

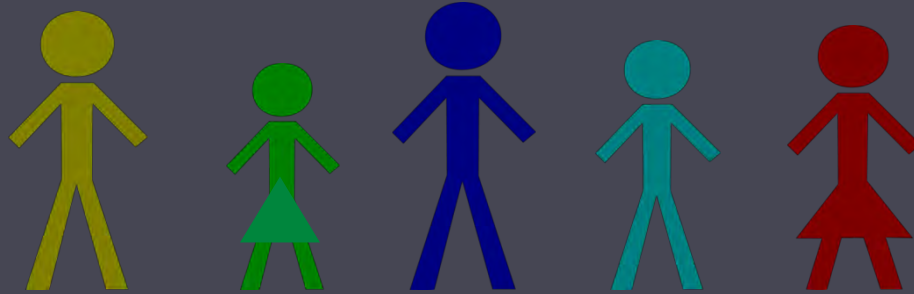
Monthly and Annual Recordkeeping

Illinois State Board of Education -- Child and Adult Care Food Program
2015 Administrative Training

Overview

- ▶ Monthly Documents Checklist
- ▶ Annual Documents Checklist
- ▶ Handout
- ▶ * Statement





Monthly Documents Checklist

Monthly Documents Checklist

- ▶ **Menu and Meal Service Documentation**
 - ▶ Menus
 - ▶ Physicians Statements for Food Substitutions (67-48)*
 - ▶ Infant Formula/Food Waiver Notifications*



Physician Statement for Food Substitution (67-48)

Child Nutrition Programs PHYSICIAN STATEMENT FOR FOOD SUBSTITUTION		
CHILD'S NAME	AGE	DATE
SCHOOL/FACILITY NAME	ADDRESS (Street, City, State, Zip Code)	
Parent/Guardian:		
<p>This school/facility participates in a federally-funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable food accommodations must be made when the accommodation requested is due to a disability and supported by a physician's statement. Reasonable food accommodations may be made for children without disabilities who may still have special dietary needs; a medical statement may be required. If you are requesting a meal accommodation or substitution, please ask your physician to complete and sign this form. If you have any questions, please contact _____</p> <p>at _____ Name</p> <p style="text-align: center;">Telephone (Include Area Code)</p>		
PHYSICIAN STATEMENT		
1. Does child have a disability according to 7 CFR Part 15d that requires food accommodation? (<i>Does he/she have a "physical or mental impairment which substantially limits one or more major life activities"?</i>)		
<input type="checkbox"/> No	If no, go to item 2 below.	
<input type="checkbox"/> Yes	If yes, provide the following information and complete items 3, 4, and 5 below.	
a.	What is the disability?	_____

Infant Formula/Food Waiver Notification

Child and Adult Care Food Program
INFANT FORMULA/FOOD WAIVER NOTIFICATION

(Name of Child Care Center/Home)

(Infant's Name)

(Birth Date)

For Parent/Guardian of Infants Age Birth Through 11 Months

This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced to infants when developmentally ready, a decision made by you and your infant's doctor. To better meet your personal preferences and your infant's needs, please complete this document.

(Instructions—The center/home must complete this section before giving to the parent/guardian.)

This center/home will provide:

Iron-fortified infant formula (list brand) _____;

Iron-fortified infant cereal (list type such as baby rice cereal) _____; and

Food appropriate for infants Commercial baby food and/or

Table food offered at the appropriate consistency for the development of the infant

(Instructions— The parent/guardian must ANSWER THE FOLLOWING QUESTION and MARK ONE OF THE CHOICES FROM EACH OF THE THREE SECTIONS BELOW; then sign and date this form.

What do you currently feed your infant?

Iron-fortified infant formula

Breast milk

Low-iron or another type of infant formula provided for medical reasons

I will receive a *Medical Exception Statement for Food Substitutions*.

Monthly Documents Checklist

- ▶ **Enrollment and Eligibility Documentation**
 - ▶ Enrollment Forms (67-98)*
 - ▶ At-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form
 - ▶ Household Eligibility Applications and Instructions (69-88)*
 - ▶ Head Start, Even Start, at-risk and emergency shelter programs are exempt from using this form
 - ▶ Electronic Direct Certification printouts from IWAS*
 - ▶ Head Start, Even Start, at-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form
 - ▶ Intake documentation (applicable only to emergency shelters)*



Enrollment Form (67-98)

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

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

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

1 FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)		2 DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4 MEALS RECEIVED	
First Child		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	TIME IN		TIME OUT		TIMES CHILD ATTENDS SCHOOL		<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	
Name	AM		PM	TIME	AM	PM	TIME	Leaves Center		Returns To Center
Birth Date										
Age	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
Second Child		<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 <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	TIME IN		TIME OUT		TIMES CHILD ATTENDS SCHOOL		<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		
Birth Date	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday	AM	PM	TIME	AM	PM	TIME		Leaves Center	Returns To Center
		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care								



Household Eligibility Application (69-88)

HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS CHILD AND ADULT CARE FOOD PROGRAM

1. All Household Members		2.	3.
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	FOSTER CHILD Foster children are a legal responsibility of DCFS 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.
		<input type="checkbox"/>	- - - - -
		<input type="checkbox"/>	- - - - -
		<input type="checkbox"/>	- - - - -
		<input type="checkbox"/>	- - - - -
		<input type="checkbox"/>	- - - - -
		<input type="checkbox"/>	- - - - -

4. Homeless, Migrant, or Runaway

Homeless Migrant Runaway


_____ Signature of School Homeless Liaison or Migrant 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/week)							
	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?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	



Electronic Direct Certification System



Illinois State Board of Education

Direct Certification Home | ISBE

Illinois State Board of Education

User Id: pawillia RCDT:

- Home
- Direct Certification
 - Download Files
 - File Upload Match
 - Single Child Match
- Direct Verification
- Contact Us
- Change RCDT
- Medicaid Data Upload

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

DHS Case Number Name and Address

Search Criteria

First Name *

Last Name *

City

* required field

Search

Monthly Documents Checklist

▶ Enrollment and Eligibility Documentation

▶ Enrollment Forms (67-98)*

- ▶ At-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Household Eligibility Applications and Instructions (69-88)*

- ▶ Head Start, Even Start, at-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Electronic Direct Certification printouts from IWAS*

- ▶ Head Start, Even Start, at-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Intake documentation (applicable only to emergency shelters)*



Monthly Documents Checklist

- ▶ **Enrollment and Eligibility Documentation**
 - ▶ Master Lists
 - ▶ Master List (67-95)* (applicable to child care center and outside school hours programs)
 - ▶ Master List for Emergency Shelter (67-92)*
 - ▶ Master List for Head Start and Even Start (65-10)*
 - ▶ Attendance



Master List (67-95)

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.

CENTER NAME					MASTER LIST CREATED (MONTH/YEAR)			
CHILD'S FULL NAME	CACFP ANNUAL ENROLLMENT FORM	HOUSEHOLD ELIGIBILITY APPLICATION	ELECTRONIC DIRECT CERTIFICATION	EXTENDED CATEGORICAL ELGIBILITY	CACFP ELIGIBILITY			DROP DATE (MM/DD/YYYY)
					Free	Reduced	Paid	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Monthly Documents Checklist

- ▶ **Enrollment and Eligibility Documentation**
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 - ▶ Master List for Head Start and Even Start (65-10)*

▶ Attendance



Monthly Documents Checklist

▶ Meal Count Documentation

▶ Meal Participation Records

- ▶ Meal Participation Record (68-75D)
- ▶ Meal Participation Record (68-75)
- ▶ Meal Participation Record (69-04)
- ▶ At-risk Meal Count Form (69-14)

▶ Meal Participation Record for Adults (68-31)

▶ Total Meal Recap (67-22)



Meal Participation Record (68-75D)

MEAL PARTICIPATION RECORD												SITE NAME		
												CLASSROOM		
Program:				<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start	Meal Service:				<input type="checkbox"/> Early Snack	<input type="checkbox"/> Breakfast			
				<input type="checkbox"/> Outside School Hours						<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack			
<p>Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals were served 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 which children are eligible for free, reduced and paid meals. A coding system is recommended. Next, for each day, add all free meals and paid meals, each day. Then, add each row, moving left to right, and enter the total in the correct F/R/P column under Monthly Total. The same is true for reduced and paid.</p>														
Child's Full Name		Days of Month												
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														



At-risk Meal Count Form (69-14)

ILLINOIS STATE BOARD OF EDUCATION
 NUTRITION PROGRAMS
 100 NORTH FIRST STREET, W-270
 SPRINGFIELD, IL 62777-0001

AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM DAILY MEAL COUNT FORM

SITE NAME	DATE
MEAL TYPE-Use separate sheet for each meal service (Circle one) PM Snack Supper	DAY (Circle one) M T W TH F SA SU

Meals served to Children (Cross off number as each child receives a meal):

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	32	33	34	35	36	37	38	39	40	41	42	43	44	45
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105
106	107	108	109	110	111	112	113	114	115	116	117	118	119	120



Meal Participation Record for Adults (68-31)

PROGRAM AND NONPROGRAM ADULT FOOD SERVICE PARTICIPATION												
<p>The number of meals served to program and nonprogram adults must be maintained on a daily basis. Program adults include persons that plan, prepare, serve, clean up or supervise the food service operation. Program adult meals are not included in meal counts reported for reimbursement. Only meals for nonprogram adults are allowable expense to the program. Nonprogram adults are persons who have no responsibility to the food program such as guests. Meals for program adults are not included in the monthly claim for reimbursement and the expense is not allowable to the program.</p>												
								MONTH		YEAR		
PROGRAM ADULT						NONPROGRAM ADULT						
Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Evening Snack	Day of Month	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	

- ▶ Program Adult Meals
- ▶ Nonprogram Adult Meals



Monthly Documents Checklist

▶ Meal Count Documentation

▶ Meal Participation Records

- ▶ Meal Participation Record (68-75D)
- ▶ Meal Participation Record (68-75)
- ▶ Meal Participation Record (69-04)
- ▶ At-risk Meal Count Form (69-14)

▶ Meal Participation Record for Adults (68-31)

▶ Total Meal Recap (67-22)



Total Meal Recap (67-22)

TOTAL MEAL RECAP													SITE NAME					
Program:			<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start	Meal Service:			<input type="checkbox"/> Early Snack	<input type="checkbox"/> Breakfast				<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack				
			<input type="checkbox"/> Outside School Hours															
<p>Instructions: Write the site name, month, year and mark the correct program and meal service. Enter the days of the month meals are served. 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 reduced and paid meals. Enter the days of the month meals are served 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 meals lines to the WINS claim for reimbursement. For each program (CCC, HS and OSH) you must complete all lines.</p>																		
SECTION I																		
Free Daily (List all classrooms)	Days of Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
TOTAL DAILY FREE MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION II																		
Reduced Daily (List all classrooms)	Days of Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
TOTAL DAILY REDUCED MEALS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Monthly Documents Checklist

- ▶ **Training Documentation**
 - ▶ Training Form (67-25)*



Training Form (67-25)

Child and Adult Care Food Program Documentation of Training		ATTACH COPIES OF ALL TRAINING HANDOUTS.
<p>Instructions: Complete the information below to document CACFP training. Type of Training (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Mandatory CACFP Annual Training for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Key staff from institution <input type="checkbox"/> Key staff from each sponsored center <i>(Sponsoring Organizations ONLY)</i> <input type="checkbox"/> Monitors and those with monitoring responsibilities <i>(Sponsoring Organizations ONLY)</i> <p><input type="checkbox"/> Mandatory training for new staff facility prior to beginning CACFP operations</p> <p><input type="checkbox"/> Mandatory Annual Civil Rights Training for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frontline staff who interact with children and parents, including monitors <input type="checkbox"/> Supervisors of frontline staff 	<p>DATE</p> <p>LOCATION OF TRAINING</p> <p>LENGTH OF TRAINING</p> <p>Start Time: _____ a.m. p.m.</p> <p>End Time: _____ a.m. p.m.</p> <p>NAME OF INSTRUCTOR(s)</p>	
<p>AGENDA: (Topics covered)</p>		



Monthly Documents Checklist

▶ **Financial Documentation**

- ▶ Itemized invoices/receipts
- ▶ Itemized revenue documentation
- ▶ Delivery tickets (applicable only to contracted meals)
- ▶ Food Donations (68-77)
- ▶ Cash Disbursements (67-24)



Food Donations (68-77)

**CHILD CARE AND ADULT CARE FOOD PROGRAM
FOOD DONATIONS**

– IMPORTANT: Food purchased with WIC or SNAP (Link Card) benefits **CANNOT** be accepted as donations. –

Name of Facility Receiving Donations: _____

Instructions: When a food donation is made to your facility, have the person donating the items complete this form listing each item donated.

DATE DONATED	FOOD ITEM DONATED	QUANTITY	DONOR'S NAME (Printed)	Donor's Signature



Cash Disbursements (67-24)

CASH DISBURSEMENT									
SITE NAME									MONTH/YEAR (mm/yy)
DATE (mm/dd/yy)	CHECK NUMBER	AMOUNT PAID	VENDOR	GALLONS OF MILK STATISTICS	FOOD COST	NON-FOOD COSTS	OVERHEAD COSTS	ADMINISTRATIVE COSTS	UNALLOWABLE COSTS
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$



Monthly Documents Checklist

- ▶ **Financial Documentation**
 - ▶ Personnel Activity Reports (67-54)
 - ▶ Monthly Profit or Loss Summary (67-93)
 - ▶ Monthly Milk Purchase Estimate (68-50)
 - ▶ Annual Financial Report Spreadsheet



Personnel Activity Report (67-54)

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

Employee Name: _____ Month/Year: _____

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				0	17				0
2				0	18				0
3				0	19				0
4				0	20				0
5				0	21				0
6				0	22				0
7				0	23				0
8				0	24				0



Monthly Profit or Loss Summary (67-93)

SECTION I: DATA				
<input style="width: 100%;" type="text"/> Month/Year	<input style="width: 100%;" type="text"/> Institution's Name			
SECTION II: REIMBURSEMENT				
Use whole dollars only. Omit Dollar Signs, Commas, and Decimal Places throughout form.				
A. Meal Reimbursement For Month	\$ <input style="width: 80%;" type="text"/>			
B. Cash in Lieu of Commodities for Month	\$ <input style="width: 80%;" type="text"/>			
C. GRAND TOTAL ALL REIMBURSEMENT (Total of Section A and B) Section II - C	→ \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
SECTION III: EXPENSE SUMMARY FOR MONTH				
Administrative Cost				
Administrative Labor	\$ <input style="width: 80%;" type="text"/>			
Monitoring/Training	\$ <input style="width: 80%;" type="text"/>			
Administrative Supplies	\$ <input style="width: 80%;" type="text"/>			
Administrative Other	\$ <input style="width: 80%;" type="text"/>			
Total Administrative Costs	\$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
Food Service Labor	\$ <input style="width: 80%;" type="text"/>			
Purchased Vended Meals	\$ <input style="width: 80%;" type="text"/>			
Food Cost	\$ <input style="width: 80%;" type="text"/>			
Allowable Nonfood Costs	\$ <input style="width: 80%;" type="text"/>			
Overhead Costs	\$ <input style="width: 80%;" type="text"/>			
Other Costs (specify) <input style="width: 150px;" type="text"/>	\$ <input style="width: 80%;" type="text"/>			
TOTAL EXPENSES	→ \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
15% CAP ON ADMINISTRATIVE COSTS Regulations allow institutions to spend up to 15% of their annual				
ALLOCATING OVERHEAD COSTS				
Overhead Costs may be allocated to the food program at a rate determined by the amount of CACFP-utilized space compared to the total square feet of your facility/facilities. To determine the amount you may allocate for Overhead Costs in Section III, complete the following calculation and then multiply the resulting percentage rate times your organization's total Overhead Costs for the month:				
Length x Width of Room = Square Feet				
CACFP Square Feet	÷	Total Center Square Feet	=	Allowable rate for overhead costs
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		NaN
SECTION IV: MONTH'S PROFIT/LOSS STATUS				
GRAND TOTAL ALL REIMBURSEMENT				
(From Section II-C)	→ \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
ANY OTHER FOOD SERVICE REVENUE RECEIVED	→ + \$ <input style="width: 80%;" type="text"/>			
TOTAL FOOD SERVICE REVENUE	→ = \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
TOTAL EXPENSES (From Section III)	→ - \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
MONTHLY TOTAL [Check (✓) one]				
<input type="checkbox"/> Profit (+)	= \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
<input type="checkbox"/> Loss (-)				
SECTION V: ANNUAL PROFIT/LOSS STATUS				
CURRENT MONTH (From Section IV)				
[Check (✓) one] <input type="checkbox"/> Profit (+)				
<input type="checkbox"/> Loss (-)				
	→ \$ <input style="width: 80%; text-align: right; value: 0;" type="text"/>			
PREVIOUS MONTH'S YEAR TO DATE TOTAL				

Monthly Milk Purchase Estimate (68-50)

Monthly Milk Purchase Estimate

Complete this worksheet at the beginning of each month to help plan how much milk your facility will need to purchase during the month. Read the instructions below and enter information in the yellow boxes, as applicable. The number of gallons of milk needed for the month will be reflected at the bottom of the page. Keep a copy of the completed form at your facility. ISBE monitors will request this form during reviews.

CACFP regulations require milk as a meal component for breakfast, lunch and supper. It is an optional component for snack. You must purchase enough milk for the number of meals you intend to serve with milk as a component.

1. ENTER FACILITY NAME

2. ENTER THE MONTH AND YEAR

3. Estimate the total number of meals served daily that **require** milk. Complete only those meal services applicable to your facility's operation.

Enter # of days in the month meals will be served

CACFP Required Ounces

Total Ounces

Age 1-2 Breakfast	<input type="text"/>	x	<input type="text"/>	x	4	=	<input type="text"/>	0
Age 3-5 Breakfast	<input type="text"/>	x	<input type="text"/>	x	6	=	<input type="text"/>	0
Age 6-12 Breakfast	<input type="text"/>	x	<input type="text"/>	x	8	=	<input type="text"/>	0
Age 1-2 Lunch	<input type="text"/>	x	<input type="text"/>	x	4	=	<input type="text"/>	0
Age 3-5 Lunch	<input type="text"/>	x	<input type="text"/>	x	6	=	<input type="text"/>	0
Age 6-12 Lunch	<input type="text"/>	x	<input type="text"/>	x	8	=	<input type="text"/>	0
Age 1-2 Supper	<input type="text"/>	x	<input type="text"/>	x	4	=	<input type="text"/>	0
Age 3-5 Supper	<input type="text"/>	x	<input type="text"/>	x	6	=	<input type="text"/>	0
Age 6-12 Supper	<input type="text"/>	x	<input type="text"/>	x	8	=	<input type="text"/>	0

Annual Financial Report Spreadsheet

AFR Collection Worksheet for Federal Fiscal Year 2015							
		October 2014	November 2014	December 2014	January 2015	February 2015	March 2015
1	CACFP Meal Reimbursement						
2	CACFP Cash in Lieu of Commodities						
3	Other Food Service Revenue Received (Food prepared but sold to other centers or sold as adult meals)						
4	Total Revenue	0	0	0	0	0	0
5	<u>Administrative Costs</u>						
5a	Administrative Labor						
5b	Monitoring/Training						
5c	Administrative Supplies						
5d	Administrative Other						
5e	Total Administrative Costs	0	0	0	0	0	0
6	Food Service Labor						
7	Purchased Vended Meals						
8	Food Costs						
9	Allowable Non-food Costs						
10	Overhead Costs						
11	Other Costs (specify)						
12	Total Expenditures	0	0	0	0	0	0
13	Current Year Profit/(Loss)	0	0	0	0	0	0

Monthly Documents Checklist

- ▶ **Claim for Reimbursement Documentation**
 - ▶ For-profit Eligibility Form (67-91) plus supporting documentation (applicable only to for-profit institutions)
 - ▶ Edit Checks 1 and 2 (65-09) (applicable only to multi-site sponsors)
 - ▶ Monthly Claims (available in WINS)



For-profit Eligibility Form (67-91)

DOCUMENTATION OF FOR-PROFIT ELIGIBILITY Child and Adult Care Food Program

NAME OF INSTITUTION

ADDRESS (Street, City, State, Zip Code)

CONTACT PERSON

CALCULATION OF FOR-PROFIT ELIGIBILITY: PERCENTAGE MUST EQUAL or EXCEED .25 (25%)

FACILITY NAME (Extra lines are provided for Multi-Site Sponsors)	Number of Children Receiving Subsidized Child Care or are Eligible for Free / Reduced-Price Meals		Check one box below for the method you are using. License Capacity <input type="checkbox"/> or Number of Children Enrolled* <input type="checkbox"/>		Percentage Eligible (Do Not Round)
EXAMPLE: ABC KIDZ DAYCARE	20	÷	50	=	40.00%
		÷		=	0.00%
		÷		=	0.00%
		÷		=	0.00%
		÷		=	0.00%
		÷		=	0.00%



Edit Checks 1 and 2 (65-09)

Child and Adult Care Food Program (CACFP) EDIT CHECKS 1 AND 2		MONTH/YEAR
INSTRUCTIONS: Sponsoring organizations must complete both edit checks monthly for each site. The monthly edit checks will help ensure your claim approved meal services and prevent meal counting errors, such as math and transportation errors that could result in an over claim. Compare both edit checks to the total meals calculated for each meal service before submitting to ISBE.		
SITE NAME 	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper	
Edit Check 2) Maximum Number of Meals for this Site (Enrollment) X (Operating Days) = (Maximum Meals per Meal Service)		
SITE NAME 	Edit Check 1) Approved Meal Service for this Site <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Early Supplement <input type="checkbox"/> AM Supplement <input type="checkbox"/> PM Supplement <input type="checkbox"/> Evening Supplement <input type="checkbox"/> At-Risk After School Snack <input type="checkbox"/> At-Risk After School Supper	
Edit Check 2) Maximum Number of Meals for this Site (Enrollment) X (Operating Days) = (Maximum Meals per Meal Service)		



WINS Claim for Reimbursement

Claim Data

Claim Month	Mar 2015	Status	Approved-Sent to FRIS
Days of Operation	03/02/2015 - 03/31/2015	Type	Claim
Days Claimed	22	Date Received	04/07/2015
Claim Source	Sponsor	Date Approved	04/07/2015

Updated: tonyliz26

Sponsor Notes

2 site(s) included out of 2 sites approved
 Child Care Center - 2 site(s)

Meals

Child Care Center - Breakfast

Child Care Center

Free	1930
Reduced	156
Paid	70

Child Care Center - Lunch

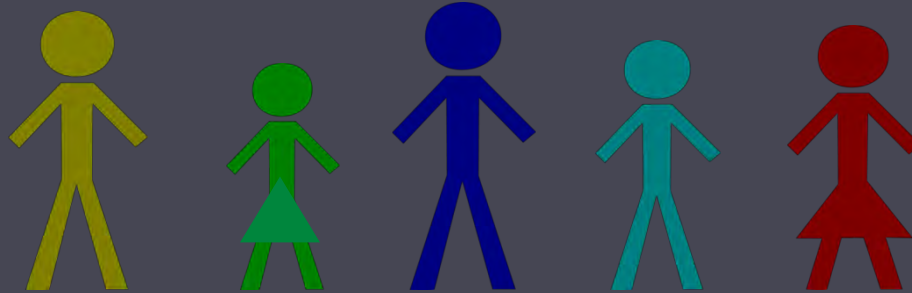
Child Care Center

Free	2471
Reduced	179
Paid	76

Child Care Center - P.M. Snack

Child Care Center

Free	2247
Reduced	152
Paid	65



Annual Documents Checklist

Annual Documents Checklist

- ▶ **WINS Documentation applicable to all sponsors**
 - ▶ Sponsor Questionnaire
 - ▶ Permanent Agreement
 - ▶ Site Questionnaire
 - ▶ Approval Letter
 - ▶ Annual Financial Report



Single Site Sponsor WINS Homepage

Sponsor Tasks	Sites	Claims & Monitoring	Applications & Participation	Sponsor Info
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Component Status Summary

<u>Program</u>	<u>Component</u>	<u>Status</u>	<u>Effective Date</u>
Child and Adult Care Center Organization		Approved	10/27/2014
Child and Adult Care Center Questionnaire		Completed	10/27/2014

Program Summary

<u>Year</u>	<u>Program</u>	<u>SubProgram</u>	<u>Meal</u>	<u>Begin</u>
2015	CACC	Child Care Center	Breakfast	10/1/2014
2015	CACC	Head Start	Breakfast	10/1/2014
2015	CACC	Child Care Center	Lunch	10/1/2014
2015	CACC	Head Start	Lunch	10/1/2014
2015	CACC	Child Care Center	P.M. Snack	10/1/2014
2015	CACC	Head Start	P.M. Snack	12/1/2014



Multi-site Sponsor WINS Homepage

Sponsor Tasks

Sites

Claims & Monitoring

Applications & Participation

Sponsor Info

Component Status Summary

<u>Program</u>	<u>Component</u>	<u>Status</u>	<u>Effective Date</u>
Child and Adult Care Center Organization		Approved	10/09/2014
Child and Adult Care Center Questionnaire		Completed	10/07/2014
Child and Adult Care Center Budget		Completed	10/09/2014
Child and Adult Care Center Sponsor Review		Completed	10/07/2014

Program Summary

<u>Year</u>	<u>Program</u>	<u>SubProgram</u>	<u>Meal</u>	<u>Begin</u>
2015	CACC	Child Care Center	Breakfast	10/1/2014
2015	CACC	Child Care Center	Lunch	10/1/2014
2015	CACC	Child Care Center	P.M. Snack	10/1/2014



Site Questionnaire and Components

Apps & Contracts

Claims & Monitoring

Participation & Enrollment

Component Status Summary

<u>Program</u>	<u>Component</u>	<u>Status</u>	<u>Substatus</u>	<u>Effective Date</u>
Child and Adult Care Center	Organization	Approved		11/5/2014
Child and Adult Care Center	Questionnaire	Completed		10/6/2014
Child and Adult Care Center	Participation	Completed		11/5/2014
Child and Adult Care Center	Participation Detail (261 Approved Serving Days / 0 In Error)	Approved		11/5/2014



Annual Documents Checklist

- ▶ **WINS Documentation applicable to all sponsors**
 - ▶ Sponsor Questionnaire
 - ▶ Permanent Agreement
 - ▶ Site Questionnaire
- ▶ **Approval Letter**
 - ▶ Annual Financial Report



Annual Financial Report in WINS

Child and Adult Care Food Program - Annual Financial Report (October 1, 2013 - September 30 2014)

Revenue Sources

CACFP Meal Reimbursement	169,764.23
CACFP Cash in Lieu of Commodities	7,606.27
Other Food Service Revenue Received (food prepared but sold to other centers or sold as adult meals)	0.00
Total Revenue	<u>177,370.50</u>

Expenditures

Administrative Costs	
a. Administrative Labor	13,265.92
b. Monitoring/Training	700.00
c. Administrative Supplies	0.00
d. Administrative Other (provide explanation)	0.00

Annual Documents Checklist

- ▶ **Additional WINS Documentation applicable only to multi-site sponsors**
 - ▶ Budget
 - ▶ Sponsor Review
 - ▶ Monitoring Review Schedule
 - ▶ Bylaws
 - ▶ Organizational Chart
 - ▶ Mission Statement
 - ▶ Conflict of Interest Employee Policy



Annual Documents Checklist

▶ Program Documentation

▶ Enrollment Forms (67-98)*

- ▶ At-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Household Eligibility Applications and Instructions (69-88)*

- ▶ Head Start, Even Start, at-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Electronic Direct Certification printouts from IWAS*

- ▶ Head Start, Even Start, at-risk, license-exempt outside school hours and emergency shelter programs are exempt from using this form

▶ Intake documentation (applicable only to emergency shelters)*

▶ Master List (67-95); Master List for Emergency Shelters (67-92); Master List for Head Start or Even Start (65-10)*



Annual Documents Checklist

- ▶ **Program Documentation**

- ▶ Parent Letter (69-49)

- ▶ Head Start, Even Start, at-risk and emergency shelter programs are exempt from using this form

- ▶ Income Eligibility Guidelines

- ▶ Head Start, Even Start, at-risk and emergency shelter programs are exempt from using this form



Parent Letter (69-49)

**PARENT LETTER
FOR CHILD CARE CENTERS**
July 1, 2015, Through June 30, 2016

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

Income Eligibility Guidelines
Effective from July 1, 2015, to June 30, 2016

Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863

Income Eligibility Guidelines

Income Eligibility Guidelines
Effective from July 1, 2015, to June 30, 2016

Household Size	Free Meals 130% Federal Poverty Guideline					Household Size	Reduced-Price Meals 185% Federal Poverty Guideline				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,301	1,276	638	589	295	1	21,775	1,815	908	838	419
2	20,709	1,726	863	797	399	2	29,471	2,456	1,228	1,134	567
3	26,117	2,177	1,089	1,005	503	3	37,167	3,098	1,549	1,430	715
4	31,525	2,628	1,314	1,213	607	4	44,863	3,739	1,870	1,726	863
5	36,933	3,078	1,539	1,421	711	5	52,559	4,380	2,190	2,022	1,011
6	42,341	3,529	1,765	1,629	815	6	60,255	5,022	2,511	2,318	1,159
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	5,408	451	226	208	104	For each additional family member, add	7,696	642	321	296	148



Annual Documents Checklist

▶ Program Documentation

- ▶ Physicians Statement for Food Substitutions (67-48)*
- ▶ Infant Formula/Food Waiver Notification*
- ▶ Ethnic and Racial Data Collection Document
- ▶ Program Announcement (applicable only to new institutions)
- ▶ Monitor Review Form (67-59) and/or At-risk Monitor Forms (67-77) (applicable only to multi-site sponsors)
- ▶ Preapproval Visit Form (67-60) (applicable only to multi-site sponsors)



Ethnic and Racial Data Collection Document

ETHNIC AND RACIAL DATA COLLECTION DOCUMENT

Name of Center/Facility _____ Date _____

Participating in the Child and Adult Care Food Program (CACFP) requires your organization to follow Civil Rights requirements. One of these requirements is to collect ethnic and racial data every year for all participants in the CACFP. Use this document to compile the results of the information collected in Section 5 on the *CACFP Annual Enrollment Form* or use this document when staff observation is used to collect the data.

- 1. Ethnicity Data**—Use tick marks (|||) to record each child participating in your program in one of the categories below.

The child is Hispanic or Latino —A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Total
The child is NOT Hispanic or Latino .	Total



Program Announcement

NEWS

Illinois State Board of Education Announces the Child and Adult Care Food Program

SPRINGFIELD—The Illinois State Board of Education (ISBE) announced the availability of the Child and Adult Care Food Program (CACFP). The CACFP is a federally funded program of the U.S. Department of Agriculture that is administered by ISBE.

The program is designed to primarily assist child care centers, Head Start programs, before- and after-school programs, emergency shelters, and day care home providers with funding to provide nutritious meals to children in their care. All participating child care centers and day care homes must provide meals to enrolled children at no additional charge.

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	1,386	693	5	51,634	4,303	2,152	1,986	993



Annual Documents Checklist

▶ Program Documentation

- ▶ Physicians Statement for Food Substitutions (67-48)*
- ▶ Infant Formula/Food Waiver Notification*
- ▶ Ethnic and Racial Data Collection Document
- ▶ Program Announcement (applicable only to new institutions)
- ▶ Monitor Review Form (67-59) and/or At-risk Monitor Forms (67-77) (applicable only to multi-site sponsors)
- ▶ Preapproval Visit Form (67-60) (applicable only to multi-site sponsors)



Monitor Review Form (67-59)

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

At-risk Monitor Form (67-77)

Springfield, Illinois 62777-0001

MONITOR REVIEW FOR AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM Child and Adult Care Food Program

Monitoring Requirements—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.

SITE NAME AND ADDRESS MONITORED	DATE	ARRIVAL TIME	DEPARTURE TIME
	NAME OF REVIEWER		
	CHECK (✓) ONE: <input type="checkbox"/> Announced Visit <input type="checkbox"/> Unannounced Visit		
	AGE RANGE OF CHILDREN		

DCFS LICENSE INFORMATION (If applicable) →	LICENSE NUMBER	EXPIRATION DATE	CAPACITY	Is attendance within license capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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MEAL SERVICE AND MEAL COUNTS

Yes No N/A

1. Meal observed:

Snack Supper No Meal Service Observed

2. Menu for observed snack/supper:

3. Was the written menu and the food offered to the children the same?

4. Did the snack/supper offered meet the meal pattern?



Preapproval Visit Form (67-60)

ILLINOIS STATE BOARD OF EDUCATION Nutrition and Wellness Programs Division 100 North First Street, W-270 Springfield, Illinois 62777-0001		PREAPPROVAL VISIT FORM FOR SPONSORS Child and Adult Care Food Program																									
<p>Monitoring Requirements—All organizations operating more than one 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.</p>																											
DATE	AGREEMENT NUMBER/RCDT	HOURS OF OPERATION From: _____ to _____																									
NAME OF SITE		<p>TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE (Allowed to claim three meal services per child per day.)</p> <table border="1"> <thead> <tr> <th>Mark box for meal service observed.</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>		Mark box for meal service observed.	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	_____	_____
Mark box for meal service observed.	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	_____	_____																									
ADDRESS OF SITE																											
DCFS LICENSE INFORMATION																											
License Capacity	_____																										
License Expiration Date	_____																										
Age Range	_____																										
<p>TYPE OF SITE</p> <input type="checkbox"/> Child Care Center <input type="checkbox"/> Outside School Hours Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Head Start Centers or School Pre-K <input type="checkbox"/> At-Risk After-School Program																											
<p>TYPE OF STATUS</p> <input type="checkbox"/> Not-For-Profit Tax-Exempt <input type="checkbox"/> For-Profit		<p>TYPE OF PREPARATION</p> <input type="checkbox"/> On-Site <input type="checkbox"/> School Agreement <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Food Vendor Contract																									



Annual Documents Checklist

- ▶ **Training Documentation**
 - ▶ Training Form (67-25)*



Annual Documents Checklist

▶ **Financial Documentation**

- ▶ Vendor Contracts (applicable only to contracted meals)
 - ▶ Invitation for Bid (69-99)
 - ▶ Small Purchase Agreement (67-89)
 - ▶ School Agreement (68-62)
 - ▶ Renewal of Competitively Bid Contracts (67-90)
 - ▶ Certification Regarding Debarment (85-34)



Invitation for Bid (69-99)

CHILD AND ADULT CARE FOOD PROGRAM

INVITATION FOR BID AND CONTRACT FOR PURCHASED MEALS

Revised April 2013

Required for Institutions exceeding \$150,000 annually in vended meal purchases.



Small Purchase Agreement (67-89)

Child and Adult Care Food Program (CACFP) SMALL PURCHASE AGREEMENT FOR PROCUREMENT OF VENDED MEALS	
GENERAL INFORMATION: 1. Appropriate for CACFP organizations with annual meal purchases under \$150,000. 2. This type of contract is established annually and is valid for twelve months. 3. CACFP Organization should follow CACFP Organization Instructions noted on the back of this page. 4. Vendors should read the Vendor Terms of Agreement also found on the back of this page. 5. The blank areas found on the back of this page in the Vendor Terms of Agreement must be completed when the contract is finalized. 6. A copy of the signed Small Purchase Agreement for Procurement of Vended Meals should be submitted to the Illinois State Board of Education along with a copy of the vendor's most recent public health inspection report and vendor signed Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Lower Tier 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	



School Agreement (68-62)

Child and Adult Care Food Program (CACFP) SCHOOL AGREEMENT TO FURNISH FOOD SERVICE		
<p>INSTRUCTIONS: This agreement is to be completed and signed by representatives from both parties. <i>A copy is to be returned to the above address.</i> The school agreement must accompany the Site Information Sheet(s) that is part of the fiscal year Child and Adult Care Food Program annual application renewal. Inform the school official of the following:</p> <ol style="list-style-type: none"> 1. The quoted meal rate(s) should be on a full-cost recovery basis, including the value of government-donated commodities used, and 2. The meals included in this agreement will be claimed by your organization under the Child and Adult Care Food Program. These meals cannot be claimed by the school under the National School Lunch Program. 		
CACFP SPONSORING ORGANIZATION DATA		
NAME OF SPONSORING ORGANIZATION	AGREEMENT NUMBER	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	SPONSORING ORGANIZATION CONTACT	
SCHOOL DATA		
NAME OF SCHOOL	CONTACT PERSON	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE NUMBER (Include Area Code)	
TERMS OF AGREEMENT		
<p>THIS AGREEMENT is made and entered into by and between the _____ <i>Name of School</i></p> <p>and the _____ <i>Name of Institution</i></p>		
<p>WHEREAS the facilities of the institution are not adequate for preparing and serving meals to children, while the facilities of the school are adequate</p>		

Annual Documents Checklist

- ▶ **Financial Documentation**

- ▶ A-133 Audit (applicable only to not-for-profit institutions expending \$750,000 or more in federal funds in a fiscal year)





For more information contact:

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

Phone: 800/545-7892 or 217/782-2491

Fax: 217/524-6124

Email: cnp@isbe.net – Attn: CACFP

Website: www.isbe.net/nutrition