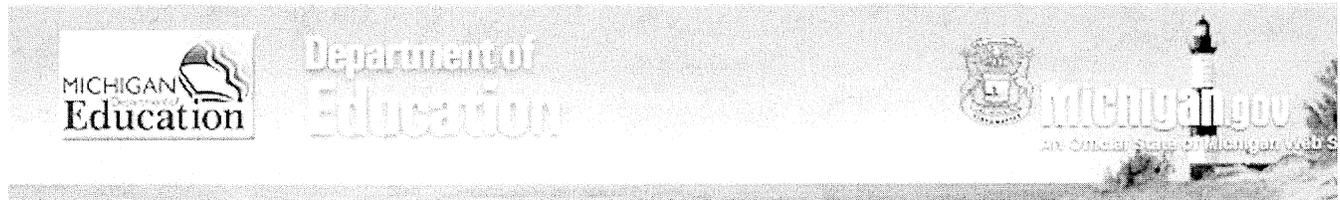


Michigan Department of Education  
Grants Coordination and School Support  
Child and Adult Care Food Program

# Record Keeping

# Handouts



[Michigan.gov Home](#)

[MDE Home](#) | [Site Map](#) | [FAQ](#) | [Contact MDE](#) | [Keywords](#) | [Online Services](#)

[Printer Friendly](#) [Text Version](#) [A-](#) [A+Text Size](#) [Share](#)

**Search**

- [MI Business](#)
- [Department](#)
- [Online Servi](#)
- [Surveys](#)
- [RSS Feeds](#)

- MDE Quick Li**
- [State of MI Sta](#)
  - [HS Requireme](#)
  - [ISD Financial I](#)
  - [Notices & Pub](#)
  - [Directory of Sc](#)
  - [No Child Left E](#)
  - [State Tech Pla](#)
  - [Recognition Pi](#)
  - [Family FUNda](#)
  - [K-3 Learning A](#)
  - [Troops to Tea](#)
  - [School Financ](#)
  - [E-Rate: Servic](#)



**Programs**

- > [Child and Adult Care Food Program \(CACFP\)](#)  
CACFP Operational Memos  
FDCH Sponsor Memos
- > [Coordinated School Health and Safety Programs](#)
- > [Mental Health Toolkit](#)
- > [Michigan](#)
- > [Early/Middle College High School Opportunities](#)
- > [Re-Imagining Education in Michigan](#)
- > [School Nutrition Training and Programs \(SNTP\)](#)
- > [Summer Food Service Program](#)

**State Board of Education**

**Offices**

**News & Publications**

**Curriculum & Instruction**

**School Administration**

**Parents & Family**

**Grants**

**Assessment and Accountability**

**Child and Adult Care Food Program**

Good nutrition pays! The Child and Adult Care Food Program (CACFP) provides federal funds to nonresidential child care facilities, to serve nutritious meals and snacks. The CACFP plays a vital role in improving the quality of child care and making it affordable for many families requiring child care. The goal of the CACFP is to improve and maintain the health and nutritional status of children in care while promoting the development of good eating habits.



**Eligible child care facilities include:**

- Licensed child care centers
- Head Start programs
- After school care programs
- Emergency shelters providing residential and food services to homeless children
- Family child care homes, including relative care providers
- Some private, for-profit child care centers

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

Jump to a category...  [Go](#)

**What's New**

- [Fiscal Year 2009 School Data for Family Day Care Home FDCH Tiering](#)
- [Fiscal Year 2009 School Data for Family Day Care Home \(FDCH\) Tiering](#)
- [CACFP Staff Directory](#)

**Program Information**

- [Child Care Centers](#)

- [At-Risk Afterschool Snacks and Suppers](#)
- [Emergency Shelters](#)
- [Family Day Care Home Sponsors](#) 

### FAQs

- What are frequently asked questions related to centers?
- What are frequently asked questions related to day care homes?
- What are frequently asked questions related to at-risk afterschool snack/suppers? 
- [What are the meal pattern requirements?](#) 
- [What are the infant meal pattern requirements?](#) 
- [What are the current reimbursement rates for centers?](#) 
- [What are the reimbursement rates for day care homes?](#) 
- [What are the reimbursement rates for sponsors of day care homes?](#) 

### How to Apply

- [Video Tutorials on How to Apply for Child Nutrition Programs](#) 
- [How to Apply - Centers](#) 
- [Create Agency Profile in EEM](#) 
- [View Sample Application](#) 
- [For-Profit Eligibility Procedures](#) 

### Forms & Instructions

- [Independent Centers and Sponsors of Centers](#)
- [Family Day Care Home Sponsors](#)

### Operational Memoranda

- [All Institutions](#)
- [Family Day Care Home Sponsors](#)

### Training

- [Record Keeping Trainings](#)
- [Register for Workshops](#)
- [CACFP Training Manual](#)
- [Civil Rights E-Learning Course](#) 
- [Sponsor Responsibilities Webcast](#)

### Administration

- [Regulations and Instructions](#)

### Resources

- [Michigan Farm to School](#)
- [Civil Rights Requirements - Centers](#) 
- [Crediting Foods](#) 
- [...And Justice for All Posters](#)
- [Appeal Procedures](#) 
- [Fruits and Vegetables Galore: Helping Kids Eat More](#)

- [Feeding Infants \(A guide for use in the Child Nutrition Programs\)](#)
- [Serving It Safe](#)
- [Nibbles for Health](#)
- [Building Blocks for Fun and Healthy Meals](#)
- [The Food Buying Guide](#)
- [Food Purchasing for Child Care Centers Manual](#)
- [Management Improvement Guidance for Family Day Care Home Sponsors](#) [PDF](#)
- [Management Improvement Guidance for Centers](#) [PDF](#)
- [Racial Census Report by School District](#) [PDF](#)
- [School Data for Tiering](#) [PDF](#)
- [Supporting Documents](#) [PDF](#)
- [School District Code List](#) [PDF](#)

**Related Sites**

- [Links Related to Child Care](#)
- [Michigan Education Information System \(MEIS\)](#)
- [Payment Registration - CP Express](#)

[Michigan.gov Home](#) | [MDE Home](#) | [Site Map](#) | [State Web Sites](#) | [Compliance Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#) | [Michigan News](#) | [Michigan.gov Survey](#)

Copyright © 2001-2009 State of Michigan



Department of  
Education



Michigan.gov  
An Official State of Michigan Web Site

[Michigan.gov Home](#)

[MDE Home](#) | [Site Map](#) | [FAQ](#) | [Contact MDE](#) | [Keywords](#) | [Online Services](#)

## Programs

- > [Child and Adult Care Food Program \(CACFP\)](#)
  - [CACFP Operational Memos](#)
  - [FDCH Sponsor Memos](#)
- > [Coordinated School Health and Safety Programs](#)
- > [Mental Health Toolkit](#)
- > [Michigan](#)
- > [Early/Middle College High School Opportunities](#)
- > [Re-Imagining Education in Michigan](#)
- > [School Nutrition Training and Programs \(SNTP\)](#)
- > [Summer Food Service Program](#)

## State Board of Education

## Offices

## News & Publications

## Curriculum & Instruction

## School Administration

## Parents & Family

## Grants

## Assessment and Accountability

[Printer Friendly](#) [Text Version](#) [A-](#) [A+](#) [Text Size](#) [Share](#)

## Independent Centers and Sponsors of Centers

### Annual Administrative Forms

- [Administrative Cost Waiver](#)
- [Annual CACFP Staff Training Checklist](#)
- [Annual CACFP Staff Training Sign-In Sheet](#)
- [Statewide Media Release](#)
- [Organization Chart](#)
- [Racial /Ethnic Beneficiary Data Form & Instructions - Rev. 8/07](#)

### At-Risk Afterschool Snack & Supper Program

- [Program Information](#)
- [Screening for Unlicensed Facilities](#)
- [Meal Attendance Summary At-Risk Afterschool Snacks/Suppers - Rev. 9/07](#)
- [Average Daily Center Attendance Record Instruction](#)
- [Average Daily Center Attendance Record](#)
- [Menu Record Instructions](#)
- [At-Risk Afterschool Snack/Supper Menu Record](#)

### Center Attendance

- [Average Daily Center Attendance Record Instructions](#)
- [Average Daily Center Attendance Record](#)

### Claiming

- [Center Claim for Reimbursement Instructions](#)
- [Center Claim Submission Instructions](#)
- [Center Claim Amendment Instructions](#)
- [Reimbursement Rates for Centers](#)
- [Reimbursement Computation Worksheet - Excel Interactive](#)
- [Sample Reimbursement Computation Worksheet - Excel Interactive](#)
- [Reimbursement Computation Worksheet - PDF](#)
- [Claim for Reimbursement Worksheet](#)
- [Sample Claim for Reimbursement Worksheet](#)
- [Multi-Site Claim Worksheet](#)
- [Allowable & Non-Allowable Expenses](#)
- [Food Costs](#)
- [Non-Food Costs](#)
- [Indirect Expense Worksheet](#)

## Search

[MI Business](#)

[Department](#)

[Online Servi](#)

[Surveys](#)

[RSS Feeds](#)

**Related Conte**  
• [Family Day Ca](#)  
[Sponsors](#)

- [Indirect Expense - Excel Interactive Worksheet](#)
- [Sample Indirect Expense - Excel Interactive Worksheet](#)
- [Time & Attendance/Time Distribution Instructions](#)
- [Time & Attendance/Time Distribution Form](#)
- [Sample Time & Attendance/Time Distribution Form](#)
- [Summary of Costs](#)
- [Requirements for Employee Compensation Plan](#)
- [Developing a Depreciation Schedule](#)

### **Income Eligibility Information**

- [Income Eligibility Guidelines](#)
- [Household Income Eligibility Statement](#)
- [Income Eligibility Statements Simplified](#)
- [Spanish Household Income Eligibility Statement](#)
- [Instructions for Parent/Guardians](#)
- [Instructions for Institutions](#)
- [Dear Parent Guardian Letter](#)
- [Dear Parent Guardian Letter \(pricing\)](#)
- [Spanish Parent Guardian Letter \(pricing\)](#)
- [Automatic Eligibility for Head Start](#)
- [Automatic Eligibility for Even Start](#)

### **Infant Menu Information**

- [Infant Meal Pattern Requirements](#)
- [Spanish Infant Meal Pattern Requirements](#)
- [Infant Menu Record Instructions](#)
- [Menu Record 0-3 Months](#)
- [Sample Menu Record 0-3 Months](#)
- [Menu Record 4-7 Months](#)
- [Sample Menu Record 4-7 Months](#)
- [Menu Record 8-11 Months](#)
- [Sample Menu Record 8-11 Months](#)

### **Meal Attendance**

- [All Category C & Emergency Shelter Children by Date - Rev. 4/08](#)
- [All Category C & Emergency Shelter Children by Name](#)
- [Meal Attendance Record Instructions](#)
- [Meal Attendance Summary Record](#)
- [All Meals and Snacks Rev. 10/07](#)
- [Weekly Record - Breakfast/Lunch/Snack - Rev. 10/07](#)
- [Weekly Record - Breakfast/Lunch/2 Snacks - Rev. 10/07](#)
- [2 Week Record - Breakfast/Lunch/Snack - Rev. 10/07](#)
- [Program Adult Meal Attendance](#)
- [Summary Record Instructions](#)

### **Menu Information**

- [Menu Record Instructions](#)
- [Sample Menu Record](#)
- [Menu Record](#)
- [Breakfast/AM Snack/Lunch/PM Snack/Supper/Eve Snack](#)
- [Breakfast/Lunch/2 Snacks](#)
- [Sample Breakfast/Lunch/2 Snacks](#)
- [Non-Creditable Foods - Rev. 07/08](#)
- [Meal Pattern Requirements - Ages 1-12](#)
- [Spanish Meal Pattern Requirements - Ages 1-12](#)
- [Menu Substitution Log Instructions](#)
- [Menu Substitution Log](#)
- [Food Chart](#)

### Parent Forms

- [Child Enrollment Form](#)
- [Parent Information Sheet](#)
- [Spanish Parent Information Sheet](#)
- [Infant Formula/Food Sign-off Statement](#)
- [Spanish Formula/Food Sign-off Statement](#)
- [Medical Exception Statement for Food Substitution](#)
- [Spanish Food Substitution Form](#)

### Procurement

- [Invitation to Bid and Contract Instructions](#)
- [Food Service Contract with a Non-National School Lunch Program Vendor](#)
- [Food Service Contract with a National School Lunch Program Vendor](#)
- [Record of Meals Purchased](#)
- [Informal Procurement Log and Instructions](#)

### Review Forms

- [Independent Center Administrative Review](#)
- [Sponsoring Organization Administrative Review](#)
- [Review Form for Sponsored Facilities](#)

### Related Documents

> [Informal Procurement Log and Instructions - 151552 bytes](#) 

[Michigan.gov Home](#) | [MDE Home](#) | [Site Map](#) | [State Web Sites](#) | [Compliance Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#) | [Michigan News](#) | [Michigan.gov Survey](#)

Copyright © 2001-2009 State of Michigan

Michigan Department of Education  
Child and Adult Care Food Program

## Supporting Documents

### Annual Documents

- Organization chart
- Food service contract(s)
- Staff training
- Procurement documentation: Annual Procurement Form, Invitation to Bid (ITB), Request for Proposal (RFP), approved food service contract(s) (if applicable)
- Parent Information Sheet (sponsoring organizations only)
- Income Eligibility Statements\*
- Enrollment documentation\*
- Civil Rights – Ethnicity/Racial Beneficiary Data Form for current year
- Child Nutrition Application Program (CNAP) application and supporting documents
- Site monitoring (sponsoring organizations only)

\*Must be available in hard copy.

### Monthly Documents

- Menus, indicating dates and meals/snacks served for ages 1 year and over
- Infant menus, indicating infant's name & birth date, meal dates, and meals/snacks served
- Meal attendance – actual point of service records including program adults served
- Average daily attendance
- Center attendance
- Documentation of costs: Food,\* Non-food supplies,\* Administrative\*, Food service labor,\* Indirect\*, Depreciation\*
- Employee compensation plan (if labor is charged to the CACFP)
- Reimbursement Claim (SM-4213-C) and any amendments
- Proof of CACFP reimbursement
- Proof of residency (emergency shelters only)
- Program income
- For profit center: Department of Human Services (DHS) CH-151 reports indicating payments received for care provided (documentation that 25% of the center's enrollment or capacity were Title XX beneficiaries) or documentation to support free or reduced price eligibility

\*Must be available in hard copy.

### Other Required Records

- Correspondence to and from the Michigan Department of Education (MDE), Child and Adult Care Food Program (CACFP) reviews, audit reports, CACFP Operational Memos, and other CACFP related correspondence
- Proof of tax exempt status (non-profit organization)
- Medical Exception Statement for Food Substitution
- Household contact procedure (sponsoring organizations only)
- Formula/Food Sign-Off Statement for infants whose parents provide food items
- Documentation to calculate depreciation costs
- License or alternative approval documentation (if applicable)

### Documents Recommended But Not Required

- Reimbursement Computation Worksheet
- Claim for Reimbursement Worksheet
- Status Report
- Meal count summary

Michigan Department of Education  
Child and Adult Care Food Program  
**Annual Staff Training Checklist**

(Mark all that apply/are covered during the training)

**Institution/Facility Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Meal Attendance**

- List children by first and last name
- Clearly show date and identify specific meals and snacks
- Take at point of service (while children are seated at the table)
- Mark with an "X"; leave blank if not eating
- Double-check with head count to be sure it matches number of "X"s
- \_\_\_\_\_

**Menus**

- Clearly date and identify specific meals and snacks (each meal is labeled)
- Components for Breakfast, Lunch/Supper, Snack requirements (using food chart)
- List all components on menu
- Portion sizes, by age group (see CACFP food chart)
- Indicate "HM" for homemade combination dishes
- Indicate "CN" for foods that are CN-labeled
- Record all food substitutions on the menu
- Infant menus: must have separate menus for children 0-11 months: components for all meals (using food chart)
- \_\_\_\_\_

**Enrollment**

- Enrollment forms are available for all children (excluding At-Risk and Emergency Shelters)

**Income Eligibility Statements**

- A current form is on file for each child claimed in categories A or B
- A child is classified the same on Income Form and Meal Attendance
- Children without a form are placed in C on meal attendance form (especially new children)
- Child's name is the same on all forms
- Documentation provided by a Head Start or Even Start official verifying the enrollment of children in Head Start or Even Start programs

**Civil Rights**

- Collection and use of data
- Complaint procedures
- Resolution of noncompliance
- Requirements for language assistance
- Customer service
- Effective public notification systems
- Compliance review techniques
- Requirements for reasonable accommodations of persons with disabilities
- Conflict resolution

**Facility Monitors (Sponsoring Organizations only)**

- Meal patterns discussed
- Claims submission
- Record keeping requirements
- Frequency of site reviews
- Meal counts
- Claim review procedures
- Sponsor's reimbursement system
- How to complete site monitoring forms

**Other CACFP Topics Covered**

- Sanitation/Food storage
- \_\_\_\_\_

Attach a list of participants and samples of all CACFP-related training materials used.

Training conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Michigan Department of Education  
Child and Adult Care Food Program

**Annual Staff Training Sign-In Sheet**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

1	18
2	19
3	20
4	21
5	22
6	23
7	24
8	25
9	26
10	27
11	28
12	29
13	30
14	31
15	32
16	33
17	34

Michigan Department of Education  
 Child and Adult Care Food Program

**Annual Procurement Form**

Month \_\_\_\_\_ Year \_\_\_\_\_

<input type="checkbox"/> Food <input type="checkbox"/> Non-food <input type="checkbox"/> Equipment <input type="checkbox"/> Other	Vendor	Vendor	Vendor	Vendor	Reason for Selection
	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	
Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	
Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	
Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	
Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	Price <input type="checkbox"/>	

- Use this form to document price comparisons and vendor selection for each vendor for whom you have a receipt/contract.
- List three commonly purchased items. Compare the prices with three to four vendors for these items.
- Mark an "X" in the box next to price to indicate your selection.
- Indicate the reason for your selection (i.e., price, location, quality, credit availability)

(Insert Institution's name, address, and telephone number)

Dear Parent or Guardian:

Our center participates in the Child and Adult Care Food Program (CACFP). The main purpose of the CACFP is to help children receive nutritious food and well balanced meals. Meals and snacks must meet meal pattern requirements. You are not charged a separate fee for the meals and snacks served. We receive reimbursement for meals and snacks served to enrolled children while in care. Our center receives additional reimbursement for each child whose household is income eligible.

If your household income is less than or equal to the levels in the chart below, or if you receive Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, your children's meals are eligible for the center to receive additional reimbursement. Please complete the attached Household Income Eligibility Statement (IES) and return it to the center. The information will be kept confidential.

Income eligibility guidelines for July 1, 2009 through June 30, 2010:

Family Size	Yearly Income	Monthly Income
1	\$20,036	\$1,670
2	\$26,955	\$2,247
3	\$33,874	\$2,823
4	\$40,793	\$3,400
For each additional family member add:	\$6,919	\$577

Refer to the Instructions for Parents/Guardians Household Income Eligibility Statement on how to complete the Household Income Eligibility Statement. Find the category that most closely defines your household and follow the directions for completing each Part of the IES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the IES.

Your family may be eligible to receive health insurance, named MIChild, through the State of Michigan. MIChild is a health insurance program for uninsured children of Michigan's working families. MIChild services are provided by many HMO's and other health care plans throughout Michigan. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at [www.michigan.gov/michild](http://www.michigan.gov/michild). At the web address, you can also access the MIChild brochure that briefly explains the insurance program.

Return the completed Household Income Eligibility Statement to the center. Should you or your family members become unemployed, please contact our office. Your children's meals may be eligible for additional reimbursement during the period of unemployment, provided that the loss of income causes the household income during the period of unemployment to be within the eligibility standards for these meals.

Sincerely,

Attachments: Household Income Eligibility Statement  
Instructions for Parents/Guardian Household Income Eligibility 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.



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

**Income Eligibility Guidelines**  
**July 1, 2009 - June 30, 2010**

Family Size	Category A		Category B		Category C	
	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly
1	0-\$14,079	0-\$1,174	\$14,080-\$20,036	\$1,175-\$1,670	\$20,037	\$1,671
2	0-\$18,941	0-\$1,579	\$18,942-\$26,955	\$1,580-\$2,247	\$26,956	\$2,248
3	0-\$23,803	0-\$1,984	\$23,804-\$33,874	\$1,985-\$2,823	\$33,875	\$2,824
4	0-\$28,665	0-\$2,389	\$28,666-\$40,793	\$2,390-\$3,400	\$40,794	\$3,401
5	0-\$33,527	0-\$2,794	\$33,528-\$47,712	\$2,795-\$3,976	\$47,713	\$3,977
6	0-\$38,389	0-\$3,200	\$38,390-\$54,631	\$3,201-\$4,553	\$54,632	\$4,554
7	0-\$43,251	0-\$3,605	\$43,252-\$61,550	\$3,606-\$5,130	\$61,551	\$5,131
8	0-\$48,113	0-\$4,010	\$48,114-\$68,469	\$4,011-\$5,706	\$68,470	\$5,707

For each additional family member add:

\$4,862	\$406	\$6,919	\$577	\$6,920	\$576
---------	-------	---------	-------	---------	-------

**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>

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.

## Civil Rights

1. Collect and compile ethnicity and race data on children each fiscal year. Refer to the Child and Adult Care Food Program (CACFP) website at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp) for the Ethnicity and Racial Beneficiary Data form, under Forms & Instructions, to compile this data. Sponsoring organizations: Compile this data by site.
2. Include the following nondiscrimination statement on all materials relating to the CACFP that are available to the public. This includes menus, parent handbook, and any other materials distributed.

**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.**

3. Display the "And Justice for All" poster in a conspicuous place in each approved site and the administrative office.
4. Train staff on civil rights annually. Specific subject areas include:
  - **Collecting and using data:** Data is being collected on ethnicity and race. Parent self-declares. If they refuse, institution staff will code based on perception. All material must be filed in an area of restricted access and retained for three years.
  - **Effective public notification systems:** Display the "And Justice for All" poster, use the nondiscrimination statement, provide information in other languages and alternative formats as needed, and convey equal opportunity in all photos and other graphics on websites, publications, etc.
  - **Complaint procedures:** Procedures must be established to accept complaints or grievances based on race, color, national origin, sex, age, or disability. CACFP participants must be advised of their right to file a complaint, how to file a complaint, and the complaint procedures. If there are complaints, the institution must alert MDE.
  - **Compliance review techniques:** Ensure civil rights requirements are being followed during review process.
  - **Resolution of non-compliance:** Inappropriate actions must cease. A corrective action plan is required and appropriate procedures must be implemented.

- **Requirements for reasonable accommodation of persons with disabilities:** Entrances and exits to accommodate the disabled, Braille signage and alternative arrangements for service must be available when needed.
- **Requirements for language assistance:** Bilingual personnel and materials must be provided depending on need, resources available, and cost.
- **Conflict resolution:** Use alternative dispute resolution techniques when necessary. Treat others with respect.
- **Customer service:** "Treat others the way they want to be treated (or at least be aware of what that is)."

The Michigan Department of Education (MDE) developed a Civil Rights E-Learning Course. To register and take the class, go to [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp). Under Training, click on Civil Rights E-Learning Course.

## Ethnicity/Racial Beneficiary Data Form Instructions

Ethnicity and racial beneficiary data must be collected each year for each center and must be maintained on file for 3 years following the end of the fiscal year to which it pertains. Use the Ethnicity and Racial Beneficiary Data form to compile the center's data. Sponsors of more than 1 center may wish to duplicate the form for each site under its sponsorship.

1. Determine the number of potential eligible beneficiaries by ethnicity and race for the area serviced by each center using the Racial Census Report by School District.
  - Identify the major school district area the center services.
  - Locate the potential eligible beneficiaries by ethnicity and race for the school district identified.
  - Record the ethnicity and race distribution for the school district.
2. Collect and compile the ethnicity and racial data for children on an enrollment waiting list and children enrolled in the child care program.
3. Determine the ethnicity and race for each enrolled child. If it is not provided on the child enrollment form by the parent/guardian, a representative from the child care institution must identify the ethnicity and race of the enrolled child. To provide flexibility and ensure data quality, separate categories shall be used when collecting and reporting race and ethnicity. Ethnicity shall be collected first. Participants may select one or more race designations.

### ETHNICITY

**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino.**

### RACE

**American Indian or Alaskan Native.** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian.** A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to 'Black or African American.'

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**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:**

<b>Ethnicity</b>	<b>Hispanic or Latino</b>	<b>Not Hispanic or Latino</b>
Total Applicants		
Current Enrollees		

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



Michigan Department of Education  
Child and Adult Care Food Program

*Where Healthy Eating Becomes a Habit*

## Parent Information Sheet

This child care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child care centers for nutritious meals and helps children develop healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the Child and Adult Care Food Program you can be assured that your child is getting balanced, nutritious meals and developing healthy lifelong eating habits. Proper nutrition during the early years ensures fewer physical and educational problems later in life.

As a participant in the CACFP, your child care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below.

<b>Breakfast</b>	<b>Lunch and Supper</b>	<b>Snack</b> (serve 2 from the 4 food groups below)
Milk	Milk	Milk
Fruit, Vegetable, or Juice	2 Fruit/Vegetable servings	Fruit, Vegetable, or Juice
Grain/Bread	Grain/Bread	Grain/Bread
	Meat or Meat Alternate	Meat or Meat Alternate

*Children less than one year old:* Foods in the infant meal pattern vary according to the infant's age. If your child is less than one year old, please request the infant meal pattern requirements from our center.

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child's participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

*Insert name of child care center*  
*Insert address of child care center*  
*Insert phone number of childcare center*

**or**

Child and Adult Care Food Program  
Michigan Department of Education  
P.O. Box 30008  
Lansing, Michigan 48909  
(517) 373-7391

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.

Michigan Department of Education  
Child and Adult Care Food Program

**Meal Pattern Requirements**

	Ages 1-2	Ages 3-5	Ages 6-12
<b>Breakfast</b>			
<ul style="list-style-type: none"> <li>• Milk, fluid <sup>1</sup></li> <li>• Vegetable, Fruit or full strength juice <sup>2</sup></li> <li>• Grains/Breads <sup>2</sup> (whole grain or enriched): Bread or cornbread, rolls, muffins or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or grains</li> </ul>	½ cup ¼ cup  ½ slice ½ serving ¼ cup or ⅓oz ¼ cup	¾ cup ½ cup  ½ slice ½ serving ⅓ cup or ½ oz ¼ cup	1 cup ½ cup  1 slice 1 serving ¾ cup or 1 oz ½ cup
<b>Lunch/Supper</b>			
<ul style="list-style-type: none"> <li>• Milk, fluid <sup>1</sup></li> <li>• Vegetable and/or Fruit (2 or more kinds) <sup>3</sup></li> <li>• Grains/Breads <sup>2</sup> (whole grain or enriched): Bread or cornbread, rolls, muffins or biscuits or cooked cereal grains, pasta, or noodle products</li> <li>• Meat or Meat Alternates <sup>2,4</sup> Lean meat, fish or poultry or alternate protein products <sup>6</sup> or cheese or cottage cheese, cheese food, cheese spread or yogurt or egg or cooked dry beans or dry peas or peanut butter, soy nut butter, or other nut or seed butters<sup>5</sup> or peanuts, or soy nuts, tree nuts, or seeds<sup>5</sup></li> </ul>	½ cup ¼ cup total  ½ slice ½ serving ¼ cup  1 oz 1 oz 1 oz 2 oz (¼ cup) 4 oz (½ cup) ½ egg ¼ cup 2 Tbsp ½ oz	¾ cup ½ cup total  ½ slice ½ serving ¼ cup  1 ½ oz 1 ½ oz 1 ½ oz 3 oz (¾ cup) 6 oz (¾ cup) ¾ egg ¾ cup 3 Tbsp ¾ oz	1 cup ¾ cup total  1 slice 1 serving ½ cup  2 oz 2 oz 2 oz 4 oz (½ cup) 8 oz (1 cup) 1 egg ½ cup 4 Tbsp 1 oz
<b>Snack</b> (Select 2 of the following 4 components)			
<ul style="list-style-type: none"> <li>• Milk, fluid <sup>1</sup></li> <li>• Vegetable, Fruit or full strength juice <sup>2,7</sup></li> <li>• Grains/Breads <sup>2</sup> (whole grain or enriched): Bread or cornbread, rolls, muffins or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal grains, pasta, or noodle products</li> <li>• Meat or Meat Alternates <sup>2,4</sup> Lean meat, fish or poultry or cheese or cottage cheese, cheese food, cheese spread or yogurt or egg or cooked dry beans or dry peas or peanut butter, soy nut butter, or other nut or seed butters<sup>5</sup> or peanuts, soy nuts, tree nuts, or seeds <sup>5</sup></li> </ul>	½ cup ½ cup  ½ slice ½ serving ¼ cup or ⅓oz ¼ cup  ½ oz ½ oz 1 oz (⅓ cup) 2 oz (¼ cup) ½ egg ⅓ cup 1 Tbsp ½ oz	½ cup ½ cup  ½ slice ½ serving ⅓ cup or ½ oz ¼ cup  ½ oz ½ oz 1 oz (⅓ cup) 2 oz (¼ cup) ½ egg ⅓ cup 1 Tbsp ½ oz	1 cup ¾ cup  1 slice 1 serving ¾ cup or 1 oz ½ cup  1 oz 1 oz 2 oz (¼ cup) 4 oz (½ cup) ½ egg ¼ cup 2 Tbsp 1 oz

<sup>1</sup> As purchased, fluid, fortified, whole, low fat, skim, cultured buttermilk, and flavored milk.

<sup>2</sup> Or an equivalent quantity of any combination.

<sup>3</sup> Full-strength vegetable or fruit juice may contribute to no more than one-half of this requirement.

<sup>4</sup> Cooked lean meat without bone or breading.

<sup>5</sup> No more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to meet the requirement.

<sup>6</sup> The alternate protein product must contain at least 18% protein by weight when fully hydrated or formulated.

<sup>7</sup> Juice may not be served when milk is served as the only other component.

Michigan Department of Education  
Child and Adult Care Food Program

## Non-Creditable Foods

The foods listed below do not contribute toward the Child and Adult Care Food Program meal pattern requirements. The alphabetical list is not all-inclusive of non-creditable foods. Use of a product brand name is not an endorsement, but is used for clarity in this handout.

Acorns	Fruit leather, commercial	Pickle relish
Baco-bits	Fruit roll-ups	Pie crust, dessert
Bacon	Fruit spreads	Pigs feet
BBQ sauce	Frozen yogurt	Popcorn
Candy	Fudgsicles	Pop Tart filling
Carmel corn	Gatorade	Pork skins
Carob	Gelatin	Potato chips
Catsup	Goat's milk	Potted meats
Certified raw milk	Half & Half	Pringles
Cheese, imitation	Ham hocks	Pudding
Cheese powder in boxed mac & cheese	Hawaiian Punch	Pudding pops
Chestnuts	Hi-C	Punch
Chili sauce	Home-canned foods	Sherbet
Chitterlings	Hominy	Shoe string potatoes
Chocolate bars	Honey	Sizzalean
Chocolate covered raisins	Hot chocolate, with water	Soft drinks
Coconut	Ice cream	Sour cream
Crab, imitation	Iced tea	Soy milk
Cracker Jacks	Infant dinners, commercial	Surimi
Cranberry juice cocktail	Jam, jelly, preserves	Syrup
Cream	Jell-O	Tang
Cream cheese	Kool-aid	Tapioca
Cream soups	Lemonade	Tofu
Cream sauces	Low-iron infant formula	Vitamite
Custard	Marshmallows	Water, bottled
Dairy Substitutes	Milk, imitation	Wild game/fowl
Dairy whip	Molasses	
Egg nog, made with raw eggs	Neck bones	
Egg substitutes	Nectar	
Evaporated milk	Neufchatel cheese	
Fiddle Faddle	Non-fat dry milk	
Five Alive	Nut or seed meal/flour	
Fruit drinks	Oxtails	

Michigan Department of Education  
 Child and Adult Care Food Program

Site/Room XYZ Child Care

Month October Year XXXX

**Sample Menu Record**

	DATE: 10/1/xx	DATE: 10/2/xx	DATE: 10/3/xx	DATE: 10/4/xx	DATE: 10/5/xx
<b>Breakfast</b> 1. Fluid Milk 2. Fruit, Vegetable, or Juice 3. Grain/Bread Other/Combination Foods	Milk Orange slices Cinnamon toast	Milk Fruit cocktail English muffin	Milk Applesauce Pancakes	Milk Hash Brown Potato Tortilla Scrambled egg	Milk Banana Cheerios
<b>AM Snack (serve 2 of 4)</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit, Vegetable, or Juice 4. Grain/Bread	Lemon yogurt  Blueberry muffin	Grilled Peanut Butter Sandwich  Orange Pineapple Juice	Strawberries  Biscuit	Milk  Chex Mix	Chocolate milk  Graham crackers
<b>Lunch</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit or Vegetable 4. Fruit or Vegetable 5. Grain/Bread Other/Combination Foods	Milk Cheese* Carrots & Celery Pineapple chunks Pizza Crust* H. M. Pizza	Milk Pinto Beans* Cherries Corn Tortilla* H.M. Burrito	Milk Turkey Mashed potato Squash Bread stuffing	Milk Meatballs Green beans Peaches Rice	Milk Egg Salad Cucumbers Peas Bread
<b>PM Snack (serve 2 of 4)</b> 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit, Vegetable, or Juice 4. Grain/Bread	Tuna salad  Crackers	Milk  Oatmeal cookies	Milk  Spaghetti sauce & Breadstick	Broccoli & Cauliflower  Cheese dip	Milk  "Oven Fried" Potato wedges

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, 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.





STATE OF MICHIGAN  
DEPARTMENT OF EDUCATION  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

MICHAEL P. FLANAGAN  
SUPERINTENDENT OF  
PUBLIC INSTRUCTION

**FISCAL YEAR 2007  
CHILD AND ADULT CARE FOOD PROGRAM  
OPERATIONAL MEMORANDUM #13**

**TO:** Child and Adult Care Food Program Institutions

**FROM:** Mary Ann Chartrand, Director  
Grants Coordination and School Support

**DATE:** September 27, 2007

**SUBJECT: Medical Exception Statement for Food Substitution**

The Child and Adult Care Food Program (CACFP) regulations require all institutions to offer breakfasts, lunches, suppers and snacks which meet the meal patterns identified in the regulations. The United States Department of Agriculture (USDA) has issued an instruction (FNS Instruction 783-2 Rev. 2) that sets forth the policy for food substitutions for medical or other special dietary reasons. When meal substitutions are requested for eligible participants, the Medical Exception Statement for Food Substitution must be completed and on file at the institution.

**Child with a Disability**

A child, with a disability, as defined in 7CFR Part 15b, (see attached) is one who has "...a physical or mental impairment which substantially limits one or more major life activities..." Major life activities are defined to include functions such as "caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working." Institutions and sponsors are required to make substitutions in foods listed in the meal pattern for those children with disabilities who are unable to consume specified food items.

A child with a disability shall be provided food substitutions only when the Medical Exception Statement for Food Substitution form is completed by a physician licensed by the State. The Medical Exception Statement shall identify:

- the individual's disabling condition, and an indication that the disability restricts the child's diet;
- the major life activity affected by the disabling condition;
- the food or foods to be omitted from the child's diet; and
- the food or choice of foods that must be substituted.

**STATE BOARD OF EDUCATION**

KATHLEEN N. STRAUS – PRESIDENT • JOHN C. AUSTIN – VICE PRESIDENT  
CAROLYN L. CURTIN – SECRETARY • MARIANNE YARED MCGUIRE – TREASURER  
NANCY DANHOF – NASBE DELEGATE • ELIZABETH W. BAUER  
REGINALD M. TURNER • EILEEN LAPPIN WEISER

608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909  
www.michigan.gov/mde • (517) 373-3324

Generally, children with food allergies or intolerances, or obese participants are not considered a child with a disability as defined in 7 CFR 15b.3(i). When faced with a request for special meals for such children, the physician must concur that the food allergies may result in severe, life-threatening reactions, or the obesity is severe enough to substantially limit a major life activity, the child then meets the definition of "handicapped person" and the substitution prescribed by the physician must be made. Institutions should use the services of a registered dietitian to assist in implementing the medical statement, as appropriate.

### **Child without a Disability**

Institutions may, at their discretion, make substitutions for individual children without disabilities, as defined in 7CFR Part 15b, but who are unable to consume a food item because of medical or other special dietary needs. A child without a disability shall be provided substitutions in food only when the Medical Exception Statement for Food Substitution is completed by a recognized medical authority. A recognized medical authority may include a physician licensed by the State, physician's assistant, nurse practitioner, or registered dietitian.

For children, without disabilities, the supporting statement shall identify:

- the medical or other special dietary need that restricts the child's diet;
- the food or foods to be omitted from the child's diet; and
- the food or foods that may be substituted.

### **Reimbursement and Availability of Substitutions**

Reimbursement for meals served with an authorized substitute food shall be claimed at the same rate as meals which meet the regular meal pattern. There shall not be an additional charge to the child for the substituted food.

### **Accessibility**

Accessibility for children with disabilities must be accommodated:

- in the dining area;
- with adaptive feeding equipment; and
- by providing aides to feed children with disabilities.

All of the above costs are considered allowable costs. However, no additional CACFP reimbursement is available.

Operational Memorandum #13

Page 3

September 27, 2007

Attached is the Medical Exception Statement for Food Substitution form. This form must be used for all medical or special dietary needs for children with or without a disability receiving CACFP meals/snacks. Keep each completed form signed by the physician or recognized medical authority on file at your institution. Note that food substitutions for children with non-disabling food allergies may be provided by the institution. However, children with a disability (as defined above) must be provided food substitutions/modifications as prescribed by the physician.

If you have any questions, please call the CACFP at (517) 373-7391.

**Please keep this memorandum on file or in a notebook for quick and easy reference.**

Attachments:        Medical Exception Statement for Food Substitution  
[Food and Nutrition Service \(FNS\) Instruction 783-2 Rev. 2](#)

(Insert Institution Name, Address and Phone Number)

## Medical Exception Statement for Food Substitution

Dear Parent/Guardian:

This institution participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the institution. If you have any questions, please contact me at \_\_\_\_\_.

Institution Phone Number

Sincerely,

\_\_\_\_\_  
Institution Contact Person

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

### Complete All Information

1. Does the child have a disability according to 7CFR Part 15b.3 (*see definitions on the back of this form*)?

Yes – If yes, provide the following information and complete questions 3, 4, and 5.

a. What is the disability? \_\_\_\_\_

b. How does the disability restrict the diet? \_\_\_\_\_

c. What major life activity is affected? \_\_\_\_\_

No – If no, proceed to question 2.

2. If a child has no disability but has special dietary needs, identify the medical problem which restricts the child's diet, and complete questions 3, 4, and 5.

3. List food/type of food to be omitted.

4. List food/type of food to be substituted.

5. \_\_\_\_\_  
Signature\* Date

\* Child with a disability – physician's signature only

\* Child without a disability – recognized medical authority signature

9/07

**Definition of Handicapped Person (person with a disability)**  
**7CFR Part 15b.3 Definitions**

- (i) "Handicapped person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- (j) "Physical or mental impairment" means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairment; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.
- (k) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working;

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, SE, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.



Michigan Department of Education  
Child and Adult Care Food Program

### Program Adult Meal Attendance

Month \_\_\_\_\_

Year \_\_\_\_\_

Date	Program Adults					
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve. Snack
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						
Totals						

Michigan Department of Education  
 Child and Adult Care Food Program

## Meal Attendance Summary Record

Month \_\_\_\_\_ Year \_\_\_\_\_ Site Name \_\_\_\_\_

Week of (dates)	Breakfast				Lunch				Supper				Snacks				Number of Days	
	A	B	C	Program Adults	A	B	C	Program Adults	A	B	C	Program Adults	A	B	C	Program Adults		
<b>Total</b>																		

Michigan Department of Education  
Child and Adult Care Food Program

## Average Daily Attendance Record

Month \_\_\_\_\_ Year \_\_\_\_\_

Date	Center Attendance	At-Risk Afterschool Snack	At-Risk Afterschool Supper	Emergency Shelters
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				
<b>Total</b>				

**Center ADA**                      Total number of children in attendance \_\_\_\_\_ ÷ number of days \_\_\_\_\_ = ADA \_\_\_\_\_

**At- Risk Snack ADA**            Total number of children in attendance \_\_\_\_\_ ÷ number of days \_\_\_\_\_ = ADA \_\_\_\_\_

**At-Risk Supper ADA**            Total number of children in attendance \_\_\_\_\_ ÷ number of days \_\_\_\_\_ = ADA \_\_\_\_\_

**Emergency Shelter ADA**        Total number of children in attendance \_\_\_\_\_ ÷ number of days \_\_\_\_\_ = ADA \_\_\_\_\_

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>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
Totals		\$127.13

Daisy Dairy 10/30/XX	
<i>October Milk Delivery</i>	
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

Rev. 7/08

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		
<i>October Milk Delivery</i>		
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



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,  
bibs, 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.

Michigan Department of Education  
Child and Adult Care Food Program

## **Time and Attendance/Time Distribution Instructions**

1. Each person claimed for Child and Adult Care Food Program (CACFP) operations must complete their own form.
2. Indicate the time spent on CACFP and non-CACFP. (Refer to the list below for food service labor and administration duties.)
3. Report the actual time distribution of CACFP and non-CACFP activities after the fact.
4. The employee will sign the monthly report form.
5. The supervisor will sign the monthly report form.

### **Food Service Labor Duties**

- Menu planning and purchasing
- Meal preparation, serving, and clean up of program meals
- Supervision of day-to-day food service operations including supervision of children during meal service
- Recording meal attendance

### **Administrative Duties**

- Planning, organizing and managing the food service operation
- Completing the CACFP application
- Compiling daily records to complete the monthly reimbursement claim
- Training
- Preparing the monthly reimbursement claim
- Conducting CACFP site reviews

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	Totals Hours Worked*	Total Hours Absent	Non-CACFP Hours	CACFP Hours (Food Service Labor)	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>						<b>6.0</b>	<b>8.0</b>

\* 1 hour deducted for lunch

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

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

Employee Signature Dorothy Director Supervisor Signature (certification) Annie Administrator

Michigan Department of Education  
Child and Adult Care Food Program

## Requirements for Employee Compensation Plan

Institutions must establish and maintain a written compensation policy for every element of compensation charged to the Child and Adult Care Food Program.

The written compensation policy must apply to any individual or group of individuals employed by the institution and identify:

- rates of pay;
- hours of work, including breaks and meal periods;
- the institution's policy and payment schedule for:
  - regular compensation;
  - overtime compensation, compensatory leave, and holiday pay;
  - fringe benefits;
  - awards;
  - severance pay;
  - payroll tax withholding; and
- reflect the requirements of the U.S. Department of Labor's Fair Labor Standards Act (FLSA). Information regarding the FLSA can be accessed at: [www.dol.gov/esa/whd/flsa/](http://www.dol.gov/esa/whd/flsa/)

Michigan Department of Education  
Child and Adult Care Food Program

**Indirect Expenses**

- Includes CACFP portion of rent, utility bills, janitorial services, and garbage pickup. Copies of paid bills, receipts, etc. must be available for review.

- To determine the CACFP indirect expense:

**Step 1:** Enter the number of hours per week children are fed.

**Step 2:** Enter the square footage applicable to CACFP and the total square footage of the building.

**Step 3:** List each indirect expense (rent, electricity, etc.) and enter monthly cost.

**Step 1**

Number of hours per week children are fed	Divided by number of hours in the week	Equals percentage of time per week children are fed
	168	

**Step 2**

Square feet applicable to CACFP (kitchen, dining, food storage, etc.)	Divided by the total square footage of the building	Equals percentage of space for CACFP activities

**Step 3**

Item	Amount
Total	

Total cost of items for the claim month	Multiplied by % of time children are fed	Multiplied by % of CACFP square feet	Equals CACFP portion of indirect expenses

## Developing a Depreciation Schedule

Depreciation divides the cost of capital goods greater than \$5,000 in value into the number of years of its life.

- Food service equipment - 15 years;
- Heavy vehicles - 6 years;
- Light vehicles - 4 years;
- Space and facilities - a 30 year straight line depreciation or the depreciation method used and accepted for tax purposes.

Multiply the number of years the item is being depreciated by 12 (if you claim less than 12 months, use the number of months you actually claim) and divide the cost of the item, including delivery and installation, by this number to find the amount to enter on the claim monthly.

For further information on depreciating space and facilities, refer to FNS Instruction 796-2 Rev. 3 page 29.

Enter each depreciation amount on a Depreciation Schedule, total them and use this amount on your monthly claim until something is added or taken from the schedule. When the value changes, use it until another change is made.

### Depreciation Schedule Example

Equipment/Vehicle Or Electronics	Date of Purchase	Date of Expiration	Cost	# Months Depreciated	Monthly Depreciation Value
Delivery Van	11/08/04	11/08/08	\$11,500	48	\$240*
Convection Oven	09/12/05	09/12/20	\$5,273.90	180	\$29**
<b>TOTAL</b> (use each month)					\$269

\* 4 years depreciation multiplied by 12 claim months divided into \$11,500 = \$240 monthly depreciation

\*\* 15 years depreciation multiplied by 12 claim months divided into \$5,273.90 = \$29 monthly depreciation

## Center Claim for Reimbursement

1. Claims are submitted electronically on the Claim for Reimbursement form (SM-4213-C), via the Michigan Education Information System (MEIS) at the following web site: [www.michigan.gov/meis](http://www.michigan.gov/meis)
  - Scroll to the Child Nutrition Programs (CNP) area;
  - Scroll to the Claim Forms; and
  - Click on the link Child and Adult Care Food Program (CACFP)-SM-4213-C.
2. Reimbursement claims are due on the 10<sup>th</sup> of the month following the claim month. All claims must be complete, correct and electronically entered and certified no later than sixty days following the end of the reporting month. Failure to do so may result in loss of reimbursement.
3. A new institution may begin claiming meal reimbursement after the first on-site training has been completed and approval has been given to claim by the Michigan Department of Education (MDE) Program Analyst. For sponsors of centers, before new sites may be claimed for reimbursement, key staff must be trained on their duties and responsibilities.

### Data Needed to Support a Claim

- **Household Income Eligibility Statements** for children whose meals are claimed in Category A and B. All forms must be current, complete and correctly categorized by the institution.

Household Income Eligibility Statements are not required for children whose meals are claimed in Category C, approved At-Risk Afterschool sites, and emergency shelters, and children currently enrolled Head Start or Even Start. Centers must have a list of children enrolled in Head Start or Even Start signed by the Head Start or Even Start official.

- **Menu records** that identify the meal components actually served. Menu records must be reviewed to ensure that meal/snack requirements are being met. Do not claim meals/snacks that do not meet requirements. All menus including cycle menus must include month, date, and year.
- **Meal attendance records** listing the first and last names of the children and the meals they were served on specific dates. Meal attendance must be taken at the POINT OF SERVICE (when the meal is served). Center attendance records are NOT acceptable. The meal attendance record is used to determine the number of A, B and C breakfasts, lunches, suppers and snacks served during the claim period (month).
- **Operating and administrative cost records** for the food service program, which provide the required justification for every item claimed. These documents include, but are not limited to: invoices, receipts, canceled checks, payroll records, time logs, compensation plan, registers, and ledgers. In addition, any records of income received related to food service must be readily available for review or audit.

## Reimbursement Computation

The value of the claim is the total of meals and snacks served, by type, multiplied by the reimbursement rate for each category, plus the total number of lunches and suppers served multiplied by the cash-in-lieu of commodities rate.

To determine the value of the claim use the Excel interactive Reimbursement Computation Worksheet for Institutions. This is located on the CACFP website at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp) in Other Forms and Information. It can be downloaded and saved on your computer. The computation worksheet will automatically calculate the value of the CACFP reimbursement.

## How to Complete the Claim for Reimbursement

Each claim is used to report data for one calendar month only. All figures on the claim are reported in whole numbers.

Do not combine two months on one claim. However, if the first or last month that a center operates in a fiscal year (October 1<sup>st</sup> through September 30<sup>th</sup>) contains claim data for ten days or less, a center can choose to combine this data with claim data from the preceding or succeeding month. Combined claim days must not exceed the total number of days in the calendar month in which the claim is being submitted. Avoid combining June and July because of the USDA rate change that takes place in July. Exception: Data from September and October cannot be reported on the same claim since each month is in a different fiscal year.

### A. General Information

1. Enter the **Total number of days food service was provided** during the claim month.
2. Enter the **Average daily attendance**. Include each individual enrolled child who walks through the door each day (includes At-Risk and Emergency Shelters), and divide that total by the number of days reported in #1. Round up the result of this calculation to the nearest whole number. Centers with half-day sessions with different children attending each session will count each child separately. For sponsors of two or more sites, add the average daily attendance for all sites and report the total.

(2 b., 2 c., and 2 d. will not appear unless the information pertains to the institution.)

- b. Report the Average Daily Attendance for At-Risk Afterschool Snacks;
  - c. Report the Average Daily Attendance for At-Risk Afterschool Suppers;
  - d. Report the Average Daily Attendance of homeless children in the emergency shelter(s).
3. Enter the **Number of child care centers participating in CACFP** during the claim month. Do not include any sites not claiming for that claim month.

4. Report the **Total monthly CACFP enrollment** using the largest number of children enrolled for child care for the claim month (includes At-Risk and Emergency Shelters). Documentation of enrollment is a statement signed by the parent or guardian indicating the child is enrolled for child care (filled slots) for the claim month. For institutions participating in the At-Risk Afterschool Snack/Supper Program, enter the highest attendance of any single day of the month, or add that number to day care enrollment and report the total. Emergency shelters claiming meals/snacks served to homeless children should add the largest daily total number of registered children during the claim month.

The information used in sections B and C will be used for the institution's Nonprofit Food Service Report.

## **B. Food Service Income**

1. Report **Program Income**, such as payments received for meals served to children charged separately for meals and payments received from non-program adults/children. Do not include CACFP reimbursement. Claim reimbursements will be added automatically to the Nonprofit Food Service Report.
2. Report **Other Income**, such as funds committed by the institution to cover CACFP costs and/or funds received for the operation of the food service.
3. **Total Income** will automatically calculate. Food service income must be retained and used in the institution's non-profit food service account.

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

1. Report the cost of **Food** purchased for CACFP meals and snacks. Include costs associated with meals obtained from food service management companies or schools.
2. Report the cost of **Non-Food Supplies** including paper goods, small cooking utensils with a value of less than \$5,000, food service cleaning products, food service equipment replacement parts, and repairs used in the operation of the CACFP. Refer to the CACFP website at [www.michigan.gov/cacfp](http://www.michigan.gov/cacfp) for a list of allowable and non-allowable food supplies costs. Some costs may require proration.
3. Report the monthly **Administrative** costs incurred in planning, organizing, and managing the food service operation under the CACFP. Examples of administrative costs include salaries, wages and fringe benefits to:
  - complete CACFP application materials;
  - compile records to complete the claim;
  - review and approve Income Eligibility Statements;
  - conduct CACFP training for staff;
  - prepare and submit the claim; and
  - conduct monitoring and training visits to sponsored centers.

4. Report the **Food service labor** costs associated with the serving of meals and snacks. Examples of food service labor costs include:
  - meal preparation, serving, and clean-up of CACFP meals;
  - supervision of day-to-day food service operations, including supervision of children during the meal service; and
  - recording meal attendance during the meal service.
5. Report the prorated cost of utilities, janitorial services, trash removal, rent related to the food service, and the CACFP portion of the cost of central accounting staff and receptionist salaries in the **Indirect** cost field. Keep the documentation of calculations used to determine the indirect costs on file along with supporting cost documentation.
6. Report prorated **Depreciation** for non-expendable personal property (with a value of over \$5,000) used in the operation of the CACFP. Document all calculations and keep a copy of the depreciation schedule on file. Depreciation cannot be used to reduce the non-profit food service cash account balance. Few institutions will report depreciation.
7. **Total Costs** will automatically calculate.

#### **D. Site Data Entry**

- Each site has a separate Site Data Entry page. Entry fields will appear for all approved meal types. For-profit sites have an additional section to complete below the meal number entry area.
- Report the total number of reimbursable meals and snacks served to children at the site listed on the Site Data Entry page during the claim month. Enter the meal counts by category (A, B, C, or Homeless) and by type (breakfast, lunch, etc.). Do not include more than two meals and one snack or one meal and two snacks per child, per day. Exception: Approved emergency shelters may claim up to three meals per child, per day. Records of meal attendance taken at the point of service, must be on file to support all meal totals reported in this section.
- Institutions approved to claim At-Risk Afterschool Snacks/Suppers: Report the reimbursable suppers and snacks under the far right columns labeled At-Risk Suppers and At-Risk Snacks.
- Emergency shelters: Report reimbursable meals and snacks in the Homeless category. Approved emergency shelters may claim up to three meals or two meals and one snack per child per day.
- Private, for-profit institutions: Complete a Title XX or F/RP Claim statement at the bottom of the Site Details box for each site. Eligibility for a site claiming for a particular month under Title XX is determined by whether or not a minimum of 25% of the enrolled children or 25% of the license capacity, whichever is less, are Title XX beneficiaries.

Eligibility for a site claiming for a particular month under F/RP is determined by whether or not a minimum of 25% of the enrolled children or 25% of the license capacity, whichever is less, are eligible for free or reduced price meals.

If a facility is approved as both Title XX and F/RP, designate under which category, Title XX or F/RP, the site is claiming for the claim month.

The **Percentage of children who are beneficiaries** will calculate automatically. If the percentage is less than 25%, an error message will appear.

## Payment Verification

When the claim is processed, a Status Report will be generated. It can be found on the claim main menu along with other claim information. Click on the dollar amount in the Reimbursement column across from the claim month. Review it carefully. Contact the CACFP office immediately if the Status Report does not correspond to the data on the reimbursement computation worksheet. Payment is issued from Michigan Department of Treasury within ten days of the date on the Status Report.

When you receive the reimbursement check or EFT notification, verify the payment amount with the appropriate Status Report(s). File the check stub or EFT notification with the corresponding claim records.

## Claim Errors

Most errors will require correction before claim certification. However, if an error prevents the claim from processing through the payment system, you will receive an error report entitled *Error Report for Claim Totals*. This report will identify the error(s) on the claim.

If you discover an error after filing a claim, you must amend your claim electronically via MEIS at [www.michigan.gov/meis](http://www.michigan.gov/meis). Refer to Instructions for Submitting Center Claim Amendments.

Make the necessary corrections to the Claim for Reimbursement immediately and re-certify the claim. Failure to do so may result in a loss of reimbursement. Keep copies of all corrections for your records.

## Reminders

All information reported on the Claim for Reimbursement must be **ACTUAL** and supported by documentation kept on file.

All Child and Adult Care Food Program records must be retained for three years after the end of the fiscal year to which they pertain; or if an audit is outstanding, until the time the audit is closed. Records include menus, Household Income Eligibility Statements, cost and income records, point of service meal attendance records, center attendance, enrollment forms, and Title XX payments (for profit only centers).

If you have any questions or notice any discrepancies on the Claim for Reimbursement, contact the CACFP office at (517) 373-7391. Please have the following available when you call:

- Agreement Number;
- Copy of Electronic Reimbursement Claim; and
- Status Report(s)

MAIN MENU

Sponsor:   Fiscal Year: 2008    
 Name:

Attention

- Click on Help at the top right corner of each page for detailed information regarding claim submission.
- Click on Reports on the upper right to view the administrative report(s).

\*\*\* Select claim month below to enter claim data \*\*\*

	Claim		Certification		Due Date	Deadline	Reimbursement	Total Amendments		
	Month	Year	Date	Time						
	<a href="#">October</a>	2007	<a href="#">List/Print</a>	<b>Available</b>	<a href="#">Certify</a>	11/10/2007	12/30/2007	---	0	
	<a href="#">November</a>	2007	<a href="#">List/Print</a>	<b>Jan 16, 2008</b>	<b>2:14PM</b>	<a href="#">Certify</a>	12/10/2007	1/29/2008	<b><u>\$1,501.49</u></b>	0
	<a href="#">December</a>	2007	<a href="#">List/Print</a>	<b>Jan 16, 2008</b>	<b>2:20PM</b>	<a href="#">Certify</a>	1/10/2008	2/29/2008	<b><u>\$1,055.03</u></b>	0
	<a href="#">January</a>	2008	<a href="#">List/Print</a>	<b>Mar 28, 2008</b>	<b>3:07PM</b>	<a href="#">Certify</a>	2/10/2008	3/31/2008	<b><u>\$1,445.68</u></b>	0
	<a href="#">February</a>	2008	<a href="#">List/Print</a>	<b>Mar 28, 2008</b>	<b>3:09PM</b>	<a href="#">Certify</a>	3/10/2008	4/29/2008	<b><u>\$1,445.68</u></b>	0
	<a href="#">March</a>	2008	<a href="#">List/Print</a>	<b>Apr 18, 2008</b>	<b>2:30PM</b>	<a href="#">Certify</a>	4/10/2008	5/30/2008	<b><u>\$1,594.50</u></b>	0
	<a href="#">April</a>	2008	<a href="#">List/Print</a>	<b>Jun 12, 2008</b>	<b>8:35AM</b>	<a href="#">Certify</a>	5/10/2008	6/29/2008	<b><u>\$1,602.47</u></b>	0
	<a href="#">May</a>	2008	<a href="#">List/Print</a>	<b>Jun 12, 2008</b>	<b>8:36AM</b>	<a href="#">Certify</a>	6/10/2008	7/30/2008	<b><u>\$1,578.56</u></b>	0
	<a href="#">June</a>	2008	<a href="#">List/Print</a>	<b>Not Available</b>	<a href="#">Certify</a>	7/10/2008	8/29/2008	---	---	
	<a href="#">July</a>	2008	<a href="#">List/Print</a>	<b>Not Available</b>	<a href="#">Certify</a>	8/10/2008	9/29/2008	---	---	
	<a href="#">August</a>	2008	<a href="#">List/Print</a>	<b>Not Available</b>	<a href="#">Certify</a>	9/10/2008	10/30/2008	---	---	
	<a href="#">September</a>	2008	<a href="#">List/Print</a>	<b>Not Available</b>	<a href="#">Certify</a>	10/10/2008	11/29/2008	---	---	
<b>Total Claim Reimbursement Year To Date</b>							<b>\$10,223.41</b>	---		

INSTITUTION SUMMARY

Institution:

Fiscal Year: 2009 (October 1, 2008 - September 30, 2009)

Claim Month: July

Hide Institution Details

Institution Details

A. General Information		B. Food Service Income	
1. Total number of days food service was provided	<input type="text" value="22"/>	1. Program Income	<input type="text" value="0"/>
2. Average daily attendance	<input type="text" value="48"/>	2. Other Income	<input type="text" value="0"/>
3. Number of child care centers participating in CACFP	<input type="text" value="1"/>	3. Total Income	<input type="text" value="0"/>
4. Total enrollment	<input type="text" value="82"/>		
C. Food Service Operation And Administrative Costs			
1. Food	<input type="text" value="2539"/>	4. Food service labor	<input type="text" value="1748"/>
2. Non-Food supplies	<input type="text" value="149"/>	5. Indirect	<input type="text" value="433"/>
3. Administrative	<input type="text" value="273"/>	6. Depreciation	<input type="text" value="0"/>
		7. Total costs	<input type="text" value="5142"/>

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

Save

Show Site Totals

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 <i>(excluding At-Risk)</i>	Snacks <i>(excluding At-Risk)</i>	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)

Michigan Department of Education  
Child and Adult Care Food Program

**Reimbursement Computation Worksheet for Institutions**  
**Effective July 1, 2009 through June 30, 2010**

Claim Month October

Year 20XX

Meal Type	Category	Number of Reimbursable Meals Served	Reimbursement Rate <i>(effective through 6/30/2010)</i>	Meal Reimbursement <i>(Meals Served x Rate)</i>
Breakfast	A*		\$1.46	\$0.00
	B		\$1.16	\$0.00
	C		\$0.26	\$0.00
				<b>\$0.00</b>
Lunch	A*		\$2.68	\$0.00
	B		\$2.28	\$0.00
	C		\$0.25	\$0.00
	Total # of Lunches	0		
	<b>2. Total Lunch Reimbursement</b>			
Supper	A**		\$2.68	\$0.00
	B		\$2.28	\$0.00
	C		\$0.25	\$0.00
	Total # of Suppers	0		
	<b>3. Total Supper Reimbursement</b>			
Snack	A**		\$0.74	\$0.00
	B		\$0.37	\$0.00
	C		\$0.06	\$0.00
	<b>4. Total Snack Reimbursement</b>			
Cash-In-Lieu	Total # of Lunches	0		
	Total # of Suppers	0		
	<b>Total</b>		<b>cash-in-lieu</b>	
<b>5. Lunches + Suppers</b>		0	.1950	<b>\$0.00</b>
<b>6. Total Claim Value 1+2+3+4+5</b>				<b>\$0.00</b>
Food Service Operation and Administrative Costs	Food		(Report on claim, Line C-1)	
	Non-Food Supplies		(Report on claim, Line C-2)	
	Administrative		(Report on claim, Line C-3)	
	Food Service Labor		(Report on claim, Line C-4)	
	Indirect		(Report on claim, Line C-5)	
	Depreciation		(Report on claim, Line C-6)	
	<b>7. Total Costs</b>			
Food Service Income	Program Income		(Report on claim, Line B-1)	
	Other Income **		(Report on claim, Line B-2)	\$0.00
	<b>8. Total Income</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 \_\_\_\_\_

**CLAIM STATUS REPORT**

Sponsor:

Fiscal Year: 2009 (October 1, 2008 - September 30, 2009)

Claim Month: July

**Claim Status Report for July 2009**

01. ORIGINAL CLAIM - **Child and Adult Care Food Program**      PROCESS DATE: **Aug 03, 2009**      SM-4213-C

	Servings	Rate	Reimbursement
<b>Breakfast</b>			
BREAKFAST A	379	1.4600	\$553.34
BREAKFAST B	145	1.1600	\$168.20
BREAKFAST C	563	0.2600	\$146.38
<b>Breakfast Reimbursement Total</b>			\$867.92
<b>Lunch</b>			
LUNCH A	405	2.6800	\$1,085.40
LUNCH B	134	2.2800	\$305.52
LUNCH C	563	0.2500	\$140.75
<b>Lunch Reimbursement Total</b>			\$1,531.67
<b>Snack</b>			
SNACK A	378	0.7400	\$279.72
SNACK B	106	0.3700	\$39.22
SNACK C	550	0.0600	\$33.00
<b>Snack Reimbursement Total</b>			\$351.94
<b>Cash-In-Lieu-Of Commodities Total</b>			\$214.89
<b>Original Claim Reimbursement Total</b>			\$2,966.42

**B. Payment Summary For Claim Month July:**

Original Claim Reimbursement Total	\$2,966.42
Amended Claim(s) Reimbursement Total	\$0.00
<b>Claim Reimbursement Total</b>	<b>\$2,966.42</b>