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**

State ID:_____	Sponsor ID:_____	Provider ID:_____
Sponsor Name:_____	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): _____		☐	☐	☐	☐	☐	☐
Total number of preschool children (1–5 years): _____							
Total number of school-age children (6+): _____							

ENTER ICF INTERNATIONAL ID NUMBER:	_____
What is the child's name? (First name, Middle Initial, Last Name)	_____ (First Name, MI, Last Name)
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?	____/____/_____ (MM/DD/YYYY)
When did he/she begin attending your day care home?	____/____/_____ (MM/DD/YYYY)

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/Guardian's Name (1)

Parent #2: _____
Parent/Guardian's Name (2)

_____
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

What days of the week does [*CHILD'S NAME*] attend your day care?	What time does [*CHILD'S NAME*] usually attend your day care for those days?			
	BEFORE-SCHOOL CARE		**AFTER-SCHOOL CARE**	
	Arrive (am/pm)	*Leave (am/pm)*	*Arrive (am/pm)*	*Leave (am/pm)*
1. Monday				
2. Tuesday				
3. Wednesday				
4. Thursday				
5. Friday				
6. Saturday				
7. Sunday				

	Breakfast	**AM Snack**	**Lunch**	**PM Snack**	**Supper**	**EV Snack**
For which meals that you provide this child do you receive reimbursement for?	☐	☐	☐	☐	☐	☐

Does child's parent(s) provide any meals for him/her to eat while in your care?

	NOTES ON MEALS:
• **NO**	
• Formula	
• Breakfast	
• AM Snack	
• Lunch	
• PM Snack	
• Supper	
• EV Snack	

Does *CHILD* have any siblings that are enrolled in this FDCH?   • Yes   • No   **Number of siblings in care? ____**

SIBLING NAME:	1. _____ (First Name, MI, Last Name)	1. _____ (ICF INTERNATIONAL ID)
SIBLING NAME:	2. _____ (First Name, MI, Last Name)	2. _____ (ICF INTERNATIONAL ID)
SIBLING NAME:	3. _____ (First Name, MI, Last Name)	3. _____ (ICF INTERNATIONAL ID)
SIBLING NAME:	4. _____ (First Name, MI, Last Name)	4. _____ (ICF INTERNATIONAL ID)