

APPENDIX F

Child and Adult Care Food Program (CACFP)

Improper Payment Meal Claims Assessment

(OMB No.: 0584-NEW)

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Appendix F: CACFP Provider Child Enrollment Data Abstraction Table

**CHILD AND ADULT FOOD CARE PROGRAM
(CACFP) MEAL CLAIMS ASSESSMENT
ICF Macro**

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Calverton, MD 20705
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Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Research and Analysis, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.

State ID: _____ Sampled FDCH # _____	Sponsor ID: _____ Sponsor Name: _____	Provider ID: _____ Provider Name: _____
Replacement FDCH? Y/N		
Date of Abstraction: ___/___/___ _____	Respondent: _____	Reviewed by: _____
Time: _____ am/pm	Interviewer: _____	HQAPVL: _____

CACFP PROVIDER CHILD ENROLLMENT DATA ABSTRACTION TABLE

TOTAL CHILD ENROLLMENT FROM SPONSOR RECORD:	APPROVED FDCH MEAL SERVICE:	BREAKFAST (B)	AM SNACK (AS)	LUNCH (L)	PM SNACK (PS)	SUPPER (S)	EVENING SNACK (ES)
Total number of infants (11 months old or younger): _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Total number of preschool children (1-5 years):</i> _____							
<i>Total number of school-age children (6+):</i> _____							
What is the child's name? (First name, Middle Initial, Last Name)							

		<small>(First Name, MI, Last Name)</small>					
Does your sponsor organization have a unique ID number for this child? What is it?		Provider Child ID: _____					
What is the child's date of birth?		___/___/___					
		<small>(MM/DD/YYYY)</small>					
When did he/she begin attending your day care home?		___/___/___					
		<small>(MM/DD/YYYY)</small>					
What are the child's parent/parents/guardian's name(s)? (First Name and Last Name)							
Can you provide me with the parent(s)/guardian's home address and telephone number(s)?							
Parent #1: _____				Parent #2: _____			
<small>Parent/Guardian's Name (1)</small>				<small>Parent/Guardian's Name (2)</small>			
_____				_____			
<small>Street Address</small>				<small>Street Address</small>			
_____		_____		_____		_____	
<small>City</small>		<small>State/ZIP Code</small>		<small>City</small>		<small>State/ZIP Code</small>	
_____		_____		_____		_____	
<small>Primary Phone Number</small>		<small>Alternative Phone Number</small>		<small>Primary Phone Number</small>		<small>Alternative Phone Number</small>	

<p>Does CHILD #1 NAME have any siblings that are enrolled in your care?</p>	<ul style="list-style-type: none"> • Yes • No 	Number of siblings in care? _____																																								
<p>What is the sibling's name? (First name, Middle Initial, Last Name)</p>	1. _____ (First Name, MI, Last Name)																																									
<p>What is the sibling's name? (First, Middle Initial, Last Name)</p>	2. _____ (First Name, MI, Last Name)																																									
<p>What is the sibling's name? (First Name, Middle Initial, Last Name)</p>	3. _____ (First Name, MI, Last Name)																																									
<p>What days of the week does [CHILD #1 NAME] attend your day care?</p>	<p>What time does [CHILD #1 NAME] usually attend your day care for those days?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2">BEFORE-SCHOOL CARE</th> <th colspan="2">AFTER-SCHOOL CARE</th> </tr> <tr> <th>Arrive (am/pm)</th> <th>Leave (am/pm)</th> <th>Arrive (am/pm)</th> <th>Leave (am/pm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		BEFORE-SCHOOL CARE		AFTER-SCHOOL CARE		Arrive (am/pm)	Leave (am/pm)	Arrive (am/pm)	Leave (am/pm)																																
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<p>For which meals that you provide this child do you receive reimbursement for?</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Breakfast</th> <th>AM Snack</th> <th>Lunch</th> <th>PM Snack</th> <th>Supper</th> <th>EV Snack</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
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<p>Does child's parent(s) provide any meals for him/her to eat while in your care?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <ul style="list-style-type: none"> • NO • Formula • Breakfast • AM Snack • Lunch • PM Snack • Supper • EV Snack </td> <td style="padding: 5px;"> NOTES ON MEALS: </td> </tr> </table>		<ul style="list-style-type: none"> • NO • Formula • Breakfast • AM Snack • Lunch • PM Snack • Supper • EV Snack 	NOTES ON MEALS:																																						
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