

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 International**

**Attn: Erika Gordon, Project Director
11785 Beltsville Drive, Suite 300
Calverton, MD 20705
Tel: (800) 840-8248**

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: _____	Sponsor ID: _____	Provider ID: _____
Sponsor Name: _____		Provider Name: _____
Date of Abstraction: ___/___/___		Replacement FDCH? Y/N
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"/>	<input type="checkbox"/>
<i>Total number of preschool children (1-5 years):</i> _____							
<i>Total number of school-age children (6+):</i> _____							
ENTER ICF INTERNATIONAL ID NUMBER: _____		_____					
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>					
Street Address		Street Address (If different from Parent #1)					
City State/ZIP Code		City State/ZIP Code					
Primary Phone Number Alternative Phone Number		Primary Phone Number Alternative Phone Number					

<p>What days of the week does [CHILD'S NAME] attend your day care?</p> <p>1. Monday 2. Tuesday 3. Wednesday 4. Thursday 5. Friday 6. Saturday 7. Sunday</p>	<p>What time does [CHILD'S NAME] usually attend your day care for those days?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th colspan="2" style="text-align: center;">BEFORE-SCHOOL CARE</th> <th colspan="2" style="text-align: center;">AFTER-SCHOOL CARE</th> </tr> <tr> <th style="text-align: center;">Arrive (am/pm)</th> <th style="text-align: center;">Leave (am/pm)</th> <th style="text-align: center;">Arrive (am/pm)</th> <th style="text-align: center;">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> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="text-align: center;">Breakfast</th> <th style="text-align: center;">AM Snack</th> <th style="text-align: center;">Lunch</th> <th style="text-align: center;">PM Snack</th> <th style="text-align: center;">Supper</th> <th style="text-align: center;">EV Snack</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <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: 50%; padding: 5px;"> <ul style="list-style-type: none"> • NO • Formula • Breakfast • AM Snack • Lunch • PM Snack • Supper • EV Snack </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>NOTES ON MEALS:</p> </td> </tr> </table>	BEFORE-SCHOOL CARE		AFTER-SCHOOL CARE		Arrive (am/pm)	Leave (am/pm)	Arrive (am/pm)	Leave (am/pm)																													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"/>	<ul style="list-style-type: none"> • NO • Formula • Breakfast • AM Snack • Lunch • PM Snack • Supper • EV Snack 	<p>NOTES ON MEALS:</p>
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HEADQUARTERS USE ONLY: REVIEW ENROLLMENT DATA AND DETERMINE IF CHILD HAS SIBLING WITHIN FDCH. IF SIBLINGS ARE ALSO ENROLLED, PROVIDE SIBLING(S) NAMES AND IDs BELOW:																																																			
<p>Does <u>CHILD</u> have any siblings that are enrolled in this FDCH? • Yes • No Number of siblings in care? ____</p>																																																			
SIBLING NAME:	1. _____ (First Name, MI, Last Name)	1. _____ (ICF INTERNATIONAL ID)																																																	
SIBLING NAME:	2. _____ (First Name, MI, Last Name)	2. _____ (ICF INTERNATIONAL ID)																																																	
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