

Meal Participation Records

Starting October 2013 preparation of CACFP claims in the new WINS (Web-based Illinois Nutrition Systems) requires DAILY input of meal counts. This means sponsors will have to calculate *daily* totals for each of the categories (free, reduced or paid) at the end of the month. This information is then transferred to a new Total Meal Recap form. Because the system requires daily counts to match monthly totals, we strongly recommend you assign a staff person to double-check all totals and calculations for accuracy.

CACFP has revised forms to assist sponsors with each of these counts. The Meal Participation Record (ISBE 68-75D) looks like this with fillable fields appearing shaded in blue. For a form with numbered days go to http://www.isbe.net/nutrition/pdf/68-75_meal_participation_record.pdf

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

MEAL PARTICIPATION RECORD

SITE NAME _____ MONTH/YEAR _____
CLASSROOM _____

Program: Child Care Center Head Start Meal Service: Early Snack Breakfast AM Snack
 Outside School Hours Lunch PM Snack Supper Evening Snack

Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. List the name of each child. At each meal service, mark the box to indicate when a child was served a reimbursable meal. If adults are served a meal, record the daily total in the adult meal box on the Program or Non-program Adult Meals line. At the end of the month, indicate which children are eligible for free, reduced and paid meals. A coding system is recommended. Next, for each day, add all free meals and put the total in the Free Daily Totals box. Do the same for reduced and paid meals, each day. Then, add each row, moving right to left, and enter the total in the correct F/R/P column under Monthly Totals. The Free Daily Totals total, should match the Free Monthly Totals total. The same is true for reduced and paid.

Child's Full Name	Days of Month												Monthly Totals			
														Free	Reduced	Paid
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
14.																
15.																
16.																
17.																
18.																
19.																
Daily Totals																
Free Daily Totals																
Reduced Daily Totals																
Paid Daily Totals																
Program Adult Meals																
Non-program Adult Meals																

Do not claim adult meals

Remember to complete an MPR for each site, by specific program, and for each meal.

Although instructions are on the form, the following may help provide further details and assistance. Also, due to confidentiality requirements, **it is strongly recommended that these sheets not be displayed and that office staff be the ones to mark and total the Free, Reduced and Paid meal categories at the end of the month.**

Figure 1 - Start by completing one form per classroom, per program, per meal (e.g., breakfast, lunch, snack) that will be served; type in the name of the center and the month and year. Tip: Some sponsors use different color sheets for different meals, such as yellow for breakfast or green for lunch.

Next check the program(s) and meals to be served (Child care, Head Start, etc.).

Fig. 1

Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click print button.

MEAL PARTICIPATION RECORD

SITE NAME _____ MONTH/YEAR _____
CLASSROOM _____

Program: Child Care Center Head Start
 Outside School Hours

Meal Service: Early Snack Breakfast AM Snack
 Lunch PM Snack Supper Evening Snack

Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. List the name of each child. At each meal service, mark the box to indicate when a child was served a reimbursable meal. If adults are served a meal, record the daily total in the adult meal box on the Program or Non-program Adult Meals line. At the end of the month, indicate which children are eligible for free, reduced and paid meals. A coding system is recommended. Next, for each day, add all free meals and put the total in the Free Daily Totals box. Do the same for reduced and paid meals, each day. Then, add each row, moving right to left, and enter the total in the correct F/R/P column under Monthly totals. The Free Daily Totals total, should match the Free Monthly Totals total. The same is true for reduced and paid.

Figure 2 - in our example, you see that across the first row are cells for the Child's name, the days of that month s/he received a meal, and the category (Free, Reduced or Paid). This form has the date cells blank for institutions to complete. We have written in the days in October that this site will operate, therefore no weekend dates (e.g. , 10/5-6) appear and, in this case, this site will also be closed 10/14 for Columbus Day.

We use blue ink to show each child's meal on the date taken. In the past, we trained you to take your counts sequentially (e.g., 1, 2, 3, etc.), but with the new daily Free, Reduced and Paid totals, it may be easier to mark each child count with a "1" in each box. Mark with a "1" on the day of the month they receive a meal, leaving blank, or no mark, those days the child does not receive a reimbursable meal. The daily Free, Reduced and Paid totals will not be entered until the end of the month.

Child's Full Name	Days of Month																					Monthly Totals																			
	1	2	3	4	7	8	9	10	11	15	16	17	18	21	22	23	24	25	28	29	30	31	Free	Reduced	Paid																
1. Aisha Davis	1																																								
2. Dario Dominguez																																									
3. Anthony Jones	1																																								
4. Mikela Smith																																									
5. Sofia Tomas	1																																								
6. Tami Williams																																									
11.																																									
12.																																									
13.																																									
14.																																									
15.																																									
16.																																									
17.																																									
18.																																									
19.																																									
Daily Totals	4	4	4	4																																					

Do not white out any errors. Cross out the error and indicate the correction in the box or in the margins.

Aisha's first meal is on 10/1, but Dario was not at the center until 10/23 so his cells will be blank until the date he receives a meal.

4 4 4 4

Total your meal counts daily.

No meal for Williams 10/7

Fig. 3 – Adult Meals

Keep count of any adult meals at the bottom of the form. “Program Adults” refers to anyone working in the center. “Non-program Adults” are individuals with no duties at the site (such as visitors or visiting parents). **Adult meals may not be claimed for reimbursement.** In this example there are no meals served to adults.

																Totals				
Free Daily Totals																				
Reduced Daily Totals																				
Paid Daily Totals																				
Do not claim adult meals																				
Program Adult Meals																				
Non-program Adult Meals																				

Fig. 4 - End of the Month

Figure 4 shows how a completed form might look like at the end of the month. This sponsor uses color coding to indicate the categories of Free (no color), Reduced (blue) or Paid (pink).

MEAL PARTICIPATION RECORD

SITE NAME ISBE II MONTH/YEAR 10/2013
 CLASSROOM 201 - Little Tykes

Program: Child Care Center Head Start Meal Service: Early Snack Breakfast AM Snack
 Outside School Hours Lunch PM Snack Supper Evening Snack

Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. List the name of each child. At each meal service, mark the box to indicate when a child was served a reimbursable meal. If adults are served a meal, record the daily total in the adult meal box on the Program or Non-program Adult Meals line. At the end of the month, indicate which children are eligible for free, reduced and paid meals. A coding system is recommended. Next, for each day, add all free meals and put the total in the Free Daily Totals box. Do the same for reduced and paid meals, each day. Then, add each row, moving right to left, and enter the total in the correct F/R/P column under Monthly Totals. The Free Daily Totals total, should match the Free Monthly Totals total. The same is true for reduced and paid.

Child's Full Name	Days of Month																			Monthly Totals						
	1	2	3	4	7	8	9	10	11	15	16	17	18	21	22	23	24	25	28	29	30	31	Free	Reduced	Paid	
1. Aisha Davis																							20			
2. Dario Dominguez																								7		
3. Anthony Jones																								22		
4. Mikela Smith																									15	
5. Sofia Tomas																							22			
6. Tami Williams																							18			
7.																										
8.																										
9.																										
10.																										
11.																										
12.																										
13.																										
14.																										
19	Daily Totals																									
	4	4	4	4	4	4	4	4	3	4	4	5	5	5	5	6	6	5	6	6	6	6	Totals	67	22	15
	Free Daily Totals																									
	2	2	2	2	3	3	3	3	2	3	3	3	3	3	3	4	4	3	4	4	4	4	67	67		
	Reduced Daily Totals																									
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22	22		
	Paid Daily Totals																									
	1	1	1	1																			15		15	
	Program Adult Meals																									
	Non-program Adult Meals																									

Count meals for each child across and indicate in correct category.

Totals downward (columns) should equal totals across.

Total rows and columns.

When this form is completed, transfer site totals to the Total Meal Recap (ISBE 67-22), http://www.isbe.net/nutrition/pdf/67-22_meals_recap.pdf