

# CHILD AND ADULT CARE FOOD PROGRAM

Summer 2014

Nutrition and Wellness Programs

Illinois State Board of Education

# Housekeeping

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- ⇒ Handouts
- ⇒ Cellphones
- ⇒ Break
- ⇒ Questions: note cards
- ⇒ CC Centers? HS? OSHP? At-Risk? Emergency Shelters?

# Agenda

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- ⇒ **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?

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- ➡ 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

# Reimbursement Rates

July 1, 2013 through June 30, 2014

## Child and Adult Care Food Program

### Reimbursement Rates

July 1, 2013 through June 30, 2014

Centers	Breakfast	Lunch/Supper	Snack
Paid	0.28	0.28	0.07
Reduced Price	1.28	2.53	0.40
Free	1.58	2.93	0.80

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.

# What can be paid with Reimbursement?

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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

# Keep up with regulations!!

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- ⇒ Make sure info on WINS is accurate with correct names, phone numbers, email addresses
- ⇒ Read thoroughly any emails sent to you from [cnpe@isbe.net](mailto:cnpe@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](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 cur-

### August/September 2013 Issue

#### Reminders / Due Dates

- Keep e-mail addresses current for the authorized representative and the contact person on the sponsor application.
- ISBE will be closed [September 2](#) in honor of Labor Day
- The Annual Financial Report (AFR) will be due [December 15](#). The AFR Data Collection Sheet for FY13 is available online at [http://www.isbe.net/nutrition/htmls/daycare\\_centers.htm](http://www.isbe.net/nutrition/htmls/daycare_centers.htm).

#### Training Opportunities

Webinar trainings and online module trainings are available at <http://www.isbe.net/nutrition/htmls/workshops.htm>.

Training Modules are available for the following forms:

- ◆ Cash Disbursements
- ◆ Monthly Profit or Loss Summary
- ◆ Monthly Milk Purchase Estimate
- ◆ Personnel Activity Report

## Mealtime Minutes

### e-Newsletter

Published every  
other month

Posted on website

Sent via e-mail

Post in your center  
for all staff to read

# 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

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- ⇒ Enrollment
- ⇒ Eligibility Determination
- ⇒ Menus (infants & children)
- ⇒ Financial Requirements
- ⇒ Civil Rights
- ⇒ Training
- ⇒ Multi-Site Sponsor Requirements

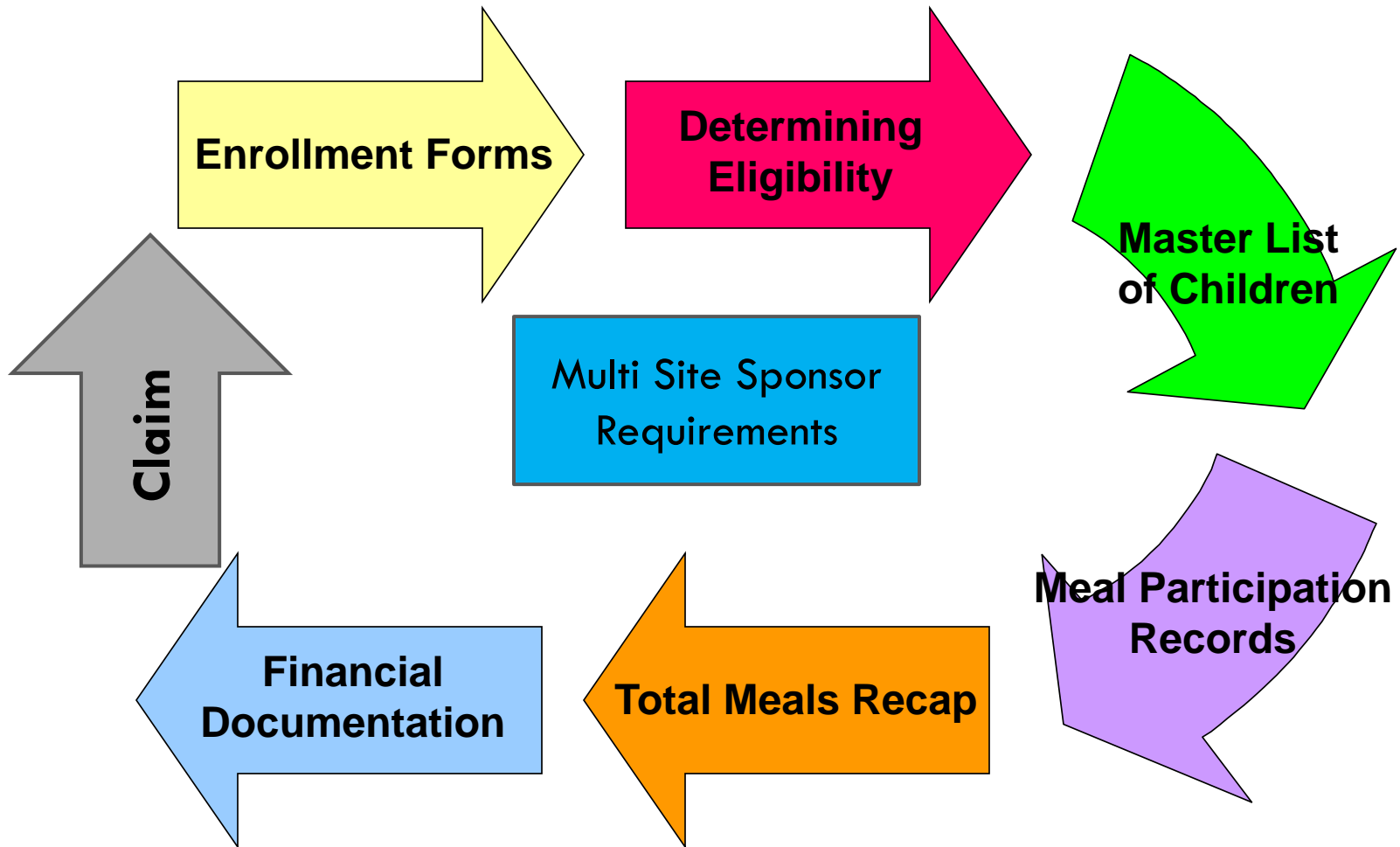
# CACFP: Multiple Parts

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- ➡ 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

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# Eligibility Documentation

# What are eligibility procedures?

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The procedures to complete:

- ➡ Annual CACFP Enrollment Forms
- ➡ Conduct Direct Certification
- ➡ Household Eligibility Applications
- ➡ Head Start Master Lists

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# Enrollment Forms



# Who needs enrollment forms?

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## *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

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**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

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## **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

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

Birth Date	<input type="checkbox"/> Thursday									<input type="checkbox"/> Lunch
	<input type="checkbox"/> Friday									<input type="checkbox"/> P.M. Snack
Age	<input type="checkbox"/> Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Supper
	<input type="checkbox"/> Sunday									<input type="checkbox"/> Evening Snack
<b>Third Child</b>	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above								<input type="checkbox"/> Same Meals as Above
Name	<input type="checkbox"/> Monday	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		<input type="checkbox"/> Early Morning Snack
	<input type="checkbox"/> Tuesday	AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center	<input type="checkbox"/> Breakfast
Birth Date	<input type="checkbox"/> Wednesday									<input type="checkbox"/> A.M. Snack
	<input type="checkbox"/> Thursday									<input type="checkbox"/> Lunch
	<input type="checkbox"/> Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> P.M. Snack
Age	<input type="checkbox"/> Saturday									<input type="checkbox"/> Supper
	<input type="checkbox"/> Sunday									<input type="checkbox"/> Evening Snack

Please answer both questions. This information is voluntary.

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

**6 SIGNATURE**

I certify the information above is correct.

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

**CHILD CARE REPRESENTATIVE USE ONLY**

Effective Date of this enrollment form: \_\_\_\_\_

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

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# Enrollment Forms (continued)

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- ➔ 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

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# Determining Eligibility

# NEW, NEW, NEW

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- 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



# How is Eligibility Determined?

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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

# How is Eligibility Determined? (continued)

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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

# How is Eligibility Determined? (continued)

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**To claim free or reduced meals,**  
**current eligibility**  
**documentation must be on file**  
**for each child. No**  
**documentation = PAID!**

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# Household Eligibility Application

# Household Eligibility Applications: HEA

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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)

# Different Ways of Determining Eligibility: Household Eligibility Applications (HEA)

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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

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- ⇒ 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

# Top of the HEA: Income-Based

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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

## 1. All Household Members

**NAMES OF ALL HOUSEHOLD MEMBERS**  
First, Middle Initial, Last

Ages of Children  
at Center

**FOSTER CHILD**  
Foster children are a legal responsibility  
of ICFS or court. If all are foster children,  
skip to #6.

**SNAP OR TANF CASE NUMBER** Skip to Part 6 if you list a SNAP or  
TANF case number. At least one SNAP/TANF must be provided below.

## 4. Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

Signature of School Homeless, Migrant or Runaway Coordinator

Date

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

**NAMES**  
**LIST ALL HOUSEHOLD MEMBERS**  
**WITH INCOME)**

**GROSS INCOME AND HOW OFTEN IT WAS RECEIVED** (Example: \$100/month; \$100 twice a month; \$100 every other week; \$100 weekly)

Earnings From Work  
(Before Deductions)

Welfare, Child  
Support, Alimony

Pensions, Retirement,  
Social Security

Worker's Comp., Unemploy-  
ment, SSI, etc. (All other income)

Amount

How often?

Amount

How often?

Amount

How often?

Amount

How often?

## 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 his or her social security number  
or mark the I do not have a social security number box.

X X X - X X -

Social Security Number

☐ 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

# Bottom of the HEA: Income-based

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This is the area that the child care center completes!

Convert

## 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](http://www.isbe.net/nutrition).

### SECTION A

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Convert income only if different frequencies of pay are reported.

TOTAL

INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year NUMBER IN HOUSEHOLD: \_\_\_\_\_

☐ Free based on:

☐ foster child

☐ migrant

☐ SNAP or TANF

☐ runaway

☐ homeless

☐ household's income

☐ Reduced based on:

☐ household's income

☐ Denied—Reason:

☐ income too high

☐ incomplete application

☐ Non-qualifying SNAP/TANF

### 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

## 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

Free Meals 130% Federal Poverty Guideline						Reduced-Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,171	1,265	633	584	292	1	21,590	1,800	900	831	416
2	20,449	1,705	853	787	394	2	29,101	2,426	1,213	1,120	560
3	25,727	2,144	1,072	990	495	3	36,612	3,051	1,526	1,409	705
4	31,005	2,584	1,292	1,193	597	4	44,123	3,677	1,839	1,698	849
5	36,283	3,024	1,512	1,396	698	5	51,634	4,303	2,152	1,986	993
6	41,561	3,464	1,732	1,599	800	6	59,145	4,929	2,465	2,275	1,138
7	46,839	3,904	1,952	1,802	901	7	66,656	5,555	2,778	2,564	1,282
8	52,117	4,344	2,172	2,005	1,003	8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add	5,278	440	220	203	102	For each additional family member, add	7,511	626	313	289	145

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

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## 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



[illegible]☐ Homeless    ☐ Migrant    ☐ Runaway

Signature of School Homeless Liaison or Migrant Coordinator



<b>NAMES</b> <b>(LIST ALL HOUSEHOLD MEMBERS</b> <b>WITH INCOME)</b>	<b>GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)</b>							
	<b>Earnings From Work</b> <b>(Before Deductions)</b>		<b>Welfare, Child</b> <b>Support, Alimony</b>		<b>Pensions, Retirement,</b> <b>Social Security</b>		<b>Worker's Comp., Unemploy-</b> <b>ment, SSI, etc. (All other income)</b>	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
I.	\$		\$		\$		\$	
II.	\$		\$		\$		\$	
III.	\$		\$		\$		\$	
IV.	\$		\$		\$		\$	
V.	\$		\$		\$		\$	

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 his or her social security number or mark the I do not have a social security number box.

X X X -  
Security Number

☐ I do not use a social  
searcher.

I certify all information on this application is true and all income is reported. I understand the center will not 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

# Validation of SNAP/TANF Numbers

## Admin HB: Chapter 5, page 6

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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 6<sup>th</sup> and 7<sup>th</sup> 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 6<sup>th</sup> and 7<sup>th</sup> 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.*

# Bottom of HEA: SNAP/TANF

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This is the area that the child care center completes

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](http://www.isbe.net/nutrition).

## SECTION A

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Convert income only if different frequencies of pay are reported.

TOTAL

INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: \_\_\_\_\_

☐ Free based on:

- ☐ foster child
- ☐ SNAP or TANF
- ☐ homeless

- ☐ migrant
- ☐ runaway
- ☐ household's income

☐ Reduced based on:

- ☐ household's income

☐ Denied—Reason:

- ☐ income too high
- ☐ incomplete application
- ☐ Non-qualifying SNAP/TANF

## 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

# Foster Child-Categorically Eligible Using Other documentation

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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



# Foster Child-Categorically Eligible Using Household Eligibility Application

41

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

**NAMES OF ALL HOUSEHOLD MEMBERS**  
First, Middle Initial, Last

Ages of Children  
at Center

**FOSTER CHILD**  
Foster children are a legal responsibility  
of DCFB or court. If all are foster children,  
skip to #6.

**SNAP OR TANF CASE NUMBER** Skip to Part 6 if you list a SNAP or  
TANF case number. At least one SNAP/TANF must be provided below.

## 4. Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

Signature of School Homeless, Migrant or Runaway Coordinator

Date

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

**NAMES**  
**LIST ALL HOUSEHOLD MEMBERS**  
**WITH INCOME)**

**GROSS INCOME AND HOW OFTEN IT WAS RECEIVED** (Example: \$100/month; \$100/biweekly; \$100/every other week; \$100/weekly)

Earnings From Work  
(Before Deductions)

Welfare, Child  
Support, Alimony

Pensions, Retirement,  
Social Security

Worker's Comp., Unemploy-  
ment, SSI, etc. (All other income)

Amount

How often?

Amount

How often?

Amount

How often?

Amount

How often?

## 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 his or her social security number  
or mark the I do not have a social security number box.

X X X - X X -

Social Security Number

☐ 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

# Bottom of HEA: Foster

43

This is the area that the child care center completes

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](http://www.isbe.net/nutrition).

## SECTION A

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Convert income only if different frequencies of pay are reported.

### TOTAL

INCOME \$ \_\_\_\_\_ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: \_\_\_\_\_

#### ☐ Free based on:

- ☐ foster child
- ☐ SNAP or TANF
- ☐ homeless
- ☐ migrant
- ☐ runaway
- ☐ household's income

#### ☐ Reduced based on:

- ☐ household's income

#### ☐ Denied—Reason:

- ☐ income too high
- ☐ incomplete application
- ☐ Non-qualifying SNAP/TANF

## 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

44

# Electronic Direct Certification

# What is Electronic Direct Certification?

45

- ➔ 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**

# Illinois State Board of Education

User Id: jlavange RCDT:

- Home
- Direct Certification
  - Download Files
  - File Upload Match
  - Single Child Match
- Direct Verification
- Contact Us
- Claims

## 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 child(ren) 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

### 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 month) 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.

[illegible]



# Electronic Direct Certification

48

- ⇒ Cannot verify information from HEA if SNAP/TANF # is valid
- ⇒ If so, then must verify ALL HEA
- ⇒ Can verify if it isn't



# Electronic Direct Certification

49

Direct Certification Reports

**Must be printed**

In order to prove eligibility

Report will print date/time

# QUESTION

50

**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.

# ANSWER

51

**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.

52

# Extended Categorical Eligibility

# Extended Categorical Eligibility

53

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

54

## 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

55

## Direct Certification

- ➔ One child in the family matches, then all children in family listed on Annual CACFP Enrollment Form are eligible for free meals
- ➔ To extend eligibility write names of the other siblings from that family who are enrolled at your center on the printed Direct Certification Report
- ➔ 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. 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.

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 month) 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.

[illegible]



57

# Master Lists

# Why Use Master List?

58

- ➔ 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 Lists for Children

59

## *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 month) 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.

[illegible]

# Master Lists for Children

61

## *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.

Child and Adult Care Food Program

**MASTER LIST OF ENROLLED CHILDREN FOR HEAD START EVEN START**

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 day a child was in attendance. At the end of each month, use the Master List to determine the number of free eligible children to submit the Claim for Reimbursement. **Head, Start or Even Start Determining Official must sign the certification on this document.**

[illegible]

# Bottom of HS Master List

63

- ➔ Must be *signed, dated and updated* by Head Start Determining Official

CHILD'S FULL NAME	EFFECTIVE DATE CACFP ANNUAL ENROLLMENT FORM	DROP DATE

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

64

## *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.



65

# Meal Participation Records

# Meal Participation Record (MPR)

66

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)

67

- ➔ 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

# MPR: DAILY

68

- ➔ 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!

# MPR: End of Month (EOM)

69

- ➔ 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

70

- ➔ 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 a meal, mark the appropriate box. Indicate the number of children served, and whether they are eligible for free, reduced and paid meals. A coding system is used to indicate the number of paid meals, each day. Then, add each row, moving right to left, and enter the total. 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

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

Child's Full Name	Days of Month																														Monthly Totals							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Free	Reduced	Paid					
1. Alvarez, Jose	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22										22						
2. Brown, Julie	-	-	-	-	-	1	2	3	4	5	6	7	moved to 4 year olds										-	-	-	-	-	-	-	-	-	-	-	-	-	7		
3. Dwyer, Vincent	1	2	-	3	4	5	6	7	8	-	9	10	11	12	13	14	15	16	17	-	18	19										19						
4. Jones, Erica	-	1	2	3	-	-	4	5	6	-	7	8	9	-	-	10	11	12	-	13	14													14				
5. Stone, Shauna	1	2	-	-	-	3	4	-	-	-	5	6	-	-	-	7	8	-	-	-	9	-									9							
6. Turner, Paige	1	2	3	4	5	6	7	8	9	10	-	11	12	13	14	15	16	17	18	19	20	21											21					
7. Van Loft, Angie	1	2	3	4	-	5	6	7	8	-	9	10	11	12	-	13	14	15	16	-	17	18											18					
8. Zimmer, Timothy	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22											22					
Vega, Esme (from 2yolds)						1	2	3	4	5	6	7	-	8	9	10	11	12	13	14	15	16									16							
10.																																						
11.																																						
12.																																						
13.																																						
14.																																						
15.																																						
16.																																						
17.																																						
18.																																						
19.																																						
Daily Totals	6	7	5	6	4	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																										
Paid Daily Totals	3	4	4	4	2	3	4	4	4	2	3	4	4	3	2	4	4	4	3	3	4	3																
Program Adult Meals	1	1	1		1	1	1		1	1	1	1	1	1				1	1	1	1																	
Non-program Adult Meals																																						

Do not claim adult meals

# QUESTION

72

**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.



# ANSWER

73

**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.

# QUESTION

74

**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

# ANSWER

75

**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

# QUESTION

76

**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.

# ANSWER

77

**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

78

**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.

# ANSWER

79

**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

80

## 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
- ⇒ [http://www.isbe.net/nutrition/pdf/67-22\\_meals\\_recap.pdf](http://www.isbe.net/nutrition/pdf/67-22_meals_recap.pdf)



## TOTAL MEAL RECAP

SITE NAME XYZ Child Care Center

MONTH/YEAR XX/20XX

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

Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served. Write the name of each site classroom in Sections I, II and III. Section I is a consolidation of free daily meals. Section II is a consolidation of reduced daily meals, and Section III is a consolidation of paid daily 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.

## SECTION I

Free Daily (List all classrooms)	Days of Month																															TOTAL
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1. Three Year Olds	3	3	1	2	2			4	4	3	3	2			4	4	2	3	3			4	4	3	3	2			4	3		66
2.																																0
3.																																0
4.																																0
5.																																0
6.																																0
7.																																0
TOTAL DAILY FREE MEALS	3	3	1	2	2	0	0	4	4	3	3	2	0	0	4	4	2	3	3	0	0	4	4	3	3	2	0	0	4	3	0	66

## SECTION II

Reduced Daily (List all classrooms)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
1. Three Year Olds								1	1	1	1	1			1	1																7
2.																																0
3.																																0
4.																																0
5.																																0
6.																																0
7.																																0
TOTAL DAILY REDUCED MEALS	0	0	0	0	0	0	0	1	1	1	1	1	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7

## SECTION III

Paid Daily (List all classrooms)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
1. Three Year Olds	3	4	4	4	2			3	4	4	4	2			3	4	4	3	2			4	4	4	3	3			4			72
2.																																0
3.																																0
4.																																0
5.																																0
6.																																0
7.																																0
TOTAL DAILY PAID MEALS	3	4	4	4	2	0	0	3	4	4	4	2	0	0	3	4	4	3	2	0	0	4	4	4	3	3	0	0	4	0	0	72

# Claim for Reimbursement

81

- ➔ 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

# Claim for Reimbursement

81

⇒ **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



# New Claim

☒ Check for Errors ☐ Show All Edits

## Daily Meal Counts

### Claim

Calendar Year: 2013  
Calendar Month: 8

### Quick Links

[Site Claims](#)  
[Participation Detail](#)

### Version

Selected Claim:  
New Claim

### Meal Counts

### Daily Totals

#### Program Daily Meal Counts

- Child Care Center (Breakfast)
- Child Care Center (Lunch)
- Child Care Center (P.M. Snack)

Show All ☐

Meal **Breakfast**

Day	Meal	Subprogram	Session	Free	Reduced	Paid
1	Breakfast	Child Care Center	1	Free	Reduced	Paid
2	Breakfast	Child Care Center	1	Free	Reduced	Paid
3	Breakfast	Child Care Center	1	Free	Reduced	Paid
4	Breakfast	Child Care Center	1	Free	Reduced	Paid
5	Breakfast	Child Care Center	1	Free	Reduced	Paid
6	Breakfast	Child Care Center	1	Free	Reduced	Paid
7	Breakfast	Child Care Center	1	Free	Reduced	Paid
8	Breakfast	Child Care Center	1	Free	Reduced	Paid
9	Breakfast	Child Care Center	1	Free	Reduced	Paid
10	Breakfast	Child Care Center	1	Free	Reduced	Paid
11	Breakfast	Child Care Center	1	Free	Reduced	Paid

BREAK

85

15 minute  
break

86

# Meal Pattern Requirements

# Milk Component

87

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.

# Fluid Milk Substitute

88

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



# Nutrition Standard for Milk Substitute

89

Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mcg

# Child with a Disability

90

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

[http://www.isbe.net/nutrition/pdf/67-48\\_physician.pdf](http://www.isbe.net/nutrition/pdf/67-48_physician.pdf)

# Medical Exceptions

91

## *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

# QUESTION:

**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

# ANSWER:

**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

95

- ➔ 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  
Homeless Shelters must do the same for older children and adults

# Infant Meal Pattern Requirements

96

- ➔ 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

97

## *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.

<b>Are These Infant Meals Reimbursable?</b>	Infant 0 through 3 months	Infant 4 through 7 months--drinking only formula/breast milk, NOT developmentally ready for solid foods	Infant 4 through 7 months--developmentally ready for solid foods	Infant 8 through 11 months--drinking only formula/breast milk, NOT developmentally ready for solid foods	Infant 8 through 11 month--developmentally ready for solid foods
Infant receives <u>center/home</u> purchased iron-fortified infant formula and <u>center/home</u> purchased baby food.	Yes	Yes	Yes	Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.	Yes
Infant receives <u>center/home</u> purchased iron-fortified infant formula and <u>parent</u> provided baby food.	Yes	Yes	Yes, center/home provides at least one of the required food items.	Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.	Yes, center/home provides at least one of the required food items.
Infant receives <u>parent</u> provided iron-fortified infant formula/breast milk and <u>center/home</u> provided baby food.	Yes	Yes	Yes, center/home provides at least one of the required food items.	Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.	Yes, center/home provides at least one of the required food items.
Infant receives <u>parent</u> provided low-iron infant formula and <u>center/home</u> provided baby food.	Yes, must have Medical Exception Statement on file for low-iron formula.	Yes, must have Medical Exception Statement on file for low-iron formula.	Yes, must have Medical Exception Statement on file for low-iron formula.	Yes, must have Medical Exception Statement on file for low-iron formula and infant cannot eat solid foods.	Yes, must have Medical Exception Statement on file for low-iron formula.
Infant receives <u>parent</u> provided low iron-fortified infant formula and <u>parent</u> provided baby food.	Yes, must have Medical Exception Statement on file	Yes, must have Medical Exception Statement on file	No	Yes, must have Medical Exception Statement on file since infant cannot eat solid foods.	No

# Menus

100

- 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

<http://www.nfsmi.org/ResourceOverview.aspx?ID=196>

# Combination Foods

101

- ➡ 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

# Combination Foods (continued)

102

- ➔ 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.

<http://www.fns.usda.gov/crediting-handbook-child-and-adult-care-food-program>.



## Meat/Meat Alternates

Food	Creditable			Comments
	Yes	Maybe	No	
Acorns			x	Acorns have a low protein content.
Bacon and Imitation Bacon Products			x	These products are considered fats with little protein. They are not creditable toward meal pattern requirements.
Bacon Rinds			x	These products do not qualify for the meat/meat alternate requirement.
Bacon, Turkey		x		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).
Beans, Dry or Canned	x			See pages 1-5 through 1-12 of the <i>Food Buying Guide</i> . ¼ cup cooked beans credits as 1 oz. equivalent meat alternate.
Beans, Refried	x			See page 1-12 of the <i>Food Buying Guide</i> .
Beef Jerky			x	Beef jerky does not qualify for the meat/meat alternate requirement. This product has a high sodium content and is difficult to chew.
Bologna		x		Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/extendors are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See page 1-36 of the <i>Food Buying Guide</i> .
Canadian Bacon or Mild Cured Pork	x			1 lb. (16 oz.) will yield eleven 1-oz. servings of cooked, lean meat. See page 1-47 of the <i>Food Buying Guide</i> , CN Label, or product formulation statement for crediting information.
Canned or Frozen combination foods: Stews, Beef-a-Roni, Chili Macaroni, Pizzas, Pot Pies, Raviolis		x		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.
Canned, Pressed Luncheon Meat (Potted/Deviled)			x	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.
Ceviche			x	Fish products must be fully cooked. Raw fish are a potential health hazard for vulnerable populations. See entry for sushi on page 28.



# Example: CN Labeled—Fish Sticks

104

CN

065545

CN

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).

CN

CN



**105**

## Types of Meal Service

# Different Types of Meal Services

106

- ⇒ Pre-plated meals
- ⇒ Family-style meals
  - ⇒ All meals must be eaten at the center
  - ⇒ Served as a unit

# Pre-Plated Meal Service

107

## 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

# Family-Style Meal Service

108

## **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

# QUESTION

109

**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.

# ANSWER

110

**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.

# QUESTION

111

**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.

# ANSWER

112

**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.



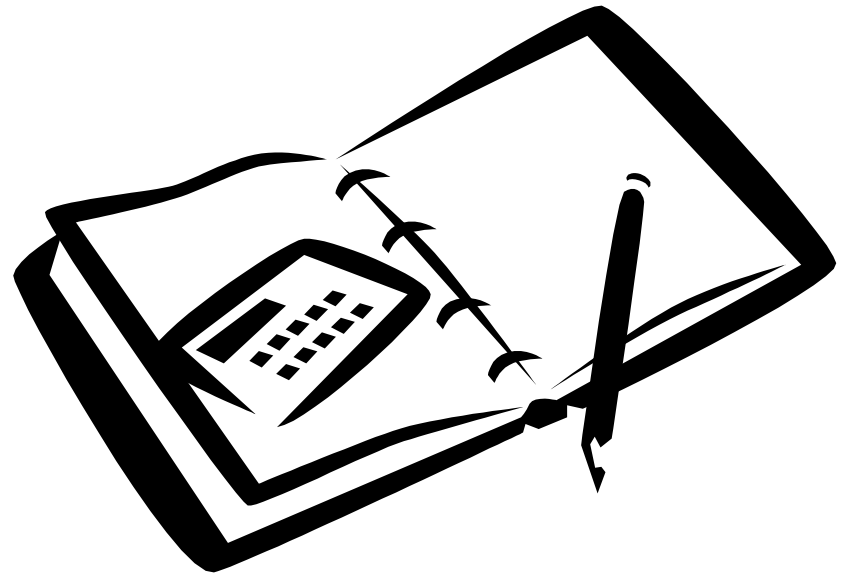
**113**

# FINANCIAL REPORTING

# Non-profit Food Service Program

114

- ➔ All institutions must operate a non-profit food service program – this includes for-profit businesses.
- ➔ Institutions must document their non-profit status.



# Financial Reporting

115

- ⇒ 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>

# Cash Disbursements (ISBE 67-24)

116

- ➔ 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

117

Shop World Receipt  
July 29, 20XX

## Example #1

Coffee	\$ 10.75	Unallowable
Milk	3.79	Food
Eggs	4.29	Food
Diapers	12.00	Unallowable
Bread	2.76	Food
Hot Dogs	4.25	Food
Ground Beef	9.34	Food
Spaghetti Noodles	5.49	Food
Spaghetti Sauce	4.49	Food
Snickers Candy Bar	0.75	Unallowable
Pepsi	0.99	Unallowable
Coffee Creamer	3.29	Unallowable
Water	6.79	Food
Apple Juice	4.98	Food
Formula	21.88	Food
Macaroni and Cheese	6.00	Food
Hand Sanitizer	4.95	Non-Food
Paper Towels	1.99	Non-Food
Floor Cleaner	3.99	Non-Food
	<u>\$ 112.77</u>	

Food: \$ 74.06

Non-Food: \$ 10.93

Unallowable: \$ 27.78

Shop World Receipt  
July 29, 20XX

## Example #2

Whole wheat bagels	\$ 7.55	
Cream cheese	4.12	
Peanut butter	6.73	
Bananas	8.60	
Chicken	21.26	
Tortilla shells	8.15	
Onions	3.66	
Bell peppers	5.09	
Seasoning mix	2.52	
Mandarin oranges	5.69	
Milk	2.78	
Milk	2.78	
Milk	2.78	
Water	8.45	
Crackers	4.97	
Cheddar cheese	9.22	
Pineapple juice	3.76	
Apples	10.04	
Bread	5.28	
<b>Subtotal</b>	<b>\$ 123.43</b>	<b>Food</b>
Paper towels	19.79	
Dish soap	14.20	
<b>Subtotal</b>	<b>\$ 33.99</b>	<b>Non-food</b>
Coffee	8.45	
Diapers	40.45	
<b>Subtotal</b>	<b>\$ 48.90</b>	<b>Unallowable</b>
<b>Grand Total</b>	<b>\$ 206.32</b>	

# Cash Disbursements

118

## CASH DISBURSEMENT

SITE NAME XYZ Daycare Center									MONTH/YEAR (mm/yy) July/20XX
DATE (mm/dd/yy)	CHECK NUMBER	AMOUNT PAID	VENDOR	GALLONS OF MILK STATISTICS	FOOD COST	NON-FOOD COSTS	OVERHEAD COSTS	ADMINISTRATIVE COSTS	UNALLOWABLE COSTS
7/1/XX	535	\$ 21.00	Daisy's Dairy	7	\$ 21.00	\$	\$	\$	\$
7/5/XX	536	\$ 1016.18	Bee Warehouse Foods	12	\$ 989.18	\$ 16.00	\$	\$	\$ 11.00
7/8/XX	Debit	\$ 225.25	A-Z Store		\$ 112.00	\$ 13.25	\$	\$	\$ 100.00
7/10/XX	Debit	\$ 43.10	Ace Kitchen Supply		\$	\$ 43.10	\$	\$	\$
7/12/XX	537	\$ 272.00	My Paper Company		\$	\$ 150.00	\$	\$ 35.00	\$ 87.00
7/13/XX	538	\$ 486.35	Bee Warehouse Foods	20	\$ 486.35	\$	\$	\$	\$
7/15/XX	Debit	\$ 119.41	A-Z Store	3	\$ 119.41	\$	\$	\$	\$
7/16/XX	539	\$ 57.23	Daisy's Dairy	10	\$ 57.23	\$	\$	\$	\$
7/18/XX	540	\$ 403.20	Public Utility Company		\$	\$	\$ 32.26	\$	\$ 370.94
7/19/XX	541	\$ 2000.00	Rental Company		\$	\$	\$ 180.00	\$	\$ 1840.00
7/29/XX	Debit	\$ 112.77	Shop World	1	\$ 74.06	\$ 10.93	\$	\$	\$ 27.78
7/29/XX	Debit	\$ 206.32	Shop World	3	\$ 123.43	\$ 15.59	\$	\$	\$ 67.30
			TOTALS	56	\$ 1,962.66	\$ 248.87	\$ 192.26	\$ 35.00	\$ 2,504.02

Print

Reset Form

# Personnel Activity Report

119

## 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**

# Personnel Activity Report (ISBE 67-54)

127

## Top portion of Personnel Activity Report – Example #1

An example of a completed Personnel Activity Report for a Director performing only Administrative duties

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PERSONNEL ACTIVITY REPORT									
Employee Name: <u>Director Andrea</u>					Month/Year: <u>July/20XX</u>				
<b>INSTRUCTIONS:</b> This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and compiling the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.									
Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked	Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational				Administrative	Operational		
1	2		6	8	17			8	8
2			8	8	18			8	8
3	1		7	8	19				0
4			8	8	20				0
5				0	21	1		7	8
6				0	22	1		7	8
7			8	8	23	1		7	8
8			8	8	24			8	8
9	1		7	8	25			8	8
10	2		6	8	26				0
11			8	8	27				0
12				0	28			8	8
13				0	29				0
14			8	8	30			8	8
15	1		7	8	31	2		6	8
16			8	8	Total	12.00	0.00	164.00	176.00

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

Director Andrea \_\_\_\_\_ Date July 31, 20XX  
 Employee's Signature



# Personnel Activity Report

128

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) = \$ 0.00 (Total Admin. CACFP salary)

Total operational hours worked on CACFP 0.00 x \$ \_\_\_\_\_ (hourly wage) = \$ 0.00 (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 8-1-XX

# Personnel Activity Report

129

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP) PERSONNEL ACTIVITY REPORT

Employee Name: Head Teacher/Trainer for CACFP Veronica Month/Year: July/20XX

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and operational activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and compiling the claim for reimbursement and attending training related to nutrition and food safety. Examples of CACFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked		Date	Hours Worked on CACFP		Non-CACFP Hours Worked	Total Hours Worked
	Administrative	Operational					Administrative	Operational		
1	1	1.5	5.5	8	0	17				0
2	2	1.5	4.5	8	0	18				0
3					0	19		1.5	6.5	8
4					0	20	1.25	6.75	8	0
5		1	7	8	0	21	1.5	6.5	8	0
6		1.5	6.5	8	0	22	1.5	6.5	8	0
7	.5	1	6.5	8	0	23	1	7	8	0
8		1.5	6.5	8	0	24				0
9		1.5	6.5	8	0	25				0
10					0	26	1	7	8	0
11					0	27	1.5	6.5	8	0
12		1.5	6.5	8	0	28	1.25	6.75	8	0
13	.75	1	6.5	8.25	0	29				0
14		1.5	6.5	8	0	30	1.5	6.5	8	0
15		1.25	6.75	8	0	31				0
16		1	6.75	7.75	0	Total	4.25	27.75	136	168

I certify that this is an accurate record of the number of hours worked on the Child and Adult Care Food Program.

Teacher/Trainer Veronica  
Employee's Signature

July 31, 20XX  
Date

Top portion of Personnel Activity Report –  
**Example #2**

An example of a completed Personnel Activity Report for a Head Teacher/Trainer for CACFP, performing both Administrative duties and Operational (Food Service) duties

# Personnel Activity Report

130

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

Calculation of CACFP labor costs for a Head Teacher / Trainer, performing Administrative and Operational duties, paid an hourly rate

## 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 \$ 0.00 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 \$ 0.00 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 8-1-XX

# Monthly Profit or Loss Summary

131

- ➔ 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.

# Monthly Profit or Loss Summary (ISBE 67-93)

132

## Section II - Reimbursement

### Section II: REIMBURSEMENT

A. Meal Reimbursement For Month	\$	2368.37
B. Cash In Lieu Of Commodities For Month	\$	189.17
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II-C →	\$	2557.54

### Section III: EXPENSE SUMMARY FOR MONTH

Administrative Cost		
Administrative Labor	\$	310.09
Monitoring/Training	\$	
Administrative Supplies	\$	35.00
Administrative Other	\$	
Total Administrative Costs .....	\$	345.09
Food Service Labor .....	\$	333
Purchased Vended Meals.....	\$	
Food Cost.....	\$	1962.66
Allowable Nonfood Costs .....	\$	248.87
Overhead Costs.....	\$	192.26
Other Costs (specify) .....	\$	
TOTAL EXPENSES →	\$	3081.88

## Section III - Expenses

# Monthly Profit or Loss Summary

134

Complete example -  
**Monthly Profit or  
Loss Summary**

Section I: DATA		Section IV: MONTH'S PROFIT/LOSS STATUS	
Month/Year July/20XX	Institution's Name XYZ Daycare Center	GRAND TOTAL ALL REIMBURSEMENT (From Section II-C)	\$ 2557.54
<b>Section II: REIMBURSEMENT</b>		ANY OTHER FOOD SERVICE REVENUE RECEIVED	\$
A. Meal Reimbursement For Month	\$ 2368.37	TOTAL FOOD SERVICE REVENUE	\$ 2557.54
B. Cash In Lieu Of Commodities For Month	\$ 189.17	TOTAL EXPENSES (From Section III)	\$ 3081.88
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II-C	\$ 2557.54	MONTHLY TOTAL [Check (✓) one]	
<b>Section III: EXPENSE SUMMARY FOR MONTH</b>		<input type="checkbox"/> Profit (+) = \$ -524.34	
Administrative Cost		<input checked="" type="checkbox"/> Loss (-)	
Administrative Labor	\$ 310.09	<b>Section V: ANNUAL PROFIT/LOSS STATUS</b>	
Monitoring/Training	\$	CURRENT MONTH TOTAL (From Section IV)	
Administrative Supplies	\$ 35.00	[Check (✓) one]	
Administrative Other	\$	<input type="checkbox"/> Profit (+)	
Total Administrative Costs	\$ 345.09	<input checked="" type="checkbox"/> Loss (-)	\$ -524.34
Food Service Labor	\$ 333	PREVIOUS MONTH'S YEAR TO DATE TOTAL (From Section V Previous Month)	
Purchased Vended Meals	\$	[Check (✓) one]	
Food Cost	\$ 1962.68	<input type="checkbox"/> Profit (+)	
Allowable Nonfood Costs	\$ 248.87	<input type="checkbox"/> Loss (-)	\$
Overhead Costs	\$ 192.26	YEAR TO DATE TOTAL [Check (✓) one]	
Other Costs (specify)	\$	<input type="checkbox"/> Profit (+)	
TOTAL EXPENSES	\$ 3081.88	<input checked="" type="checkbox"/> Loss (-)	\$ -524.34
15% CAP ON ADMINISTRATIVE COSTS			
Regulations allow institutions to spend up to 15% of their annual reimbursement on Administrative Costs.			
Enter Total Meal Reimbursement (From Section II-A)			
\$ 2368.37 × .15 (15%) = → \$ 355.2555			
Compare this amount to the Total Administrative Costs above. (From Section III)			
<input checked="" type="checkbox"/> Administrative Costs are less than 15% cap—No Action Needed.			
<input type="checkbox"/> Administrative Costs exceed 15% cap—Monitor monthly to ensure no more than 15% of reimbursement is spent on Administrative Costs annually.			

# Annual Financial Report (AFR)

135

- ➔ 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 15<sup>th</sup> 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

129

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 Milk Purchase Determination

130

ISBE Reviews: Add the number of meals claimed where milk was served for breakfast, lunch/supper and snack and multiply these numbers X the # 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

# CACFP Annual Training

141

- ➔ 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

# Civil Rights Requirements

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- ➔ 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)

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## 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](http://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, 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 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.htm](http://www.ascr.usda.gov/complaint_filing_cust.htm), 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 by mail to the USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto: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

Illinois State Board of Education

### Child Adult Care Food Program



BUILDING  
for the  
Future  
CACFP

# Civil Rights Training

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- ➔ 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
- ➔ Document Training using form (ISBE 67-25)
- ➔ 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

145

- ➔ 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  
[http://www.isbe.net/nutrition/pdf/69-03\\_monthly\\_checklist.pdf](http://www.isbe.net/nutrition/pdf/69-03_monthly_checklist.pdf)

# Maintaining Records

146

- ➔ Records must be maintained for three years plus the current year
- ➔ *Two exceptions to the rule!*
  - Unresolved audit findings
  - Food vendor contracts





# Contracting for Meals

146

- ➔ 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](http://www.isbe.net/nutrition/htmls/forms_cacfp.htm)

# Small Purchase Agreement 1st Page

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integrity, and voluntary Exclusion Cover Not Covered Transaction.

## 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

SITE NAME*	ADDRESS (Street, City, State, Zip Code)
------------	---

	NUMBER OF MEALS/DAY	DELIVERY TIME	MEAL PRICES**	MILK INCLUDED	
				YES	NO
Breakfast				<input type="checkbox"/>	<input type="checkbox"/>
Lunch				<input type="checkbox"/>	<input type="checkbox"/>
Supplements				<input type="checkbox"/>	<input type="checkbox"/>
Supper				<input type="checkbox"/>	<input type="checkbox"/>

\* 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.

## ACCEPTANCE OF MEAL REQUIREMENTS (above) AND TERMS OF AGREEMENT (on back)

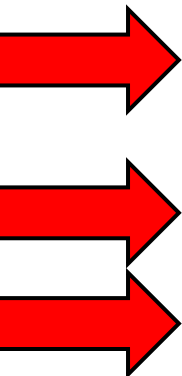
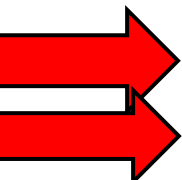
VENDOR REPRESENTATIVE	CACFP ORGANIZATION REPRESENTATIVE
Signature of Vendor Representative	Signature of CACFP Organization Representative
Printed Name of Vendor Representative	Printed Name of CACFP Organization Representative
Date Signed	Date Signed

# Small Purchase Agreement 2<sup>nd</sup> Page

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## 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

147

- ➔ 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

142

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](mailto:cnp@isbe.net)

Website: [www.isbe.net/nutrition](http://www.isbe.net/nutrition)

# Thank you!

143

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



# Sponsoring Organization Requirements

151

- ➔ 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



# Edit Checks 1 & 2

146

This form must be completed for each site. There is room for 6 sites per form:

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

MONTH/YEAR  
XX/20XX

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

SITE NAME XYZ Child Care Center	Edit Check 1) Approved Meal Service for this Site			
	<input checked="" type="checkbox"/> Breakfast	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/> Supper	
	<input type="checkbox"/> Early Supplement	<input type="checkbox"/> AM Supplement	<input checked="" type="checkbox"/> PM Supplement	<input type="checkbox"/> Evening Supplement
	<input type="checkbox"/> At-Risk After School Snack	<input type="checkbox"/> At-Risk After School Supper		
	Edit Check 2) Maximum Number of Meals for this Site			
	<u>60</u> (Enrollment) X <u>22</u> (Operating Days) = <u>1320</u> (Maximum Meals per Meal Service)			

# Monitoring Forms

152

*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](http://www.isbe.net/nutrition/htmls/forms_cacfp.htm)

# Monitoring Forms

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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.

DATE OF REVIEW _____		<b>TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE</b> (Allowed to claim three meal services per child per day.) <b>Mark box for meal service observed.</b>	<b>ATTENDANCE</b>																									
NAME AND ADDRESS OF SITE _____			Age Range of Children _____																									
TIME OF ARRIVAL _____ TIME OF DEPARTURE _____		<table border="1"><thead><tr><th></th><th>From</th><th>To</th></tr></thead><tbody><tr><td><input type="checkbox"/> Early Snack</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Breakfast</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Morning Snack</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Lunch</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Afternoon Snack</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Supper</td><td>_____</td><td>_____</td></tr><tr><td><input type="checkbox"/> Evening Snack</td><td>_____</td><td>_____</td></tr></tbody></table>		From	To	<input type="checkbox"/> Early Snack	_____	_____	<input type="checkbox"/> Breakfast	_____	_____	<input type="checkbox"/> Morning Snack	_____	_____	<input type="checkbox"/> Lunch	_____	_____	<input type="checkbox"/> Afternoon Snack	_____	_____	<input type="checkbox"/> Supper	_____	_____	<input type="checkbox"/> Evening Snack	_____	_____	Number of Children in Attendance .. _____	
	From	To																										
<input type="checkbox"/> Early Snack	_____	_____																										
<input type="checkbox"/> Breakfast	_____	_____																										
<input type="checkbox"/> Morning Snack	_____	_____																										
<input type="checkbox"/> Lunch	_____	_____																										
<input type="checkbox"/> Afternoon Snack	_____	_____																										
<input type="checkbox"/> Supper	_____	_____																										
<input type="checkbox"/> Evening Snack	_____	_____																										
<b>TYPE OF SITE</b>		<b>DCFS LICENSE INFORMATION</b>																										
<input type="checkbox"/> Child Care Center <input type="checkbox"/> Head Start Center		License Capacity _____																										
<input type="checkbox"/> Outside School Hours Program <input type="checkbox"/> Pre-K		License Expiration Date _____																										
<input type="checkbox"/> Homeless Shelter		Is attendance within license capacity?																										
		<input type="checkbox"/> Yes <input type="checkbox"/> No																										

### TYPE OF REVIEW (CHECK (✓) ALL THAT APPLY)

- ☒ Announced Review
- ☐ Unannounced Review
- ☐ Four Week Review of New Site
- ☐ Regularly Scheduled Site Review
- ☐ Follow-Up Review
- ☐ Block Claiming Unannounced Review
- ☐ Meal Service Observed
- ☐ Other \_\_\_\_\_

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# Contact Us

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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

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