

Michigan Department of Education  
Grants Coordination and School Support  
Child and Adult Care Food Program  
(CACFP)

# Record Keeping

# Agenda

## A.M. Session

9:00 – 12:00 Record Keeping Requirements

12:00 – 1:00 Lunch Break

## P.M. Concurrent Sessions

1:00 – 1:45 Building Menus

1:00 – 1:45 Sponsoring Organization  
Responsibilities

1:45 – 2:30 Snacks and Suppers in At-Risk  
Areas

1:45 – 2:30 Infant Menus

# Objective

Required records for Child and Adult Care  
Food Program

# CACFP Website

[www.michigan.gov/cacfp](http://www.michigan.gov/cacfp)

# Child and Adult Care Food Program

- United States Department of Agriculture (USDA) federally-funded child nutrition program
- Meal reimbursement program
- Children while in care
- Administered by Michigan Department of Education (MDE)

# Meal Reimbursement Rates

**July 1, 2008 – June 30, 2009**

<b>Category</b>	<b>Breakfast</b>	<b>Lunch/Supper</b>	<b>Snack</b>
A	\$1.40	\$2.57	\$ .71
B	\$1.10	\$2.17	\$ .35
C	\$ .25	\$ .24	\$ .06

An additional \$ .2075 cash-in-lieu of commodities is paid for each lunch and supper.

# Annual Requirements

- Submit application
- Staff training
- Procurement documentation
- Income eligibility statements
- Enrollment
- Media release
- Civil rights

# Submit Annual Application

- Child Nutrition Application Program (CNAP)
- [www.michigan.gov/meis](http://www.michigan.gov/meis)
- Due October 1 each year
- Submit attachments

# Staff Training

- Train key staff on CACFP requirements at least once per year
- Train new staff on CACFP requirements before assuming CACFP duties
- Document all training (date, location, CACFP topics covered, names of staff)
- Annual Staff Training Checklist, page 8

# Procurement Documentation

- Small Method of Procurement – annual CACFP purchases under \$100,000
  - Annual Procurement Form, page 10
- Large Method of Procurement – annual CACFP purchases over \$100,000
  - Invitation To Bid

# Income Eligibility Statements (IES)

- “Dear Parent/Guardian” letter, page 11
- IES for each child claimed in Category A/B, page 12
- Form valid twelve months
- Income Eligibility Guidelines, page 13
- IES Simplified, page 14
- Not required for Head Start, Even Start, Category C, Emergency Shelter, Afterschool At-Risk Snack/Suppers



# Income Eligibility Guidelines

Michigan Department of Education  
Child and Adult Care Food Program (CACFP)

## Income Eligibility Guidelines July 1, 2008 - June 30, 2009

Family Size	Category A		Category B		Category C	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	0-\$13,520	0-\$1,127	\$13,521-\$19,240	\$1,128-\$1,604	\$19,241	\$1,605
2	0-\$18,200	0-\$1,517	\$18,201-\$25,900	\$1,518-\$2,159	\$25,901	\$2,160
3	0-\$22,880	0-\$1,907	\$22,881-\$32,560	\$1,908-\$2,714	\$32,561	\$2,715
4	0-\$27,560	0-\$2,297	\$27,561-\$39,220	\$2,298-\$3,269	\$39,221	\$3,270
5	0-\$32,240	0-\$2,687	\$32,241-\$45,880	\$2,688-\$3,824	\$45,881	\$3,825
6	0-\$36,920	0-\$3,077	\$36,921-\$52,540	\$3,078-\$4,379	\$52,541	\$4,380
7	0-\$41,600	0-\$3,467	\$41,601-\$59,200	\$3,468-\$4,934	\$59,201	\$4,935
8	0-\$46,280	0-\$3,857	\$46,281-\$65,860	\$3,858-\$5,489	\$65,861	\$5,490

For each additional family member add:

\$4,680	\$390	\$6,660	\$555	\$6,661	\$556
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# Income Eligibility Statements Simplified

Michigan Department of Education  
Child and Adult Care Food Program

## Income Eligibility Statements Simplified

<p style="text-align: center;"><b>Food Stamp/FIP/FDPIR Category A</b></p> <p><b>Part 2</b></p> <ul style="list-style-type: none"> <li>Names of enrolled children</li> <li>Food Stamp/FIP/FDPIR case number</li> </ul> <p><b>Part 4</b></p> <ul style="list-style-type: none"> <li>Signature of adult household member</li> </ul> <p><b>Institution</b></p> <ul style="list-style-type: none"> <li>Signature of official</li> <li>Approval date</li> <li>Approved category</li> </ul>	<p style="text-align: center;"><b>Category A</b> No form required</p> <p style="text-align: center;"><b>Head Start and Even Start</b></p> <ul style="list-style-type: none"> <li>Children enrolled in Head Start or Even Start (need documentation from Head Start or Even Start official that child is currently enrolled in Head Start or Even Start)</li> </ul> <p style="text-align: center;"><b>At-Risk Afterschool Snack/Suppers</b></p> <ul style="list-style-type: none"> <li>Children in CACFP-approved afterschool programs in at-risk areas</li> </ul> <p style="text-align: center;"><b>Emergency Shelters</b></p> <ul style="list-style-type: none"> <li>Children in CACFP-approved emergency shelters</li> </ul>
<p style="text-align: center;"><b>All Other Households (qualified by income) Category A, B, or C</b></p> <p><b>Part 3</b></p> <ul style="list-style-type: none"> <li>Names of all household members</li> <li>Income for each adult household member</li> </ul> <p><b>Part 4</b></p> <ul style="list-style-type: none"> <li>Signature of adult household member</li> <li>Social Security number of adult signing the form</li> </ul> <p><b>Institution</b></p> <ul style="list-style-type: none"> <li>Signature of official</li> <li>Approval date</li> <li>Approved category</li> </ul>	<p style="text-align: center;"><b>Foster Child (qualified by child's income)</b></p> <p><b>Part 1</b></p> <ul style="list-style-type: none"> <li>Name of foster child</li> <li>Child's personal use income</li> </ul> <p><b>Part 4</b></p> <ul style="list-style-type: none"> <li>Signature of adult household member</li> </ul> <p><b>Institution</b></p> <ul style="list-style-type: none"> <li>Signature of official</li> <li>Approval date</li> <li>Approved category</li> </ul>
	<p style="text-align: center;"><b>Category C</b></p> <ul style="list-style-type: none"> <li>Over income for Category B</li> <li>Incomplete form</li> <li>No form</li> </ul>

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# Enrollment Information

- Child's name
- Child's normal days and hours in care
- Meals child receives while in care
- Parent or guardian signature
- Date form was completed
- Child Enrollment Form, page 15

# Child Enrollment Form

Return this completed form to: *(insert institution's name, address & telephone number)*

## Child Enrollment Form

### Instructions:

1. List full name of children enrolled in care
2. Circle the typical days each child is in care
3. List times each child is in care
4. Circle the meals and snacks each child typically receives while in care
5. Select the ethnicity of each child using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino\*
6. Select one or more racial designations of each child using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White\*
7. Sign and date the form and return to your child care center

Child's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

\* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

In accordance with Federal law and U. S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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# Media Release

Public announcement of participation in  
the CACFP by MDE

# Civil Rights

- Collect and compile ethnic/race data
- Include USDA nondiscrimination statement
- Display “And Justice for All” poster
- Train staff
- Civil Rights E-Learning Course
- Civil Rights Handout, pages 16-17

# Ethnicity and Racial Beneficiary Data Form

Michigan Department of Education  
Child and Adult Care Food Program

## Ethnicity and Racial Beneficiary Data Form

\_\_\_\_\_  
Name of Center                      Fiscal Year                      Name of School District

List the number of potentially eligible beneficiaries by ethnicity for the school district:

\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

List the number of potentially eligible beneficiaries by race for the school district:

\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White

Complete the following ethnicity and race information:

Ethnicity	Hispanic or Latino	Not Hispanic or Latino
Total Applicants		
Current Enrollees		

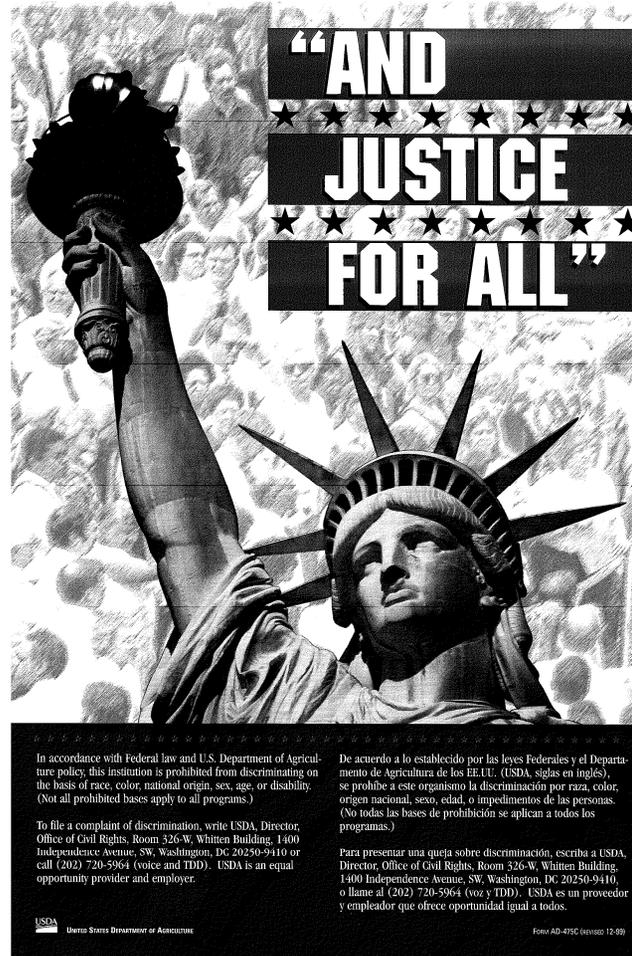
Race	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
Total Applicants						
Current Enrollees						

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# Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# And Justice For All poster



# Civil Rights Training Topics

- Collection and use of data
- Effective public notification systems
- Complaint procedures
- Compliance review techniques
- Resolution of non-compliance

# Civil Rights Training Topics (continued)

- Reasonable accommodation of persons with disabilities
- Requirements for language assistance
- Customer service
- Conflict resolution

# Annual Requirements – Sponsoring Organizations Only

- Site monitoring
- Parent notification of benefits of CACFP  
(not required for at-risk or emergency  
shelters)
  - Parent Information Sheet, page 21

# Annual Requirements

- Submit application
- Staff training
- Procurement documentation
- Income eligibility statements
- Enrollment
- Media release
- Civil rights

# Monthly Requirements

- Maintain documentation of records to support claim
- Submit claim for reimbursement and amendments, if applicable

# Maintain Records to Support Claim

- Menus – 1 year and over
- Menus – infants
- Meal attendance
- Center attendance
- Proof of residency (emergency shelters only)

# Maintain Records to Support Claim

- Average daily attendance
- Documentation of costs
- Program income
- CH-151 forms or Income Eligibility Statements
- Reimbursement Claim (SM-4213-C) and any amendments
- Proof of CACFP reimbursement

# Menus – 1 Year and Over

- Meal Pattern Requirements
- Menu Record
- Substitutions

# Meal Pattern Requirements

- Meal Pattern Requirements, page 22
- Non-Creditable Foods, page 23

# Menu Record

- Month, day, and year
- Site/room, if applicable
- One calendar month
- Meal types
- Food components
- USDA nondiscrimination statement
- Sample Menu Record, page 24

# Infant Menus

- Infant Menu Record for
  - 0 through 3 months
  - 4 through 7 months
  - 8 through 11 months
- Infant Meal Pattern Requirements
- Formula/Food Sign-off Statement

# Menu Substitutions

- Menu changes
- Menu Substitution Log, page 25

# Medical Exception Statements

- Fiscal Year 2007 Operational Memo #13, pages 26-28
- Medical Exception Statement for Food Substitution, pages 29-30

# Meal Attendance

- Meal Attendance, page 31
- Program Adult Meal Attendance, page 32
- Meal Attendance Summary Record, page 33

# Average Daily Attendance

Average Daily Attendance Record,  
page 34

# Documentation of Costs

- Food
- Non-food supplies
- Administrative
- Food service labor
- Indirect
- Depreciation

# Food

- Itemized receipts
- Billings
- Inventory Records
- Food Costs Instructions, page 35

# Food Costs

Michigan Department of Education  
Child and Adult Care Food Program

## Food Costs

Report the monthly cost of food and meals purchased or used, plus any costs of processing, distributing, transporting, storing or handling food on each claim. Beginning inventory + food purchased – ending inventory = cost of food used.

- Report food costs for meals and snacks claimed. Do not include food costs for unapproved meals and snacks.
- Costs must be supported by receipts/billings. Receipts/billings must show the date, vendor name, each item and its price.
- Summarize food and non-food costs each month on the Summary of Costs form.

### Sample Receipts

Thrifty Mart's Mart	
bread	1.39
<del>candy (bag)</del>	<del>3.59</del>
bread	1.39
milk	1.89
milk	1.89
canned corn	15.79
beans	16.79
corn	15.79
plums	23.98
napkins NF	3.49
dish soap NF	4.22
bleach NF	.93
<del>facial tissue</del>	<del>4.69</del>
<del>bathroom tissue</del>	<del>12.00</del>
<del>coffee</del>	<del>7.99</del>
<del>crayons</del>	<del>4.59</del>
eggs	4.62
beans	15.79
corn	16.79
plums	23.98
Total	178.59
Thank you 10/01/20XX	

Corner Shop 10/08/XX		
groc	catsup	2.29
groc	pasta	2.79
groc	sour cream	1.83
groc	sour cream	1.83
groc	corn	2.69
groc	green beans	5.79
groc	pancake mix	4.83
dairy	orange juice	2.79
dairy	cheese	21.79
	plates NF	1.98
groc	bread	2.29
groc	red beans	1.79
groc	jelly	.83
groc	jelly	.83
groc	crackers	2.69
Total		68.92

Delivery Dan's Quality Beef and Poultry 10/15/XX		
Ground Beef	5 @ 1.79	\$8.95
Chicken	7 @ 1.99	\$13.93
Stew Beef	5 @ 2.49	\$12.45
Beef roast		\$7.99
Turkey		\$21.96
Meat balls	4 @ 12.39	\$49.56
Frozen fish		\$12.29
Totals		\$127.13

Daisy Dairy 10/30/XX	
October Milk Delivery	
Time 2 Play CCC	
31 Gallons Milk	
@ \$2.39 per gallon	\$74.09

Mr. Kleen October 5, 20XX	
dishwashing soap NF	\$18.32
kitchen sanitizer NF	\$32.55
Total	\$50.87

NF = Non-food

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# Non-Food supplies

- Itemized receipts
- Billings
- Inventory Records
- Non-Food Costs Instructions, page 36

# Non-Food Costs

Michigan Department of Education  
Child and Adult Care Food Program

## Non-Food Costs

Report the cost of non-food supplies purchased or used, plus the cost of distributing, transporting, or storing non-food supplies. Non-food supplies include small kitchen equipment, paper goods (such as napkins and plates) and cleaning supplies used directly for the food service operation.

- Report non-food costs for meals and snacks claimed. Do not include non-food supplies used for unapproved meals and snacks.
- Costs must be supported by receipts/billings. Receipts/billings must show the date, vendor name, each item and its price.
- Summarize food and non-food costs each month on the Summary of Costs form.

### Sample Receipts

Thrifty Mart's Mart	
bread	1.39
<del>candy (bag)</del>	<del>3.59</del>
bread	1.39
milk	1.89
milk	1.89
canned corn	15.79
beans	16.79
corn	15.79
plums	23.98
napkins NF	3.49
dish soap NF	4.22
bleach NF	.93
<del>facial tissue</del>	<del>1.69</del>
<del>bathroom tissue</del>	<del>12.00</del>
<del>coffee</del>	<del>7.99</del>
<del>crayons</del>	<del>4.59</del>
eggs	4.62
beans	15.79
corn	16.79
plums	23.98
Total	178.59
Thank you 10/01/20XX	

Corner Shop 10/08/XX	
groc	catsup 2.29
groc	pasta 2.79
groc	sour cream 1.83
groc	sour cream 1.83
groc	corn 2.69
groc	green beans 5.79
groc	pancake mix 4.83
dairy	orange juice 2.79
dairy	cheese 21.79
plates NF	1.98
groc	bread 2.29
groc	red beans 1.79
groc	jelly .83
groc	jelly .83
groc	crackers 2.69
Total	68.92

Delivery Dan's Quality Beef and Poultry 10/15/XX		
Ground Beef	5 @ 1.79	\$8.95
Chicken	7 @ 1.99	\$13.93
Stew Beef	5 @ 2.49	\$12.45
Beef roast		\$7.99
Turkey		\$21.96
Meat balls	4 @ 12.39	\$49.56
Frozen fish		\$12.29
Total		\$127.13

Daisy Dairy 10/30/XX	
October Milk Delivery	
Time 2 Play CCC	
31 Gallons Milk	
@ \$2.39 per gallon	\$74.09

Mr. Klean October 5, 20XX	
dishwashing soap NF	\$18.32
kitchen sanitizer NF	\$32.55
Total	\$50.87

NF = Non-food

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# Allowable and Non-Allowable Costs

Michigan Department of Education  
Child and Adult Care Food Program

## Allowable and Non-Allowable Costs

### Allowable Costs

(Related to food service)

Appliances under \$5000  
(toaster, blender, small microwave)  
Baby bottles and nipples  
Bibs  
Bleach/sanitizing solution  
CACFP training tools  
Cookbooks  
Cookware (pots, pans, etc)  
Cups  
Dish cloths  
Dish soap  
Food costs for meals/snacks claimed  
Food service equipment replacement  
parts and repairs  
Food storage containers  
Kitchen aprons, hair nets, uniforms  
Laundry soap for washing aprons,  
bibbs, etc.  
Napkins  
Paid staff time spent on food service  
duties  
Paper plates  
Place mats  
Pot holders  
Spray bottles for sanitizing solution  
Table cloths  
Thermometer for refrigerator/freezer  
Trash can and lid for food service  
Utensils (forks, spoons, etc.)

### Non-Allowable Costs

(Not related to food service)

Candy and gum  
Cigarettes  
Classroom activity items  
Clothing  
Coffee and cream  
Diapers  
Facial tissue  
Floral arrangements  
Food costs for meals/snacks not  
claimed or not approved on site  
application  
Food not for day care children  
(parent and/or staff meetings)  
Food served to non-program  
persons  
Hand soap  
Holiday decorations  
Paper towel for bathroom or  
classroom  
Personal purchases  
Pet food  
Pop and bottle deposits  
Toilet paper  
Toothpaste  
Toothbrushes  
Toys  
Value of donated foods  
Volunteer or non-paid staff

This list is not all-inclusive. It reflects frequently asked questions about allowable and non-allowable costs.

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# Administrative

- Time and Attendance/Time Distribution Instructions and form, pages 39-40
- Simple calculation of estimated administrative costs
- Payroll records
- Employee compensation plan

# Time and Attendance/ Time Distribution

Michigan Department of Education  
Child and Adult Care Food Program

## Time and Attendance/Time Distribution

Name Dorothy Director

Month/Year October 20XX

Date	Starting Time	Ending Time	1 Totals Hours Worked*	Total Hours Absent	2 Non-CACFP Hours	3 CACFP Hours (Food Service Labor)	4 CACFP Hours (Administrative)
1	9:00	6:00	8.0		7.0		1.0
2	9:00	6:30	8.5		8.5		
3	9:00	6:00	8.0		8.0		
6	8:00	6:00	9.0		7.5		1.5
7	9:00	6:00	8.0		8.0		
8	9:00	6:00	8.0		8.0		
9	9:00	6:00	8.0		8.0		
10	9:00	6:00	8.0		7.0		1.0
13	9:00	5:00	7.0		6.0		1.0
14	8:30	6:00	8.5		8.5		
15	9:00	6:00	8.0		8.0		
16	9:00	6:30	8.5		8.5		
17	8:00	5:00	8.0		8.0		
20	9:00	5:00	7.0		6.0		1.0
21	9:00	6:00	8.0		8.0		
22	8:00	5:00	8.0		8.0		
23				8.0			
24	9:00	6:00	8.0		6.0		2.0
27	8:30	5:30	8.0		8.0		
28	9:00	6:00	8.0		8.0		
29	9:00	6:00	8.0		7.5		.5
30	7:00	4:00	8.0		8.0		
31	7:30	4:30	8.0		2.0	6.0	
<b>Totals</b>						6.0	8.0

\* 1 hour deducted for lunch

Total CACFP Administrative Time 8.0 x Hourly Rate \$ 12.00 = Administrative Costs \$ 96.00

Total CACFP Direct Labor Time 6.0 x Hourly Rate \$ 12.00 = Food Service Costs \$ 72.00

Employee Signature Dorothy Director Supervisor Signature (certification) Annie Administrator



# Food Service Labor

- Time and Attendance/Time Distribution form, pages 39-40
- Simple calculation of estimated direct labor costs
- Payroll records
- Employee Compensation Plan, page 41

# Indirect Expenses

Indirect Expenses form with receipts,  
page 42

# Depreciation

Developing a Depreciation Schedule,  
page 43

# Documentation of Costs Summary

- Food
- Non-food Supplies
- Administrative
- Food Service Labor
- Indirect
- Depreciation

# Program Income

- Payments received for meals served to children (pricing programs)
- Payments received for meals served to non-program adults and children
- Most institutions will have no program income

# For-Profit Institution Claims

- CH-151 forms
  - Showing at least 25% of the children are eligible for a calendar month
  - By site
- Income Eligibility Statements
  - Showing at least 25% of the children are eligible for a calendar month
  - By site

# Submit Claim for Reimbursement

- [www.michigan.gov/meis](http://www.michigan.gov/meis)
- Instructions for the Center Claim for Reimbursement, pages 44-50
- Claim for Reimbursement Form (SM-4213-C), page 51



# Institution Summary

Child And Adult Care Food Program Claims System

INSTITUTION SUMMARY

Institution:  Fiscal Year: 2009 (October 1, 2007 - September 30, 2009)  
 Claim Month: June

For Institution:

Institution Details

A. General Information		D. Food Service Income	
1. Total number of days food service was provided	30	3. Program Income	0
2. Average daily attendance	0	2. Other Income	0
3. Number of child care centers participating in CACFP	1	4. Total Income	0
4. Total enrollment	0		
C. Food Service Operation And Administrative Costs		E. Food Service Excess	
1. Food	2325	4. Food Service Excess	5277
2. Non-Food Supplies	290	5. Refunds	547
3. Administrative	381	6. Depreciation	0
		7. Total Excess	874

\*\*\* Click Save Button After Entering or Amending Above Data \*\*\*

Save

Show Data Totals

Site Selection

Site:

Site Listing

Category	Breakfasts	Lunches	At-Risk (Excluding At-Risk)	At-Risk (Including At-Risk)	All-Risk Supplies	All-Risk Snacks
A	225	250	200	204	n/a	n/a
B	0	0	0	0	n/a	n/a
C	0	0	0	0	n/a	n/a
Emergency Number	n/a	n/a	n/a	n/a	n/a	n/a
Total All or n/a						
Enter: 01 512 329	Capacity or number of enrolled children (whichever is less)		Number of children receiving benefits		Percentage of children who are beneficiaries	

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# Documents Recommended, But Not Required

- Claim for Reimbursement Worksheet, page 53
- Reimbursement Computation Worksheet, page 54
- Claim Status Report, page 55

# Claim for Reimbursement Worksheet

Michigan Department of Education  
Child and Adult Care Food Program

## Claim for Reimbursement Worksheet

Reimbursement claim for (mo/yr) \_\_\_\_\_

Institution Name \_\_\_\_\_ Agreement Number \_\_\_\_\_

Institution Details Screen

### A. General Information:

1. Total Number of days food service was provided \_\_\_\_\_
2.
  - a. Average daily attendance (enrolled children) \_\_\_\_\_
  - b. Average daily attendance At-Risk Snacks \_\_\_\_\_
  - c. Average daily attendance At-Risk Suppers \_\_\_\_\_
  - d. Average daily attendance Homeless \_\_\_\_\_
3. Number of child care centers participating in CACFP \_\_\_\_\_
4. Total monthly CACFP enrollment \_\_\_\_\_

### B. Food Service Income: (round to nearest dollar)

1. Program Income \_\_\_\_\_
2. Other Income \_\_\_\_\_
3. Total Income \_\_\_\_\_

### C. Food Service Operation and Administrative Costs:

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Food _____               | 5. Indirect _____     |
| 2. Non-Food supplies _____  | 6. Depreciation _____ |
| 3. Administrative _____     | 7. Total Costs _____  |
| 4. Food service labor _____ |                       |

### D. Site Data Entry

Category	Breakfasts	Lunches	Suppers (excluding At-Risk)	Snacks (excluding At-Risk)	At-Risk Snacks	At-Risk Suppers
A						
B						
C						
Homeless						

**If this is a for-profit site, complete line 1 or line 2 of this table.**

	A	B	C
1.	Capacity or number of children enrolled (whichever is less)	Number of children receiving Title XX benefits during the claim month	Percentage of children who are Title XX beneficiaries
2.	Capacity or number of children enrolled (whichever is less)	Number of children approved for F/RP benefits during the claim month	Percentage of children who are approved as F/RP beneficiaries (B ÷ A)

# Reimbursement Computation Worksheet for Institutions

MICHIGAN DEPARTMENT OF EDUCATION  
 Child and Adult Care Food Program  
 Reimbursement Computation Worksheet for Institutions  
 Effective July 1, 2008 through June 30, 2009

Claim Month October Year 20XX

Meal Type	Category	Number of Reimbursable Meals Served	Reimbursement Rate <i>(effective through 6/30/2009)</i>	Meal Reimbursement <i>(Meals Served × Rate)</i>
Breakfast	A*	41	\$1.40	\$57.40
	B	34	\$1.10	\$37.40
	C	105	\$0.25	\$26.25
	<b>1. Total Breakfast Reimbursement</b>			<b>\$121.05</b>
Lunch	A*	121	\$2.57	\$310.97
	B	74	\$2.17	\$160.58
	C	151	\$0.24	\$36.24
	Total # of Lunches	346		
<b>2. Total Lunch Reimbursement</b>			<b>\$507.79</b>	
Supper	A*	82	\$2.57	\$210.74
	B	9	\$2.17	\$19.53
	C	58	\$0.24	\$13.92
	Total # of Suppers	149		
<b>3. Total Supper Reimbursement</b>			<b>\$244.19</b>	
Snack	A*	147	\$0.71	\$104.37
	B	70	\$0.35	\$24.50
	C	244	\$0.06	\$14.64
	<b>4. Total Snack Reimbursement</b>			<b>\$143.51</b>
Cash-In-Lieu	Total # of Lunches	346		
	Total # of Suppers	149		
	<b>Total</b>		<b>cash-in-lieu</b>	
<b>5. Lunches + Suppers</b>		495	0.2075	\$102.71
<b>6. Total Claim Value 1+2+3+4+5</b>			<b>\$1,119.25</b>	
Food Service Operation and Administrative Costs	Food		(Report on claim, Line C-1)	\$558
	Non-Food Supplies		(Report on claim, Line C-2)	\$53
	Administrative		(Report on claim, Line C-3)	\$766
	Food Service Labor		(Report on claim, Line C-4)	\$1,000
	Indirect		(Report on claim, Line C-5)	\$19
	Depreciation		(Report on claim, Line C-6)	
<b>7. Total Costs</b>			<b>\$2,396.00</b>	
Food Service Income	Program Income		(Report on claim, Line B-1)	
	Other Income **		(Report on claim, Line B-2)	\$1,276.75
<b>8. Total Income</b>			<b>\$1,276.75</b>	
<b>Food Service Operating Balance:</b> line 6 + line 8 minus line 7			<b>\$0.00</b>	

\* Include meals and snacks served to children in emergency shelters

• Include "at-risk"

\*\* List funding source(s) covering non-CACFP funded expenses \_\_\_\_\_

Rev. 8/08

# Claim Status Report

Child And Adult Care Food Program Claims System

CLAIM STATUS REPORT

Report: [Redacted] Fiscal Year: 2008 (October 1, 2007 - September 30, 2008) Claim Month: June

Claim Status Report for June 2008

[Redacted]

D. ORIGINAL CLAIM Child and Adult Care Food Program PROCEED DATE: Jul 09, 2008 SH 4213 C

	Servings	Rate	Reimbursement	
<b>Breakfast</b>				
BREAKFAST A	270	1.0500	\$283.50	
BREAKFAST B	5	1.0500	\$5.25	
BREAKFAST C	7	0.2400	\$1.68	
<b>Breakfast Reimbursement Total</b>				\$290.43
<b>Lunch</b>				
LUNCH A	509	0.5200	\$264.68	
LUNCH B	11	2.0700	\$22.77	
LUNCH C	30	0.5300	\$15.90	
<b>Lunch Reimbursement Total</b>				\$303.35
<b>Supper</b>				
SUPPER A	537	0.4200	\$225.54	
SUPPER B	22	2.0700	\$22.77	
SUPPER C	40	0.5300	\$21.20	
<b>Supper Reimbursement Total</b>				\$269.51
<b>Snack</b>				
SNACK A	854	0.6600	\$563.64	
SNACK B	17	0.4900	\$8.33	
SNACK C	28	0.6600	\$18.48	
<b>Snack Reimbursement Total</b>				\$590.45
<b>Cash In Lieu Of Commodities Total</b>				\$0.00
<b>Original Claim Reimbursement Total</b>				\$1,453.74

E. Payment Summary For Claim Month June:

Original Claim Reimbursement Total	\$1,453.74
Amended Claim(s) Reimbursement Total	\$0.00
<b>Claim Reimbursement Total</b>	<b>\$1,453.74</b>

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# Monthly Requirements – Sponsoring Organization Only

- Process facility claims using at least three edit checks
- Submit consolidated claim to MDE
- Disperse funds to unaffiliated sites within five days

# Monthly Requirements Summary

- Maintain documentation of records to support claim
- Submit claim for reimbursement and amendments, if applicable

# Other Required Records

- Correspondence with MDE
- Proof of tax exempt status (non-profit organizations only)
- License or alternative approval documentation (if applicable)

# Questions?

Contact: Michigan Department of Education,  
Child and Adult Care Food Program

Phone: 517-373-7391

Email: [mde-cnap-cacfp@michigan.gov](mailto:mde-cnap-cacfp@michigan.gov)

Web site: [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp)