

# Child and Adult Care Food Program

## Requirements *for* Sponsors of Multiple Sites



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## Requirements for sponsors of multiple sites

If your organization sponsors more than one center on the Child and Adult Care Food Program, there are additional administrative responsibilities for the sponsoring organization.

### Management plan and budget

A sponsoring organization must submit, as part of its CACFP application and agreement, information regarding the monitoring of sites under its administration. Sponsoring organizations are also required to submit a budget and staffing pattern as part of the CACFP application. This may be done via the online system at <http://cnp.nde.state.ne.us>.

### Preapproval Visits

Prior to adding new sites to the CACFP agreement, sponsors of multiple centers must provide program assistance to staff at each new center. This includes conducting and documenting a preapproval visit to each facility that is new to the CACFP. At the preapproval visit, the sponsor shall discuss CACFP requirements and benefits and verify that the proposed food service does not exceed the capability of the facility.

### Reviews

The sponsoring organization is required to review every center under its administration that participates in the CACFP. All reviews must include, at a minimum, an assessment of the center's compliance with CACFP requirements pertaining to: meal pattern, licensing or approval, attendance at training, meal counts, and menu and meal records.

Each review must be documented by the completion of a review form, checklist or report that includes, at a minimum:

- the name of the site
- date of the visit
- indication if the review is announced or unannounced
- menu (if a meal visit) and compliance with meal pattern
- current licensing or approval status
- if staff has participated in CACFP training within the past year
- five-day reconciliation
- findings and recommendations for corrective action and follow-up, if applicable
- signature of reviewer

Reviews may also include checking Income Eligibility Forms, enrollment forms, safety and sanitation, display of the civil rights poster, as well as other areas deemed necessary by the sponsoring organization.

A sample review instrument is included in this packet. This checklist may be adapted to meet your needs.

### Reviews - timelines

A preapproval visit must be made to each facility prior to it starting on the CACFP.

At least one review must be made during each new facility's first four weeks (28 days) of CACFP operations.

Centers must be reviewed at least three times annually. Two of the three visits must be unannounced, one of the unannounced visits must include the observation of a meal service. Reviews cannot be more than six months apart.

Reviews must be conducted during normal business hours and reviewers from the sponsoring organization must present photo identification when conducting visits.

### **Training**

Sponsors of multiple centers are required to train its staff in CACFP requirements annually. While center staff are welcome to attend the training sessions provided by the Nebraska Department of Education Nutrition Services, attendance at Nutrition Services training does *not* meet the requirement for sponsors to train its staff annually.

Sponsoring organizations must keep records that document the attendance at sponsor-provided training of each staff member with CACFP responsibilities, including monitors. Documentation should include the date(s) and location(s) of training, topics presented and the names of participants. One-on-one training should also be documented.

Training must include instruction, appropriate to the level of staff experience and duties, on the CACFP meal patterns, meal counts, claims submission and claim review procedures, recordkeeping requirements, and an explanation of the CACFP's reimbursement system. Employees shall be trained on their specific duties in the CACFP. For example, an employee's whose only responsibility is to marking point of service meal count sheets would not have to be trained on how to complete meal production records.

A sample training log is included in this packet.

### **Meal Claim Edit Checks & Block Claiming**

Sponsors of more than one site must review each site's monthly claim for the following:

1. The center must be approved to claim the meals that are being claimed.
2. The total meal count for any meal cannot exceed total enrollment for the month.
3. The same number of meals claimed for one or more meal types is not identical for 15 consecutive days in the month (block claiming).
4. If the number of meals claimed for one or more meal types is identical for 15 consecutive days, this is considered a block claim and follow-up by the sponsor is required. An unannounced site review must be conducted within 60 days of detecting a block claim..
5. Follow-up must be documented for each center with a block claim

## Instructions – Adding a site to your agreement

When adding a site to your agreement to participate in the Child and Adult Care Food Program (CACFP), you need to make changes in your application and management plan.

1. Notify Nutrition Services of the name of the center you are adding to your agreement. Nutrition Services will create a profile for this site in the online system. Once the profile is created, you may enter the Center Site Information at <http://cnp.nde.state.ne.us>
2. If you are changing from operating only one site to adding one or more sites, there are additional requirements for you as a sponsor of multiple sites.
  - a. On the Center Site Information screen, you must indicate the months that you will review the CACFP operations at every site. If you previously sponsored only one site, you must also indicate the months that site reviews will occur at the original site. This information may be updated via the online applications and claims system at the web address listed above.

Sponsors of Multiple Sites Only					
Select the month(s) sponsor review will occur (minimum of 3):					
<input checked="" type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input checked="" type="checkbox"/> May	<input type="checkbox"/> Jun
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input checked="" type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

- b. A minimum of three site reviews must be completed each year. Two of the reviews must be unannounced and one of the unannounced reviews must include the observation of a meal service. No more than six months may elapse between reviews. Reviews must be conducted during normal business hours and reviewers from the sponsoring organization must present photo identification when conducting reviews. A sample site review form is included in this packet. More copies may be downloaded from the Nutrition Services web site:

<http://www.nde.state.ne.us/NS/forms/cacfpforms/NS-406-G.pdf>

The sponsoring organization must document reviews for every site under its administration that participates in the CACFP. This includes any “main sites” where the administrative staff regularly works.

3. Proprietary (for-profit) centers which are new to the Child and Adult Care Food Program must complete the Proprietary For Profit Statement (NDE 01-030) and submit it as part of the application and agreement to participate in the CACFP. A separate statement must be submitted for each new center. U.S. Department of Agriculture regulations state that reimbursement shall be payable to proprietary centers only for calendar months during which not less than 25 per cent of enrolled participants or 25 per cent of licensed capacity were Title XIX or Title XX beneficiaries. Child care centers may also qualify if 25 per cent of the enrolled children qualify for Free or Reduced price meals. For adult centers, the 25 per cent requirement applies only to enrollment, not licensed capacity. The sponsor must submit a roster of participants and documentation that proves each site meets the 25% requirement (either Income Eligibility Forms or HHSS payment documents).
4. The sponsor must submit a site application and receive approval from NDE Nutrition Services for any new sites before meals may be claimed at those sites.

5. Staff Profile – You will need to include a profile for employees at the new site(s). The staff profile must also specify the person(s) responsible for doing site reviews. A sponsoring organization of centers must document that, to perform monitoring, it will employ the equivalent of one full-time staff person for each 25 to 150 centers it sponsors.

Staff Profile			
Person's Name	Mary Jones	Location	Central Office
Job Description	CACFP Coordinator	Total Annual Salary	30,000
Date of Birth <small>mm/dd/yyyy</small>	03/25/1979	Employment Ended <small>mm/dd/yyyy</small>	
Total Hours Worked			
CACFP Hours Per Week:	10.00		
Total Hours Worked Per Week:	40.00		
CACFP Hours per week 10.00 + Total Hours Worked Per Week 40.00 = 25.00% x Annual Salary \$36,000.00 = CACFP Salary: \$9,500.00			
Job Duties			
Record keeping/Administrative	Food Service	Other	
<input type="checkbox"/> Prepare Claim <input checked="" type="checkbox"/> Determine IEFs <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Site Supervision <input checked="" type="checkbox"/> Site Reviews <input checked="" type="checkbox"/> Bookkeeping <input checked="" type="checkbox"/> Computer/data entry <input checked="" type="checkbox"/> General CACFP Admin <input type="checkbox"/> Record daily meal counts	<input type="checkbox"/> Plan Menus <input type="checkbox"/> Prepare meals <input type="checkbox"/> Serve meals <input type="checkbox"/> Supervise meal service <input type="checkbox"/> Complete production records <input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Maintenance/Janitorial <input type="checkbox"/> Cleanup after meal service <input type="checkbox"/> Clerical	

6. Budget

a. You will also need to add the salaries from the new sites to the salaries that have already been submitted in your approved management plan.

The **NEW** total salaries (combining salaries from **ALL** sites) must be entered in the CACFP annual budget.

This information must be completed for all responsible individuals and principals including personnel who have any direct responsibility in the CACFP, e.g. Director, Assistant Director, Site Supervisor, Cook, etc. Sponsors of multiple sites must identify the person(s) responsible for site reviews.

**Total CACFP Salaries** (enter this total on line 100.1 on CACFP Budget) **\$85,380.60**

Expenses	
Category	Amount
<b>100 Salaries and Benefits</b>	
100.1 Salaries, Benefits & Taxes (Total from Management Plan)	\$85,380.60
<b>200 Food Service</b>	
Other(Specify)	\$0.00
200.1 Food Purchases	\$66,512.25
200.2 Food Contracts (vendor, school)	\$0.00
200.3 Nonfood Supplies (napkins, soap, disposable plates, gloves, etc.)	\$12,044.05
200.4 Equipment (freezer, stove, refrigerator, etc.)	\$0.00

b. Copy the total from the Staff Profile Summary page to the 100.1 Salaries line item in the budget.

Expenses	
Category	Amount
<b>100 Salaries and Benefits</b>	
100.1 Salaries, Benefits & Taxes (Total from Management Plan)	\$85,380.60
<b>200 Food Service</b>	
Other(Specify)	
200.1 Food Purchases	
200.2 Food Contracts (vendor, school)	\$0.00
200.3 Nonfood Supplies (napkins, soap, disposable plates, gloves, etc.)	\$12,044.05
200.4 Equipment (freezer, stove, refrigerator, etc.)	\$0.00
<b>300 Administrative Expenses</b>	
300.1 Printing, Reproduction	\$0.00
300.2 Data Processing	\$0.00
300.3 Mileage	\$0.00
<b>Total CACFP Expenses</b>	<b>\$163,936.90</b>

  

Sponsor Income for CACFP	
Category	Amount
<b>Revenue</b>	
CACFP Income/Reimbursement	\$41,531.50
Other sources of financial support	
If CACFP reimbursement does not cover the entire cost of your food service operation, the costs must be paid from other sources such as corporate or business funds. Indicate the amount of non-CACFP funds that are used to support food service at your center(s).	
	\$122,405.40
<b>Total Income for CACFP (must equal Total CACFP expenses.)</b>	<b>\$163,936.90</b>

  

Internal Use Only	
Budget Approval Date 07/01/2006	

Remember – if you are contracting with a vendor or caterer, your food contract will also have to be amended, if the contractor is providing meals to the new site(s).

You may have additional costs for mileage for doing site reviews.

Estimate the amount of the additional CACFP reimbursement you expect to receive at the new site(s) and add this to your previous budget figures.

c. The remainder of your budget will have to be changed to show your increase in expenses and increase in CACFP reimbursement:

**REMEMBER!**  
Your budget revision must reflect the total income and expenses for **ALL** sites, not just the site(s) you are adding.

7. Outside Employment Policy – Once you operate more than one center on the CACFP, your organization is required by regulations to have an outside employment policy. Your outside employment policy must be submitted as a requirement for sponsors of more than one center.

7 CFR 226.6(b)(16) states:

*Outside employment policy.* Sponsoring organizations must submit an outside employment policy. The policy must restrict other employment by employees that interferes with an employee’s performance of program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

You may submit an existing policy used by your organization or develop one specifically relating to the CACFP.

The following policy is provided as an example:

Employment Outside of Working Hours – Employees may engage in employment outside of working hours in a private business interest. Such employment outside of {Name of Sponsoring Organization} work or in a private business interest shall not interfere with the efficient performance of duties or conflict with the

interest of {Name of Sponsoring Organization}. The {Name of Sponsoring Organization} may require disclosure of outside employment.

#### **Checklist for adding a center to your agreement**

- Have you completed the **Center Site Information** for every center you are adding to your agreement?
- Have you revised the staff profile to include staff at the new center(s) ?
- Have you identified in the staff profile the person(s) responsible for conducting site reviews at all sponsored sites?
- Have you assured that all new sites will be reviewed within the first four weeks of program operations?
- Have you conducted and documented a preapproval visit to each new site?
- Have you provided training in CACFP duties and responsibilities to staff at each new site?
- Have you revised the budget to incorporate CACFP income and expenses for the new site(s)?
- Have you developed and submitted to NDE a copy of your outside employment policy?
- If a for-profit center, have you submitted NDE 01-030 (For Profit Proprietary Statement) and supporting documents to verify the 25% requirement?

## Resources for sponsors of multiple sites

- Center Site Information (NDE 01-018) - we recommend this information be entered in the online system: <http://cnp.nde.state.ne.us>
- For Profit Proprietary Statement (NDE 01-030)
- Sample Site Review Form (NS-406-G)
- Five Day Reconciliation Worksheet
- Example of Block Claiming
- Sample Training Log

These and other resources are available at <http://www.nde.state.ne.us/NS/forms/cacfpforms/index.htm>



<b>Infant Feeding</b>												
<input type="checkbox"/> Yes <input type="checkbox"/> No		Does this site care for infants under 1 year?										
Formula(s) offered by center:												
<b>Sponsors of Multiple sites only</b>												
Select the months when a sponsor review will occur (minimum of 3):												
<input type="checkbox"/> Jan		<input type="checkbox"/> Feb		<input type="checkbox"/> Mar		<input type="checkbox"/> Apr		<input type="checkbox"/> May		<input type="checkbox"/> Jun		
<input type="checkbox"/> Jul		<input type="checkbox"/> Aug		<input type="checkbox"/> Sep		<input type="checkbox"/> Oct		<input type="checkbox"/> Nov		<input type="checkbox"/> Dec		
<b>Months Served</b>												
<input type="checkbox"/> Jan		<input type="checkbox"/> Feb		<input type="checkbox"/> Mar		<input type="checkbox"/> Apr		<input type="checkbox"/> May		<input type="checkbox"/> Jun		
<input type="checkbox"/> Jul		<input type="checkbox"/> Aug		<input type="checkbox"/> Sep		<input type="checkbox"/> Oct		<input type="checkbox"/> Nov		<input type="checkbox"/> Dec		
<b>Type of Food Service</b>												
Check all that apply:												
<input type="checkbox"/> Central Kitchen			<input type="checkbox"/> Contract with Vendor			<input type="checkbox"/> Contract with School			<input type="checkbox"/> On-Site Preparation			
Send a copy of food service contract(s) to NDE Nutrition Services. Food service contracts in excess of \$50,000/year must be reviewed by Nutrition Services before signing.												
Vendor/School Name						Contract Amount						
1. _____						\$ _____						
2. _____						\$ _____						
Original Vendor Bid Date:												
<b>Meal Times</b>												
Choose a beginning and ending time from the column following the begin and end columns. You may choose any 15 minute increment. For example: Breakfast can begin at 6:45 am and end at 8:00 am. Three hours must elapse between the beginning of breakfast and the beginning of lunch. Meals cannot be served and claimed outside the times listed for each meal. Select the "vended" column for all meals that are provided through a contract with a school or vendor.												
Meal Served	Begin Time		End Time		Vended	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast	5:30 am	6:30 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:30 am	10:00 am										
Morning Snack	8:30 am	9:00 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:00 am	11:30 am										
Lunch	10:00 am	10:30 am			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:30 pm	2:00 pm										
Afternoon Snack	1:00 pm	1:30 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6:00 pm	6:30 pm										
Supper	5:00 pm	5:30 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7:00 pm	8:00 pm										
Evening Snack	7:00 pm	7:30 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:30 pm	10:00 pm										
Area Eligible Snack	3:00 pm	3:30 pm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:00 pm	5:30 pm										
Shifts:	<input type="checkbox"/> One Shift		<input type="checkbox"/> Two Shifts		<input type="checkbox"/> Three Shifts/24-hour License							
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do these days and times coincide with your approved licensed hours of operation?											

<b>NDE Use Only</b>	
Signature:	Effective Date:
<b>Nutrition Services, Director</b>	Date Signed:

## Child and Adult Care Food Program Proprietary For-Profit Statement

Sponsor Name	Sponsor Number	Center Name	Program Year

Proprietary (for-profit) (independent or sponsored) centers which are new to the Child and Adult Care Food Program must complete this statement and submit it as part of the application and agreement to participate in the CACFP. A separate statement must be submitted for each new center. U.S. Department of Agriculture regulations state that reimbursement shall be payable to proprietary centers only for calendar months during which not less than 25 per cent of enrolled participants or 25 per cent of licensed capacity were Title XIX or Title XX beneficiaries. For adult centers, the 25 per cent requirement applies only to enrollment, not licensed capacity. Child care centers may also qualify if 25 per cent of the enrolled children qualify for Free or Reduced price meals.

**Definitions:**

**Enrollment** - the number of children or adults in care at the center for any length of time during the month prior to submission of this statement (qualifying month).

**Qualifying Month** - the month immediately preceding the submission of this application. Centers must demonstrate the 25% eligibility for the month before they begin participation on the CACFP. Centers do not receive CACFP reimbursement for the qualifying month.

**Title XIX/Title XX participants** - the number of children or adults whose care was paid for (partially or in full) with Title XIX or Title XX funds by the Nebraska Health and Human Services System (HHSS) for the qualifying month. Count those for whom you received Title XIX or Title XX payment. Do not count authorization forms, foster care, institutionalized care, protective custody care, respite care, etc.

This statement is effective only upon the approval of the application and agreement to participate in the CACFP for the fiscal year stated in Part I.

**Qualifying Month and Year:** \_\_\_\_\_

**Number of Title XIX/Title XX participants:** \_\_\_\_\_

**Number of participants qualifying for Free or Reduced Price Meals (child care only):** \_\_\_\_\_

**Center's Licensed Capacity:** \_\_\_\_\_

**Center's Current Enrollment:** \_\_\_\_\_

<b>FOR NDE NUTRITION SERVICES USE ONLY</b>		
Number of Title XIX/XX or Free/Reduced Verified	Capacity/Enrollment	Total %



## Child and Adult Care Food Program SITE REVIEW FORM for sponsored center

Centers must be reviewed at least three times annually. At least two of the three reviews must be unannounced and at least one unannounced review must include the observation of a meal service. Reviews cannot be more than six months apart.

Preapproval visits must be conducted at new sites prior to the beginning of program participation. New sites must be reviewed within the first four weeks of CACFP operations.

NAME AND ADDRESS OF SITE:	DATE OF REVIEW:	TIME IN:
	REVIEWER:	TIME OUT:

TYPE OF REVIEW (Check One) <input type="checkbox"/> Preapproval <input type="checkbox"/> First Four Week <input type="checkbox"/> Regular Review <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Follow-up on block claim	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced  <input type="checkbox"/> Meal Visit <input type="checkbox"/> Non-meal Visit
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**RECORD KEEPING**

1. Are Income Eligibility Forms maintained on file for all participants whose meals are claimed in the Free and Reduced price meal categories?

Yes              No

N.A. - IEFs are maintained by the sponsoring organization.

2. Are enrollment forms maintained on file for all participants?

Yes              No

N.A. - enrollment forms are maintained by the sponsoring organization.

3. Are enrollment forms collected annually (child care centers only)?

Yes              No

N.A. - enrollment forms are maintained by the sponsoring organization or site is an adult care center.

4. Are meal count sheets up-to-date through the current/last meal service? (Make sure meal counts are not recorded for meals that have not occurred).

Yes                      No

If No, follow-up is necessary.

5. At on-site self-preparation sites, are menu production records up-to-date through the current/last meal service?

Yes                      No

If No, follow-up is necessary.

6. Do menus/production records include a quantity prepared for all required meal components?

Yes                      No                      If No, follow-up is necessary.

7. If a meal is observed, are meal counts made at the point of meal service?

Yes                      No                      If No, follow-up is necessary.

8. Do the number of meals recorded by the center staff match the number of meals recorded by the reviewer?

Yes                      No

9. Is the "And Justice for All" civil rights poster displayed in a prominent location?

Yes                      No                      If No, a poster must be displayed at the center.

**FOOD SERVICE OPERATIONS**

1. Do menus include a variety of foods (color, texture, etc.)?

Yes                      No

2. Are sanitary conditions maintained in the food preparation and service area?

Yes                      No

3. Do the participants wash their hands before meal time with soap and running water?

Yes                      No

4. Are all food components served at the same time?

Yes                      No

5. Is enough food prepared and served to meet at least the minimum requirements of the Child and Adult Care Food Program?

Yes                      No

6. Do the participants have enough time to eat their meal?

Yes                      No

7. Are meals eaten on site? (For example, if a child is given a snack to take home, it is not reimbursable. Meals may be claimed only when participants are **in care**).

**MEAL OBSERVED:**     Breakfast     Lunch     Snack AM/PM/EV     Supper

Meat/Meat Alternate: \_\_\_\_\_

Fruit/Vegetable: \_\_\_\_\_

Fruit/Vegetable: \_\_\_\_\_

Grains/Bread: \_\_\_\_\_

Milk: \_\_\_\_\_

Other: \_\_\_\_\_

**5-Day Reconciliation (complete attached worksheet - copy additional pages as needed).**

A reconciliation of meal counts for five consecutive days must be included as a part of each facility review conducted by a sponsor. Before conducting the actual reconciliation, the reviewer must take two preliminary steps:

- Evaluate the center’s enrollment and attendance records to ensure that they are current and accurate
- Compare the center’s total meal counts to its licensed capacity. Meal counts for any day or any shift (if shift care is provided) should never exceed licensed capacity.

The reviewer should start by comparing the center’s total enrollment to its recorded daily attendance to ensure that the number of children in attendance does not exceed the number of children enrolled. If attendance does exceed enrollment, for any day or any shift (if shift care is provided), the reviewer must determine the source of the error (e.g. inaccurate attendance records, missing enrollment forms) before a five-day reconciliation can be completed.

Next, the reviewer will compare the center’s total attendance to its meal counts for any day or shift (if shift care is provided). The reviewer will look at five consecutive days of aggregate meal counts for each approved meal type to ensure that meal counts do not exceed the number of participants on any day, or for any shift.

If meal counts and attendance cannot be reconciled, the regulations require the reviewer to determine whether the establishment of an overclaim is necessary.

**Example**

NAME	ENROLL	IN/OUT TIMES	DATE:	DATE:	DATE:	DATE:	DATE:
	✓		4-14	4-15	4-16	4-17	4-18
Circle the meals claimed for each participant each day.							
Doe, John	✓	730 - 500	B (A) L P S E	B A L P S E	B (A) L P S E	B A L P S E	B (A) L P S E

**ADDITIONAL OBSERVATIONS, RECOMMENDATIONS, CORRECTIVE ACTION OR FOLLOW-UP (attach additional pages if necessary):**

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Signature of Site Representative



**Block Claim: The same number of meals claimed for one or more meal types is identical for 15 consecutive days in the month.**

Claim For Reimbursement Worksheet - Child and Adult Care Food Program

NS-401-G Revised 4/200

Center: \_\_\_\_\_ Agreement Number: \_\_\_\_\_ Month, Year: \_\_\_\_\_

Date	NUMBER OF MEALS SERVED																		Daily Attendance
	Breakfast			AM Snack			Lunch			PM Snack			Supper			EV Snack			
	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	F	R	P	
1	10	2	21				9	2	22	16	2	20							
2	10	2	21				8	2	22	15	1	22							
3	10	2	21				9	2	22	10	3	25							
4	10	2	21				7	2	22	14	2	22							
5	10	2	21				9	2	22	14	2	22							
6																			
7																			
8	10	2	21				11	2	22	14	2	22							
9	7	2	21				9	2	22	14	2	22							
10	10	2	21				8	2	22	14	2	22							
11	10	2	21				8	2	22	14	2	22							
12	10	2	21				9	2	22	14	2	22							
13																			
14																			
15	10	2	21				11	2	22	14	2	22							
16	10	2	21				7	2	22	14	2	22							
17	10	2	21				7	2	22	14	2	22							
18	10	2	21				10	2	22	14	2	22							
19	10	2	21				12	2	22	14	2	22							

**The PM Snack is an example of block claiming.**

**Each PM snack = 38 meals**

Meal Claim Edit Checks for sponsored centers

Sponsors of more than one site must review each site's claim for the following:

1. The center must be approved to claim the meals that are being claimed on the worksheet.
2. The total meal count for any meal cannot exceed total enrollment for the month.
3. The same number of meals claimed for one or more meal types is not identical for 15 consecutive days in the month.

If the number of meals claimed for one or more meal types is identical for 15 consecutive days, follow-up by the center sponsor is required.

1. Unannounced site reviews must be conducted within 60 days.
2. Follow-up must be documented for each center.



Site Review Tracking Worksheet  
 NS-414-G  
 Revised: April 2008

Each site must be reviewed at least 3 times per year, according to approved CACFP application. At least 2 reviews must be unannounced. At least 1 unannounced review must include the observation of a meal service. No more than 6 months may elapse between reviews. All new sites must be reviewed prior to program participation. New sites must be reviewed within the first four weeks of program participation. Sites with block claiming and other serious deficiencies must have follow-up reviews.

Site Name	Preapproval	First Four Week	Review 1	Review 2	Review 3	Follow-up Review	Follow-up Review
	Date:	Date:	Date:	Date:	Date:	Date:	Date:
			Announced Y N				
			Meal Y N				
			Follow-up Y N				

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
			Announced Y N				
			Meal Y N				
			Follow-up Y N				

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
			Announced Y N				
			Meal Y N				
			Follow-up Y N				