

Record Keeping

As a provider you are required to

1. provide enrollment forms for all day care children upon beginning care in your childcare home, this includes your own children (and any children who also reside in your residence) from birth through age 12 years. Each enrollment form should include current parent contact information and the child's school information with your signature as well as the parent's signature. One copy should be sent to the 4-C office, and one copy should go in your CACFP food program folder.
2. renew enrollments every fiscal year by completing the forms mailed to you and returning one copy to the 4-C office by October 1, 2026, and keeping one copy in your CACFP food program folder. Any updates to parent contact information or child's school information should be added to this form and have the parent initial any changes. The form should also have your signature and the parent's signature on both copies.
3. keep the required documents in your CACFP food program folder including
 - a. Child Enrollment Form (the current year and any new enrollments)
 - b. Initial Visit Form
 - c. Site Sheet
 - d. Permanent Agreement
 - e. Tiering Letter
 - f. Child and Infant Meal Pattern Tables
 - g. Review Visits (the last 3)
 - h. Building for the Future brochure
4. enter your meals and attendance every day by midnight.

You are required to keep CACFP records for a period of three years – plus the current year. Please know that the 4-C office retains them for the same period of time.

Provider: **Provider, KidKare Test #099998**
123 White St
DeKalb IL 601150000 Tier:
Phone: (815) 555-6789
Monitor: Amy Peterson(09)

CHILD ENROLLMENT REPORT

Food Program Sponsoring Agency:
4-C: Community Coordinated Child Care
444 E Hillcrest Dr. Suite 300
DeKalb IL 60115
(815) 758-8149
Kellyr@four-c.org

CHILD INFO: Status: Pending
Name: Donald MI: Last Name: Duck Ethnicity: Non Hispanic
Address: 123 Duckpond Way State: IL Race: White
City: Anywhere Zip Code: 60000 Sex: Male
Date of Birth: 05/01/2009 Enrollment Date: 08/02/2016
Age as of Date Printed: 16y 2m

PARENT INFO: Over Night Stay Approved: No
Name: Super Duck Payment Source: Private
Address: 123 Duckpond Way
City: Anywhere State: IL Zip Code: 60000 Email:
Phone: (815) 555-1234

NORMAL SCHEDULE:
Participating Days: MON TUE WED THU FRI Days vary: YES Weekday Times: 08:00 AM - 05:00 PM
Participating Meals: BRK AMS LUN PMS Times vary: YES Weekend Times:

SCHOOL INFO:
School Type: School School Number:
School Name: Lincoln Elem School District: Dekalb Comm Unit Sch Dist 428
School Depart/Return Times: 08:10 AM - 03:00 PM Days Attend: MON TUE WED THU FRI

SPECIAL INFO:
Participates in CACFP (Food Program): YES Relation to Provider: NotRelated
Special Needs: NO
Special Diet: NO
If either are YES, attach a signed medical statement.

Dear Parents:
Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in Family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our Program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.
I have verified that the above information is correct, and I have received a copy of this completed form.

Parent/Guardian Signature: _____ Date: _____ ID#: 99998
Provider's Signature: _____

Non-discrimination Statement
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider. Updated: February 15, 2023

a.

Enrollment Renewal Report (09/01/2025 - 08/31/2026)

Congratulations on choosing a provider who cares about children and realizes the importance of a strong nutrition foundation early in life! The day care home provider listed below participates in the Child & Adult Care Food Program (CACFP), a nutrition program funded by the United States Department of Agriculture (USDA) and sponsored by 4-C: **Community Coordinated Child Care 444 E Hillcrest Dr. Suite 300, DeKalb, IL 60115**. The purpose of this program is to promote good eating habits among children. Providers receive cash reimbursement for approved meals. As a participant, your provider has agreed to follow USDA minimum standards in the planning and serving of meals to the children in her/his care. All food served to participating children must be provided by the day care provider.

TO PARENT(s): Please check the information below for your child. Record or verify the COMPLETE address (city, state, zip), and phone # and the drop-off and pick-up times. Please add any corrected or missing information in the space provided. Also, be sure to indicate both the days and meals your child will attend. You may be contacted by 4-C: Community Coordinated Child Care regarding the meals claimed for your child. You **MUST** sign on the line to the right of the meals you indicate. **NOTE: All information is mandatory. Please complete all sections.**

Provider Name and Address	Provider, KidKare Test 123 White St DeKalb, IL 60115	Prov #: 99998 Phone: (815) 555-6789 Monitor: Peterson, Amy	Provider Signature: _____
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No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District	
5	Catepillar, Cathy	03/01/2016	08/02/2016	None	9v 6m	A	NH	W	F	K	Sycamore C U School	
Address: 123 Duckpond Way Anywhere, IL 60000 Home Phone: Work Phone Mobile Phone: (815) 555-1234		Drop Off: 8:00am	Weekday Times	Pick Up: 5:00pm	Days	Participation						Super Duck
		Weekend Times			Meals	Parent Name						
		School Times			Days vary: [X]	Times vary: [X]						Parent Signature
		Depart: 8:30am		Return: 3:30pm	Days Attending School	Date						Withdrawal Date
					[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su							
					[X] B [X] A [X] L [X] P [] D [] E							
2	Jones, Johnny	01/01/2017	09/01/2017	None	8v 8m	A	NH	W			Dekalb Comm Unit S	
Address: 123 Duckpond Way Anywhere, IL 60000 Home Phone: Work Phone Mobile Phone: (815) 555-1234		Drop Off: 7:00am	Weekday Times	Pick Up: 6:00pm	Days	Participation						Super Duck
		Weekend Times			Meals	Parent Name						
		School Times			Days vary: []	Times vary: []						Parent Signature
		Depart:		Return:	Days Attending School	Date						Withdrawal Date
					[] Mo [] Tu [] We [] Th [] Fr							
					[] B [] A [] L [] P [] D [] E							

<p>Note to Parent: If your child attends any type of school, school information is required.</p> <p>School Type Legend: A = A.M. Kindergarten D = A.M. Headstart H = Home School K = Kindergarten L = All Day Headstart M = P.M. Kindergarten P = P.M. Headstart N = No School S = School Age Y = Year Round School</p>	<p>Meals Legend: B = Breakfast A = A.M. Snack L = Lunch P = P.M. Snack D = Dinner E = Evening Snack</p>
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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.Intake@usda.gov. This institution is an equal opportunity provider. Updated: February 15, 2023

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Enrollment Renewal Report (09/01/2025 - 08/31/2026)

Provider Name **Provider, KidKare Test**
 and Address **123 White St**
DeKalb, IL 60115

Prov #: 99998
 Phone: (815) 555-6789
 Monitor: Peterson, Amy

Provider
 Signature:

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District		
9	Sally, Silly	06/01/2018	12/01/2018	None	7y 3m	A	NH	W			Dekalb Comm Unit S		
Address: 123 Disney Ln Disney World, IL 60000		Drop Off: 7:00am	Weekday Times	Pick Up: 6:00pm	Participation							Jane Sally	
Home Phone:		Weekend Times		Meals	Days	[X] Mo [X] Tu [X] We [X] Th [X] Fr [] Sa [] Su	Parent Name						
Work Phone:				Days vary: []	Times vary: []		Parent Signature						
Mobile Phone:		Depart:	School Times	Return:	Days Attending School							Date	Withdrawal Date
Email:						[] Mo [] Tu [] We [] Th [] Fr							

Note to Parent: If your child attends any type of school, school information is required.						Meals Legend	
School Type Legend	A = A.M. Kindergarten	D = A.M. Headstart	H = Home School	K = Kindergarten	L = All Day Headstart	B = Breakfast	A = A.M. Snack
	M = P.M. Kindergarten	P = P.M. Headstart	N = No School	S = School Age	Y = Year Round School	P = P.M. Snack	D = Dinner
						E = Evening Snack	

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a.

CACFP INTRODUCTION VISIT

Provider's Name _____ Date Visited _____

Address _____ Town _____ Zip Code _____

Telephone _____ Arrival Time _____ Departure Time _____

Explanation of Packet Materials

The following forms and their instructions have been discussed with the provider



_____ Parents Income Application

_____ USDA Requirements

_____ Meal Reimbursement Rates

_____ CACFP Meal Components

_____ Sponsor Policies

_____ Feeding Infant Guide and Requirements

_____ Child Enrollment Form

_____ Sponsor Agency Agreement (Site Sheet)

_____ Menus/Meal Attendance

_____ Tiering Information for becoming

_____ Seriously Deficient Process

Tier 1 or Tier II provider

_____ Product Analysis / CN Labeling

_____ Civil Rights

Verified Provider's License? _____

(Yes/No—how far in licensing process?)

License # _____ Exp. Date _____ Capacity _____

List names and ages of day care children who were present:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were the cooking and eating areas satisfactory for serving meals to the day care children?

Yes _____ No _____ If not, why? _____

Discussed with provider all of the above materials.

Signature of Provider / Date

Signature of Monitor / Date

Comments/Forms/Materials Requested:

If joining DeKalb 4-C Food Program:

DOB

b.

FISCAL YEAR _____

AGREEMENT NUMBER _____

ISBE SITE NUMBER
USE ONLY _____

NAME OF SPONSORING ORGANIZATION _____

ILLINOIS STATE BOARD OF EDUCATION
 Nutrition Programs Division
 100 North First Street, W-270
 Springfield, Illinois 62777-0001

**Child and Adult Care Food Program
 SITE INFORMATION - DAY CARE HOME**

DAY CARE HOME PROVIDER TRANSFER AT END OF FISCAL YEAR ONLY

NAME OF SPONSOR PROVIDER HAS TRANSFERRED FROM _____

I. SITE INFORMATION

1 NAME (First, Middle, Last) AND ADDRESS (Street, City, State, Zip Code) _____

2 MAILING ADDRESS (Street, City, State, Zip Code) (If mailing address is the same as in 1., leave blank) _____

3 COUNTY _____ 4 TELEPHONE NUMBER (include Area Code) _____ 5 FAX NUMBER _____

6 E-MAIL ADDRESS _____

II. APPLICATION

7. PERIOD OF OPERATION
 BEGINNING DATE ____/____/____
 CLOSING DATE ____/____/____

8. DCFS/MILITARY INFORMATION
 LICENSE EXPIRATION DATE ____/____/____
 LICENSE NUMBER _____
 Check box for license exempt by military.

9. TYPE OF HOME
 DAY CARE HOME
 EXTENDED DAY CARE HOME
 GROUP DAY CARE HOME

10. LICENSE CAPACITY
 DAY _____
 EXTENDED _____
 NIGHT _____

11. ISBE/IDHS DATA ID.

 IDHS CHILD CARE SUBSIDY NUMBER _____

III. PROGRAM DETAILS

12 OPERATING DAYS PER WEEK

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.

13 DAYS OF SERVICE: Provide the exact number of days food service is offered each month.

14 CURRENT ENROLLMENT
 (residing in home under the age of 13) _____
 (residing in home under the age of 13) _____
 Outside Children _____
TOTAL ENROLLMENT _____

15 FOOD SERVICE DATA

SHIFT	SERVING TIME (Two hours required between meals.)						DAY	OPEN CLOSE
	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner	Evening Snack		
First Serving	Begin End						NIGHT	OPEN CLOSE
Second Serving	Begin End							

16 HOURS OF OPERATION (Cannot exceed DCFS license hours of operation.)

IV. TIER INFORMATION

17 TIER INFORMATION - Select only one
 Tier I School Tier I Census Tier I Household Income Tier II All Lower Tier II Mixed Tier II All Higher

SCHOOL DISTRICT DATA

To determine if your day care home will receive Tier I or Tier II reimbursement by school data, the following must be completed.

A. NAME AND ADDRESS OF THE PUBLIC SCHOOL DISTRICT YOUR CHILD ATTENDS (Street, City, State, Zip Code)* (MUST COMPLETE) _____

B. NAME AND ADDRESS OF THE PUBLIC ELEMENTARY SCHOOL WITHIN THAT DISTRICT YOUR CHILD ATTENDS (Street, City, State, Zip Code)* (MUST COMPLETE) _____

TELEPHONE (Include Area Code) _____ TELEPHONE (Include Area Code) _____

VERIFICATION OF SCHOOL ATTENDANCE AREA

APPROVED: Yes No

Date of Contact

Name of Contact Person

* If your child attends a nonpublic school or if you do not have children, state the name and address of the public school district and elementary school that your child would have been assigned.

CERTIFICATION BY PROVIDER

I certify the above is true and correct and I understand this information is provided in connection with the receipt of federal funds and deliberate misrepresentation may result in state or federal prosecution. I will follow all rules and regulations governing participation in the Child and Adult Care Food Program for which application is made. The Sponsor/Provider also acknowledges the contents of the attached agreement [ISBE 68-49A] and accepts all conditions and obligations as contained therein.

Date

Signature of Provider

Date

Signature of Sponsoring Organization Representative

Child and Adult Care Food Program

SPONSORING ORGANIZATION/PROVIDER PERMANENT AGREEMENT

RIGHTS AND RESPONSIBILITIES OF THE SPONSORING ORGANIZATION

In accordance with Child and Adult Care Food Program (CACFP) regulations, the sponsoring organization agrees to:

1. Comply with provisions of CACFP 7 CFR Part 226.
2. Provide all required administrative services, without cost to the provider and accept final administrative and financial responsibility
3. In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's, income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA.
4. Conduct and provide pre-approval training to each new day care home. This training includes explaining program benefits, verifying licensure and capacity, program duties, responsibilities and civil rights. Provide policies and procedures with a sponsor handbook and forms, to include enrollment forms.
5. Initially and annually, mandatory training of key staff (the provider, joint licensed provider and assistant, if applicable) regarding CACFP regulations including Program's meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements; reimbursement process; and use of required forms, to include: enrollment forms, menus, meal attendance sheets, and income eligibility applications. Training must include the sponsor's policies and written procedures. A sponsor must extend the time of monitoring reviews if training is to be during the day care home review.
6. Offer additional training, as needed, for a minimum of two hours. Training may be provided by various methods, such as conferences, group meetings, online training, self-paced curriculum, or one-on-one in-home training. Update the day care home of all CACFP policies and procedures through handbooks, newsletters, or letters.
7. Ensure the *Building for the Future* brochure is provided to all day care home providers and disseminated to parents and guardians of enrolled children.
8. Provide CACFP record keeping forms and necessary program information updates to each provider; e.g., enrollment, menus, meal attendance, Household Eligibility Applications (HEAs), program policies and procedural handbooks.
9. Annually collect enrollment forms for all children enrolled for child care in each day care home. This includes enrollment forms for the provider's own children 12 years of age and younger.
10. Require day care home providers to submit their meal records by the _____ day of each month.
11. Determine which day care homes under its sponsorship are eligible as Tier I homes by school data or census data. The sponsoring organization, the Illinois State Board of Education, or USDA Food and Nutrition Service may change the determination if information becomes available indicating a provider is no longer Tier I eligible.
12. Distribute HEAs to providers who wish to be eligible for Tier I reimbursement and who wish to claim their own children in the CACFP.
13. Verify provider's household income and other program eligibility benefits for all day care home providers applying for Tier I eligibility by HEA.
14. Inform Tier II providers of all their options for receiving reimbursement for meals served to enrolled children.
15. Upon request of a Tier II provider distribute, collect, and approve HEAs from parents of households for all children enrolled in the day care home and determine the eligibility of enrolled children for Tier I or Tier II reimbursement.
16. Keep all household income eligibility information confidential from providers and limit the use of such information to persons directly connected with the administration of the CACFP.
17. Represent the provider for the purpose of participation in the CACFP including the preparation and processing of Illinois State Board of Education (ISBE) claim reimbursement forms.
18. Evaluate monthly menus and attendance sheets, and other required records to determine allowable reimbursement.
19. Reimburse the Tier I and Tier II providers within five working days from the receipt of state agency reimbursement, the full-food service rate for each allowable meal served to enrolled children in an approved day care home.
20. Disallow meals claimed for reimbursement if the provider's records are incomplete, inaccurate, or missing. Disallow if meals do not meet CACFP meal pattern requirements or if meals are claimed in excess of the authorized Department of Children and Family Services (DCFS) license capacity or Illinois Department of Human Services (IDHS) enrollment. Disallow if more than two meals and one snack or two snacks and one meal are claimed per child per day.
21. By consent from the day care home, the sponsoring organization may incur costs for the provision of program foodstuffs or meals on behalf of the home, and subtract such costs from program reimbursement. This may only occur if approved by the state agency and an addendum to the agreement is completed.
22. The sponsor must not withhold payment to any day care homes, unless the claim is invalid and/or due to the provider submitting a false or erroneous meal count.
23. Review each provider a minimum of three times a year including the additional requirements.
 - A. At least two of the three reviews must be unannounced. Conduct these reviews during the provider's normal business hours.
 - B. Ensure monitor shows photo identification when conducting a review.
 - C. At least two of the three reviews must include the observation of a meal service and one of the reviews must be during an unannounced review.
 - D. Ensure no more than six months may elapse between each review.
 - E. At least one review must be made during the day care home's first four weeks of program operation.
 - F. All reviews must include reconciliation of meal counts for five consecutive days, assessment of whether the facility has corrected problems noted on a previous review(s) and an assessment of the facilities compliance with program requirements.
24. When monitoring staff discovers conduct or conditions in a home that pose an imminent threat to the health or safety of participating children, they must notify the appropriate State or local licensing authorities and take action consistent with the recommendations and requirements of those authorities.
25. Contact parents/guardians of enrolled children to verify attendance as defined in the Corrective Action Plan guidance.
26. Determine a provider seriously deficient if that provider meets the criteria for serious deficiencies.
27. Conduct unannounced Follow-Up Reviews for reasons including but not limited to Corrective Action Plans, seriously deficiencies, and any other serious deficiency concern.
28. Conduct unannounced Follow-Up Review if a Corrective Action Plan is submitted after being determined seriously deficient.-
29. Propose to terminate provider if an inadequate written Corrective Action Plan is returned to the sponsor or if no Corrective Action Plan is submitted in the timeframe required. With the proposed termination and disqualification letter, include information regarding the provider's right to an appeal and the proper timelines to respond.
30. Propose to terminate a day care home if the home voluntarily terminates its agreement with the sponsor after notification of its serious deficiency.
31. Prohibit the submission of a Site Information Sheet on behalf of a day care home provider if either the provider or its principals have been placed on the National Disqualified List.
32. Professional courtesy must be exercised in conducting program assistance and program compliance assessment with the provider, ISBE, and other state and federal officials. If it can be determined that less than professional courtesy is exercised by the provider's sponsor, the provider may request the Sponsor/Provider Agreement terminated for convenience. The request for a termination for convenience must be submitted to the State Agency for approval.

RIGHTS AND RESPONSIBILITIES OF THE PROVIDER

In accordance with Child and Adult Care Food Program regulations, the provider agrees to:

1. Enter into agreement and monthly claim reimbursement with only one sponsoring organization that is either a public or a private nonprofit organization participating in the CACFP.
2. Ensure the day care home is open to all enrolled children without regard to race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's, income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the USDA.
3. Participate in annual training provided by the sponsoring organization.
4. Prepare and serve meals that meet CACFP meal patterns to enrolled children at no separate charge. The allowable meal types are breakfast, lunch, supper, a.m. snacks, p.m. snacks, and evening snacks.
5. Offer parents of infants at least one type of infant formula when caring for their infant. Collect from the parents a signed statement when the parents choose to supply their own infant formula and infant food.
6. Maintain a copy of the current DCFS day care home license. Continue to provide to sponsors updated license information including changes in license capacity, expiration date, and license number changes.
7. Follow all DCFS licensing rules that include caring for no more children than the license capacity states and operating within the hours prescribed on the license or comply with enrollment requirements and receive funding from the IDHS Child Care Assistance Program.
8. Comply with the record keeping requirements established in Section 226.18(e)and(g). Failure to maintain such records shall be grounds for the denial of reimbursement and possibly the grounds for determining the day care home seriously deficient.
9. Make available the CACFP *Building for the Future* brochure provided by the sponsoring organization that details information about the CACFP to all parents of enrolled children.
10. Annually collect and maintain a signed enrollment form from the parent for each child enrolled in child care including the provider's own children. You cannot claim meals if enrollment is not up-to-date or is missing.
11. Maintain accurate daily records of the names of all children served meals by meal type on the meal attendance sheets and menus.
12. Maintain, prepare and serve menus that contain all required meal components based on the age of the child(ren) in care.
13. Mail or deliver menus, meal attendance sheets, child enrollment forms, and any additional information within the prescribed timelines set forth by the sponsoring organization. Failure to do so will result in loss of payment for that month.
14. Notify the sponsoring organization, in advance, when the provider will be out of the home during the meal service period. If an unannounced visit is attempted during a meal service period and the provider failed to notify the sponsor in advance of the absence, claims for meals that would have been served during the unannounced visit will be disallowed.
15. Promptly inform the sponsoring organization about any changes related to the day care home including children enrolled in care, changes in meal times, shifts, and days of operation, change of address, telephone number, and license issues.
16. Allow the sponsor, ISBE, and other state and federal officials the right to announced or unannounced reviews of the provider's day care operation to observe the meal service and review records during the hours of day care operations.
17. Agree to serve and claim only meals at the times listed on the CACFP Site Information Sheet as approved by the State agency.
18. Claim no more than two meals and one snack or two snacks and one meal per child per day.
19. If meals to his/her own children are claimed, provider must document income eligibility by completing a HEA. In addition, nonresident children must be in attendance, enrolled, and participating in the CACFP during the time of meal service.
20. Do not claim meals in excess of the authorized license capacity listed on the DCFS day care home or group day care home license.
21. Claim meals served only to enrolled children through 12 years of age or under, children of migrant workers 15 years of age or under, and mentally or physically disabled persons, as defined by the state who are enrolled in an institution or child care facility serving a majority of persons 18 years of age and under.
22. Each licensed facility is only allowed to claim through one sponsoring organization per license.
23. Follow the state agency's policy that restricts the transfer of day care home providers between sponsoring organizations during a fiscal year. Day care home providers are allowed to change sponsoring organizations at the end of the fiscal year (September 30) only if there is a valid reason for the change. The provider must notify their sponsor in writing that they wish to transfer to another organization. This notification must be completed no later than September 10 each year.
24. Have the opportunity to request an Administrative Review (appeal) if a sponsoring organization issues a notice proposing to terminate the day care home's agreement for cause.
25. Professional courtesy must be exercised during program assistance and program compliance assessment with the sponsor, ISBE, and other state and federal officials. If it can be determined that less than professional courtesy is exercised by the provider, the sponsor may request the Sponsor/Provider Agreement terminated for convenience. The request for a termination for convenience must be submitted to the State Agency for approval.

The provider and the sponsor agree this is a permanent and binding agreement and can be terminated by either party with written notice for cause or convenience or subject to stipulations by the State agency. Failure to comply with any of the terms of this agreement may result in loss of reimbursement to the provider, which could include suspension and/or termination of the agreement and disqualification of future CACFP participation.

CERTIFICATION

We certify we will comply with the rights and responsibilities outlined in this Agreement. The provider certifies he/she is not participating in the CACFP under any other sponsoring organization. The provider understands this Agreement is for the receipt of federal funds and deliberate misrepresentation may subject him/her to prosecution under applicable state and federal criminal statutes. The provider also understands CACFP payments are contingent upon availability of federal funds.

NAME AND ADDRESS OF PROVIDER (Type or Print)	NAME AND ADDRESS OF JOINTLY LICENSED PROVIDER (Type or Print) (IF APPLICABLE)
DATE OF BIRTH	DATE OF BIRTH
SIGNATURE AND DATE OF PROVIDER	SIGNATURE AND DATE OF JOINTLY LICENSED PROVIDER
LICENSE NUMBER	SIGNATURE AND DATE OF SPONSORING ORGANIZATION REPRESENTATIVE
NAME OF SPONSORING ORGANIZATION (Type or Print)	TITLE OF SPONSORING ORGANIZATION REPRESENTATIVE

d.



CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Name: ___ Provider Name ___

Date: _____ 9/01/2025 _____

You are eligible to receive Tier I rates based on the following information:

Elementary School Data (Expires 8/31/2030)

Census Tract Data

Provider Income Eligibility Data

You are eligible to claim your own children on the CACFP

Please keep this information in your files.

This information is valid 9/01/2025-8/31/2030 or until updated by

4-C Child and Adult Care Food Program

4-C: Community Coordinated Child Care

444 E. Hillcrest St., Suite 300

DeKalb IL 60115

815.758.8149 or 800.848.8727

FAX 815.758.5652

www.four-c.org

(CACFP) Infant Meal Patterns

Infants	Birth through 5 months	6 through 11 months
Breakfast, Lunch, or Supper	4-6 fluid ounces breastmilk ¹ or formula ²	6-8 fluid ounces breastmilk ¹ or formula; ² and 0-½ ounce equivalent infant cereal; ^{2,3} or 0-4 tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; ⁴ or a combination of the above; ⁵ and 0-2 tablespoons vegetable or fruit, or a combination of both. ^{5,6}
Snack	4-6 fluid ounces breastmilk ¹ or formula ²	2-4 fluid ounces breastmilk ¹ or formula; ² and 0-½ ounce equivalent bread; ^{3,7} or 0-¼ ounce equivalent crackers; ^{3,7} or 0-½ ounce equivalent infant cereal; ^{2,3} or 0-¼ ounce equivalent ready-to-eat breakfast cereal; ^{3,5,7,8} and 0-2 tablespoons vegetable or fruit, or a combination of both. ^{5,6}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Refer to FNS guidance for additional information on crediting different types of grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

⁷ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Child and Adult Care Food Program Breakfast [Select the appropriate components for a reimbursable meal]					
Food components and food items¹	Minimum quantities				
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18² (at-risk afterschool programs and emergency shelters)	Adult participants
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both ⁴	¼ cup	½ cup	½ cup	½ cup	½ cup
Grains (oz. eq.) ^{5 6 7 8}	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

Endnotes:

¹ Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

⁶ Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

⁷ Refer to FNS guidance for additional information on crediting different types of grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

⁸ Refer to FNS guidance for additional information on crediting different types of grains.

⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Child and Adult Care Food Program Lunch and Supper

[Select the appropriate components for a reimbursable meal]

Food components and food items ¹	Minimum quantities				
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)	Adult participants
Fluid Milk ³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces ⁴
Meat/meat alternates (edible portion as served):					
Lean meat, poultry, or fish	1 ounce	1 ½ ounces	2 ounces	2 ounces	2 ounces
Tofu, soy products, or alternate protein products ⁵	1 ounce	1 ½ ounces	2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 ½ ounces	2 ounces	2 ounces	2 ounces
Large egg	½	¾	1	1	1
Cooked dry beans or peas	¼ cup	⅜ cup	½ cup	½ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁶	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement;					
Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables ^{7 8}	⅛ cup	¼ cup	½ cup	½ cup	½ cup
Fruits ^{7 8}	⅛ cup	¼ cup	¼ cup	¼ cup	½ cup
Grains (oz eq) ^{9 10 11}	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	2 ounce equivalents

Endnotes:

¹ Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool and adult participants.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or $\frac{3}{4}$ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

⁴ A serving of fluid milk is optional for suppers served to adult participants.

⁵ Alternate protein products must meet the requirements in Appendix A to Part 226 of this chapter.

⁶ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁷ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁸ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

⁹ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

¹⁰ Refer to FNS guidance for additional information on crediting different types of grains.

¹¹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Child and Adult Care Food Program Snack

[Select two of the five components for a reimbursable meal]

Food components and food items ¹	Minimum quantities				
	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (at-risk afterschool programs and emergency shelters)	Adult participants
Fluid Milk ³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/meat alternates (edible portion as served):					
Lean meat, poultry, or fish	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Tofu, soy products, or alternate protein products ⁴	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Cheese	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Large egg	½	½	½	½	½
Cooked dry beans or peas	⅛ cup	⅛ cup	¼ cup	¼ cup	¼ cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	2 Tbsp	2 Tbsp
Yogurt, plain or flavored unsweetened or sweetened ⁵	2 ounces or ¼ cup	2 ounces or ¼ cup	4 ounces or ½ cup	4 ounces or ½ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seeds	½ ounce	½ ounce	1 ounce	1 ounce	1 ounce
Vegetables ⁶	½ cup	½ cup	¾ cup	¾ cup	½ cup
Fruits ⁶	½ cup	½ cup	¾ cup	¾ cup	½ cup
Grains (oz. eq.) ^{7 8 9}	½ ounce equivalent	½ ounce equivalent	1 ounce equivalent	1 ounce equivalent	1 ounce equivalent

Endnotes:

¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

² Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

³ Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

⁴ Alternate protein products must meet the requirements in Appendix A to part 226 of this chapter.

⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

PROVIDER NO

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

REVIEW FORM

- 30 Day Review
- 1st Review
- 2nd Review
- 3rd Review
- Special Visit
- Unscheduled Review
- Weekend Review
- Dinner Review
- Not Home

DATE OF VISIT: _____

TIME OF VISIT: _____

MEAL OBSERVED: BREAKFAST AM SNACK LUNCH PM SNACK DINNER TV SNACK NO MEAL

DAY: [0-9] MONTH: [0-9] YEAR: [0-9]

INFANT	FOOD SERVED	ATTENDANCE		
		1	2	3
MEAT/ALTERNATE OR INFANT CEREAL 8-11 MONTHS	1	0-9	0-9	0-9
FRUIT OR VEGETABLE 8-11 MONTHS	2	0-9	0-9	0-9
IRON FORTIFIED INFANT CEREAL 4-7 MONTHS	1	0-9	0-9	0-9
FRUIT OR VEGETABLE 4-7 MONTHS	2	0-9	0-9	0-9
BREAST MILK OR FORMULA	11	12	13	14

REGULAR	FOOD SERVED	ATTENDANCE		
		1	2	3
MEAT OR ALTERNATE	1	0-9	0-9	0-9
BREAD OR ALTERNATE	2	0-9	0-9	0-9
FRUIT OR VEGETABLE	1	0-9	0-9	0-9
FRUIT OR VEGETABLE	2	0-9	0-9	0-9
MILK	M	1	2	3

Reconciliation Problem? Y N

Whole Gr Served? Y N

Day Care Children Observed: [0-9] Provider's Own Children Observed: [0-9] Number of Own Ineligible present: [0-9] Over Capacity? YES NO

DISALLOW MEALS THRU DISALLOW MEALS

BAL DAY [0-9] Infant Non-Infant REASON 1 No Attendance 2 No Menus

PDE DAY [0-9] Helper Present Y N

Follow up visit needed? Y N Annual Training Complete? Y N Left Nutritional Information? Y N

4 months supply of following forms left. Regular menus? Y N Infant Menus? Y N Enrollment Forms? Y N Other Forms? Y N

Has provider's eligibility changed? Y N Is provider eligible to claim own? Y N Age-appropriate milk served? Y N

- Meal times: _____ Shift Observed: _____
- License # / License Exempt #: _____ Group Y N Has capacity changed? Y N
- Did the children wash their hands prior to meal time? Y N
- Does the meal service are meet sanitary standards? Good Fair Needs Improvement
- Are cleaning supplies and other toxic materials safely stored out of reach of children? Y N
- Did the meal reviewed meet requirements? Y N Meal Disallowed Y N Meals/Attendance up to date? Y N
- The meal reviewed was missing the following component: Meal ___ Bread ___ FV ___ V ___ Milk ___
- Were the quantities of components prepared sufficient to meet pattern requirements? Y N
- Is there a doctor's statement on file for any child with a special diet requirement? Y N
- Does the provider have a copy of the last 3 trimester visits? Y N Permanent agreement? Y N If no, why: _____
- Comments: _____

PROVIDER _____ FOOD PROGRAM REP _____

REVIEW FORM

Provider Name: _____

Date of Visit: _____

- (circle one)
17. Does the provider have copies of the current Meal Pattern Charts? Yes No
18. Does the provider offer to supply one type of iron-fortified infant formula & all other baby foods for infants? Yes No N/A
19. Does the Provider implement family-style meal service? Yes No N/A
 If yes, has the family-style meal service been implemented correctly? Yes No
 If yes, is each child encouraged to take a full portion of each required component? Yes No
 If yes, if each child does not take the full portion of each required component, is the child encouraged throughout the meal service to take some of each component? Yes No
 If no, is there enough food placed on the table to provide minimum portions of all required components for all children at the table? Yes No

20. 5 day meal count reconciliation. Record the total number of meals claimed for each meal service.

Date	Number of Meals Claimed					
	Breakfast	AM snack	Lunch	PM snack	Dinner	EV snack

21. Does each child's enrollment form validate the meal services which are claimed? Yes No N/A

22. If no, is there a reasonable explanation? Identify problems:

- | | |
|--|---|
| | a. Meals claimed for school-age children on school days. |
| | b. Meals claimed on days the child enrollment form indicates the child will not be in attendance. |
| | c. Meals claimed outside the hours the child enrollment form indicates the child will be in attendance. |
| | d. Describe _____ |

23. Do the meal counts for the previous 5 days appear reasonable compared to attendance on the day of review? Yes No N/A

24. If no, is there a reasonable explanation for the inconsistent meal counts? Yes No

25. Were any serious problems cited on previous reviews? Yes No
 If yes, based upon today's observation and review, were the serious problems corrected? Yes No

If no, indicate problem:

- | | | | |
|--|------------------------------------|--|------------------------------------|
| | Over license capacity | | Missing meal participation errors |
| | Numerous menu errors | | Serious sanitation problems |
| | Missing menus | | Inconsistent counts on review days |
| | Numerous meal participation errors | | Describe _____ |

26. Does the provider maintain current enrollment documentation for each child in day care including the provider's own child, foster child or any other children residing with the provider? Yes No
 If no, identify children: _____

27. Does the provider use pre-planned menus? Yes No
 If yes, were the pre-planned menus available for review? Yes No
 If yes, were the pre-planned menus accurately reported on the meal participation records? Yes No

28. Does the provider have a "Building For The Future" brochure posted? Yes No

29. Does the provider have a current Tiering Determination letter available for review? Yes No

30. If a meal service was reviewed, was the meal service at the approved time? Yes No

Specific problems noted during visit: _____

Corrective action needed: _____

Comments: _____

Provider: _____ Field Specialist: _____

How does CACFP work?

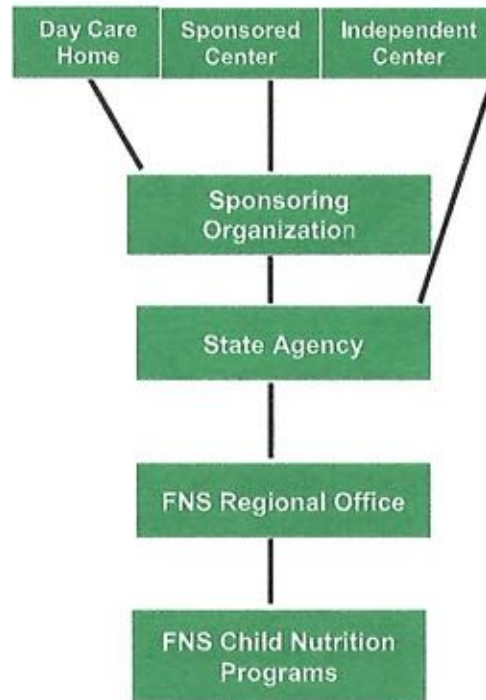
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts

If you are interested in participating in CACFP or have questions about the program, the Illinois State Board of Education Nutrition Division, can help. Please see our website (www.isbe.net/nutrition) for CACFP information or call (800) 545-7892.



FNS-319
October 2018
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ILLINOIS STATE BOARD OF EDUCATION Building for the Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Name and Telephone Number of Organization

Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

Record Keeping Follow Up

1. What form should be completed upon a child beginning care in your Child Care Home?
2. What documents should be in your food program folder?
3. How long do you need to keep records for?