

CACFP Enrollment and Participation

Child Nutrition, Child and Adult Care Food Program

Who is Enrolled?

- ☉ Children through the age of 12
- ☉ Children of migrant workers through age 15
- ☉ Physically & mentally challenged children of any age
- ☉ Children in emergency/homeless shelters through age 18
- ☉ A child who is properly enrolled and has attended at least one day during the month

An Enrollment Form must contain:

- Child's full name
- Child's date of birth
- Signature of parent/guardian or adult participant
- Date care began and usual times of attendance
- Updated Annually

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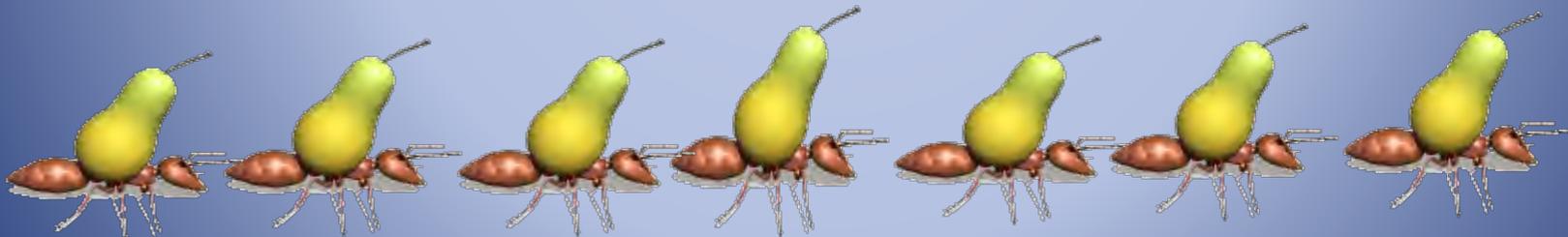
Sign-in and Sign-Out Sheets must contain the:



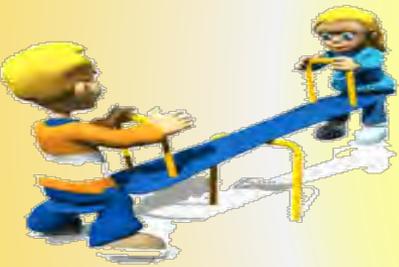
1. Date (Month, Day, Year).
2. Full name of the participant.
3. Time of arrival and space for parent or guardian signature.
4. Time of departure and space for parent or guardian signature.

Sign-in and Sign-Out Sheets

- 🍴 Required by CACFP
- 🍴 Document the times children are present in the center



Difference Between Enrollment Participation



Who is Enrolled?

An enrolled child is one who has completed an enrollment form and has attended at least one day during the month. p. 35

Who is a Participant?

A participant is any enrolled child or adult who is served a meal during the month. p. 37

Examples

1. Katrina is 9 years old and was in attendance for 7 days during March. She was on a special diet and the parent provided all of her meals.

- a. Was Katrina a CACFP enrolled child during March? **Yes**
- b. Was Katrina a CACFP participant in March? **No**

2. Luther enrolled at the center in August but did not attend until September at which time he received meals.

- a. Was Luther a CACFP enrolled child in August? **No**
- b. Was Luther a CACFP participant in August? **No**
- c. Was Luther a CACFP enrolled child in September? **Yes**
- d. Was Luther a CACFP participant in September? **Yes**

Examples

3. Sam is 14 years old, is not a child of a migrant worker, and does not have a disability and was in attendance in June.

a. Was Sam a CACFP enrolled child in June? **No**

b. Was Sam a CACFP participant in June? **No**

4. Sally is mentally disable and 21 years old.

a. Was she a CACFP enrolled participant? **Yes**



Only **three** meals per child per day may be claimed for reimbursement

- two meals and a snack
- two snacks and a meal



Which Form To Use?

Centers who only serve three meals will use the Required Daily Record and the Monthly Meal Count Record to record Enrollment and Participation.

Cont.

Required Daily Record

Name of Center: _____
 Teacher: _____
 Age Group: _____

REQUIRED DAILY RECORD
 Alabama State Department of Education
 Child and Adult Care Food Program

Month/Year: _____
 Days Operating: _____

For present enter X, for present but not receiving a meal enter Z, for absent enter A, for holiday enter H, for weekend enter *
 Enrollment 101=0 102=0 103=0 Participation 101=0 102=0 103=0

Name (last name, first name)	Signify Category	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	X	A	Z	H	*	
1																																						
2																																						
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25																																						
TOTAL Present X																																						
TOTAL Absent A																																						
TOTAL Present but not receiving a meal Z																																						
TOTAL Holiday H																																						
TOTAL Weekend *																																						
		TOTALS																																				

Monthly Meal Count Record

Date	Meal Type				Daily Total	Date	Meal Type				Daily Total	Date	Meal Type				Daily Total
	Infants	1-2 YO	3-5 YO	6+ YO			Infants	1-2 YO	3-5 YO	6+ YO			Infants	1-2 YO	3-5 YO	6+ YO	
1						1						1					
2						2						2					
3						3						3					
4						4						4					
5						5						5					
6						6						6					
7						7						7					
8						8						8					
9						9						9					
10						10						10					
11						11						11					
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28						28						28					
29						29						29					
30						30						30					
31						31						31					
Total						Total						Total					

Name of Center:
 Teacher:
 Age Group:

REQUIRED DAILY RECORD
Alabama State Department of Education
Child and Adult Care Food Program

Month/Year:
 Days Operating:

For present enter X, for present but not receiving a meal enter Z, for absent enter A, for holiday enter H, for weekend enter *

Enrollment 101=0 102= 0 103= 0 Participation 101=0 102= 0 103= 0

Name (last name, first name)	Eligibility Category	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	X	A	Z	H	*																														
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TOTAL Absent A																																																																			
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TOTAL Holiday H																																																																			
TOTAL Weekend *																																																																			
TOTALS																																																																			

Daily Records

These records should be:

- 🍽️ Organized by classroom
- 🍽️ Marked at point of meal service
- 🍽️ Marked by hand; may be transferred to computer
- 🍽️ Corrected sparingly



Completing the Daily Record

Name of Center:	<input type="text"/>	REQUIRED DAILY RECORD Alabama State Department of Education Child and Adult Care Food Program	Month/Year:	<input type="text"/>
Teacher:	<input type="text"/>		Days Operating	<input type="text"/>
Age Group:	<input type="text"/>			

For present enter X, for present but not receiving a meal enter (X), for absent enter A, for holiday enter H, for weekend enter #

Enrollment 101= 0 102= 0 103= 0 Participation 101= 0 102= 0 103= 0

Complete header information:

- Name of Center
- Teacher or classroom
- Age Group – N/A adults
- Month/Year
- Number of Days Operating p. 39

The Daily Record is Used to:

Record Attendance

Record Enrollment

Record Participation

Enter Names of All Enrolled Participants and Their Eligibility Code

Name (last name, first name)		Eligibility Category	1
1	Adams, Sam	103	
2	Bell, Kathy	101	
3			
4			
5			

101 – Free

102 – Reduced Price

103 - Paid

Indicate All Holidays and Weekends

Use Either of Two Ways:

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7	8	9	10	1
1	Adams, Sam	103											
2	Bell, Kathy	101											
3	Hammonds, Katrina	103											
4	Smith, Sara	102											

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7	8	9	10	1
1	Adams, Sam	103	*	*						*	*	H	
2	Bell, Kathy	101	*	*						*	*	H	
3	Hammonds, Katrina	103	*	*						*	*	H	
4	Smith, Sara	102	*	*						*	*	H	

Mark Attendance and Participation

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7	8	9
1	Adams, Sue	103			X	X	X	X	X		
2	Bell, Kathy	101			X	Z	a	a	a		
3	Hammonds, Katrina	103			a	a	a	a	a		
4	Smith, Sara	102			X	X	X	X	X		

X = Present and received a meal

Z or (X) = Present but not served a meal

a = absent

Determining CACFP Enrollment

1. Find participants who were absent all month.
2. Highlight their name and the entire line.

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7	8	9	X	A	(X)	H	*
1	Adams, Sue	103			X	X	X	X	X			5	0	0	0	0
2	Bell, Kathy	101			X	Z	a	a	a			1	3	1	0	0
3	Hammonds, Katrina	103			a	a	a	a	a			0	5	0	0	0
4	Smith, Sara	102			X	X	X	X	X			5	0	0	0	0

3. Skip highlighted lines when counting enrollment.

Determining CACFP Enrollment

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7	8	9	X	A	(X)	H	*
1	Adams, Sue	103			X	X	X	X	X			5	0	0	0	0
2	Bell, Kathy	101			X	Z	a	a	a			1	3	1	0	0
3	Hammonds, Katrina	103			a	a	a	a	a			0	5	0	0	0
4	Smith, Sara	102			X	X	X	X	X			5	0	0	0	0

Enrollment:

Free **1**

Reduced **1**

Paid **1**

Determining CACFP Participation

1. Identify participants that were present but did not receive a meal all month.
2. Highlight with a different color.

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7
1	Adams, Sue	103	X	X	X	X	X		
2	Camden, Carlos	101	a	a	a	a	a		
3	Jones, James	101	a	X	X	X	X		
4	McDonald, Raymond	102	X	X	a	X	X		
5	Newton, Savannah	101	Z	a	a	a	a		

3. Skip all highlighted lines to determine participation.

Determine CACFP Participation

Name (last name, first name)		Eligibility Category	1	2	3	4	5	6	7
1	Adams, Sue	103	X	X	X	X	X		
2	Camden, Carlos	101	a	a	a	a	a		
3	Jones, James	101	a	X	X	X	X		
4	McDonald, Raymond	102	X	X	a	X	X		
5	Newton, Savannah	101	Z	a	a	a	a		

Participation:

Free 1

Reduced 1

Paid 1

Monthly Meal Count Record

A record of the number of meals served during the day (use with Required Daily Record)

- 🍴 Used by centers using the Daily Record
- 🍴 Indicates the number of meals served each day
- 🍴 *Point of Meal Service* counts are required! Remember to total each category.
- 🍴 Used to supply data for completing site data sheet.

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MONTHLY MEAL COUNT RECORD

	Breakfast						Lunch						Supper				
	Infants	1-2 YO	3-5 YO	6+ YO	Daily Total		Infants	1-2 YO	3-5 YO	6+ YO	Daily Total		Infants	1-2 YO	3-5 YO	6+ YO	Daily Total
1						1											
2						2											
3						3											
4						4											
5						5											
6						6											
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28						28											
29						29											
30						30											
31						31											
Total						Total											

Monthly Meal Count Record for Adults

Month/Year: _____ Name of Center: _____

MONTHLY MEAL COUNT RECORD

Breakfast			Lunch			PM Snack		
Date	Adults	Daily Total	Date	Adults	Daily Total	Date	Adults	Daily Total
1			1			1		
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
8			8			8		
9			9			9		
10			10			10		
11			11			11		
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24			24			24		
25			25			25		
26			26			26		
27			27			27		
28			28			28		
29			29			29		
30			30			30		
31			31			31		
Total			Total			Total		

Which Form To Use?

- If a center serves four meals, then the Daily Record of Attendance and Meal Participation form must be used.

Daily Attendance Sheet

STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
MONTGOMERY, ALABAMA 36130-210
Form CACFP-M3 (3/08)

DAILY RECORD OF ATTENDANCE AND MEAL PARTICIPATION IN CHILD AND ADULT CARE FOOD PROGRAM

Name of Center _____ Name of Caregiver/Room _____ Month _____ 20____ Year _____ Page _____ of _____

Date:	1st Week					2nd Week					3rd Week					4th Week					5th Week					Individual Totals					
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	Days Operating					
Name _____	AT																									AT	BK	LU	SN	SU	SN
Code or ID: _____	BK																									BK					
Name _____	LU																									LU					
Code or ID: _____	SN																									SN					
Name _____	SU																									SU					
Code or ID: _____	SN																									SN					
Name _____	AT																									AT					
Code or ID: _____	BK																									BK					
Name _____	LU																									LU					
Code or ID: _____	SN																									SN					
Name _____	SU																									SU					
Code or ID: _____	SN																									SN					
Name _____	AT																									AT					
Code or ID: _____	BK																									BK					
Name _____	LU																									LU					
Code or ID: _____	SN																									SN					
Name _____	SU																									SU					
Code or ID: _____	SN																									SN					
Name _____	AT																									AT					
Code or ID: _____	BK																									BK					
Name _____	LU																									LU					
Code or ID: _____	SN																									SN					
Name _____	SU																									SU					
Code or ID: _____	SN																									SN					

Totals for this Page: BK LU SN SU SN

Meals are identified by:

BK = Breakfast

SN = Snack

LU = Lunch

SU = Supper

**Remember to mark during the
time of meal service!**

When a child is absent all month:

State Department of Education Div of Instructional Services Child and Adult Care Food Program Montgomery, AL 36130		DAILY RECORD OF ATTENI										
		Name of Center										
		Date	1st Week					2nd Week				
						1	4	5	6	7	8	
			M	T	W	T	F	M	T	W	T	F
Name	<u>Laura Hayes</u>	AT					a	a	a	a	a	a
Code or ID	<u>101</u>	BK					a	a	a	a	a	a
		LU					a	a	a	a	a	a



Circle the child's name and code.



Do not count the child as enrolled or as a participant.

"AT-RISK" SNACK AND SUPPER PARTICIPATION IN CACFP

Daily Record of Attendance SNACK and SUPPER (2).pdf - Adobe Reader

File Edit View Window Help

Signature field(s) detected. Open Sign Pane

State Department of Education "AT-RISK" SNACK AND SUPPER PARTICIPATION IN CACFP Number of Days Operating _____

Month _____ Date _____ 1st Week 2nd Week 3rd Week 4th Week 5th Week

	1st Week					2nd Week					3rd Week					4th Week					5th Week								
	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F				
Name _____	SNACK																												
	SUPPER																												
Name _____	SNACK																												
	SUPPER																												
Name _____	SNACK																												
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Name _____	SNACK																												
	SUPPER																												
Total for this page SNACK _____ SUPPER _____																													
Signature _____																				Date _____					Page _____ of _____				

Not all meals are eligible for reimbursement!



- ☉ Meals served to a child not enrolled
- ☉ Meal types not approved
- ☉ Meals served in excess of three meals per child, per day
- ☉ Meals that do not meet the meal pattern
- ☉ Meals served to children that have turned 13

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Not all meals are eligible for reimbursement! (Continued)



- ☉ Meals served in excess of licensed capacity unless you have been approved for shifts
- ☉ Meals in which more than one required food component is donated, except for infants
- ☉ Meals served outside of the approved meal service times (except for infants). Meal service times are indicated in the online application.

Examples of Meal Count Methods that are not acceptable:

- ❌ Counting the number of meals prepared or sent by the kitchen. Remember to only count meals you gave students.
- ❌ Counting the number of meals ordered from a vendor.
- ❌ Counting meals after the meal is completed based on the teacher's memory or Daily Attendance Sheets.
- ❌ Counting the number of trays or plates on which food is served.



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Special Circumstances



Special Circumstances



☺ Transfers

☺ Before and After-School Children

☺ Drop-Ins

☺ Six or Seven Day Centers

☺ Shifts- pages 50-51

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When a child transfers from one class to another:

	Date	1st Week				
		3	4	5	6	7
		M	T	W	T	F
Name <u>Marie Jenkins</u>	AT	X	X	X		
Code or ID <u>101</u>	BK	X	X	X	<i>transfer</i>	
	LU	X	X	X		
	SN	X	X	X		

	Date	1st Week				
		3	4	5	6	7
		M	T	W	T	F
Name <u>Marie Jenkins</u>	AT				X	X
Code or ID <u>101</u>	BK	<i>transfer</i>		X	X	
	LU				X	X
	SN				X	X

On Attendance Sheet:

- ☉ Write “transfer” on both sheets.
- ☉ Circle the name and eligibility code on one sheet.
- ☉ Count the child and the eligibility code ONCE yet ALL of the meals from both sheets.

On Daily Record:

- ☉ Wait until the beginning of the next month.

Before- and After-School Children

	Date	1st Week				
		1	2	3	4	5
		M	T	W	T	F
Name <u>Sara Mills</u>	AT	X	X	X	X	X
Code or ID <u>101</u>	BK					X
	LU					X
	SN	X	X	X	X	X
	SU					

- ☺ Use a separate Attendance Form.
- ☺ Mark the attendance and meals only on the days the child eats.
- ☺ If child is not present, leave the space blank.

Drop-Ins



Drop-Ins must:

- 🍴 Have Enrollment Form
- 🍴 Have an Income Eligibility Form (IEF), if required.
- 🍴 Be listed on the Daily Record or Attendance Sheet.

Drop-Ins



- ☺ Add the child on the first day of the month in attendance.
- ☺ Write “drop-in” under the eligibility code.
- ☺ Mark only meals and attendance for days in care.

Six or Seven Day Centers

	Date	1st Week					2nd Week				
		4	5				11	12			
		S	S	W	T	F	S	S	W	T	F
Name <u>Mollie Malone</u>	AT										
Code or ID <u>101</u>	BK										

Use a separate Attendance Form for weekends and Daily record form.

What are Shifts?

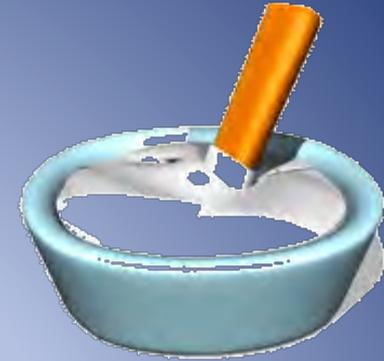
Children are entering and leaving during the meal service time so that you are serving more meals than your licensed capacity allows.

Special Permission Only!

For Example:

License Capacity is 120. Thirty school aged children eat breakfast and then are transported to school. One hundred preschool children stay at the center and have breakfast.

If you have shifts.....



*Your sign-in and sign-out sheets
will show that you did not
exceed licensed capacity
at any one time!*



Each month the sponsor must submit a claim for reimbursement by reporting online:

- 🍴 The total number of each meal served - **breakfasts , lunches, and snacks**
- 🍴 The total number of participants in each category: **free, reduced , and paid**



Monthly Summary Form

Month: Name of Center:

MONTHLY SUMMARY

Sheet	Enrollment					Participation				Meals			
	Free	Red	Paid	F/RP	Total	Free	Red	Paid	Total	Breakfast	Lunch	PM Snack	Total
a.	0	0	0	0	0	0	0	0	0	0	0	0	0
b.	0	0	0	0	0	0	0	0	0	0	0	0	0
c.	0	0	0	0	0	0	0	0	0	0	0	0	0
d.	0	0	0	0	0	0	0	0	0	0	0	0	0
e.	0	0	0	0	0	0	0	0	0	0	0	0	0
f.	0	0	0	0	0	0	0	0	0	0	0	0	0
g.	0	0	0	0	0	0	0	0	0	0	0	0	0
h.	0	0	0	0	0	0	0	0	0	0	0	0	0
i.	0	0	0	0	0	0	0	0	0	0	0	0	0
j.	0	0	0	0	0	0	0	0	0	0	0	0	0
k.	0	0	0	0	0	0	0	0	0	0	0	0	0
l.	0	0	0	0	0	0	0	0	0	0	0	0	0
m.	0	0	0	0	0	0	0	0	0	0	0	0	0
n.	0	0	0	0	0	0	0	0	0	0	0	0	0
o.	0	0	0	0	0	0	0	0	0	0	0	0	0
p.	0	0	0	0	0	0	0	0	0	0	0	0	0
q.	0	0	0	0	0	0	0	0	0	0	0	0	0
r.	0	0	0	0	0	0	0	0	0	0	0	0	0
s.	0	0	0	0	0	0	0	0	0	0	0	0	0
t.	0	0	0	0	0	0	0	0	0	0	0	0	0
u.	0	0	0	0	0	0	0	0	0	0	0	0	0
v.	0	0	0	0	0	0	0	0	0	0	0	0	0
Total													

Daily Record or
Monthly Meal Count Record

Daily Attendance Sheet
Or Daily Attendance Sheet

Used to total enrollment, participation, and meals served per month for the monthly claim for reimbursement. (Site Data Sheet)

Monthly Summary Form

To complete manually:

- 1.) Complete the header information. (month and name of center)
- 2.) Use the Daily Record or Daily Attendance Sheet to enter enrollment.
 - the number of participants by eligibility category (free, reduced, and paid enrollment)
- 3.) Transfer and total participation for each category.
- 4.) Enter the number of meals by type served using either the Monthly Meal Count Record or the Attendance Sheets.
- 5.) At the bottom of the sheet, add down each column to determine totals. Totals are only required in white boxes.
6. Have a second person review and verify.

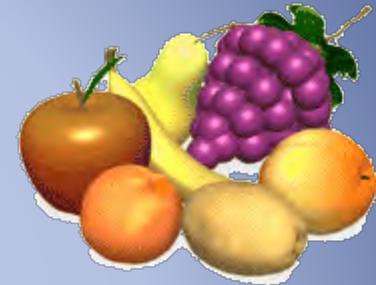
Review!

☺ Use children's FULL names.

☺ PRINT names legibly.

☺ List the eligibility category code correctly.

☺ Fill out the Meal Count Record at the point of meal service.



Review!

☺ Use the following symbols:

X – present

α – absent

⊗ – present but not claiming (or Z)

☺ Use a symbol to indicate those meals that will not be counted:

- meals in excess of three per day

- meals served outside of the approved times

