren) — Mark one or more that apply. Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

6 SIGNATURE
I certify the information above is correct. _____
Signature of Parent or Guardian Date Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY

Effective Date of this enrollment form: _____

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer



Enrollment Form Requirements

- Required in:
 - Child Care Centers
 - Head Start and Even Start Programs
 - Pre-K Programs
 - Licensed Outside School Hours Programs
- Exempt in:
 - At-Risk After School Programs
 - Emergency Shelters
 - Licensed Exempt Outside School Hours Programs
- Key information:
 - Does not replace the Household Eligibility Application
 - **Must be “renewed” every year**
 - Must have parent/ guardian signature and date
 - Use the most updated form (i.e. available every July 1st)





Annual Enrollment Form → Parent Responsibilities

The following **must** be documented

- Section 1: Full name of enrolled child(ren), birth date, age
- Section 2: Days of week in attendance
- Section 3: Times child normally attends during week
- Section 4: Meals received at facility
- Section 5: **OPTIONAL** (strongly encouraged by USDA) - ethnic/ racial categories
- Section 6: Signature

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)		2 DAYS OF WEEK IN ATTENDANCE		3 TIMES CHILD NORMALLY ATTENDS DURING WEEK				4 MEALS RECEIVED				
First Child Name		<input type="checkbox"/> Monday		TIME IN		TIME OUT		TIMES CHILD ATTENDS SCHOOL		<input type="checkbox"/> Early Morning Snack		
Birth Date		<input type="checkbox"/> Tuesday		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	<input type="checkbox"/> Breakfast
Age		<input type="checkbox"/> Wednesday										<input type="checkbox"/> A.M. Snack
		<input type="checkbox"/> Thursday										<input type="checkbox"/> Lunch
		<input type="checkbox"/> Friday										<input type="checkbox"/> P.M. Snack
		<input type="checkbox"/> Saturday		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Supper
		<input type="checkbox"/> Sunday										<input type="checkbox"/> Evening Snack
Please answer both questions. This information is voluntary.												
5 ETHNIC/RACIAL CATEGORIES—		A. Ethnic data of child(ren) — Mark only one.		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino						
		B. Racial data of child(ren) — Mark one or more that apply.		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
				<input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaska Native						
6 SIGNATURE		I certify the information above is correct.		Signature of Parent or Guardian				Date		Telephone Number of Parent or Guardian		



Annual Enrollment Form → Sponsor Responsibilities

- Complete effective date of this enrollment form – date may be retroactive back to the first day the child participates as long as it occurs in the same month it was received
- **NOTE** → Make sure you are using the most current form

6	SIGNATURE I certify the information above is correct. _____ <i>Signature of Parent or Guardian</i>	7/15/20xx _____ <i>Date</i>	_____ _____ <i>Telephone Number of Parent or Guardian</i>
CHILD CARE REPRESENTATIVE USE ONLY			
Effective Date of this enrollment form: _____		7/1/20xx	
The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.			

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascz.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer

ISBE 67-98 (6/20) Effective July 1, 2020

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Key information about Enrollment Forms:

- You are not required to make changes to the form during the year.
- If changes are made to the form (i.e. schedule changes) - initial and date those changes.
- ISBE compares the enrollment forms to the meal participation records.



Common errors found with Enrollment Forms during an ISBE audit

- Incomplete form
 - Missing DOB/Age, Days/Hours of Attendance, Meals Received, Signature
- Outdated forms
- No form on file
- No effective date





Incomplete enrollment forms mean you cannot claim ANY meals for the respective children until they are complete regardless of eligibility



Recordkeeping

- All forms must be kept for 3 years plus the current year.
- If audit findings have not been resolved, the forms must be kept as long as necessary to resolve the issues raised by the audit.





Don't Forget....

**Every July 1st the
Enrollment Form is
updated annually**





SUMMARY



1. Enrollment forms are required
(Child Care Centers, Head Start/Even Start Programs, Pre-K Programs and Licensed Outside School Hours Programs)
2. Double check forms for completeness
3. Sponsor needs date forms
(i.e. effective date)



Nutrition Department

Illinois State Board of Education

www.isbe.net/nutrition

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800-545-7892

thank
you!