Housekeeping

- Handouts
- Cellphones
- Break
- Questions: note cards
Agenda

- 9-9:15  Intro/Welcome/What’s New
- 9:15-10:15  Eligibility, Master Lists, Meal Participation, Claims
- 10:15-10:30  BREAK
- 10:30-11:15  Meal Patterns
- 11:15-11:45  Financial Responsibility
- 11:45-12:00  Multi-Site Sponsors Responsibilities
Why participate in CACFP?

Receive funding for meals

Provide more nutritious meals

Enhance your program with meals and snacks
The Purpose of CACFP

To receive United States Department of Agriculture (USDA) reimbursement you are required to:

- Plan
- Purchase
- Prepare
- Serve nutritious meals to eligible children while maintaining documents to support those meals
Child and Adult Care Food Program
Reimbursement Rates
July 1, 2013 through June 30, 2014

<table>
<thead>
<tr>
<th>Centers</th>
<th>Breakfast</th>
<th>Lunch/Supper</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid</td>
<td>0.28</td>
<td>0.28</td>
<td>0.07</td>
</tr>
<tr>
<td>Reduced Price</td>
<td>1.28</td>
<td>2.53</td>
<td>0.40</td>
</tr>
<tr>
<td>Free</td>
<td>1.58</td>
<td>2.93</td>
<td>0.80</td>
</tr>
</tbody>
</table>

These rates do not include the value of USDA foods or cash-in-lieu of USDA foods. This cash-in-lieu commodities rate of 23.25 cents is additional assistance for CACFP participants and is added to the reimbursement rate for every lunch and supper served under CACFP.
All expenses to provide nutritious meals to eligible children while maintaining documents to support those meals.

- Plan, purchase, prepare, and serve nutritious meals; and clean up of those meals

- Maintain records, provide training, and other CACFP administrative responsibilities
Make sure info on WINS is accurate with correct names, phone numbers, email addresses

Read thoroughly any emails sent to you from cnp@isbe.net these come directly from us!

Watch our website under “What’s New” each month when you submit your claim

Call if you have questions 800-545-7892

READ THE “MEALTIME MINUTES”

Have the “Mealtime Minutes” auto-sent to your personal/business email

Instructions are on our website
Mealtime Minutes e-Newsletter

Building Best Practices Workshops Scheduled

Building Best Practices workshops will be held in August for CACFP child care center employees and administrators. The workshops will include training on the ISBE monitor review process, enrollment and household eligibility updates, documenting your CACFP expenses, and aligning your menu planning with the 2010 Dietary Guidelines for Americans.

Registration is available on the Nutrition and Wellness Programs website, and is limited to two people per sponsoring organization.

Workshops dates and locations:
- August 13 – Springfield
- August 15 – Collinsville
- August 21 – Oak Lawn
- August 22 – Oak Brook

New! Administrative Handbook for CACFP Available

The Child and Adult Care Food Program Administrative Handbook for Child Care Centers is now available! The handbook is the go-to manual for questions regarding the operation of CACFP.

You can find the Administrative Handbook on the ISBE website at http://www.isbe.net/nutrition/htmls/daycare_centers.htm.

We will mail each institution a hard copy handbook soon. Look for it in the mail!

Updated! Master List of Enrolled Children

To coordinate with the updated Enrollment and Household Eligibility Applications, the Master List of Enrolled Children (ISBE form 67-95 (7/13)) was updated and simplified. Check marks replaced the form/application/certification dates for simplification. This form is not required, but is available to help organize all children enrolled in your program and assist with maintaining a current list of children in your care.
New Meal Patterns for CACFP

- Changes to the CACFP meal pattern have been proposed and are currently in the works at the Federal level.
- Anticipated release date of proposed changes is fall 2014.
- Anticipated effective date is unknown.
CACFP: Multiple Parts

- Enrollment
- Eligibility Determination
- Menus (infants & children)
- Financial Requirements
- Civil Rights
- Training
- Multi-Site Sponsor Requirements
In order to submit a claim for reimbursement
You must be in compliance with each of these parts
All of these parts support the claim for reimbursement
Very important!
Process for Documenting Your Monthly Claim for Reimbursement

- Enrollment Forms
- Determining Eligibility
- Master List of Children
- Multi Site Sponsor Requirements
- Meal Participation Records
- Total Meals Recap
- Financial Documentation
- Claim
Eligibility Documentation
What are eligibility procedures?

The procedures to complete:

- Annual CACFP Enrollment Forms
- Conduct Direct Certification
- Household Eligibility Applications
- Head Start Master Lists
Enrollment Forms
Who needs enrollment forms?

CACFP Annual Enrollment Form  (ISBE 67-98)

- **Must have for children attending:**
  - Child care centers
  - Head Start and Even Start Programs
  - Pre-K Programs
  - Licensed Outside School Hours Programs

- **Exempt**
  - Unlicensed Outside School Hours Programs
  - At-Risk After-School Snack/Supper Programs
  - Emergency Shelters
Enrollment Forms

Remember: Does not replace HEA

Purpose: To verify child is enrolled

- On file for EVERY child. If child does not have Enrollment Form on file, you cannot claim meals for child

- Must be “renewed” every year

- Must have parent date
Enrollment Forms

Sections 1 through 4 completed by parent

1. Parent must review sections 1 through 4 and then sign & date Section 6
2. Child Care Representative completes the effective date which may be retroactive back to first day child participates in CACFP in same month form received
3. Use the most current form available for each new fiscal year
<table>
<thead>
<tr>
<th>First Child</th>
<th>Second Child</th>
<th>Third Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Birth Date</td>
<td>Birth Date</td>
</tr>
<tr>
<td>Age</td>
<td>Age</td>
<td>Age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYS OF WEEK IN ATTENDANCE</th>
<th>TIMES CHILD NORMALLY ATTENDS DURING WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Tuesday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Wednesday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Thursday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Friday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Saturday</td>
<td>AM PM TIME -</td>
</tr>
<tr>
<td>Sunday</td>
<td>AM PM TIME -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEALS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Morning Snack</td>
</tr>
<tr>
<td>Breakfast</td>
</tr>
<tr>
<td>A.M. Snack</td>
</tr>
<tr>
<td>Lunch</td>
</tr>
<tr>
<td>P.M. Snack</td>
</tr>
<tr>
<td>Supper</td>
</tr>
<tr>
<td>Evening Snack</td>
</tr>
</tbody>
</table>
Please answer both questions. This information is voluntary.

5 ETHNIC/RACIAL CATEGORIES—
A. Ethnic data of child(ren) — Mark only one. 
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Not Hispanic or Latino
- Black or African American
- Asian
- American Indian or Alaska Native
- White

B. Racial data of child(ren) — Mark one or more that apply.
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Not Hispanic or Latino
- Black or African American
- Asian
- American Indian or Alaska Native
- White

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.

2: ISBE 67-98 (5/14) Effective July 1, 2014
You are not required to make changes to the form during the year when a child’s attendance schedule changes.

If site updates form, initial and date those changes.

During ISBE review—Enrollment Forms are compared to the meal participation records.

If inconsistencies: sign-in/sign-out sheets are used to validate meal counts.
Determining Eligibility
Each sponsoring organization must select one method to determine effective dates for all household eligibility applications.

1. The date the determining official’s signs and dates the application
2. The date the parent or guardian signed the household eligibility application
3. The date the household submitted the application. The institution must have a method to document the date the application was submitted such as a date stamp.

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 the child’s eligibility is certified.

*Refer to Administrative Manual Chapter 5 - Enrollment and Eligibility
Children’s eligibility determines the rate of reimbursement your organization will receive from CACFP.

Eligibility is based on the:

- Individual child’s household income
- Specific program (These children are ALL Free)
  - Head Start
  - At-Risk After-School Snack/Supper Program
  - Emergency Shelters
To determine eligibility use one of three methods:

- Household Eligibility Application (HEA)
- Direct Certification
  - Extension of DC
- Categorical Eligibility: Foster, Homeless, Head Start/Even Start; At-Risk Eligibility
- Good for one year, must be “renewed” each year
To claim free or reduced meals, current eligibility documentation must be on file for each child. No documentation = PAID!
Household Eligibility Application
Household Eligibility Application is two pages. You must give parents all three pages of the ‘application packet’ which includes:

1. Parent Letter
2. Household Eligibility Application and Instructions
   - Reduced guidelines on this; don’t use these to approve!
3. Enrollment Form (usually given at the same time or printed back-to-back on HEA)
There are three ways of determining eligibility using Household Eligibility Applications:

- Income Application
- SNAP/TANF Application
- Foster Child Application

At-Risk After School Meal Program does not need HEAs; eligibility is determined by proximity to nearest school.

Homeless Shelters do not require HEAs.
Household Eligibility Applications

- All HEA approved based on face value
- If eligibility cannot be determined then request more info or deny HEA
- If you change/add information to HEA, must initial and date the changes!!
- If parents do not want to complete HEA because over income; CHILD IS PAID.
- NO APPLICATION = PAID ALWAYS
The next slide is what information should be on an income-based application.
## Household Eligibility Application for Child Care Centers

**Child and Adult Care Food Program**

### All Household Members

<table>
<thead>
<tr>
<th>NAMES OF ALL HOUSEHOLD MEMBERS</th>
<th>Ages of Children at Center</th>
<th>FOSTER CHILD</th>
<th>SNAP OR TANF CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>First, Middle, Initial, Last</td>
<td></td>
<td>Foster children are a legal responsibility of CPS or court. If all are foster children, skip to #6.</td>
<td>Skip to Part 5 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</td>
</tr>
</tbody>
</table>

### Homeless, Migrant, or Runaway

- [ ] Homeless
- [ ] Migrant
- [ ] Runaway

### Total Household Gross Income (before deductions)

You must tell us how much and how often.

<table>
<thead>
<tr>
<th>NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</th>
<th>Earnings From Work (Before Deductions)</th>
<th>Welfare, Child Support, Alimony</th>
<th>Pensions, Retirement, Social Security</th>
<th>Worker's Comp., Unemployment, SSI, etc. (All Other Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td>How often</td>
<td>How often</td>
<td>How often</td>
<td>How often</td>
</tr>
</tbody>
</table>

### Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the Part 5 box if he or she does not have a social security number.

- [ ] I do not have a social security number.

Signed: _[Name of Adult Household Member]_

Signed: _Signature of Adult Household Member_

Date: _[Date]_

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the Institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.
Bottom of the HEA: Income-based

This is the area that the child care center completes!
FISCAL YEAR 2015 INCOME ELIGIBILITY GUIDELINES

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2014, through June 30, 2015:

Income Eligibility Guidelines
Effective from July 1, 2014, to June 30, 2015

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Free Meals 130% Federal Poverty Guideline</th>
<th>Reduced-Price Meals 185% Federal Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual</td>
<td>Monthly</td>
</tr>
<tr>
<td>1</td>
<td>15,171</td>
<td>1,265</td>
</tr>
<tr>
<td>2</td>
<td>20,449</td>
<td>1,705</td>
</tr>
<tr>
<td>3</td>
<td>25,727</td>
<td>2,144</td>
</tr>
<tr>
<td>4</td>
<td>31,005</td>
<td>2,584</td>
</tr>
<tr>
<td>5</td>
<td>36,283</td>
<td>3,024</td>
</tr>
<tr>
<td>6</td>
<td>41,561</td>
<td>3,464</td>
</tr>
<tr>
<td>7</td>
<td>46,839</td>
<td>3,904</td>
</tr>
<tr>
<td>8</td>
<td>52,117</td>
<td>4,344</td>
</tr>
</tbody>
</table>

For each additional family member, add

For each additional family member, add

5,278 | 440 | 220 | 203 | 102

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions, or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties, and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child’s meal.
SNAP/TANF Application

SNAP/TANF APPLICATION MUST INCLUDE

- Part 1—List everyone in household and the ages of the children enrolled at the center
- Part 3—Valid SNAP/TANF case number
- Part 6—Signature of an adult household member, (No SSN needed)
- If SNAP/TANF # not valid; can look up on DC or ask for income information
## Household Eligibility Application for Child Care Centers
### Child and Adult Care Food Program

#### All Household Members

<table>
<thead>
<tr>
<th>Names of All Household Members</th>
<th>Ages of Children at Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>First, Middle Initial, Last</td>
<td></td>
</tr>
</tbody>
</table>

#### Foster Child

- Foster children are a legal responsibility of DCF or court. If all are foster children, skip to Part 5.

#### SNAP or TANF Case Number

- Skip to Part 5 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.

#### Homeless, Migrant, or Runaway

- Homeless
- Migrant
- Runaway

#### Total Household Gross Income (before deductions)

You must tell us how much and how often.

### Gross Income and How Often It Was Received

| Names (List All Household Members with Income) | Gross Income and How Often It Was Received
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Earnings From Work (Before Deductions)</td>
</tr>
<tr>
<td></td>
<td>Welfare, Child Support, Alimony</td>
</tr>
<tr>
<td></td>
<td>Pensions, Retirement, Social Security</td>
</tr>
<tr>
<td></td>
<td>Worker’s Comp., Unemployment, GSI, etc. (All Other Income)</td>
</tr>
</tbody>
</table>

- Amount | How often
- $      | $      |
- $      | $      |
- $      | $      |
- $      | $      |

#### Signature and Social Security Number

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a Social Security number box.

- [ ] I do not have a Social Security number

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I gave. I understand the Institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation or the information may subject me to prosecution under applicable state and federal laws.

### Signature

- [Signature]

- [Printed Name of Adult Household Member]
- [Signature of Adult Household Member]
If a SNAP/TANF HEA is submitted for a student NOT directly certified, it must include the following information:

- Student’s name for whom the application is submitted
- Signature of adult household member
- Valid SNAP or TANF case number of a member of the household (adult or child) based on the following criteria:
  - Case numbers must contain **10–13 digits** in the following format: **XX-XXX-XX-XXX(XXX)**
  - Case numbers starting with:
    - **04 or 06** means the person is receiving TANF and is eligible for free meals.
    - **08** mean the person is receiving SNAP and is eligible for free meals.
    - **91, 92, 93, 94, or 96 ALONG WITH a 22 as the 6th and 7th digits** means the person is receiving medical benefits along with SNAP and based on the latter, is eligible for free meals.
    - **91, 92, 93, 94, or 96 ALONG WITH a 00 as the 6th and 7th digits** means that the application must be denied and the household can re-apply based on income or they can obtain an official letter from an Illinois Department of Human Services (DHS) office/case worker stating the name of the household member that is currently receiving SNAP and/or TANF benefits and their case number. The official letter should be attached to the household application and all eligible child(ren) listed in that household can be certified for free meals.

- Example: **91-226-22-F19876** qualifies for free meal benefits.
- Example: **91-226-00-F19876** does not qualify for free meal benefits without additional documentation. (See additional information above.)
- Example: **98-226-22-F19876** does not qualify for free meal benefits.
This is the area that the child care center completes.

Bottom of HEA: SNAP/TANF

CHILD CARE REPRESENTATIVE USE ONLY—ELIGIBILITY DETERMINATION: COMPLETE SECTIONS A, B and C BELOW

Follow the instructions for Institutions to Process Household Eligibility Applications available at www.isbe.net/nutrition.

SECTION A

<table>
<thead>
<tr>
<th>Annual Income Conversion</th>
<th>Weekly X 52</th>
<th>Every 2 Weeks X 26</th>
<th>Twice a Month X 24</th>
<th>Once a Month X 12</th>
</tr>
</thead>
</table>

Convert income only if different frequencies of pay are reported.

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

Per:  □ Week  □ Every 2 Weeks  □ Twice a Month  □ Month  □ Year

□ Free based on:
  □ foster child  □ migrant  □ runaway  □ SNAP or TANF  □ homeless  □ household’s income

□ Reduced based on:
  □ household’s income  □ income too high  □ incomplete application  □ Non-qualifying SNAP/TANF

□ Denied—Reason:

NUMBER IN HOUSEHOLD: _____

SECTION B

Signature of Determining Official: ________________________  Date: __________

SECTION C

Effective Date of this application: ________________________

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 the child’s eligibility is certified.

ISBE 69-88 (5/14) Effective July 1, 2014
A foster child may be certified categorically eligible for free meals if you receive a copy of a document:

- From DCFS or local agency indicating the status of the child as a foster child whose care and placement is the responsibility of the State

- OR

- That a court has placed the foster child with a caretaker household
A foster child may be certified categorically eligible for free meals if you receive a copy of an HEA:

- If the child is under the legal responsibility of DCFS or the court, a check should be placed in the box next to that child’s name to indicate they are a foster child.

- A foster child may be included on the same HEA as the other children in household.

- If the foster child has personal income, that must be included. Even though all the children are on one application, the foster child is still eligible for free meals but this free eligibility does not extend to the other children.
### HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS

#### CHILD AND ADULT CARE FOOD PROGRAM

#### 1. All Household Members

<table>
<thead>
<tr>
<th>NAMES OF ALL HOUSEHOLD MEMBERS</th>
<th>Ages of Children at Center</th>
<th>FOSTER CHILD</th>
<th>SNAP OR TANF CASE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>First, Middle, Last</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to #3.

#### 4. Homeless, Migrant, or Runaway

- Homeless
- Migrant
- Runaway

#### 5. Total Household Gross Income (before deductions) You must tell us how much and how often.

<table>
<thead>
<tr>
<th>NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</th>
<th>Earnings From Work (Before Deductions)</th>
<th>Welfare, Child Support, Alimony</th>
<th>Pensions, Retirement, Social Security</th>
<th>Worker’s Comp., Unemployment, SSI, etc. (All other income)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount</td>
<td>How often</td>
<td>Amount</td>
<td>How often</td>
</tr>
</tbody>
</table>

#### 6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her Social Security number or mark the box “I do not have a Social Security number.”

I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member
This is the area that the child care center completes.
Electronic Direct Certification
In WINS under Sponsor Tasks tab, Reports, then Direct Certification

Simplified way to determine if child receives SNAP or TANF benefits or Foster Child

Compare child’s name directly to data provided by Illinois Department of Human Services (IDHS)

When child matches print the report, no Household Eligibility Application is needed

Complete DC BEFORE collecting HEA: no HEA needed for DC children
Single Child Match

An LEA may look up a single student using two different search criteria:

1. SNAP/TANF case number or
2. first name, last name, and city.

When you look up a single child by Case Number, use the SNAP/TANF 10–13 digit case number.

When you look up a single child by Name and Address, the first and last name are required fields. The city is an optional field.

Lists with children that match exactly or that are close will appear. Each LEA must select the child(ren) that is (are) enrolled in their school by selecting Add to Report. When the LEA completes their search, select Edit Report to review the children names or Print Report to print the report for your records.

Type of Search

- [ ] Case Number
- [ ] Name and Address

Search Criteria

- [ ] First Name
- [ ] Last Name
- [ ] City

* required field

Search
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.

**CHILD AND ADULT CARE FOOD PROGRAM**
**MASTER LIST OF ENROLLED CHILDREN**

A Master List should be maintained in either a manual or electronic format for each facility to help organize all children enrolled in your program. Update the Master List monthly to include any new children and when appropriate, record the drop-date for the last day a child was in attendance. Important: Remember to renew CACFP enrollment and eligibility documentation annually. (Exception: At-Risk After-School and Emergency Shelter programs). **Special Note:** The Master List contains personal information and must be kept confidential.

**Instructions:**

1. **Center Name:** Enter center name.
2. **Master List Created (Month/Year):** Include the month and year the Master List was created. Update monthly to include any new children.
3. **Child’s Full Name:** Include the last name/first name of each child enrolled.
4. **Enrollment Form:** Check (√) if the child has a current enrollment form (within last 12 months) on file signed and dated by parent/guardian.
5. **Household Eligibility Application:** Check (√) if the child has a current (within last 12 months) household eligibility application.
6. **Electronic Direct Certification:** Check (√) if the child is currently eligible for direct certification.
7. **Extended Categorical Eligibility:** When a child is approved for free meals using another household member’s direct certification report, check (√) indicating the child is using another household member’s direct certification report.
8. **CACFP Eligibility:** Check (√) if each child is eligible for Free, Reduced or Paid meals.
9. **Drop Date:** Record the drop-date for the last day a child was in attendance.

<table>
<thead>
<tr>
<th>CENTER NAME</th>
<th>MASTER LIST CREATED (MONTH/YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD’S FULL NAME</td>
<td>CACFP ANNUAL ENROLLMENT FORM</td>
</tr>
<tr>
<td>Child 1</td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td></td>
</tr>
</tbody>
</table>
Cannot verify information from HEA if SNAP/TANF # is valid
If so, then must verify ALL HEA
Can verify if it isn’t
Direct Certification Reports **Must be printed**

In order to prove eligibility

Report will print date/time
I received an application with an invalid SNAP/TANF case number. What should I do?

A. Ask the parent to check the number
B. Deny the application
C. Lookup the child’s name in the Electronic Direct Certification System, if there is a match, print report, and staple report to application. If no match, you may deny the application or request income information from the parent.
D. Each answer above is correct.
I received an application with an invalid SNAP/TANF case number. What should I do?

A. Ask the parent to check the number
B. Deny the application
C. Lookup the child’s name in the Electronic Direct Certification System, if there is a match, print report, and staple report to application. If no match, you may deny the application or request income information from the parent.
D. Each answer above is correct.
Extended Categorical Eligibility
Extended Categorical Eligibility

All the children in a household are eligible for free meals when one member of the household (child/adult) receives SNAP or TANF.

You would need either a:
- Household Eligibility Application
- Electronic Direct Certification Report
Extended Categorical Eligibility

Household Eligibility Application

- ONLY one SNAP/TANF case number is needed (child or adult)
- List ALL the children on the master list in the free category
Extended Categorical Eligibility

Direct Certification

 обязует
 One child in the family matches, then all children in family listed on Annual CACFP Enrollment Form are eligible for free meals

 обязует
 To extend eligibility write names of the other siblings from that family who are enrolled at your center on the printed Direct Certification Report

 обязует
 Add the other children’s names to the master list, checking the appropriate box
A Master List should be maintained in either a manual or electronic format for each facility to help organize all children enrolled in your program. Update the Master List monthly to include any new children and when appropriate, record the drop-date for the last day a child was in attendance.

**Special Note:** The Master List contains personal information and must be kept confidential.

<table>
<thead>
<tr>
<th>Instructions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Center Name: Enter center name.</td>
</tr>
<tr>
<td>2. Master List Created (Month/Year): Include the month and year the Master List was created. Update monthly to include</td>
</tr>
<tr>
<td>any new children.</td>
</tr>
<tr>
<td>3. Child's Full Name: Include the last name/first name of each child enrolled.</td>
</tr>
<tr>
<td>4. Enrollment form: Check (√) if the child has a current enrollment form (within last 12 months) on file signed and dated</td>
</tr>
<tr>
<td>by parent/guardian.</td>
</tr>
<tr>
<td>5. Household Eligibility Application: Check (√) if the child has a current (within last 12 months) household eligibility</td>
</tr>
<tr>
<td>application.</td>
</tr>
<tr>
<td>6. Electronic Direct Certification: Check (√) if the child is currently eligible for direct certification.</td>
</tr>
<tr>
<td>7. Extended Categorical Eligibility: When a child is approved for free meals using another household member's direct</td>
</tr>
<tr>
<td>certification report, Check (√) indicating the child is using another household member's direct certification report.</td>
</tr>
<tr>
<td>8. CACFP Eligibility: Check (√) if each child is eligible for Free, Reduced or Paid meals.</td>
</tr>
<tr>
<td>9. Drop Date: Record the drop-date for the last day a child was in attendance.</td>
</tr>
</tbody>
</table>

**Table: Master List of Enrolled Children**

<table>
<thead>
<tr>
<th>CENTER NAME</th>
<th>MASTER LIST CREATED (MONTH/YEAR)</th>
<th>CHILD'S FULL NAME</th>
<th>CACFP ANNUAL ENROLLMENT FORM</th>
<th>HOUSEHOLD ELIGIBILITY APPLICATION</th>
<th>ELECTRONIC DIRECT CERTIFICATION</th>
<th>EXTENDED CATEGORICAL ELIGIBILITY</th>
<th>CACFP ELIGIBILITY</th>
<th>DROP DATE (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Why Use Master List?

- Use a Master List for the children you have CACFP documentation on file. These are the children you can claim for meal reimbursement.
- Master List must be updated monthly to reflect changes in enrollment or status.
Master List of Enrolled Children Form (ISBE 67-95)

This is for all types of programs that require individual child’s household eligibility determination for free, reduced-price or paid meal benefits

- Child Care Center
- Pre-K Program
- Outside School Hours Program
CHILD AND ADULT CARE FOOD PROGRAM

MASTER LIST OF ENROLLED CHILDREN

A Master List should be maintained in either a manual or electronic format for each facility to help organize all children enrolled in your program. Update the Master List monthly to include any new children and when appropriate, record the drop-date for the last day a child was in attendance.

Important: Remember to renew CACFP enrollment and eligibility documentation annually. (Exception: At-Risk After-School and Emergency Shelter programs). Special Note: The Master List contains personal information and must be kept confidential.

Instructions:
1. Center Name: Enter center name.
2. Master List Created (Month/Year): Include the month and year the Master List was created. Update monthly to include any new children.
3. Child’s Full Name: Include the last name/first name of each child enrolled.
4. Enrollment Form: Check (√) if the child has a current enrollment form (within last 12 months) on file signed and dated by parent/guardian.
5. Household Eligibility Application: Check (√) if the child has a current (within last 12 months) household eligibility application.
6. Electronic Direct Certification: Check (√) if the child is currently eligible for direct certification.
7. Extended Categorical Eligibility: When a child is approved for free meals using another household member’s direct certification report, check (√) indicating the child is using another household member’s direct certification report.
8. CACFP Eligibility: Check (√) if each child is eligible for Free, Reduced or Paid meals.
9. Drop Date: Record the drop-date for the last day a child was in attendance.

<table>
<thead>
<tr>
<th>CENTER NAME</th>
<th>MASTER LIST CREATED (MONTH/YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Full Name</td>
<td>CACFP Annual Enrollment Form</td>
</tr>
<tr>
<td>Household Eligibility Application</td>
<td>Electronic Direct Certification</td>
</tr>
<tr>
<td>Extended Categorical Eligibility</td>
<td>CACFP Eligibility</td>
</tr>
<tr>
<td>Drop Date (MM/DD/YYYY)</td>
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</tr>
</tbody>
</table>

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.
Master List of Enrolled Children for Head Start or Even Start Form (ISBE 65-10)

- This list is for Head Start/Even Start Programs ONLY
- All Head Start/Even Start children are eligible for free meal benefits.
MASTER LIST OF ENROLLED CHILDREN FOR HEAD START OR EVEN START

A Master List should be maintained for each facility to help organize all children enrolled in your program. As each child enrolls in your program add their full name and effective dates of their CACFP Annual Enrollment Form. Update the Master List monthly to include any new children. When appropriate, record the drop-date for the last time a child was in attendance.

At the end of each month, use the Master List to determine the number of free eligible children on the Claim for Reimbursement.

A Head Start or Even Start Determining Official must sign the certification on this document.
Must be *signed*, *dated* and *updated* by Head Start Determining Official.

<table>
<thead>
<tr>
<th>CHILD'S FULL NAME</th>
<th>EFFECTIVE DATE CACFP ANNUAL ENROLLMENT FORM</th>
<th>DROP DATE</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

CERTIFICATION: These children are currently enrolled as participants in the Head Start or Even Start Program.

Date

Signature of Head Start or Even Start Determining Official
Master List for Children and Disabled Adults at Emergency Shelters
(ISBE Form 67-92)

Form helps to organize participants staying at a shelter. It is recommended you create a separate Master List for children and another for disabled adults.
You can type on and save forms to your computer

- **Meal Participation Record (ISBE 68-75D)**
  
  Must write in the days of the month

- **Meal Participation Record (ISBE 68-75)**
  
  For programs operating 31 days

- **At-Risk After-School Snack/Supper Program Daily Meal Count Form (ISBE 69-14)**

- **Emergency Shelter Meal Participation Record (ISBE 69-04)**
Meal Participation Record (MPR)

- Develop MPRs based on where children are grouped for their meal services
- Record children’s full names from Master List, alphabetize, last name first
- Develop a separate MPR for each meal service claimed
- Can use different color paper for each meal service
- Maintain records to support the number of meals claimed
Use to record accurate meal counts at meal service time ONLY
Record counts when it can be determined a reimbursable meal is served
Cannot be based on attendance
Use daily meal count—very important!
At the end of the month, total each child’s meal count across and enter in the appropriate eligibility category.
Total each day’s free, reduced-price, and paid count in appropriate column *NEW*
Can use highlighter for eligibility at the End of the Month only.
Daily totals must equal the totals in free, reduced-price, and paid columns.
Recommendation: Have another person re-check all counts and addition.
Meal Participation Record

- This portion of MPR is new
- Claims now require daily counts input by
  PROGRAM: keep MPR by program

Use your "Mouse" or "Tab" key to move through the fields and

MEAL PARTICIPATION RECORD

Program: ☒ Child Care Center   ☐ Head Start
☒ Outside School Hours

Instructions: Write the site name, month, year and mark the correct program to indicate when a child was served a reimbursable meal. If adults are served which children are eligible for free, reduced and paid meals. A coding system is paid meals, each day. Then, add each row, moving right to left, and enter the same is true for reduced and paid.
### MEAL PARTICIPATION RECORD

**SITE NAME** XYZ Child Care Center  
**CLASSROOM** Three Year Olds  
**MONTH/YEAR** XX/20XX

**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, classroom, 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 and 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. Add 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.

<table>
<thead>
<tr>
<th>Child's Full Name</th>
<th>Days of Month</th>
<th>Monthly Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alvarez, Jose</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>22</td>
</tr>
<tr>
<td>2. Brown, Julie</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>7</td>
</tr>
<tr>
<td>3. Dwyer, Vincent</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>19</td>
</tr>
<tr>
<td>4. Jones, Erica</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>14</td>
</tr>
<tr>
<td>5. Stone, Shauna</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>9</td>
</tr>
<tr>
<td>6. Turner, Paige</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>21</td>
</tr>
<tr>
<td>7. Van Lott, Angi</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>18</td>
</tr>
<tr>
<td>8. Zimmer, Timothy</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>22</td>
</tr>
<tr>
<td>Vega, Esme (from 2yr olds)</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
<td>16</td>
</tr>
</tbody>
</table>

**Daily Totals:** 6 7 5 6 4 3 8 9 8 8 5 8 9 6 6 5 8 8 7 6 5 8 6

**Free Daily Totals:** 3 3 1 2 2 4 4 3 3 2 4 4 2 3 3 4 4 3 3 2 4 3

**Reduced Daily Totals:** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

**Paid Daily Totals:** 3 4 4 2 3 4 4 2 3 4 4 3 2 4 3

**Program Adult Meals:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Non-program Adult Meals:** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Totals:** 66 7 7 5

Do not claim adult meals
I am looking over the Meal Participation Record today and realize I made a mistake last week for one child; I wrote in a 6, when it should have been a 7 and now all the numbers are wrong. What should I do?

A. Correct the mistake by whiting out all of the numbers and putting in the correct numbers. Add a note at the bottom of the MPR to indicate why.

B. Circle the mistake, begin today writing in the correct numbers, at the end of the month put in the correct number of meals served.

C. Re-do the entire MPR so it looks nice and neat.

D. None of the above.
I am looking over the Meal Participation Record today and realize I made a mistake last week for one child; I wrote in a 6, when it should have been a 7 and now all the numbers are wrong.

What should I do?

A. Correct the mistake by whiting out all of the numbers and putting in the correct numbers. Add a note at the bottom of the MPR to indicate why.

B. Circle the mistake, begin today writing in the correct numbers, at the end of the month put in the correct number of meals served.

C. Re-do the entire MPR so it looks nice and neat.

D. None of the above.
My assistant and I have served ourselves a breakfast, a lunch and a P.M. snack today, what should we do?

A. Let the cook know
B. Nothing
C. Record the total number of meals under “adult meals”
D. All of the above
My assistant and I have served ourselves a breakfast, a lunch and a P.M. snack today, what should we do?

A. Let the cook know
B. Nothing
C. Record the total number of meals under “adult meals”
D. All of the above
Malcolm arrived at school today at 10 A.M., after breakfast was already cleaned up and put away. He had been to the doctor’s. Malcolm told me he was very hungry. What should I do?

A. Call the kitchen and get a reimbursable breakfast, give Malcolm his breakfast and count the meal. Make note on MPR, breakfast served late.

B. Lunch is in an hour, you’d better make him wait.

C. Give him some crackers & juice and count the breakfast on the MPR.

D. None of the above.
Malcolm arrived at school today at 10 A.M., after breakfast was already cleaned up and put away. He had been to the doctor’s. Malcolm told me he was very hungry. What should I do?

A. Call the kitchen and get a reimbursable breakfast, give Malcolm his breakfast and count the meal. Make note on MPR, breakfast served late.

B. Lunch is in an hour, you’d better make him wait.

C. Give him some crackers & juice and count the breakfast on the MPR.

D. None of the above.
QUESTION

It is the end of the month and I noticed that on the MPR I did not claim Martin for 3 breakfasts and 2 lunches. When I look at my attendance, I have marked Martin down as in attendance on those days. What should I do?

A. Change the MPR to match my attendance and explain why I did so at the bottom of the MPR.
B. Nothing, you cannot change the MPR at the end of the month to match attendance, even if you made a mistake.
C. Ask other teachers what they do and then do that.
D. None of the above.
It is the end of the month and I noticed that on the MPR I did not claim Martin for 3 breakfasts and 2 lunches. When I look at my attendance, I have marked Martin down as in attendance on those days. What should I do?

A. Change the MPR to match my attendance and explain why I did so at the bottom of the MPR.

B. Nothing, you cannot change the MPR at the end of the month to match attendance, even if you made a mistake. Make a note of it on the MPR.

C. Ask other teachers what they do and then do that.

D. None of the above.
Total Meals Recap

Form Updated October 2013

Total Meals Recap Form (ISBE 67-22)

- Use to add a facility’s daily meal counts for F, R, P, by classroom (NEW!)
- By program (NEW!)
- By meal service for entire month (NEW!)
- Totaled for you if used on computer!!

- The daily F, R, P total number of meals in each category are then entered on the Claim for Reimbursement

TOTAL MEAL RECAP

SITE NAME: XYZ Child Care Center

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 program name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. Write the name of each site classroom in Sections I, II and III. Section I is a consolidation of free meals. Section II is a consolidation of reduced meals, and Section III is a consolidation of paid meals. Reference the Meal Participation Records for the month by classroom, and enter Row 1 - Free Daily on the appropriate classroom line, for each classroom serving free meals. Do the same for reduced and paid. Sum the columns by day. Transfer the Total Daily Free, Reduced and Paid Meals lines to the WINS claim for reimbursement. For each program (CCC, HS and OSH) you must complete and save as a separate document.

<table>
<thead>
<tr>
<th>Section</th>
<th>Free Daily (List all classrooms)</th>
<th>Days of Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Three Year Olds</td>
<td>3 3 1 2 2</td>
<td>4 4 4 4 2</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>4 4 4 4 2</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>3 3 3 3 0</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>3 3 3 3 2</td>
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<tr>
<td>5.</td>
<td></td>
<td>4 4 4 4 3</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>4 4 4 4 3</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>3 3 3 3 0</td>
</tr>
<tr>
<td>TOTAL DAILY FREE MEALS</td>
<td>66</td>
<td>66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Reduced Daily (List all classrooms)</th>
<th>Days of Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Three Year Olds</td>
<td>1 1 1 1 1 1 1</td>
<td>1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>3.</td>
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<td>0 0 0 0 0 0 0</td>
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<tr>
<td>4.</td>
<td></td>
<td>0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>0 0 0 0 0 0 0</td>
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<tr>
<td>6.</td>
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<td>0 0 0 0 0 0 0</td>
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<tr>
<td>7.</td>
<td></td>
<td>0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>TOTAL DAILY REDUCED MEALS</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Paid Daily (List all classrooms)</th>
<th>Days of Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Three Year Olds</td>
<td>3 4 4 4 2</td>
<td>3 4 4 4 2</td>
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<tr>
<td>2.</td>
<td></td>
<td>3 4 4 4 2</td>
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<tr>
<td>3.</td>
<td></td>
<td>3 4 4 4 2</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>3 4 4 4 2</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>3 4 4 4 2</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>3 4 4 4 2</td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>3 4 4 4 2</td>
</tr>
<tr>
<td>TOTAL DAILY PAID MEALS</td>
<td>72</td>
<td>72</td>
</tr>
</tbody>
</table>

ISBE 67-22 (10/13)
Submit monthly in WINS

Contains Dates: must be filled in with
  - Daily F, R, P daily counts
  - For each meal service
  - By Program

Meals claimed must be supported with appropriate documentation

Claims must be submitted within 60 calendar days after the end of the claiming month
Private-for-Profit Centers can participate in the CACFP and submit claim only when they:

- Receive Title XX funds (subsidized child care) for at least 25% of enrolled children or licensed capacity (whichever is less)

OR

- When at least 25% of children in care are eligible for free or reduced-price meals
### Daily Meal Counts

**Claim**
- Calendar Year: 2013
- Calendar Month: 8

**Version**
- Selected Claim: New Claim

### Daily Totals

#### Program Daily Meal Counts
- Child Care Center (Breakfast)
- Child Care Center (Lunch)
- Child Care Center (P.M. Snack)

**Meal** Breakfast

<table>
<thead>
<tr>
<th>Day</th>
<th>Meal</th>
<th>Subprogram</th>
<th>Session</th>
<th>Free</th>
<th>Reduced</th>
<th>Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>2</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>3</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>4</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>5</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>6</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>7</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>8</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>9</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>10</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
<tr>
<td>11</td>
<td>Breakfast</td>
<td>Child Care Center</td>
<td>1</td>
<td>Free</td>
<td>Reduced</td>
<td>Paid</td>
</tr>
</tbody>
</table>
15 minute break
Meal Pattern Requirements
Milk Component

Children 2 years and older must be offered:

- Low-Fat (1%) or fat-free milk (skim)
- Whole milk and reduced-fat (2%) may NOT be served

Requirements for children who are 1 year old have not changed. This age group is usually offered whole milk based on DCFS rules.
A FINAL USDA RULE addresses the substitution of fluid milk for children whose non-disabling allergies, culture, religion, or ethical beliefs do not allow consumption of cow’s milk.

- Parents may request in writing a fluid milk substitute
- A Medical Exception Statement signed by physician is NOT required for this type of request (milk substitution ONLY)
- Milk substitute must meet USDA nutrition standard
- You do NOT have to provide the milk substitute, it is your decision whether to incur the added expense
<table>
<thead>
<tr>
<th>Nutrition Standard for Milk Substitute</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
</tr>
<tr>
<td>Protein</td>
</tr>
<tr>
<td>Vitamin A</td>
</tr>
<tr>
<td>Vitamin D</td>
</tr>
<tr>
<td>Magnesium</td>
</tr>
<tr>
<td>Phosphorus</td>
</tr>
<tr>
<td>Potassium</td>
</tr>
<tr>
<td>Riboflavin</td>
</tr>
<tr>
<td>Vitamin B-12</td>
</tr>
</tbody>
</table>
The requirements related to milk or food substitutions for a child who has a medical disability and who submits a Medical Exception Statement signed by a physician REMAIN UNCHANGED.

You must follow the physician’s request

Physician Statement for Food Substitution
(ISBE 67-44)

- Facilities are required to make substitutions for children with disabilities that substantially limit one or more major life functions.
- Physician must complete and sign Physician Statement for Food Substitution.
- Statement must identify disability and alternate food needed.
- Meals may be claimed for reimbursement even if they do not follow meal pattern.
It’s breakfast & I know that Christine is allergic to cow’s milk (there is a parent statement in my files; it says to give her soy milk). The parent provides me with a generic soy milk. What should I do?

A. Give the soy milk to Christine and count the meal.
B. Give the soy milk to Christine and don’t count the meal.
C. Since you are unsure, give her water and count the meal.
D. None of the above
It’s breakfast & I know that Christine is allergic to cow’s milk (there is a parent statement in my files; it says to give her soy milk). The parent provides me with a generic soy milk. What should I do?

A. Give the soy milk to Christine and count the meal.
B. Give the soy milk to Christine and don’t count the meal.
C. Since you are unsure, give her water and count the meal.
D. None of the above
Water must be made available throughout the day, including at meal times when a child requests water.

Water does NOT replace milk at any meal service.
Meal Pattern Requirements

Children 1 through 12 Years of Age

- Different food components for each meal type
- Different portion sizes for each age group
  (minimum portions, can always serve more)
- Grain/bread requirements
- SPECIAL NOTE: At-Risk After-School Snack and Meal Programs serving children over 13 years of age must serve at least the portions required for children 6 to 12 years of age. Homeless Shelters must do the same for older children and adults.
Infant Meal Pattern Requirements

- Use Infant Meal Pattern Chart for birth through 11 months
- Must provide at least one type of iron-fortified infant formula and appropriate baby food
  - Whether you claim meals or NOT
- Meals containing breast milk or formula brought in by parents can be claimed when formula is the only required food item when fed by the child care provider
  - If the mother comes to breastfeed her child, the meal is not reimbursable when no other foods are required.
Infant Requirements

Infant Formula/Food Waiver Notification Form

- Must be on file for every infant
- Must be completed and signed by parent
- Parent must complete the entire bottom of the form, including Section 3, even if baby is not old enough yet for baby food
Section 1—Infant Formula or Breast Milk
Choice 1—I want my infant to receive the child care center-/home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.
Choice 2—I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk. If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant formula that day.

Section 2—Infant Cereal
Choice 1—I want my infant to receive the child care center-/home-provided iron-fortified infant cereal, identified above. I will not bring infant cereal from home.
Choice 2—I understand I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal. If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided iron-fortified infant cereal that day.

Section 3—Baby Food
Choice 1—I want my infant to receive the child care center-/home-provided baby food identified above. I will not bring baby food from home.
Choice 2—I understand I am not required to bring baby food that I purchase, however, I want to bring my own baby food. If I should forget to bring the baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-/home-provided baby food that day.
<table>
<thead>
<tr>
<th>Are These Infant Meals Reimbursable?</th>
<th>Infant 0 through 3 months</th>
<th>Infant 4 through 7 months--drinking only formula/breast milk, NOT developmentally ready for solid foods</th>
<th>Infant 4 through 7 months--developmentally ready for solid foods</th>
<th>Infant 8 through 11 months--drinking only formula/breast milk, NOT developmentally ready for solid foods</th>
<th>Infant 8 through 11 month--developmentally ready for solid foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant receives parent purchased iron-fortified infant formula and parent provided baby food.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.</td>
<td>Yes</td>
</tr>
<tr>
<td>Infant receives parent purchased iron-fortified infant formula and parent provided baby food.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, center/home provides at least one of the required food items.</td>
<td>Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.</td>
<td>Yes, center/home provides at least one of the required food items.</td>
</tr>
<tr>
<td>Infant receives parent provided iron-fortified infant formula/breast milk and center/home provided baby food.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes, center/home provides at least one of the required food items.</td>
<td>Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.</td>
<td>Yes, center/home provides at least one of the required food items.</td>
</tr>
<tr>
<td>Infant receives parent provided low-iron infant formula and center/home provided baby food.</td>
<td>Yes, must have Medical Exception Statement on file for low-iron formula.</td>
<td>Yes, must have Medical Exception Statement on file for low-iron formula.</td>
<td>Yes, must have Medical Exception Statement on file for low-iron formula and infant cannot eat solid foods.</td>
<td>Yes, must have Medical Exception Statement on file for low-iron formula.</td>
<td>Yes, must have Medical Exception Statement on file for low-iron formula.</td>
</tr>
<tr>
<td>Infant receives parent provided low-iron-fortified infant formula and parent provided baby food.</td>
<td>Yes, must have Medical Exception Statement on file</td>
<td>Yes, must have Medical Exception Statement on file</td>
<td>No</td>
<td>Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.</td>
<td>No</td>
</tr>
</tbody>
</table>
Nutritious menus must be developed for all meal services for both infants and children.

Must meet meal pattern requirements for infants and child.

Must list what was actually served (including substitutions).

Must include the date the menu was served.

Use USDA recipes whenever possible.

Search “USDA CACFP MENUS” and our website

Combination Foods

- A food item which combines two or more different food components
- Examples: ravioli, canned chili, canned soup, pizza, chicken nuggets, fish sticks
- When serving these items must not assume what a portion is, based on what you think is adequate for the child
When using combination foods you must know how it contributes to the CACFP meal pattern, you do not guess/assume.

Combination food items are creditable only if you have a:

1. **CN Label** or
2. **Product Analysis Sheet**

If you do not know **CANNOT SERVE!!**
Here is a page from the USDA *Crediting Handbook for the CACFP* available on our website.


<table>
<thead>
<tr>
<th>Food</th>
<th>Creditable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acorns</td>
<td>x</td>
<td>Acorns have a low protein content.</td>
</tr>
<tr>
<td>Bacon and Imitation Bacon Products</td>
<td>x</td>
<td>These products are considered fats with little protein. They are not creditable toward meal pattern requirements.</td>
</tr>
<tr>
<td>Bacon Rinds</td>
<td>x</td>
<td>These products do not qualify for the meat/meat alternate requirement.</td>
</tr>
<tr>
<td>Bacon, Turkey</td>
<td>x</td>
<td>Turkey bacon is creditable only if it (1) is CN-labeled or (2) has a Product Formulation Statement signed by an official of the manufacturer (not a sales person).</td>
</tr>
<tr>
<td>Beans, Dry or Canned</td>
<td>x</td>
<td>See pages 1-5 through 1-12 of the <em>Food Buying Guide</em>. 1/4 cup cooked beans credits as 1 oz. equivalent meat alternate.</td>
</tr>
<tr>
<td>Beans, Refried</td>
<td>x</td>
<td>See page 1-12 of the <em>Food Buying Guide</em>.</td>
</tr>
<tr>
<td>Beef Jerky</td>
<td>x</td>
<td>Beef jerky does not qualify for the meat/meat alternate requirement. This product has a high sodium content and is difficult to chew.</td>
</tr>
<tr>
<td>Bologna</td>
<td>x</td>
<td>Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/extenders are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See page 1-36 of the <em>Food Buying Guide</em>.</td>
</tr>
<tr>
<td>Canadian Bacon or Mild Cured Pork</td>
<td>x</td>
<td>1 lb. (16 oz.) will yield eleven 1-oz. servings of cooked, lean meat. See page 1-47 of the <em>Food Buying Guide</em>. CN Label, or product formulation statement for crediting information.</td>
</tr>
<tr>
<td>Canned or Frozen combination foods: Stews, Beef-a-Roni, Chili Macaroni, Pizzas, Pot Pies, Raviolis</td>
<td>x</td>
<td>These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement signed by an official of the manufacturer (not a sales person). See pages 61 and 62 for more information on combination foods.</td>
</tr>
<tr>
<td>Canned, Pressed Luncheon Meat (Rotted/Deviled)</td>
<td>x</td>
<td>These products have a high salt and fat content. There is no standard of identity for these products, so there is no standard method of crediting.</td>
</tr>
<tr>
<td>Ceviche</td>
<td>x</td>
<td>Fish products must be fully cooked. Raw fish are a potential health hazard for vulnerable populations. See entry for sushi on page 28.</td>
</tr>
</tbody>
</table>
Example: CN Labeled—Fish Sticks

065545

Three Fried Breaded Fish Sticks (0.54 oz each) provide 0.50 oz equivalent Meat and 0.50 serving of Bread alternate for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 11-05).
Types of Meal Service
Different Types of Meal Services

- Pre-plated meals
- Family-style meals

  - All meals must be eaten at the center
  - Served as a unit
When is it a Reimbursable Meal?

- The adult serving the meals must serve the *full* portion of *all* food items to each child.
- The child must be sitting at the table (can claim meal even if the child does not eat).
- Meal count taken at this time.
When Is It a Reimbursable Meal?

- Serving bowls contain enough food to provide full portions for all children at the table (including adults eating with children)
- Children serve themselves from serving bowls passed around the table
- Children take amount of food desired
- Adults encourage children to take more food when they refuse food or do not take a full portion
- Meal counts taken at this time
I have 3 tables in my room, but only enough bowls of food for 2 tables. What should I do?

A. Share the food between tables.
B. Call the kitchen and ask for more bowls of food.
C. Make two of the tables sit together.
D. None of the above.
I have 3 tables in my room, but only enough bowls of food for 2 tables. What should I do?

A. Share the food between tables.
B. Call the kitchen and ask for more bowls of food.
C. Make two of the tables sit together.
D. None of the above.
We serve family style. The children serve themselves everything but the milk, it is too heavy. Can I pour the milk, if so, how much?

A. Don’t worry about the milk, it’ll get poured one way or the other.

B. This is called “Modified Family Style” and yes, you can pour the milk. But, you must pour the correct serving size, based on age group ALL AT ONE TIME.

C. Pour the milk, one ounce at a time, depending on how much the child wants. Don’t worry about refills.

D. None of the above.
We serve family style. The children serve themselves everything but the milk, it is too heavy. Can I pour the milk, if so, how much?

A. Don’t worry about the milk, it’ll get poured one way or the other.

B. This is called “Modified Family Style” and yes, you can pour the milk. But, you must pour the correct serving size, based on age group ALL AT ONE TIME.

C. Pour the milk, one ounce at a time, depending on how much the child wants. Don’t worry about refills.

D. None of the above.
FINANCIAL REPORTING
All institutions must operate a non-profit food service program – this includes for-profit businesses.

Institutions must document their non-profit status.
Financial Reporting

- Cash Disbursements
- Personnel Activity Report
- Monthly Profit or Loss Summary
- Annual Financial Report (AFR)
- Monthly Milk Purchase Estimate

MODULES:

http://www.isbe.net/nutrition/htmls/workshops.htm
Use to record food program expenses
- Food costs
- Allowable non-food costs
- Overhead costs
- Administrative supplies
- Unallowable costs

Use to record the number of gallons of milk purchased

Review every food program receipt and invoice and itemize expenses as food, non-food, administrative supplies or unallowable
**Cash Disbursements**

### Example #1

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee</td>
<td></td>
<td>$10.75</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>$3.79</td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td>$4.29</td>
<td></td>
</tr>
<tr>
<td>Diapers</td>
<td></td>
<td>$12.00</td>
<td></td>
</tr>
<tr>
<td>Bread</td>
<td></td>
<td>$2.76</td>
<td></td>
</tr>
<tr>
<td>Hot Dogs</td>
<td></td>
<td>$4.25</td>
<td></td>
</tr>
<tr>
<td>Ground Beef</td>
<td></td>
<td>$9.34</td>
<td></td>
</tr>
<tr>
<td>Spaghetti Noodles</td>
<td></td>
<td>$5.49</td>
<td></td>
</tr>
<tr>
<td>Spaghetti Sauce</td>
<td></td>
<td>$4.49</td>
<td></td>
</tr>
<tr>
<td>Snickers Candy Bar</td>
<td></td>
<td>$0.75</td>
<td></td>
</tr>
<tr>
<td>Pepsi</td>
<td></td>
<td>$0.99</td>
<td></td>
</tr>
<tr>
<td>Coffee Creamer</td>
<td></td>
<td>$3.29</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td>$6.79</td>
<td></td>
</tr>
<tr>
<td>Apple Juice</td>
<td></td>
<td>$4.98</td>
<td></td>
</tr>
<tr>
<td>Formula</td>
<td></td>
<td>$21.88</td>
<td></td>
</tr>
<tr>
<td>Macaroni and Cheese</td>
<td></td>
<td>$6.00</td>
<td></td>
</tr>
<tr>
<td>Hand Sanitizer</td>
<td></td>
<td>$4.95</td>
<td></td>
</tr>
<tr>
<td>Paper Towels</td>
<td></td>
<td>$1.99</td>
<td></td>
</tr>
<tr>
<td>Floor Cleaner</td>
<td></td>
<td>$3.99</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $112.77

**Food:** $74.06

**Non-Food:** $10.93

**Unallowable:** $27.78

### Example #2

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole wheat bagels</td>
<td></td>
<td>$7.55</td>
<td></td>
</tr>
<tr>
<td>Cream cheese</td>
<td></td>
<td>$4.12</td>
<td></td>
</tr>
<tr>
<td>Peanut butter</td>
<td></td>
<td>$6.73</td>
<td></td>
</tr>
<tr>
<td>Bananas</td>
<td></td>
<td>$8.60</td>
<td></td>
</tr>
<tr>
<td>Chicken</td>
<td></td>
<td>$21.26</td>
<td></td>
</tr>
<tr>
<td>Tortilla shells</td>
<td></td>
<td>$8.15</td>
<td></td>
</tr>
<tr>
<td>Onions</td>
<td></td>
<td>$3.66</td>
<td></td>
</tr>
<tr>
<td>Bell peppers</td>
<td></td>
<td>$5.09</td>
<td></td>
</tr>
<tr>
<td>Seasoning mix</td>
<td></td>
<td>$2.52</td>
<td></td>
</tr>
<tr>
<td>Mandarin oranges</td>
<td></td>
<td>$5.69</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>$2.78</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>$2.78</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td>$2.78</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td>$8.45</td>
<td></td>
</tr>
<tr>
<td>Crackers</td>
<td></td>
<td>$4.97</td>
<td></td>
</tr>
<tr>
<td>Cheddar cheese</td>
<td></td>
<td>$9.22</td>
<td></td>
</tr>
<tr>
<td>Pineapple juice</td>
<td></td>
<td>$3.76</td>
<td></td>
</tr>
<tr>
<td>Apples</td>
<td></td>
<td>$10.04</td>
<td></td>
</tr>
<tr>
<td>Bread</td>
<td></td>
<td>$5.28</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal:** $123.43

**Food:**

- Paper towels: $19.79
- Dish soap: $14.20

**Subtotal:** $33.99

**Non-Food:**

- Coffee: $8.45
- Diapers: $40.45

**Subtotal:** $48.90

**Unallowable:**

**Grand Total:** $206.32
### Cash Disbursements

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>CHECK NUMBER</th>
<th>AMOUNT PAID</th>
<th>VENDOR</th>
<th>GALLONS OF MILK STATISTICS</th>
<th>FOOD COST</th>
<th>NON-FOOD COSTS</th>
<th>OVERHEAD COSTS</th>
<th>ADMINISTRATIVE COSTS</th>
<th>UNALLOWABLE COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/11/XX</td>
<td>535</td>
<td>$21.00</td>
<td>Daisy's Dairy</td>
<td>7</td>
<td>$21.00</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7/5/XX</td>
<td>536</td>
<td>$1016.18</td>
<td>Bee Warehouse Foods</td>
<td>12</td>
<td>$989.18</td>
<td>$16.00</td>
<td></td>
<td>$11.00</td>
<td>$</td>
</tr>
<tr>
<td>7/8/XX</td>
<td>Debit</td>
<td>$225.25</td>
<td>A-Z Store</td>
<td></td>
<td>$112.00</td>
<td>$13.25</td>
<td></td>
<td>$100.00</td>
<td>$</td>
</tr>
<tr>
<td>7/10/XX</td>
<td>Debit</td>
<td>$43.10</td>
<td>Ace Kitchen Supply</td>
<td></td>
<td>$</td>
<td>$43.10</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7/12/XX</td>
<td>537</td>
<td>$272.00</td>
<td>My Paper Company</td>
<td></td>
<td>$</td>
<td>$150.00</td>
<td></td>
<td>$35.00</td>
<td>$87.00</td>
</tr>
<tr>
<td>7/13/XX</td>
<td>538</td>
<td>$466.35</td>
<td>Bee Warehouse Foods</td>
<td>20</td>
<td>$466.35</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7/15/XX</td>
<td>Debit</td>
<td>$119.41</td>
<td>A-Z Store</td>
<td>3</td>
<td>$119.41</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7/18/XX</td>
<td>539</td>
<td>$57.23</td>
<td>Daisy's Dairy</td>
<td>10</td>
<td>$57.23</td>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>7/18/XX</td>
<td>540</td>
<td>$403.20</td>
<td>Public Utility Company</td>
<td></td>
<td>$</td>
<td>$32.26</td>
<td></td>
<td>$370.94</td>
<td>$</td>
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<tr>
<td>7/19/XX</td>
<td>541</td>
<td>$2000.00</td>
<td>Rental Company</td>
<td></td>
<td>$</td>
<td>$160.00</td>
<td></td>
<td>$1840.00</td>
<td>$</td>
</tr>
<tr>
<td>7/29/XX</td>
<td>Debit</td>
<td>$112.77</td>
<td>Shop World</td>
<td>1</td>
<td>$74.06</td>
<td>$10.93</td>
<td></td>
<td>$</td>
<td>$27.78</td>
</tr>
<tr>
<td>7/29/XX</td>
<td>Debit</td>
<td>$206.32</td>
<td>Shop World</td>
<td>3</td>
<td>$123.43</td>
<td>$15.59</td>
<td></td>
<td>$</td>
<td>$67.30</td>
</tr>
</tbody>
</table>

**TOTALS**

|                  | 56            | $1,962.86   | $248.87     | $192.26   | $35.00   | $2,504.02 |

[Print] [Reset Form]
## Personnel Activity Report

### Possible Food Program Staff
- Owner
- Director
- Bookkeeper
- Teachers
- Teachers’ Aides
- Cook
- Janitor
- Other

### Possible Food Program Duties
- Complete CACFP application
- Complete End of Month Financials
- File CACFP monthly claims
- Review enrollment forms and household eligibility applications
- Monitor CACFP sites and staff
- Train staff
- Plan menus
- Shop for food
- Take meal counts during meal services
- Prepare food
- Serve food, clean up
An example of a completed Personnel Activity Report for a Director performing only Administrative duties.
Personnel Activity Report

Bottom of Personnel Activity Report – admin hrs/total hrs worked (12/176)

Calculation of CACFP labor costs for a Director performing Administrative duties only, paid a salary

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)
Total administrative hours worked on CACFP 12.00 x $________ (hourly wage) = $________ (Total Admin. CACFP salary)
Total operational hours worked on CACFP 0.00 x $________ (hourly wage) = $________ (Total Oper. CACFP salary)

B. (SALARIED STAFF)
Total administrative hours worked on CACFP 12.00 Total hours worked 176.00 = 0.07
Total Salary for month $3,800.00 x 0.07 = $259.09 (Total Administrative CACFP salary)
Total operational hours worked on CACFP 0.00 Total hours worked 176.00 = 0.00
Total Salary for month $3,800.00 x 0.00 = $0.00 (Total Operational CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative

Owner Maria

Date 9/1-xx
An example of a completed Personnel Activity Report for a Head Teacher/Trainer for CACFP, performing both Administrative duties and Operational (Food Service) duties.
Calculation of CACFP labor costs for a Head Teacher / Trainer, performing Administrative and Operational duties, paid an hourly rate

Bottom of Personnel Activity Report – 4.25 hours admin X hrly wage + 27.75 oper. X hourly wage

A. (HOURLY PAID STAFF)
Total administrative hours worked on CACFP 4.25 x $12 (hourly wage) = $51.00 (Total Admin. CACFP salary)
Total operational hours worked on CACFP 27.75 x $12 (hourly wage) = $333.00 (Total Oper. CACFP salary)

B. (SALARIED STAFF)
Total administrative hours worked on CACFP 0.00 + Total hours worked 0.00 = 0.00
Total Salary for month $_______ x 0.00 = $0.00 (Total Administrative CACFP salary)
Total operational hours worked on CACFP 0.00 + Total hours worked 0.00 = 0.00
Total Salary for month $_______ x 0.00 = $0.00 (Total Operational CACFP salary)

I certify that payroll records are on file that verify the total wages as listed above.

Signature of Center Director/Authorized Representative
Owner Maria
Date 8-1-XX
In order to prove that you are not making a profit on the food program, you must use the P/L Summary.

This form compares monthly reimbursement to food program expenses in order to determine if a non-profit food program was maintained.

It is expected that CACFP expenses will exceed reimbursement, but, if CACFP reimbursement exceeds expenses, excess funds must be retained in the food program specific account and used only to support the CACFP.

A maximum of three months of CACFP reimbursement can be retained in the food program account. Any additional reimbursement must be returned to ISBE. Must obtain prior approval to do so.
**Section II - Reimbursement**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Reimbursement For Month</td>
<td>$2,368.37</td>
</tr>
<tr>
<td>Cash In Lieu Of Commodities For Month</td>
<td>$189.17</td>
</tr>
<tr>
<td>Grand Total All Reimbursement (Total of Section A and B)</td>
<td>$2,557.54</td>
</tr>
</tbody>
</table>

**Section III - Expense Summary For Month**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Cost</td>
<td></td>
</tr>
<tr>
<td>Administrative Labor</td>
<td>$310.09</td>
</tr>
<tr>
<td>Monitoring/Training</td>
<td></td>
</tr>
<tr>
<td>Administrative Supplies</td>
<td>$35.00</td>
</tr>
<tr>
<td>Administrative Other</td>
<td></td>
</tr>
<tr>
<td>Total Administrative Costs</td>
<td>$345.09</td>
</tr>
<tr>
<td>Food Service Labor</td>
<td>$333.00</td>
</tr>
<tr>
<td>Purchased Vended Meals</td>
<td></td>
</tr>
<tr>
<td>Food Cost</td>
<td>$1,962.66</td>
</tr>
<tr>
<td>Allowable Nonfood Costs</td>
<td>$248.87</td>
</tr>
<tr>
<td>Overhead Costs</td>
<td>$192.26</td>
</tr>
<tr>
<td>Other Costs (specify)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$3,081.88</td>
</tr>
</tbody>
</table>
Complete example - Monthly Profit or Loss Summary
The AFR is a report of your previous year’s actual revenue and actual expenses for the food program (October 1 – September 30).

All institutions must submit the AFR online before December 15th each year, using the Child Nutrition WINS system in IWAS. **Or be declared Seriously Deficient!**

The culmination of your Monthly Profit or Loss Summary forms for 12 months should give you all required information to submit your AFR.

There is also an AFR Data Collection Spreadsheet on the website that you can use if you would like to have all information on one sheet of paper.
ISBE Milk Purchase Determination

ISBE Reviews determine whether milk purchases are $\geq$ the number of meals claimed per month for meals + snacks.

Centers are required to purchase enough milk to provide an adequate serving to each age group for each meal service where milk is served.
ISBE Reviews: Add the number of meals *claimed* where *milk was served* for breakfast, lunch/supper and snack and multiply these numbers by the number of ounces required for each age group.

Centers use the milk purchase estimate to determine ahead of time how much milk they need for each age group and meal service. For more info on how to calculate this milk estimate go to the modules on our website. Found under archived “e trainings”.

Other Program Requirements

- Training
- Civil Rights
- Maintaining Records
- Amending Application Information
Institutions are required to annually train key staff from each facility with CACFP responsibilities and Civil Rights Requirements.

Train staff at new facilities before starting the Program.

Need to document training topics, dates, and attendees form 67-25.

Recommendation: use the information provided today to assist you in developing your annual training.
All institutions receiving Federal financial assistance are required to comply with Civil Right requirements.

Your institution is prohibited from discriminating against individuals on the basis of race, color, national origin, sex, age, or disability.

Must display the And Justice for All poster which includes the non-discrimination statement and complaint procedure.
Civil Rights Requirements (continued)

Building for the Future

How does CACFP work?
CACFP reimburses participating centers, emergency shelters, day care homes, and schools for serving nutritious meals. It is administered at the Federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture. The Illinois State Board of Education (ISBE) administers CACFP in Illinois. ISBE approves institutions to operate the program on the local level. ISBE monitors the program and provides guidance and assistance to ensure these institutions meet program requirements.

Sponsoring organizations play a critical role in supporting licensed and license exempt day care homes and centers by providing training, technical assistance, and monitoring. Sponsoring organizations must be viable, capable, and accountable to be approved to administer CACFP.

Contacts
If you are interested in participating in CACFP or have questions about the Program, the Illinois State Board of Education, Nutrition Programs Division, can help. Please see our website (www.isbe.net/nutrition) for CACFP information or call 800/545-7892.

If you have questions or concerns about CACFP, the name and telephone number of the organization/facility caring for your child(ren) is listed in this brochure.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, 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 any program or activity conducted or funded by the USDA.

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.how_to_file, and 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 USDA, Director of the Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or 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.

Name and Telephone Number of Organization
All individuals interacting with CACFP participants (administrators and frontline staff) must be trained on Civil Rights Compliance.

Sponsoring organizations must train staff from EVERY facility.


Civil Rights Training materials are available at: [http://www.isbe.net/nutrition/htmls/civil_rights.htm](http://www.isbe.net/nutrition/htmls/civil_rights.htm)
Maintaining Records

- Ensure you **maintain and organize** all the documents required on a monthly and annual basis

- Use Checklist of Annual Documents
  
  [http://www.isbe.net/nutrition/pdf/69-02_annual_checklists.pdf](http://www.isbe.net/nutrition/pdf/69-02_annual_checklists.pdf)

- Use Checklist of Monthly Documents
  
Maintaining Records

- Records must be maintained for three years plus the current year

- Two exceptions to the rule!
  - Unresolved audit findings
  - Food vendor contracts
If you do not prepare meals on site, you must have either

“Small Purchase Agreement for Procurement of Vended Meals” (if spending less than $150,000.00)

Expected to call around for cost of meals

“Invitation for Bid and Contract for Purchased Meals (ISBE 69-99) (If spending more than $150,000 for vended meals), you must go out for bid Contact our office for more guidance

http://www.isbe.net/nutrition/htmls/forms_cacfp.htm
**Small Purchase Agreement 1st Page**

**CACFP ORGANIZATION DATA**
- **NAME OF CACFP ORGANIZATION**
- **AGREEMENT NUMBER**
- **ADDRESS (Street, City, State, Zip Code)**
- **CACFP ORGANIZATION CONTACT**
- **TELEPHONE (Include Area Code)**
- **SUM OF VENDED MEALS PURCHASED**
- **CONTRACT START AND END DATES**

**VENDOR DATA**
- **NAME OF VENDOR**
- **CONTACT PERSON**
- **ADDRESS (Street, City, State, Zip Code)**
- **TELEPHONE (Include Area Code)**

**MEAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>NUMBER OF MEALS/DAY</th>
<th>DELIVERY TIME</th>
<th>MEAL PRICES**</th>
<th>MILK INCLUDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supper</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Acceptance of Meal Requirements (above) and Terms of Agreement (on back)**

**Vendor Representative**
- Signature of Vendor Representative
- Printed Name of Vendor Representative

**CACFP Organization Representative**
- Signature of CACFP Organization Representative
- Printed Name of CACFP Organization Representative

---

**Notes:**
- CACFP Organization with more than one site should attach a separate listing of sites and delivery times.
- Meal price will include charges for food, milk (if indicated above), packaging of meals, transportation, individual condiment packages, utensils, napkins, and straws.
CACFP Organization Instructions

1. CACFP Organization should create a five-day sample menu for each meal (breakfast, lunch/supper, or supplement) they plan to purchase. This menu should specify an age group and include portion sizes appropriate for that age group. This serves as an example of the types of meals for which prices are being sought.

2. CACFP Organization should contact a representative number of vendors to obtain competitive price quotes. A List of Known Vendors is available by contacting CACFP staff at the Illinois State Board of Education (ISBE).

3. CACFP Organization should send all prospective vendors the same information including:
   - Sample menus for each meal type for which prices are requested which includes food components and portion size required
   - Copy of the CACFP Meal Pattern Chart
   - Number of each type of meals anticipated to be purchased daily
   - Location to which meals are to be delivered
   - A copy of the Small Purchase Agreement for Procurement of Vended Meals so the terms of the Agreement are known
   - Final date for receiving a price quotation

4. CACFP Organization must document all information and prices discussed, whether by telephone or in writing.

5. Negotiation of prices and terms with the vendors is permitted.
Amending Application Information

- All changes and requests for changes must be made online.
- Some changes require approval and can take several days to complete.
- Check questionnaire later to ensure change implemented.
- Check all email addresses to ensure they are correct.
Contact Us

Nutrition and Wellness Programs Division
Illinois State Board of Education
100 North First Street, W-270
Springfield, IL 62777-0001

Telephone: 800/545-7892 in IL only
           217/782-2491
Fax:       217/524-6124
Email:     cnp@isbe.net
Website:   www.isbe.net/nutrition
Thank you!

- If you are **not** a multi-site sponsoring organization
- You may leave quietly, please
- Pick up your certificate of attendance
Sponsoring Organization Requirements
Sponsoring Organization Requirements

- Fact Sheet for Multi-Site Sponsors
- Annual Budget
- Adequate Staffing
- Management Plan (now part of Questionnaire)
- Monitoring
- Edit Check 1 and 2
- Training for all facilities
This form must be completed for each site. There is room for 6 sites per form:

**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.

<table>
<thead>
<tr>
<th>SITE NAME</th>
<th>Edit Check 1) Approved Meal Service for this Site</th>
<th>Edit Check 2) Maximum Number of Meals for this Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Child Care Center</td>
<td>• Breakfast</td>
<td>• Lunch</td>
</tr>
<tr>
<td></td>
<td>□ Early Supplement</td>
<td>□ AM Supplement</td>
</tr>
<tr>
<td></td>
<td>□ At-Risk After School Snack</td>
<td>□ At-Risk After School Supper</td>
</tr>
</tbody>
</table>
Monitoring Forms

Pre-Approval Form for Sponsors (ISBE 67-60)

Monitor Review Form for Sponsors (ISBE 67-59)

At-Risk Monitor Form for Sponsors (ISBE 67-77)

http://www.isbe.net/nutrition/htmls/forms_cacfp.htm
# Monitoring Forms

**ILLINOIS STATE BOARD OF EDUCATION**

**Nutrition Programs**

100 North First Street
Springfield, Illinois 62777-0001

**MONITOR REVIEW FORM FOR SPONSORS**
Child and Adult Care Food Program

**INSTRUCTIONS:** Use this form to review child care centers, Head Start, Outside School Hours Programs, and Pre-K programs. If reviewing At-Risk After-School Snack/Supper Program, use ISBE Form 67-77. All organizations operating more than one Child and Adult Care Food Program (CACFP) site must conduct their own monitoring of the sites, including a pre-approval review of any new site prior to operating CACFP, a review of the new site within the first four weeks of operating CACFP, and two more reviews for a total of three reviews. At least two of the three reviews must be unannounced. At least one unannounced review must include a meal observation. No more than six months may elapse between reviews.

<table>
<thead>
<tr>
<th>DATE OF REVIEW</th>
<th>TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Allowed to claim three meal services per child per day. Mark box for meal service observed. From To)</td>
</tr>
<tr>
<td>NAME AND ADDRESS OF SITE</td>
<td></td>
</tr>
<tr>
<td>TIME OF ARRIVAL</td>
<td>TIME OF DEPARTURE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TYPE OF SITE</th>
<th>TYPE OF REVIEW (CHECK ☑ ALL THAT APPLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center</td>
<td>] Announced Review</td>
</tr>
<tr>
<td>Head Start Center</td>
<td>] Unannounced Review</td>
</tr>
<tr>
<td>Outside School Hours Program</td>
<td>] Four Week Review of New Site</td>
</tr>
<tr>
<td>Pre-K</td>
<td>] Regularly Scheduled Site Review</td>
</tr>
<tr>
<td>Homeless Shelter</td>
<td>] Follow-Up Review</td>
</tr>
<tr>
<td></td>
<td>] Block Claiming Unannounced Review</td>
</tr>
<tr>
<td></td>
<td>] Meal Service Observed</td>
</tr>
<tr>
<td></td>
<td>] Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ATTENDANCE</th>
<th>DCF LICENSE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Range of Children</td>
<td>License Capacity</td>
</tr>
<tr>
<td>Number of Children in Attendance</td>
<td>License Expiration Date</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is attendance within license capacity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Five-day Reconciliation

### Five-Day Reconciliation

**Attachment A**

<table>
<thead>
<tr>
<th>PAGE OF</th>
<th>FACILITY NAME</th>
<th>TODAY'S DATE</th>
</tr>
</thead>
</table>

### Day of Week

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td>Day 2</td>
<td></td>
</tr>
<tr>
<td>Day 3</td>
<td></td>
</tr>
<tr>
<td>Day 4</td>
<td></td>
</tr>
<tr>
<td>Day 5</td>
<td></td>
</tr>
</tbody>
</table>

### Instructions

1. Complete facility name, today’s date, and number of pages.
2. Insert the days of the week and corresponding dates chosen for the five-day reconciliation.
3. Insert each child’s name selected from the random sample.
4. Record the meal types claimed for each child from the Meal Participation Records for the five-day reconciliation period.
5. Check if each child was in attendance for those five days. (Homeless shelters use intake records.) List from attendance records the child’s time in and time out. This would include if the child left and came back from school.
6. Using each child’s enrollment form (skip this section if homeless shelters), compare the days, the meals, and the times the parent indicated the child should participate against their Meal Participation Records to see if they match for the five-day reconciliation.

### Meal Participation (MPR)

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>DAY</th>
<th>Early Snack</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
<th>Evening Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF CHILD</td>
<td>Day 1</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Day 2</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Day 3</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Day 4</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Day 5</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Attendance Record

<table>
<thead>
<tr>
<th>WHAT TIMES</th>
<th>AM</th>
<th>Time In</th>
<th>Time Out</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

### Enrollment Form

<table>
<thead>
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Contact Us

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