

Child and Adult Care Food Program Recordkeeping Training



Susan Dawson and Kimberlee Clark

Child and Adult Care Food Program

Federally funded nutrition assistance program through the United States Department of Agriculture (USDA) which began in 1968

One of 15 nutrition assistance programs operated by USDA

Administration Flow Chart

United States Department of Agriculture

Food and Nutrition Service



Midwest Regional Office

Chicago



Ohio Department of Education

Office of Integrated Student Supports

Key Terms

Institution/Sponsor:

Independent or sponsoring organization

Independent center/Single site:

A center with an agreement to participate in the food program

Sponsoring organization/Multi-site:

An institution that administers the food program in 2 or more affiliated centers or 1 or more unaffiliated centers

Claims Reimbursement and Reporting System



Online application, claim, compliance, and report system for all food program sponsors

Responsibilities of Sponsor



Serve meals/snacks that meet program requirements



Keep required records



Comply with all program regulations and maintain program integrity

Financially Viable

The organization must have the fiscal resources to establish and maintain program operations without food program money

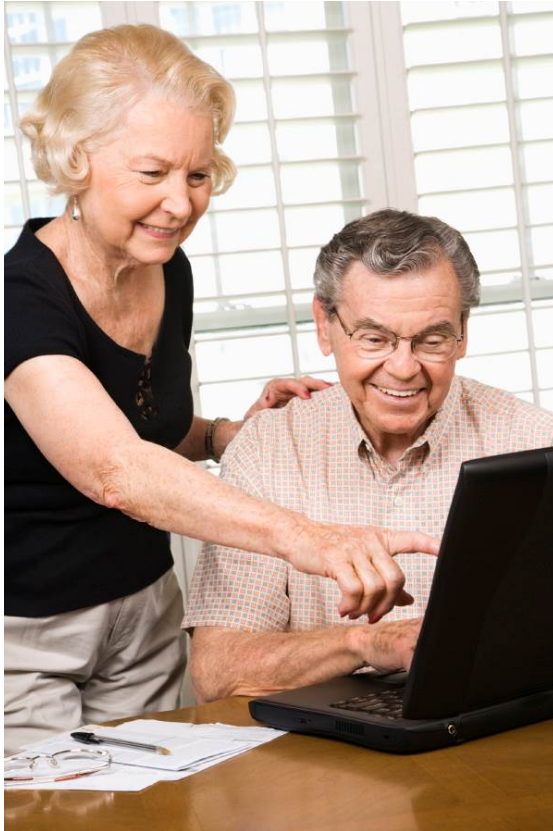


Accountable



The organization must have an effective financial system with internal controls to ensure all funds are spent appropriately and claims are accurate

Administratively Capable



The organization must be able to effectively provide program benefits to all participants

Session Goals

**How to organize documentation
to support monthly claim**

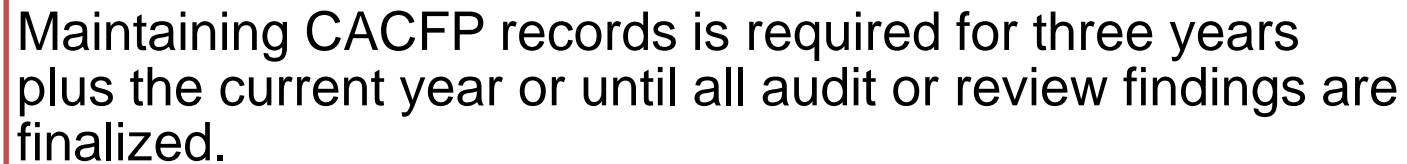


Session Goals

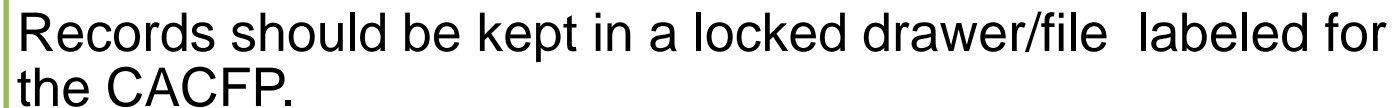
Learn how to maintain a system of recordkeeping and how to operate a nonprofit food service program



Record Requirements

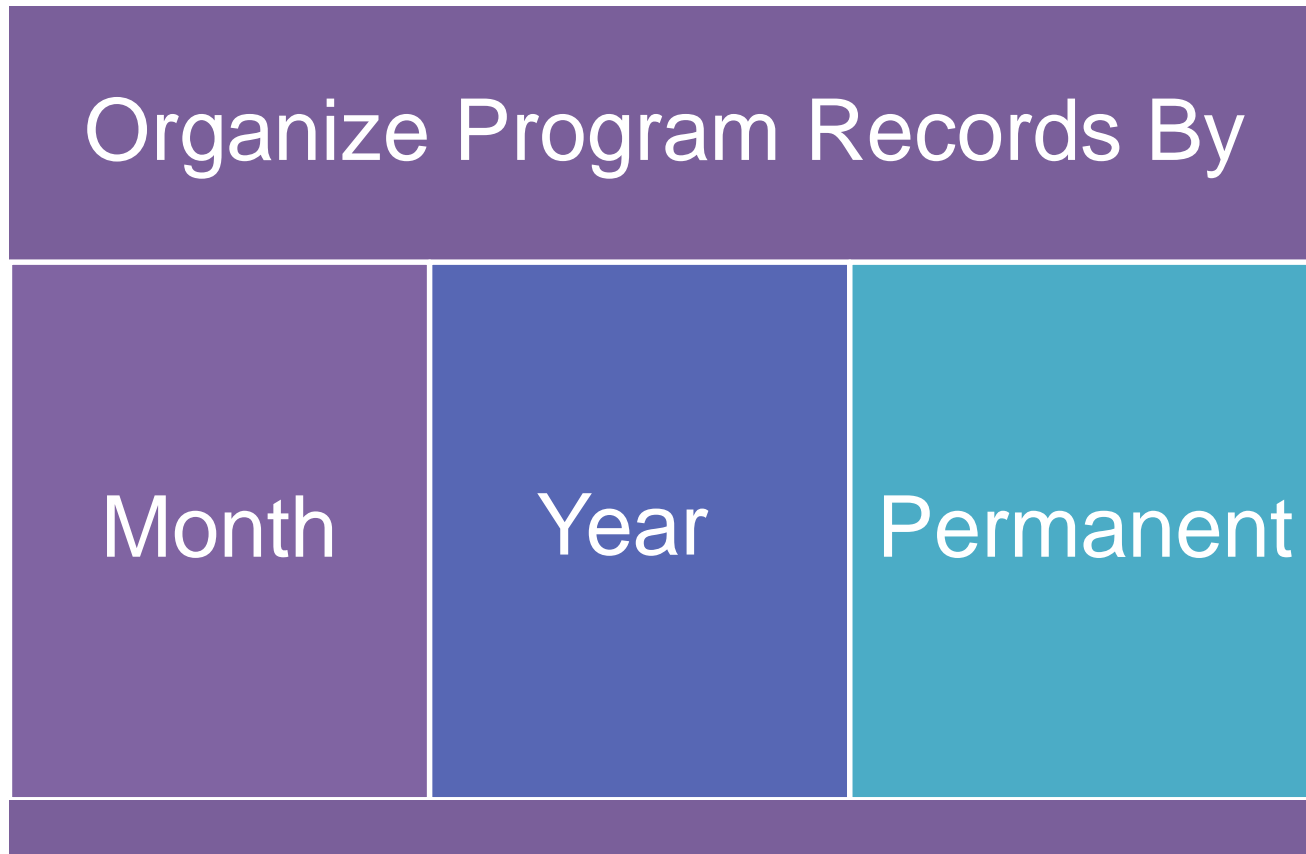


Maintaining CACFP records is required for three years plus the current year or until all audit or review findings are finalized.

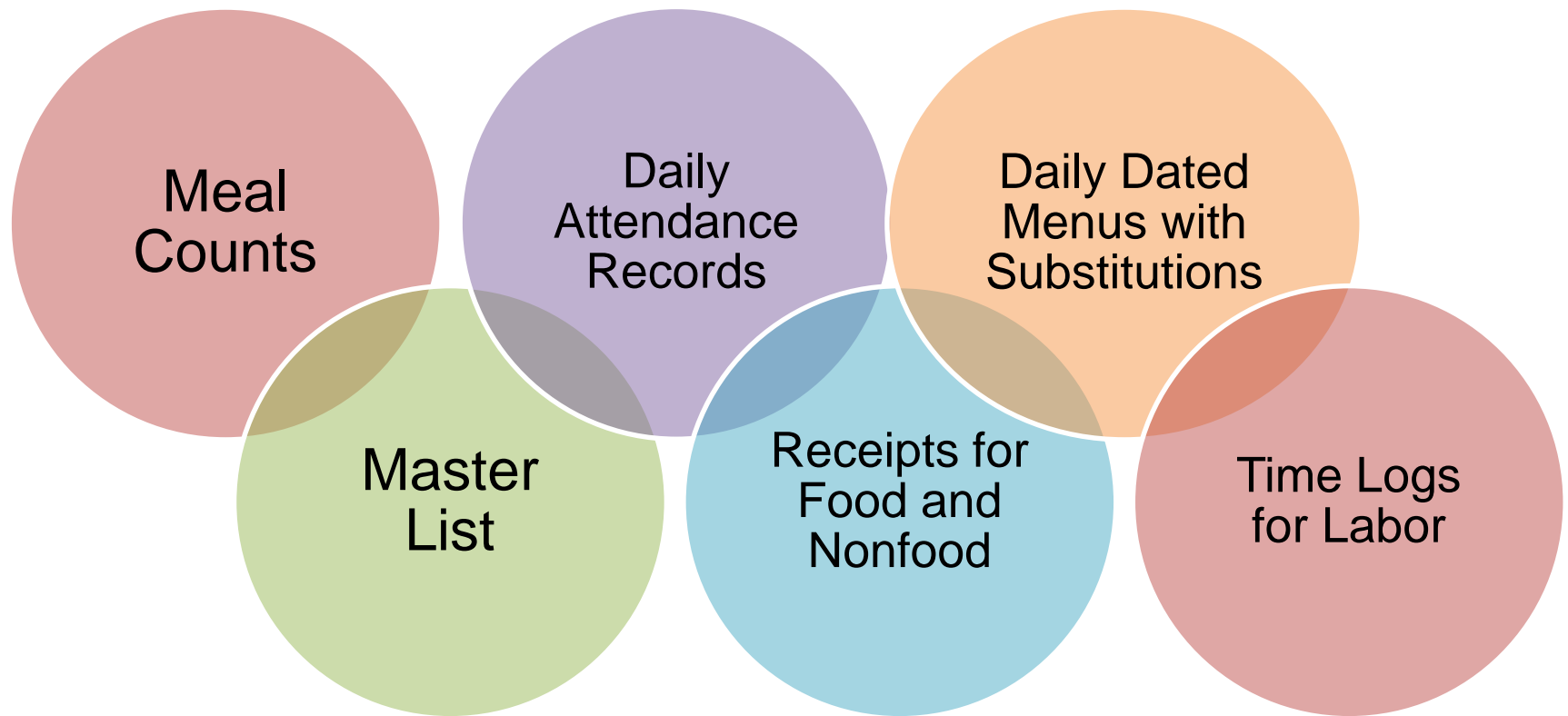


Records should be kept in a locked drawer/file labeled for the CACFP.

Record Requirements



Monthly Recordkeeping



Menus

Dated

Specific Food Items

Serving Sizes

Substitutions Noted

USDA Non-Discrimination Statement

Ohio CACFP Weekly Menu for Children (5-Day)

Type	Component	Minimum Serving							
		1 - 2 years	3 - 5 years	6 - 18 years	Mon.	Tues.	Wed.	Thurs.	Fri.
Breakfast									
	Fluid Milk	½ cup	¾ cup	1 cup					
	Vegetable, fruits, or portion of both	¼ cup	½ cup	½ cup					
	Grains/Breads Cooked cereal, and/or pasta	½ slice ¼ cup ¼ cup	½ slice ¼ cup ¼ cup	1 slice ½ cup ½ cup					
	Other extra food items								
Lunch	Fluid Milk	½ cup	¾ cup	1 cup					
	Meat or meat alternate	1 oz.	1 ½ oz.	2 oz.					
	Vegetables	1/8 cup	¼ cup	½ cup					
	Fruits	1/8 cup	¼ cup	¼ cup					
	Grains/Breads Cooked cereal, and/or pasta	½ slice ¼ cup ¼ cup	½ slice ¼ cup ¼ cup	1 slice ½ cup ½ cup					
PM Snack	Fluid Milk	½ cup	½ cup	1 cup					
	Meat /meat alternate	½ oz.	½ oz.	1 oz.					
	Vegetables	½ cup	½ cup	¾ cup					
	Fruits	½ cup	½ cup	¾ cup					
	Grains/Breads Cooked cereal, and/or pasta	½ slice ¼ cup ¼ cup	½ slice ¼ cup ¼ cup	1 slice ½ cup ½ cup					
	Other Food items								

For more information on additional food components and amounts, please refer to CACFP Child Meal Pattern Charts.

Rev. 6/2017

This institution is an equal opportunity provider.

CACFP INFANT MENU (5-Day)

Site Name:			Monday	Tuesday	Wednesday	Thursday	Friday
	Age	Portion Size/Component	Date:	Date:	Date:	Date:	Date:
Breakfast	Birth – 5 Months	4-6 fl. oz. breastmilk ¹ or formula ²					
	6 – 11 Months	6-8 fl. oz. breastmilk ¹ or formula ²					
		0-4 Tbsp. infant cereal ^{2,3} meat, fish, poultry, whole egg cooked dry beans or peas, or 0-2 oz. cheese, or 0-4 oz. (volume) cottage cheese; or 0-4 oz. or ½ cup of yogurt ⁴ ; or a Combination of the above; and 0-2 Tbsp. vegetable or fruit or a combination of both ^{5,6}					
Lunch / Supper	Birth – 5 Months	4-6 fl. oz. breastmilk ¹ or formula ²					
	6 – 11 Months	6-8 fl. oz. breastmilk ¹ or formula ²					
		0-4 Tbsp. infant cereal ^{2,3} meat, fish, poultry, whole egg cooked dry beans or peas, or 0-2 oz. cheese, or 0-4 oz. (volume) cottage cheese; or 0-4 oz. or ½ cup of yogurt ⁴ ; or a Combination of the above; and 0-2 Tbsp. vegetable or fruit or a combination of both ^{5,6}					
Snack	Birth – 5 Months	4-6 fl. oz. breastmilk ¹ or formula ²					
	6 – 11 Months	2-4 fl. oz. breastmilk ¹ or formula ²					
		0-1/2 slice of bread ^{3,4} or 0-2 crackers ^{3,4} or 0-4 Tbsp. infant cereal ^{2,3,4} or Ready-to-eat breakfast cereal ^{3,4,5,6} , and					
		0-2 Tbsp. vegetable or fruit or a combination of both ^{6,7}					

Infant Feeding Record

Individual



Record Offered Component



Keep On File



Site/Room: _____

Month: _____ Year: _____

**Ohio Department of Education
Child and Adult Care Food Program
NEW MEAL PATTERN
Infant Menu Record for Infants 0 through 5 Months**

Infant's Full Name: _____

Infant's DOB: _____

Please record specific food items offered to infant each day

Note: Iron-fortified infant formula or breast milk are the only required food components for infants age 0 through five months of age
Other food items may be introduced to the infant as developmentally appropriate

Required Components	DATE	DATE	DATE	DATE	DATE
Breakfast 4 to 6 fluid ounces of IFIF or breast milk*					
A.M. Snack 4 to 6 fluid ounces of IFIF or breast milk*					
Lunch 4 to 6 fluid ounces of IFIF or breast milk*					
P.M. Snack 4 to 6 fluid ounces of IFIF or breast milk*					
Supper 4 to 6 fluid ounces of IFIF or breast milk*					

*IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite.

An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components

An Infant Menu Record is required for all infants claimed

Note: Juice is not allowed for infants under age one

Ohio Department of Education
Child and Adult Care Food
Program
NEW MEAL PATTERN
Infant Menu Record
Infants 6 through 11 Months

Site/Room: _____

Infant's Full Name: _____

Month: _____ Year: _____

Infant DOB: _____

Please record specific food items offered to infant each day

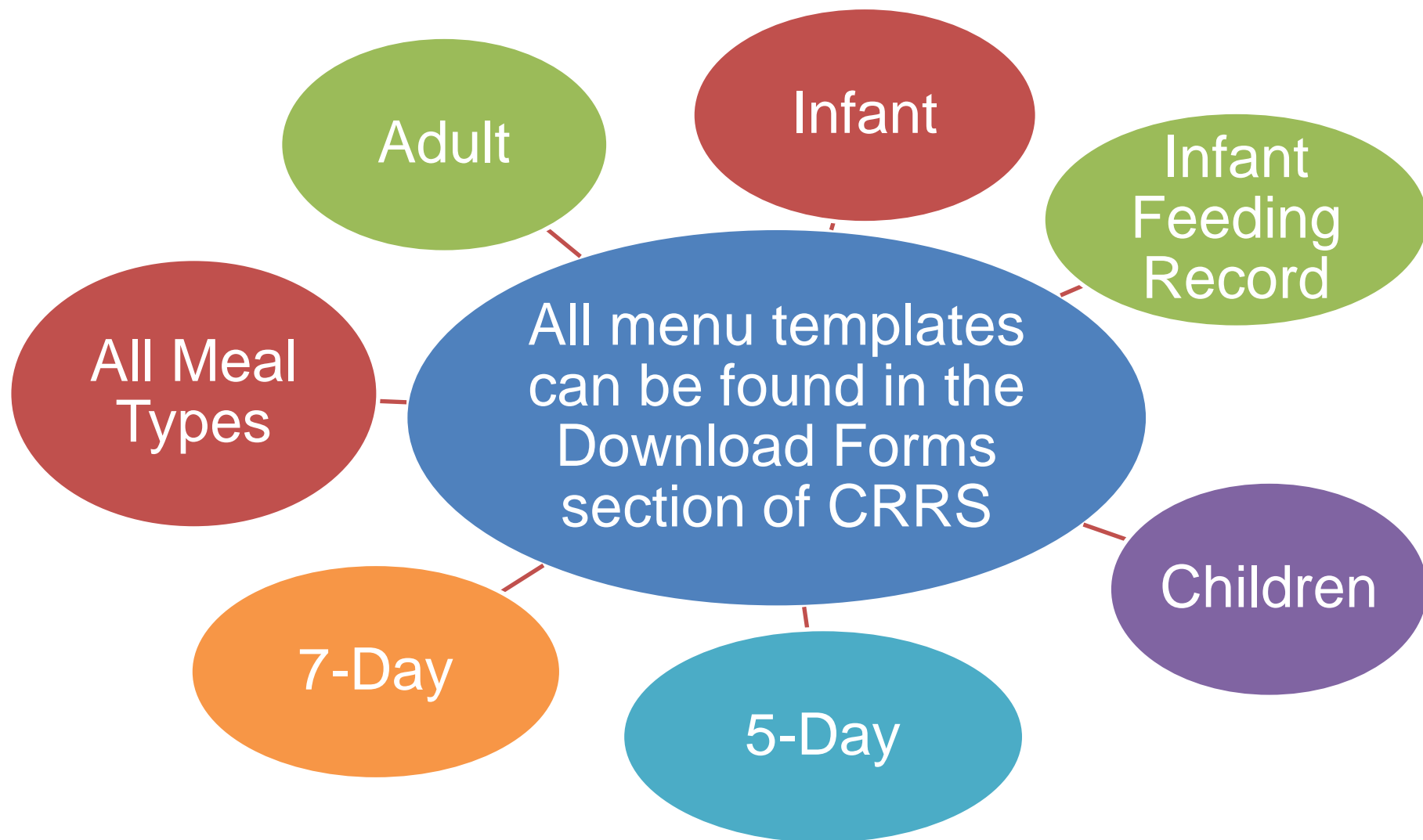
Required Components	Date:	Date:	Date:	Date:	Date:
Breakfast 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination					
A.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination					
Lunch 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination					
P.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination					
Supper 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-4 Tbsp. vegetable, fruit or a combination					

IFIF: Iron-fortified Infant Formula. Use BF* if mother breastfed infant onsite. An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components

An Infant Menu Record is required for all infants claimed

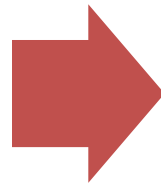
Note: Juice is not allowed for infants under age one

Menus



Total Attendance

For each classroom, add together the total attendance each day to get the classroom's total monthly attendance



Add the total monthly attendance of each classroom together to get the total attendance for the site

Daily Attendance Record for: December (month/year)

Classroom: Sunflowers

Teacher: Karen Jones

Age range: Pre-K

#	Name of Student (first & last)	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	Brown, Sarah	A	X	X	X			A	X	X	X	X			A	X	X	X	X			A	X	X	A					A	X	X	X
2	Carmen, Brandon	X	A	X	X			X	X	X	X	X			X	A	A	X	X			X	X	X	X					X	X	X	A
3	Chung, Kim	X	X	X	X			X	X	X	X	X			X	X	A	X	X			X	X	X	A					X	X	X	X
4	Clark, Bryan	X	X	X	X			X	X	X	X	X			X	X	X	X	A			X	X	X	A					A	A	A	A
5	Collins, Lakesha	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X					A	A	A	A
6	Day, Allam	X	X	A	X			X	X	X	X	X			X	A	A	X	A			X	X	X	X					X	X	X	X
7	Hall, Holden	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	A					X	X	X	X
8	Martinez, Jose	X	X	X	A			A	A	A	X	X			X	X	X	X	X			X	X	X	X					A	A	A	A
9	Mohammed, Eli	X	X	X	A			X	X	X	X	X			X	X	X	X	X			X	X	X	A					X	X	X	X
10	Roberts, Makya	X	X	X	X			X	A	X	X	X			X	X	X	X	X			X	A	A	X					X	X	X	X
11	Prince, Sir	X	X	X	X			X	X	X	X	X			A	A	X	X	X			X	X	X	A					X	X	X	X
12	Johnson, Malik	X	A	X	X			X	X	A	A	X			X	X	X	X	X			X	X	X	A					A	A	A	A
13	Simms, Neveah	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X					X	X	X	X
14	Wilson, Ronnetta	X	A	X	X			X	A	X	X	X			X	A	X	X	X			X	A	X	X					A	A	A	A
15																																	
16																																	
17																																	
18																																	
19																																	
20																																	
TOTAL DAILY ATTENDANCE		13	11	13	12			12	11	12	13	14			12	10	11	14	12			13	12	13	7				8	9	9	8	

249 days total

CACFP Enrollment Forms



Enrollment Forms

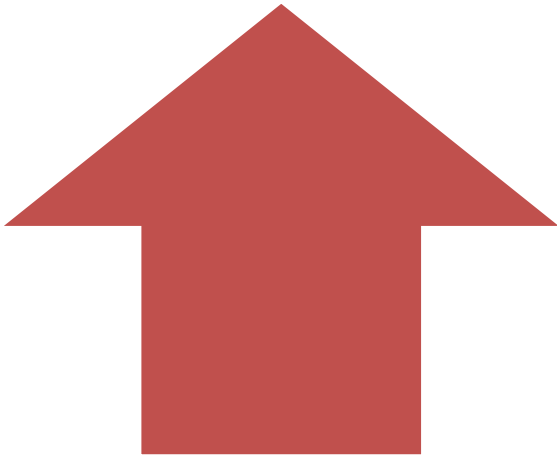
Required

- Child care centers
- Adult care centers
- Head Start centers

Not Required

- ASAR
- Youth Development
- Emergency Shelters

Enrollment Forms



Enrollment Forms are only valid for 12 months and must be completed annually by parent



Ohio Department of Jobs and Family Services Child Enrollment/Health Information Form cannot be used for the CACFP enrollment form

Reminders

Enrollment Forms

- Distribute enrollment forms at same time as income forms
- If center creates a form, it must be approved by the state agency

Reminders

Enrollment Forms

- List one participant per form
- Parent/guardian must complete form to include days and hours normally in care and meals normally received while in care
- If child's schedule changes frequently, check the box on the form

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(c) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

Sunshine Child Care

CHILD'S NAME

(please print) *ANNIE JONES*

AGE

5

BIRTHDATE

9 / 4 / 2009
month / day / year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓		✓		
Tuesday	✓	7:00 am			6:00 pm			✓		
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm			✓		
Thursday	✓	7:00 am			6:00 pm			✓		
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm			✓		
Saturday										
Sunday										

☐ Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

SIGNATURE OF

PARENT/GUARDIAN *Mary Jones*

DATE

7/13/2019

DAY PHONE

NUMBER *(614) 222-3344*

MAILING ADDRESS:

STREET /APT.

123 Park St.

CITY

Columbus

ZIP CODE

43215

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW,

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 10/2019

MEAL COUNTS



Types of Meals and Snacks

Meals

- Breakfast
- Lunch
- Supper

Snacks

- AM Snack
- PM Snack
- Evening Snack

Claiming Meals and Snacks



All meal types
must be approved

All meal changes
must be pre-
approved

Claiming Meals and Snacks

Two meals and
one snack or
two snacks and
one meal

- Child Care
- Adult Care
- Head Start
- Youth Development

One meal
and/or one
snack

- After School At Risk

Three meals

- Emergency Shelter
- Homeless Shelter

Second Meals?

The goal is to provide one meal/snack per child/participant per meal type.

Serving second meals should not occur often

Second meals or snacks must be served as a complete unit

Second meals cannot be claimed when serving family style meals or infants.

Point of Service Meal Counts



Mark the
meal count
sheets while
participants
eat

Total Number Meal Count

Record count by number served

Used when only claiming two meals and one snack OR two snacks and one meal

MEAL COUNT RECORD

Classroom/Teacher						Month/Year			
	MEAL:			MEAL:			MEAL:		
	Children			Children			Children		
Date	First	Second	Prog. Adults	First	Second	Prog. Adults	First	Second	Prog. Adults
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Meal Count by Individual Name

Record count by individual's name

Required method if claiming more than two meals and one snack OR two snacks and one meals per person per day

Required method for infants one year or younger

Must code meal count form by person to show which specific meals/snacks will/will not be claimed

Sample: Meal Count for Infants under 12 months old

INFANT MEAL COUNT RECORD BY INDIVIDUAL CHILD

- Ohio CACFP policy is that infant (under one year of age) meal counts be recorded by individual child's name. Meals/snacks must meet the infant meal pattern requirements to claim reimbursement.
- This is a meal count form not an attendance form.
- Infants 0 - 7 months of age who are not developmentally ready for other foods: center may claim for meals/snacks containing only parent provided bottled breast milk or IFIF provided by parent or center.
- Infants 4 - 11 months of age who are developmentally ready for other foods: center may claim if they provide the minimum quantity of at least one other required meal components of the meal pattern.
- Column *Formula by Center* or *Food by Center*. Check appropriate column (s) if the center provided the formula or food item(s) for each child
- Record and "X" under the meal type (breakfast, lunch, pm snack) if a claimable meal/snack was served to the infant

Month: APRIL Year: 2014			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY				
Week of: 4/1/14 - 4/4/2014			Formula by Center	Food by Center	Breakfast	Lunch	PM Snack	Breakfast	Lunch	PM Snack	Breakfast	Lunch	PM Snack	Breakfast	Lunch	PM Snack			
Classroom: INFANTS																			
Teacher: SALLY JONES																			
CHILD'S NAME	Age (in months)	Birth Date																	
Adams, Joseph	11	4/22/2013	X	X				X	X	X	X	X	X	X	X	X			
Brown, Sarah	5	10/16/2013	X	X				X	X	X	X	X	X	X	X	X			
Matthews, Rachel	3	1/18/2014	X	X				X	X		X	X	X		X				
Robertson, Jill	9	6/19/2013		X				X	X	X		X	X		X	X			
Williams, Brian	4	12/3/2013	X	X				X			X	X			X	X			
DAILY CLAIMABLE MEAL COUNT TOTALS								5	4	3	4	5	4	3	5	3	4	5	4
MEAL COUNT TOTALS FOR PAGE (WEEK)		BREAKFAST 16		LUNCH 19		PM SNACK 14													

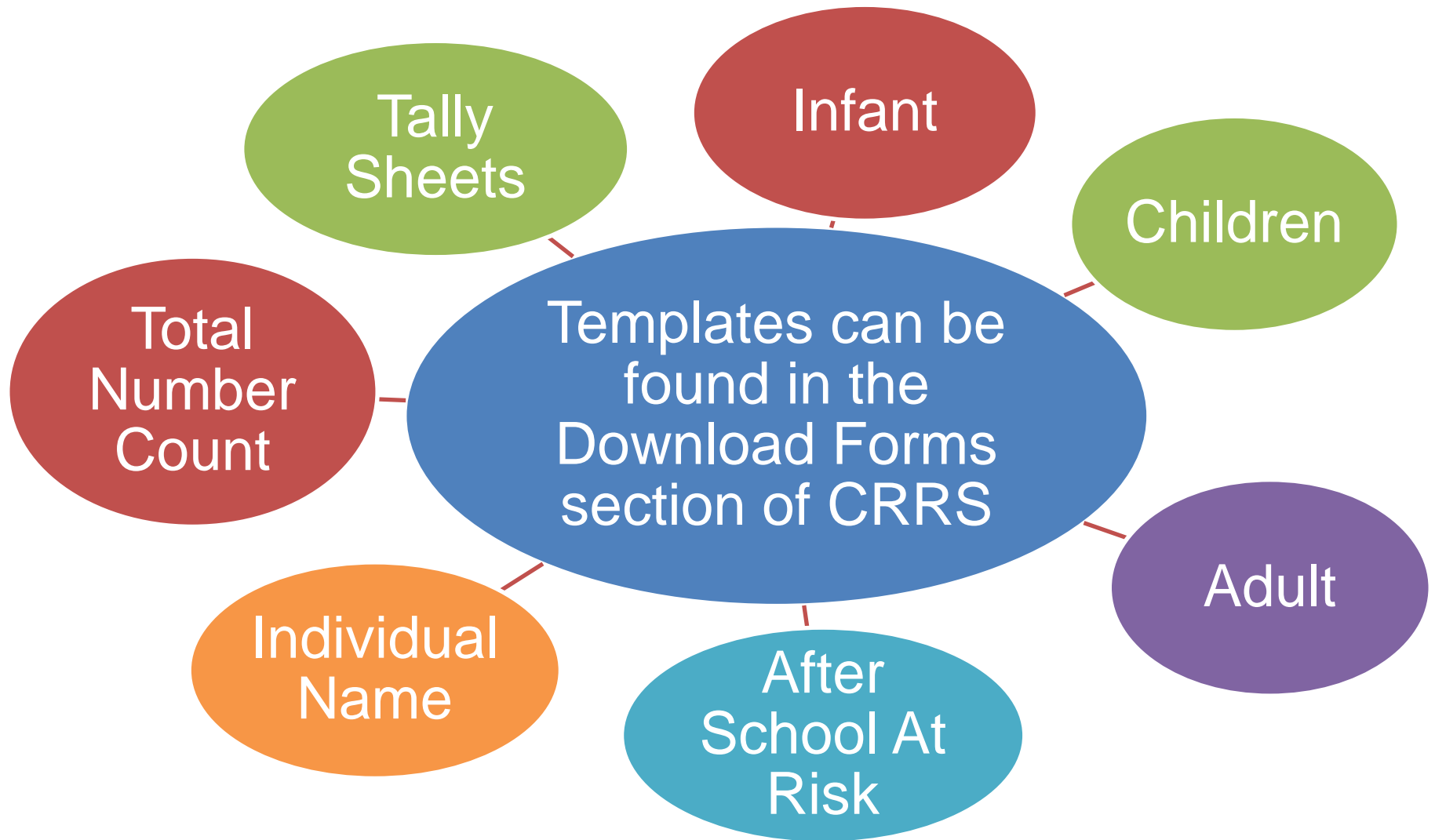
Sample: Meal Count by Individual

CHILDREN'S MEAL COUNT BY INDIVIDUAL NAME FORM
(Use Other Form for Infants)

- To be used by sponsors who are approved to serve more than 2 meals and 1 snack OR 2 snacks and 1 meal per day. Also for sponsors who may be requested to record meal counts by individual child.
- Record all creditable meals served to each child for the day by entering an "X". Before submitting the monthly claim, center administration must circle the meal/snack that will not be claimed if the total served to the child is over 2 meals and 1 snack OR 2 snacks and 1 meal.

MO.: <u>APRIL</u> YR: <u>2014</u>	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY									
WEEK OF: <u>4/1/2014</u> - <u>4/1/2014</u>																														
CLASSROOM: <u>TODDLERS</u>																														
TEACHER: <u>JANE SMITH</u>																														
CHILD'S NAME	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack						
Anderson, Randall							X	X	X	X			X	X	X	X				X	X	X	X							
Billingsly, James							X	X	X	X			X	X	X	X			X	X	X	X								
May, Frank							X	X	X	X			X	X	X	X			X	X	X	X								
Robertson, Kyle							X	X	X	X			X	X	X	X			X	X	X	X								
Washington, Samuel							X	X	X	X			X	X	X	X			X	X	X	X								
Westerson, Peter							X	X	X	X			X	X	X	X			X	X	X	X								
DAILY MEAL COUNT TOTALS							2	0	6	6	4	0	1	0	6	6	5	0	0	0	6	6	0	0	0	0	6	6	6	0
MEAL COUNT TOTALS FOR PAGE (WEEK)	BREAKFAST		3		AM SNACK		0		LUNCH		24		PM SNACK		24		SUPPER		21		EVENING SNACK		0							

Meal Count Templates



Meal Count Recordkeeping



Meal count and attendance records
are not the same

Meal count records reflect the meals
and snacks served in one month

Meal count records must be
consistent with time in/out records

Double check for accuracy

Meal Count Recordkeeping



Record meals as they are being served or during the meal
Record staff meals (DO NOT CLAIM)
Meal count records reflect only <u>one</u> calendar month
Total meal counts at bottom of meal count form

Questions?





Receipts/ Invoices

Itemized to
identify food,
non-food and
non-allowable

Totals for each
category

Receipts/ Invoices

What's allowable and not allowable?



Allowable Type Items

Food components on menu

Non-food items used exclusively in meal prep, service and clean up

Pro-rated non-food items used in both food service and other business areas

Non-Allowable Items



Food items not on the menu or not served as part of the meal or snack

Non-food items that are not reasonably pro-rated to reflect multi-purpose use

Non-food items that do not relate to the food service

Definite Non-Allowable Items



- ✓ Toilet Paper
- ✓ Facial Tissue
- ✓ Baby Wipes
- ✓ Diapers
- ✓ Personal Items
- ✓ Toys, Books, etc.

Activity #1: Receipts

Use the receipt on the next screen to itemize food, non-food and not allowable costs

- TAX: It is an option of the FOR-PROFIT agency to include or exclude sales tax as a cost. If included, it must be pro-rated to only apply to claimable food service related items.

Food = \$47.76

Non-Food = \$29.94
+\$2.02 TAX
\$31.96 TOTAL

Add signature and quantity of milk

Sally Smith

11 Milk

Sam's CLUB

Savings Made Simple

CLUB MANAGER MIKE WALKER
(614) 476 - 4224
COLUMBUS, OH
Visit SamsClub.com
05/13/13 11:33 1475 6307 006

W MEMBER 101-***** 2629

THANK YOU,
CENTER

537777	MM	FM	PLATE		
537777	MM	FM	PLATE		
537777	MM	FM	PLATE		
909303	MM	FM	PLATE		
553900	EGG	WAFFLES	F	9.98	T - NF
553900	SKIM	MILK	F	9.98	T - NF
553900	SKIM	MILK	F	9.98	T - NF
553900	SKIM	MILK	F	2.42	N
553799	REITER	OJ	F	2.42	N
553799	REITER	OJ	F	2.42	N
553799	REITER	OJ	F	2.42	N
553799	REITER	OJ	F	3.72	N
553799	REITER	OJ	F	3.72	N
553806	WHOLE	MILK	F	3.72	N
				16.94	N
				77.70	
				2.02	
				79.72	
				79.72	

TAX 1 SUBTOTAL 6.750 %

ACCOUNT #

APPROVAL # 02946S

TERMINAL # MX124749

MCARD TEND

Food



Sally Smith

Savings Made Simple

CLUB MANAGER MIKE WALKER
(614) 476 - 4224
COLUMBUS, OH
Visit SamsClub.com

06/16/13 13:21 1244 6307 010

W MEMBER 101-*****

THANK YOU,
LEARNING CENTER

930636 COPY PAPER
656012 LYSOL 3PK
743078 DOVE BW
271150 HAND SANI
6248 GAIN 2250Z
916198 FRZR GAL BA
104575 ME READER
375085 WINDEX MULT
271303 CLOROX WIPE
813953 PG40/CLI41
57996 SR WIPES
INST SV WINDEX MULT
IT SV LYSOL 3PK
INST SV DOVE BW

SUBTOTAL
TAX 1 6.750 %
MCARD TEND

ACCOUNT #
APPROVAL # 06299Z
TERMINAL # MX124748

28.88 T - NF @ 25%
13.28 T - NF @ 50%
12.98 T - N/A
6.98 T - NF @ 50%
20.48 T - N/A
11.88 T - NF @ 100%
16.58 T - N/A
9.98 T - N/A
11.98 T - NF @ 50%
54.88 T - N/A
15.98 T - N/A
2.00-N
2.00-N
3.00-N
196.88
13.76
210.64
210.64

Food = \$0
Non-Food =

\$28.88 @ 25% = \$7.22

\$32.24 @ 50% = \$16.12

\$11.88 @ 100% = \$11.88

Subtotal \$35.22

TAX: \$35.22 x 6.750% = \$ 2.38

NON-FOOD TOTAL \$37.60

Itemizing Receipt Tips



Purchase Food and Non-Food Items on Separate Receipts.

Don't Purchase Non-Allowable items at the same time as Food Program items

Food/ Non-Food Cost Worksheet

This form is required to document and organize costs submitted on the monthly claim.

Food/Non-Food Cost Worksheet

Use this form to document and organize costs submitted on the monthly CACFP claim and to record the amount of milk purchased on each receipt. If self-preparing any meals or snacks, use the monthly forms provided in the annual inventory packet to record and determine costs for October and September.

OHIO CACFP	YEAR: _____	CIRCLE CLAIM MONTH:					Number gallons of milk purchased on receipt		
		NOV	DEC	JAN	FEB	MAR			
		APR	MAY	JUN	JULY	AUG			
RECEIPT DATE	NAME OF COMPANY PURCHASED FOOD/NON-FOOD ITEMS FROM	RECEIPT TOTAL FOR ALLOWABLE FOOD ITEMS		RECEIPT TOTAL FOR ALLOWABLE NON-FOOD ITEMS		Whole milk (1 yr. olds)	Skim milk (2 yrs. of age and older)	1% milk (2 yrs. of age and older)	
10/4/13	Example – Giant Eagle	Example: \$276.95		Example \$89.75		ex. 3	ex. 12	ex. 0	
		+\$		+\$					
		+\$		+\$					
		+\$		+\$					
		+\$		+\$					
		+\$		+\$					

Food/ Non-Food Cost Worksheet

		+\$	+\$			
		+\$	+\$			
		+\$	+\$			
		+\$	+\$			
		+\$	+\$			
TOTAL OF ALL MONTHLY RECEIPTS EQUAL= ACTUAL COST FOR CLAIM MONTH		=\$*	=\$**	*** TOTAL GALLONS		

Daily Time Log Sheet

Employee Name	Check One	Program/Food Preparation Labor
Position		Administrative Labor
Month	Year	

Date	B = Breakfast AM = AM Snack L = Lunch PM = PM Snack S = Supper E = Evening Snack	Describe CACFP Activity	Round Time to Nearest 5 Minute		Daily Total in MINUTES Worked on CACFP
			Begin Time	End Time	
1					
2					
3					

Daily Time Log Sheet: Totals and Certification

30					
31					
Total MINUTES Worked in Month					
TOTAL CACFP HOURS WORKED IN MONTH (Total Minutes divided by 60, carry out to 2 decimals)					
Total CACFP Hours Worked _____ X Hourly Wage \$ _____ = Total Claimable Labor Costs \$ _____					
Employee Signature		Date		Signature of Administrator	
				Date	

Post Test: True or False

1. To determine the daily attendance for the month, the total meal counts for the month are added together.

FALSE

Daily attendance is adding together the monthly attendance not meal counts.

Post Test: True or False

2. Enrollment forms are valid for 12 months.

TRUE

Enrollment forms are to be completed annually.

Post Test: True or False

3. You can use the Job and Family Services enrollment form for the food program's enrollment form.

FALSE

Only Child and Adult Care Food Program approved enrollment forms may be used.

Post Test: True or False

4. Meal counts can be recorded while the children are napping.

FALSE

Meal counts are to be recorded during the meal service/point of service.

Post Test: True or False

5. All meals and snacks served can be claimed for reimbursement per participant per day as long as they are recorded.

FALSE

Can only claim up to two meals and one snack or two snacks and one meal per child per day.

Post Test: True or False

6. Staff meals are recorded for cost purposes but are not reimbursed.

TRUE

Staff meals are not reimbursed.

Claim Submission Due Dates

Ohio final submission deadline is 45 days from the last day of the month being claimed.



NOTE: Institutions/agencies may request a One-time exception that is granted only once in a 36-month period.

Recordkeeping Tips

- ✓ Itemize and record food receipts immediately
- ✓ Make copies of grocery store receipts - staple the original to the copy
- ✓ Check and recheck calculations prior to entering the claim
- ✓ Keep documents in a locked file cabinet/ drawer
- ✓ Ask Questions!





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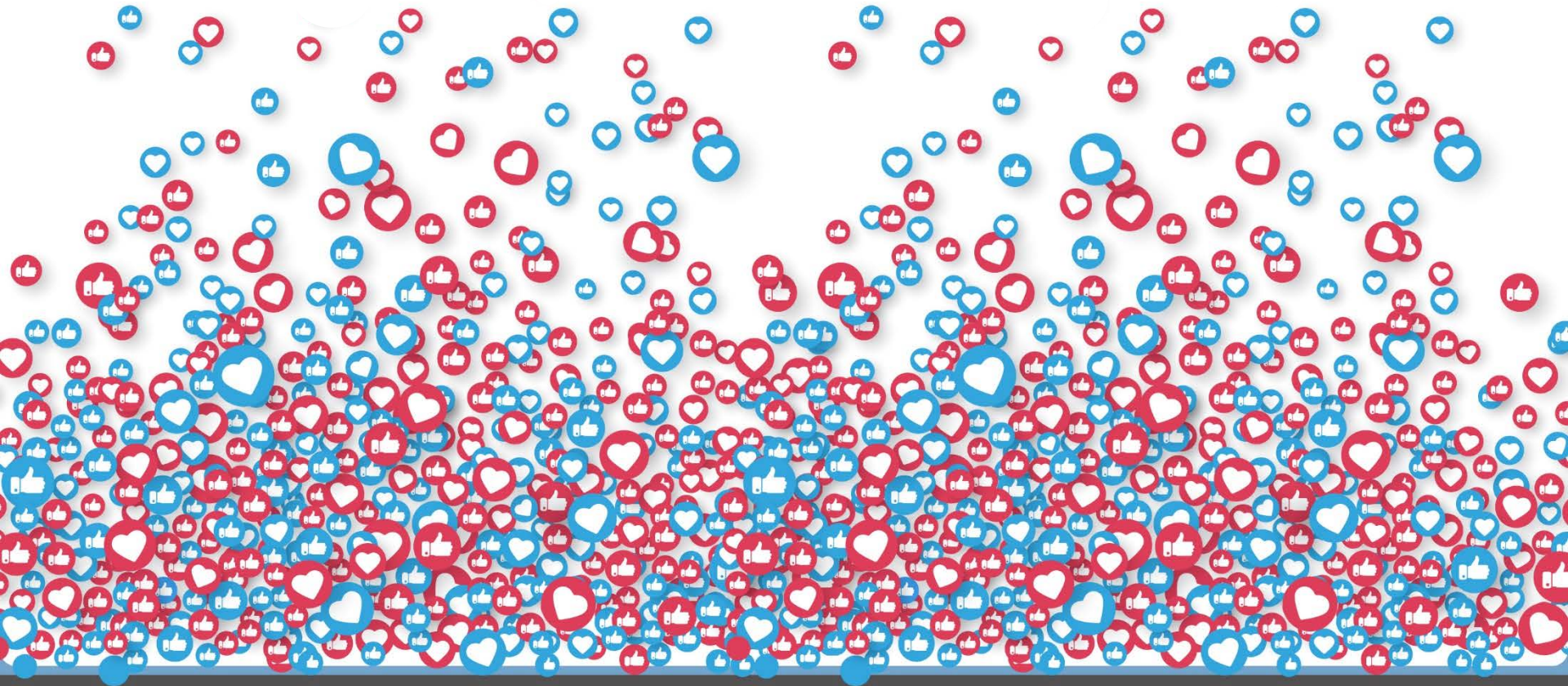
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