



Michigan Office
139 W. Lake Lansing Rd, Suite 120 • East Lansing, MI 48823
Telephone: (800) 234-3287 • Fax: (517) 853-2895 • micenters@acdcenters.org

Illinois Office
4415 W. Harrison St., Suite 535 • Hillside, IL 60162
Telephone: (800) 284-5273 • Fax: (708) 391-8242 • centers@acdcenters.org

www.acdkids.org

Child and Adult Care Food Program (CACFP) Forms and Procedures

The CACFP plays a vital role in improving the quality of child care by providing partial meal reimbursements. The following messages are reminders about CACFP forms and procedures for Michigan Centers.

WEEKLY ATTENDANCE & MEAL COUNT REPORT

This form is used each day to record which child is in attendance and for which meal.

ACD cannot submit your monthly claim to the Michigan Department of Education (MDE) until the original signed report has been received.

PLANNING & RECORDING MENUS

Menus can be planned in advance or recorded on a daily basis in Minute Menu CX.

- ➔ Go to your dashboard
- ➔ Select the menu icon
- ➔ **If you would like to create your own menu** simply select the day then the meal and enter the food item.

SUBMITTING TO SPONSOR

Submit your menu and attendance report electronically to ACD by following these simple steps:

Please note that ACD will still need the original signed Meal Count Forms & menu in house.

- ➔ In Minute Menu, go to the top left side of your screen
- ➔ Select "Claims"
- ➔ Select "Submit Claim to Sponsor"
- ➔ Confirm the number of days with menus and the number of days with children present (both should match).
- ➔ Select "Submit"

In order to receive an accurate reimbursement, all items on your menus must be supported by the receipts and vendors' invoices.

Things to remember when completing the report:

1. Do not use pencil, colored inks or print on colored paper.
2. Do not use handwritten dates in the headers. Only use forms with pre-printed dates.
3. Do not mark boxes in any way if a child's attendance and /or meal is not claimed. Leave blank if a child is not present for the meal.
4. Do not allow markings to stray into neighboring boxes.
5. Do not mark notes on a line with the child's name.
6. For a new child, neatly write the child's first and last name on the next available line.
7. Do not write notes (i.e. closed, dropped, or holiday) on the form.
8. Do not use highlighter anywhere on the form.
9. If a child moves to another classroom, write the child's name on the next available line for the classroom.
10. Do not draw a line through the child's name on the old classroom report or use corrective liquid/tape.
11. Each weekly report must be signed by the teacher and attendance must be done at point of service.
12. This information must also be recorded into your Minute Menu system noting any day school children are in your care all day.

RECEIPTS

Receipts are important documents because they represent the amount spent for food, utilities, supplies, and food services rendered. Without your monthly receipts, ACD cannot justify your claim for reimbursement. Receipts must be legible and must reflect the method of payments, date, cost and the location of the purchase. It is important that ACD staff able to READ your receipts. If your food is supplied by a catering service, the service must supply a detailed invoice of each food item that is delivered each day. (The catering menu does not take the place of a detailed invoice.)

In order to receive an accurate reimbursement, all items on your menus must be supported by the receipts and vendors' invoices.

PERSONNEL ACTIVITY REPORT

This report is needed to document staff's duties as related to the CACFP such as:

Review enrollment forms, completing monthly claims, training staff, planning menus, shopping for food, recording meal counts, preparing food, serving food and cleaning up after the meal. Staff member name and job title must be listed. Each Personnel Activity Report must be signed and dated by the staffer and the director.

THE ONLINE DASHBOARD

Red means: this area needs your attention. Select the red box. Required information will be displayed.

Green means: information is current and up to date.

DIRECT DEPOSIT

For your convenience, you may request that ACD deposit your monthly CACFP reimbursement into either a checking or savings account of your choice.

To sign up for direct deposit, please call the ACD office at **(800) 234.3287** and request that a Direct Deposit Authorization Form be mailed or faxed to you. Access the form online at **www.acdkids.org**.

HOLIDAY NOTES

- ✔ Certain holidays require separate notes of explanation written and signed by parents or guardians. Holidays requiring notes of explanation are: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
- ✔ You will not be reimbursed for meals or snacks served to children claimed on a holiday without a separate note of explanation written and signed by their parents or guardians.

INCOME ELIGIBILITY

Household Income Eligibility Statement (HIES) must be completed for each family in your care. The eligibility rate is determined per family, based on the number of household members and gross income of the head of the household. The information is valid from July 1 of the application year until June 30 of the current year. Sections 1 through 6 must be completed. It is important to list everyone in the household, even if the child is a foster child and if the child has a SNAP or TANF case number. A correct SNAP or TANF must contain 9 digits in the following format: XX-XXX-XX-XX.

The parent's income amount and frequency must be listed as per month, twice a month, every other week or weekly. The form states home address is optional, however ACD requires the address in order to enroll the child.

CHILD ENROLLMENT FORM

The Child Enrollment Form enrolls children in your care to participate in the Child and Adult Care Food Program. In order to be reimbursed for meals and snacks served, ACD must receive a completed form signed by the parent before the last working day of the month you wish to claim the child.

- **Section 1** - Supply the child's full name and date of birth.
- **Section 2** - The days of the week the child will be attending.
- **Section 3** - The earliest time the child will arrive and the latest time the child will be picked up, also if the child will be leaving and returning from school.
- **Section 4** - All the meals the child will be receiving while in your care.
Please note that if the child is present from 8:00 a.m. until 4:00 p.m. and your dinner service starts at 4:00 p.m., you cannot be reimbursed for dinner for that child as the child leaves prior to the meal time.
- **Section 5** - Complete part A and B.

HEAD START

In order to claim a child under the Head Start Title, ACD must have a copy of your award letter on file. Each month your claim must include a copy of your Master Head Start list.

SCHEDULE CHANGE

Any time there is a long-term (more than two weeks) or permanent schedule change for a child who has a Child Enrollment Form on file with ACD, you must submit a new Child Enrollment Form indicating the new schedule.

MEAL TIME CHANGE

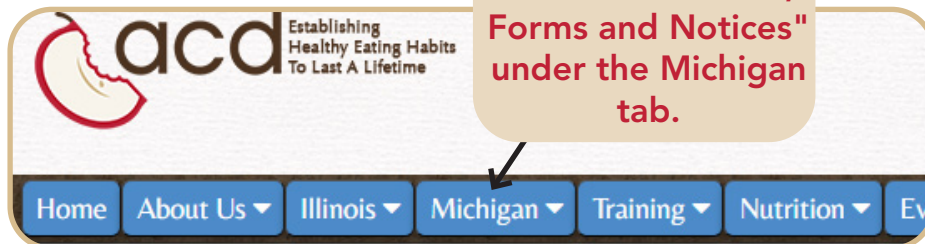
If you need your meal serving time changed, please call or email the ACD office.



MONTHLY CLAIM CHECKLIST

- **Master List of all children**
- **Menu for Infants (per Infant)**
- **Original, signed at point of service, Meal Count**
- **Receipts for food, milk, and other allowable expenses**
- **Personnel Activity Report** - Signed and dated with job title
- **Household Eligibility Forms** (if applicable)
- **Enrollment Form** (if applicable) - Will be approved within the month it's received in the ACD office
- **Infant Waiver** (if applicable Listing IFIF and IFIC)
- **Medical Exception Statement** (if applicable) - With Daily Catering Invoice for the month
- **Master list of children enrolled in Head Start** (if applicable)

Available 24/7 on our website:
www.acdkids.org



Questions or concerns? Contact us!
(800) 234.3287
micenters@acdkids.org

Illinois: 800.284.5273 • www.acdkids.org • Michigan: 800.234.3287

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. **To request a copy of the complaint form, call (866) 632-9992.** Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider. (11/2015)