



SECTION 2: CACFP Records

Child Care Centers participating in CACFP are required to maintain records to verify the meals and snacks served to children meet guidelines and to justify the claim for reimbursement.

- Income Eligibility Forms- See Income Eligibility Guidance for Child Care Centers
- Enrollment Records
- Attendance Records
- Meal Count Records
- Claims

Enrollment Records

Documentation of enrollment is a Child and Adult Care Food Program (CACFP)

requirement. Every child enrolled in care must have an enrollment record on file. The Department of Elementary and Secondary Education-Office of Childhood, Child Care Compliance and the CACFP regulations each require specific enrollment information. Centers have the option of using the combined Child Care Enrollment Form (MO 580-3317) that is approved for both Office of Childhood, Child Care Compliance and CACFP or the CACFP Enrollment Form for Child Care Centers (CACFP-229)*. Regardless of the form used, the original date the participant enrolled for care must be indicated – not the enrollment renewal date.

CACFP enrollment forms must include:

- Date of enrollment.
- Information on child's normal days and hours of care (including holidays).
- Information on the meals the child normally receives while in care.
- An annual update.
- Parent or legal guardian signature and date.

1. The original enrollment form must be signed and dated by the parent verifying that the information is accurate.
2. The shaded CACFP Requirement sections of the joint enrollment form, MO 500-3317, must be updated, dated, and signed by the parent or guardian every year.
3. The MO 500-3317 enrollment form must be kept in the child's individual file and available to the Nutritionist within one hour of arrival for a monitoring review.
4. Enrollment dates listed on enrollment forms are compared to meal count records during a monitoring review. Meals served to children prior to the enrollment date on the signed enrollment form will not be reimbursed.
5. Keep original enrollment records and all CACFP records for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted and longer if audit findings have not been resolved.
6. Parents or legal guardians may be periodically contacted by the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) staff to verify a child's enrollment and attendance at the center.
7. If the CACFP-229 enrollment form is used, it is recommended it be filed alphabetically with the Income Eligibility Forms (IEF) in a 3-ring binder.

***NOTE:** There is no federal requirement that a center or Sponsoring Organization (SO) use a specific CACFP enrollment form. With DHSS-CFNA approval, an enrollment form

already in use that captures the CACFP required information may be used (CACFP 15-2013, Existing Flexibilities in the CACFP, July 26, 2013).

Ethnic and Racial Information: The CACFP-229 and MO 500-3317 enrollment forms both include a section on Ethnic and Race Information. The participant or guardian is not required to complete this section for participation; however, it is encouraged in order to gather this data in a manner in which the participant or guardian has self-identified and self-reported it.

For Profit Centers: All proprietary Title XX centers must keep records for each month CACFP reimbursement was claimed, documenting that at least 25% of the enrollees or 25% of the licensed capacity, whichever was less, were Title XX beneficiaries [7 CFR 226.15(e)(3); 226.17(b)(4)].

The CACFP-229 and MO 500-3317 enrollment forms are available to print at:
www.health.mo.gov/cacfp - Forms



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? Yes No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
------	------------------

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
------	------------------

ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-05080002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington,
D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS

CENTER'S INFORMATION

NAME OF CHILD CARE CENTER		PHONE NUMBER
CENTER CONTACT PERSON'S NAME	CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

CHILD'S INFORMATION

CHILD'S FULL NAME		DATE OF BIRTH
PARENT OR GUARDIAN NAME	STREET ADDRESS	
CITY	STATE	ZIP CODE DAYTIME PHONE NUMBER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

ARE YOU OF HISPANIC OR LATINO ORIGIN?
 Yes No

WHAT IS YOUR RACE? (SELECT ONE OR MORE)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE:	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION:
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> FULL DAY CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> EVENING CARE
<input type="checkbox"/> HALF DAY - MORNING	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> OVERNIGHT CARE
<input type="checkbox"/> HALF DAY - AFTERNOON	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER

<input type="checkbox"/> BREAKFAST	<input type="checkbox"/> LUNCH	<input type="checkbox"/> SUPPER
<input type="checkbox"/> MORNING SNACK	<input type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> EVENING SNACK

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> NEW YEARS DAY	<input type="checkbox"/> TRUMAN DAY	<input type="checkbox"/> COLUMBUS DAY
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY	<input type="checkbox"/> MEMORIAL DAY	<input type="checkbox"/> VETERAN'S DAY
<input type="checkbox"/> LINCOLN'S BIRTHDAY	<input type="checkbox"/> JUNETEENTH	<input type="checkbox"/> THANKSGIVING DAY
<input type="checkbox"/> WASHINGTON'S BIRTHDAY	<input type="checkbox"/> INDEPENDENCE DAY	<input type="checkbox"/> CHRISTMAS DAY
<input type="checkbox"/> EASTER	<input type="checkbox"/> LABOR DAY	

SIGNATURE OF PARENT OR GUARDIAN	DATE
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NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE

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<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or

3. **email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Completing Enrollment Roster

An Enrollment Roster (CACFP-220) is not a required form; however, it may assist the center in tracking new participants and their eligibility category.

- Should be completed on an annual basis.
- List all children enrolled at the center for child care (preferably in alphabetical order by last name).
- Add new children enrolled at the bottom throughout the year.
- Indicate the child's claiming category (free, reduced, or paid).
- Indicate the child's enrollment date.
- Indicate the date when the Income Eligibility Form (IEF) was signed by center personnel.
- Indicate termination date when the child leaves the center.

It is important that this form is “for office use only” since the meal eligibility classification (free, reduce, paid) information must be kept confidential.

ENROLLMENT



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT ROSTER

NAME OF CENTER/FACILITY _____

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NO.	PARTICIPANT'S NAME	FREE	REDUCED	PAID	DATE ENROLLED	DATE INCOME STATEMENT SIGNED	DATE TERMINATED

Attendance Records

Record of Daily Attendance is a Child and Adult Care Food Program (CACFP) Requirement.

Accurate daily attendance records (original documentation) of all enrolled participants must be recorded separately from the center's meal count records although they may be maintained on the same form [7 CFR 226.15(e)(2)]. Attendance records cannot be used as a basis for completing the meal count records; however, the daily attendance must support the daily meal count records.

For example: If John Doe is claimed for meals on October 17, the attendance records must indicate that John Doe was in attendance on October 17 during the time each meal is claimed.

Meals served to participants that are not documented on the daily attendance record will not be reimbursed. Centers may document on one of the three types of forms listed below or use an attendance form created by the center with Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval.

- Daily Attendance Record (CACFP-213)
- Time In/Time Out Record (CACFP-221) or
- Monthly Attendance Time In/Time Out Record (CACFP-224)

Documentation of Daily Attendance:

- The center may use classroom roll books, parent sign in/out sheets, or attendance sheets to complete attendance records.
- Type or print names alphabetically with last name first (must be legible).
- Take attendance early in the day after most children have arrived.
- Take attendance at the same time each day so it becomes a routine.
- Meal count records may not be used in lieu of attendance records.
- Count the number of children each day and keep a running total of the number of participants in attendance for the monthly claim.
- File completed original attendance records in the monthly folder with other CACFP documents for the claim month.

Instructions for completing Daily Attendance Record (CACFP-213):

- This form uses one page for each month.
- List all children's names, last name first, alphabetical is recommended.
- Enter month and year on top of form.
- The center may use its own method to record attendance, but some common notations include: X = in attendance and A=absent, etc.
- Total the number of children in daily attendance on the bottom of each form.
- On the last work day of the month: add the daily attendance to arrive at the monthly Grand Total. Add all Grand Total amounts from each attendance record to get the center total attendance for the month. This number is entered on line 6 of the monthly claim once submitted.

Time In / Time Out Records*

Instructions for completing Daily Time In/Time Out Record (CACFP-221):

- One form for each day of the week.
- Enter day of the week.
- Enter calendar date indicating month, day, and year.
- List the enrolled children in alphabetical order by last name (must be legible).
- Indicate the time of arrival in the TIME IN column and the initials of the person who enters the time.
- Indicate the time the child leaves in the TIME OUT column and initial.
- Total the number of hours attended each day.

Instructions for completing Monthly Attendance Time In/Time Out Record (CACFP-224):

- One form for each child.
- Enter child's name.
- Enter month and year.
- Enter the date of the week in the "week of" box.
- Enter the time child arrives to center (IN).
- Enter time child leaves center (OUT).
- Total the number of "hours attended" each day.

It is recommended to maintain original forms in a 3 ring binder separated by each letter of the alphabet or by family last name, new names can be added and old names removed as necessary.

Please note:

The Department of Social Service's Child Care Business Information Solution System (CCBIS) for child care centers will be acceptable documentation for attendance for CACFP records. The CCBIS electronic attendance record must be printed for the month of review.

***Sign-in and sign-out sheets are NOT a Child and Adult Care Food Program (CACFP) requirement; CACFP 15-2013.**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
TIME IN/TIME OUT RECORD

CENTER NAME _____

DAY OF WEEK _____

DATE _____

NAME (last, first alphabetically)	TIME IN	INITIALS	TIME OUT	INITIALS	HOURS ATTENDED



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MONTHLY ATTENDANCE TIME IN/TIME OUT RECORD

CHILD'S NAME _____ MONTH _____ YEAR _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
WEEK OF	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										

Meal Count Record

Daily Meal Count Records are a Child and Adult Care Food Program (CACFP) Requirement. Daily counts of the number of meals served to enrolled children, taken manually at the time of service, must be recorded and maintained by all centers. The meal count records must contain the number of meals served by each meal type (breakfast, lunch, snack, and supper) and by income eligibility category (free, reduced, and paid) in order for a center to accurately consolidate and submit a justifiable monthly claim for reimbursement.

Meal Counting Methods – Retention of original employee documented meal count records are required. The center may choose to enter the original paper and pen or pencil meal counts into an electronic accounting system for ease of consolidation. Each meal must be recorded at the time the meal is served to each participant, which is called “**point of service**” (POS) meal count. Meal count records document the name of each eligible participant and the meal(s) to be claimed for reimbursement on a daily basis. The form also provides confidential coding, such as X, Y, Z, to indicate the participant’s claiming category (free, reduced, or paid).

If a center would like to use an electronic system for both POS meal count and monthly consolidation, prior Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) approval is required to ensure CACFP requirements are met. If an electronic system is implemented, the center must establish a back-up system.

The original source documentation must be retained for three fiscal years plus the current year.

Completing the Meal Count form CACFP-225:

- Enter the center name.
- Enter the calendar “week of” including month, date range, and year.
- Print legibly or type each child’s full name (no nicknames) preferably in alphabetical order by last name.
- Indicate the claiming category for each child under the code box using a code that assures confidentiality such as: **X = Free, Y = Reduced-price, or Z = Paid.**
- For each meal served, place a check mark in the box under the appropriate meal on the meal count form.
- Record the meal as it is served to each child, referred to a **POS** meal count. A total head count or head count by category is not acceptable.
- Calculate the total **free** meals, total **reduced-priced** meals, and total **paid** meals for each meal category across and down. Compare the cross calculations with the down calculations to check for accuracy.

Tip: To help distinguish claiming categories for the purpose of counting, use two colored highlighters. For example: Green = free, Yellow = reduced, and white = paid.

The 5-day Meal Count form (CACFP-225) and the 7-day Meal Count form (CACFP-225A) are available at: www.health.mo.gov/cacfp - Forms.

The Meal Count Consolidation (CACFP-653) is a tool to help consolidate weekly meal counts into a monthly meal count to enter into the monthly claim for reimbursement.

Claim for Reimbursement

Claims for meal reimbursement are filed via the internet at:

<https://dhssweb04.dhss.mo.gov/cnp/Login.asp>.

Each user of the Child and Adult Care Food Program (CACFP) web-based system must have a personal user ID and password, referred to as User Access. User IDs and passwords may not be shared. It is recommended that two key people from each center have access to submit claims and make system changes. If you want to add User Access or change current access, when a user is no longer employed, you must submit a Network User Access Request Form (MO 580-1854) available at:

www.health.mo.gov/cacfp - Forms.

In this web-based system, each independent center is considered a sponsor of one center!

Basic Claiming Steps are available on the CACFP website under Links to Important Information at www.health.mo.gov/cacfp.

Please read all instructions before entering your first claim.

Tips for Moving in the Web-Based System

- Do not use the “Back” button; use the menu in the orange section at the top left of the screen, or use the “breadcrumb trail”, (orange bar) to navigate from screen to screen.
- Each time you save the claim, no matter if it has errors, it is saved on the server and will be there if you need to leave or log off and come back
- Use the “Tab” key to navigate from field to field or use your cursor to click into the field you want to complete. Try not to use the “Enter” key, if you do, the claim will save in error status.
- If you are in “View” mode, changes will not be saved. If you want to make changes, make sure you are in “Edit” or “Revise” mode.
- Claims are saved at the site level or center level before saving a sponsor level or “umbrella” claim.
- Revisions can only be filed after the original or previous revision is in “Paid” status.

User Notes

- Click the “Users” tab to view individuals who have access to submit application and claim information for your organization.
- User Access IDs and passwords are assigned to individuals and are not to be shared.
- Inform the state office immediately if an individual with access is leaving your organization so their access can be revoked.

- Submit a Network User Access Request form to request online access for new users.

Payment Notes

- Click “Payments” tab to view upcoming and past payments for CACFP claims.
- If a claim has been approved, but not yet processed for payment, the payment information will show in the Open Balance Transactions section. All other payments are shown in the next section.
- When checking the payments, the processed date shown is approximately 4 to 5 business days prior to the electronic funds deposit date. It is the date it was processed and information was sent to the State of Missouri payment system.
- Deductions, if any, made from claim reimbursements due to downward revisions are reflected in the information under the “Payments” tab only, not in the estimates shown in the “Claims” tab.

Filing a Claim for Reimbursement

- **A center has 60 calendar days from the end of the claim month to file a claim for reimbursement.** It is not the last day of the month, it is 60 calendar days. If a claim is filed online late, the center may not be paid for that month.
- Submit the completed claim online after you have reviewed your entries and are satisfied that the claim is completed accurately. The system has built in checks that should decrease the chance of the claim being submitted with errors.
- You cannot enter a claim before the first day of the next month. For example, an October claim cannot be entered until November 1.

The Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) processes claims on the 10th of each month for payment by check or automatic deposit by around the 28th of the month. A second processing for claims is done on the 25th of the month for claims received the 11th through the 25th. The second payment is made around the 13th of the following month.

DHSS Receives Claim by:

10th of the month
25th of the month



Projected Payment Date:

28th of the month
13th of the next month

DHSS-CFNA cannot guarantee an exact date; this is a projected date only.

CACFP payments are typically direct deposited. This avoids payment delays and lost checks. If you have not received your payment within 15 days of the projected payment date, please contact DHSS-CFNA. **Per CACFP regulations, DHSS-CFNA will provide payment of valid claims within 45 days of receipt.**

60 Day Deadline for CACFP Claims

Month	60 Day Deadline for Original Claims	60 Day Deadline for Original Claims "Leap Year"
October	December 30	
November	January 29	
December	March 1	February 29
January	April 1	March 31
February	April 29	
March	May 30	
April	June 29	
May	July 30	
June	August 29	
July	September 29	
August	October 30	
September	November 29	

Additional Meal Claim Information

- Creditable meals may be claimed for participants, birth through 12 years of age, when enrolled and in attendance each day of operation as follows: two meals and one snack or one meal and two snacks per participant per day. Adults may never be claimed for CACFP meal reimbursement in child care centers.
- Meals or meal components purchased at a fast food establishment or any restaurant may not be claimed for reimbursement. Even with documentation, meals or individual food items, such as pizza, purchased at restaurants or fast food establishments may not be claimed for reimbursement.
- Meals prepared or packed at the center and served off the center grounds, for example a picnic, and supervised by center personnel may be claimed.
- Meals prepared or packed at the center and sent with a participant to eat at another location without the supervision of center personnel are not eligible to be claimed for CACFP reimbursement.
- Food items provided by parents or other unapproved food sources cannot be counted as fulfilling any of the CACFP required meal or snack components (parents of infants are allowed to provide one component).
- SNAP benefits may not be used to purchase food for CACFP.

Meal Service Times and Duration

Reimbursement will only be made for meals served within the center's approved meal times documented on the Center Information Sheet in the CACFP web-based system. Meal times may be changed with CFNA approval. The meals approved for reimbursement are based on the center's licensed hours of operation or hours of actual operation within the licensed hours. This also applies to license exempt centers.

Meal service times for infants are not restricted since infants should be fed “on demand”. Each enrolled participant, birth through age 12 may be claimed for no more than two meals and one snack or two snacks and one meal per child in attendance each day.

When scheduling meal times, the following guidelines will be used for approval:

Breakfast

- The duration of the breakfast meal service may take no longer than two hours from start to finish.
- The breakfast must be served at a time traditionally considered as the normal serving time for breakfast.

Snack

- The duration of the snack service may take no longer than two hours from start to finish.
- A snack may be approved for midmorning, afternoon, or evening.
- A snack may be scheduled no earlier than two hours after the completion of the previous meal or snack.
- The midmorning snack may be served at a time less than two hours following completion of the breakfast meal only in situations where the children served morning snack are totally different children, who arrive at the center too late for the scheduled breakfast.

Lunch

- The duration of the lunch meal service may take no more than two hours from start to finish.
- The lunch must be served at a time traditionally considered as the normal serving time for lunch.
- The lunch may be served no earlier than two hours after the completion of the previous meal or snack.

Supper

- The duration of the supper meal service may take no more than two hours from start to finish.
- The supper meal must be served at a time traditionally considered as the normal serving time for supper.
- The supper may be scheduled no earlier than two hours after the completion of the previous meal or snack.

For Profit Center Claim Procedures

Title XX or Free/Reduced Documentation

For profit centers must document, on a monthly basis, their eligibility to participate in the Child and Adult Care Food Program (CACFP). For profit centers must be able to verify that at least **25% of the enrolled children or licensed capacity (whichever is less) are either Title XX beneficiaries or eligible for free or reduced-price meal reimbursement.** Required documentation is either the monthly Title XX (Family Support Division, FSD) vendor invoices or current Income Eligibility Forms (IEFs). Independent for profit Title XX centers and sponsoring organizations of these centers must submit the number of enrolled children and the number of children receiving Title XX benefits or eligible for free or reduced-priced meals for each month that CACFP reimbursements are claimed.

To evaluate eligibility, the following steps must be taken each month. For reference, the following page is a screenshot of the center claim page that must be completed.

The screenshot is for training purposes only; the actual claim may differ some in appearance.

1. Determine the number of children, including infants, which were enrolled and in attendance at least one day for the claim month. Children in attendance include part-time and drop-in care. All children and infants in attendance must be included in the total regardless of whether they were claimed for a meal.
2. Compare this number (total enrolled children by reimbursement category who attended at least one day) to the licensed capacity of the center. Determine which of the two numbers, total enrollment or licensed capacity, is the smallest. Use the smaller of the two numbers.
3. Determine the number of Family Support Division (FSD, aka Social Services, State vendor, Title XX) eligible children **OR** the number of free and reduced eligible children that were enrolled **and** in attendance at least one day for the claim month. If using the number of Title XX children, count the total number of children listed on the vendor billing for the claim month. Verify that each FSD child reported was in attendance at least one day during the claim month. Enter the total (either the verified Title XX OR free and reduced eligible) in **Field 13 or 14** of the Center Claim.
4. Divide the number of Title XX beneficiaries **OR** free/reduced-price eligible children by the total enrollment or license capacity, whichever is less. If this number is greater than or equal to 0.250, you may submit a claim for reimbursement for that month and check the first certification statement in **Field 15**.
5. If the number is less than 0.250, your center is not eligible for reimbursement for this month. You will check the second certification statement in **Field 15**, and continue the claims submission process. The claim will be submitted to the state with the meal information removed since it will not be paid.

For Example:

ABC Play School has a licensed capacity of 45 children. Records indicate that 50 children were enrolled and in attendance for at least one day during the month of October. Of these 50 children, 12 were FSD beneficiaries. Since 45 (licensed capacity) is smaller than 50 (enrolled and in attendance), 45 is the number used for the calculation. 12 divided by 45 is 0.26 or 26%. Since 0.26 or 26% is greater than 0.25 or 25%, the center is eligible to submit the October claim.

Center Claim

Private-For Profit Child Care Center- Example

Example – Private – For Profit Child Care Center – CCC Claim

April 20XX

Pending Submission

Original Claim

↓ Bottom of Form

Center Operating and Enrollment Data (Must reflect the claiming period)

(1) Free Enrollment	<input type="text"/>	(5) Number of Operating Days	<input type="text"/>
(2) Reduced Enrollment	<input type="text"/>	(6) Total Attendance for Month	<input type="text"/>
(3) Paid Enrollment	<input type="text"/>	(7) License Capacity (from Application)	45
(4) Total Enrollment	<input type="text" value="50"/>		

Meal Count Data	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(11) Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average (12) Daily Participation	0	0	0	0	0	0

For-Profit Centers Only

Total TitleXX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) <input type="text" value="12"/>	(14) <input type="text"/>	26.0

- (15) This organization certifies that 25% of the enrollment or licensed capacity (whichever is less) are Title XX Beneficiaries or Free/Reduced Priced Eligible Children for sites being claimed.
- This organization realizes that the Center does not meet the 25% Eligibility for For-Profit Centers, and that this claim will not be reimbursed and no meals will be reported. **Note: Once this button is checked and the claim has been submitted, the claim can only be modified by a state agency representative.**

Created By: _____ Date Created: _____ Modified By: _____ Date Modified: _____

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Exercise Time!!!

Completing the Attendance Record, Meal Count Records and Center Claim

Exercise #1

Daily Attendance:

- Using the Attendance Record on the next page, tally the total daily attendance for each day and calculate the total attendance for the month.
-

Exercise #2

Meal Count Record:

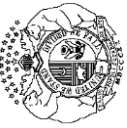
- Using the Meal Count Record, calculate the total free (code X), reduced (code Y) and paid (code Z) meals for each meal category (B for breakfast; L for lunch, etc.) by day and for the week of July 7-11.
-

Exercise #3

Center Claim:

- Use the numbers from Exercise #1 Daily Attendance, and Exercise #2 Meal Count Record above, and the completed meal counts for weeks 2 through 4 to complete the Meal Count Consolidation form and the center claim. Assume that Humpty Dumpty Daycare is a not for profit center.

*Remember, your center's real claim will be filed online!



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL COUNT**

Exercise 2 Meal Count Record Week #1

CENTER	WEEK OF	KEY	July 7-11, 20XX																
			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			TOTALS	
PARTICIPANT'S NAME	CODE	DATE 7/7			DATE 7/8			DATE 7/9			DATE 7/10			DATE 7/11			B	L	S
		B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S
Humpty Dumpty Daycare		✓	✓		✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
Horner, Jack	X																		
Lamb, Mary	X	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
Peep, Little Bo	Z																		
Piper, Peter	Y	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
Porgie, Georgie	Y																		
Simon, Simple	Z	✓	✓		✓	✓		✓	✓		✓	✓		✓	✓		✓	✓	
Total Meals Coded X																			
Total Meals Coded Y																			
Total Meals Coded Z																			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL COUNT

Exercise 3 - Week 2 Meal Count

CENTER		WEEK OF		KEY	
Humpty Dumpty Daycare		July 14-18, 20XX		B-Breakfast, 1-1 st Snack, L-Lunch, 2-2 nd Snack, S-Supper	

PARTICIPANT'S NAME	CODE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			TOTALS								
		DATE			DATE			DATE			DATE			DATE			B	L	S	B	L	S			
		B	L	S	B	L	S	B	L	S	B	L	S	B	L	S									
Horner, Jack	X				✓	✓		✓	✓		✓			✓	✓		✓	✓		4			4	5	4
Lamb, Mary	X				✓	✓		✓	✓		✓			✓	✓		✓	✓		4			4	5	4
Peep, Little Bo	Z	✓			✓	✓		✓	✓		✓			✓	✓					2			2	4	4
Piper, Peter	Y				✓	✓		✓	✓		✓			✓	✓		✓	✓		3			3	5	3
Porgie, Georgie	Y							✓	✓					✓	✓									4	4
Simon, Simple	Z	✓			✓	✓		✓	✓		✓			✓	✓		✓	✓		5			5		
Total Meals Coded X		0	2	2	2	2	2	2	2	2	2	0	2	2	2	2	2	2	2	8	10	8			
Total Meals Coded Y		0	1	1	1	2	2	1	2	2		2	1	0	2	2	1	2	2	3	9	7			
Total Meals Coded Z		2	2	1	1	2	1	2	2	1	2	1	1	1	2	1	1	1	0	7	9	4			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Exercise 3 - Week 4 Meal Count

MEAL COUNT

CENTER Humpty Dumpty Daycare	WEEK OF July 28-31, 20XX	KEY B-Breakfast, 1-1 st Snack, L-Lunch, 2-2 nd Snack, S-Supper
--	------------------------------------	--

PARTICIPANT'S NAME	CODE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			TOTALS		
		DATE 7/28			DATE 7/29			DATE 7/30			DATE 7/31			DATE			DATE		
		B	L	S	B	L	S	B	L	S	B	L	S	B	L	S	B	L	S
Horner, Jack	X		✓		✓		✓	✓		✓	✓		✓				3	4	4
Lamb, Mary	X		✓		✓		✓	✓		✓	✓		✓				3	4	4
Peep, Little Bo	Z	✓			✓		✓	✓		✓	✓		✓				4	4	4
Piper, Peter	Y																		
Porgie, Georgie	Y																		
Simon, Simple	Z				✓		✓	✓		✓	✓		✓				3	3	2
Total Meals Coded X		0	2	2	2	2	2	2	2	2	2	2	2				6	8	8
Total Meals Coded Y		0	0	0	0	0	0	0	0	0	0	0	0				0	0	0
Total Meals Coded Z		1	1	1	2	2	2	2	1	2	2	2	2				7	7	6



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL COUNT CONSOLIDATION

CENTER	MONTH/YEAR	KEY B-BREAKFAST, 1-A.M.SNACK, L-LUNCH, 2-P.M. SNACK, S-SUPPER	TOTALS								
			Week 1	Week 2	Week 3	Week 4					
PARTICIPANT'S NAME	CODE	DATE	Week 1		Week 2		Week 3		Week 4		DATE
			B	L	B	L	B	L	B	L	
TOTAL MEALS CODED X											
TOTAL MEALS CODED Y											
TOTAL MEALS CODED Z											

Save Cancel

Center Claim

Private-For Profit Child Care Center- Example

Example – Private – For Profit Child Care Center – CCC Claim

July 20XX

Pending Submission

Original Claim

↓ Bottom of Form

Center Operating and Enrollment Data (Must reflect the claiming period)

(1) Free Enrollment	<input type="text"/>	(5) Number of Operating Days	<input type="text"/>
(2) Reduced Enrollment	<input type="text"/>	(6) Total Attendance for Month	<input type="text"/>
(3) Paid Enrollment	<input type="text"/>	(7) License Capacity (from Application)	120
(4) Total Enrollment	<input type="text"/>		

Meal Count Data (A) (B) (C) (D) (E) (F)

Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(11) Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average						
(12) Daily Participation	0	0	0	0	0	0

For-Profit Centers Only

Total TitleXX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) <input type="text"/>	(14) <input type="text"/>	0.0

- (15) This organization certifies that 25% of the enrollment or licensed capacity (whichever is less) are Title XX Beneficiaries or Free/Reduced Priced Eligible Children for sites being claimed.
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