I. Policy:

The purpose of this policy and the following procedure is to ensure that valid CACFP Reimbursement Claims are compiled and submitted correctly by St. Joseph Academy staff.

II. Procedures

A. The CACFP Reimbursement Claim form PI-1489 can be obtained from the Wisconsin Department of Public Instruction website (http://dpi.wi.gov/fns/centermemos.html).

B. Fill in the information in the boxes at the top of the claim form. Our agreement number is 406805.

C. Enrollment data is taken from the Household Size-Income Record (HSIR) which is maintained by the receptionist. First you must check this record against Procare.

D. In the Procare system run the Monthly Attendance Report filtering for each category. Compare these reports to the HSIR. Update the HSIR as necessary.

E. Fill in the totals from the HSIR in boxes 1-4. Box 1, 2, and 3 must total to box 4.

F. For line 5 we have 1 site. For line 6 count the number of days the center was open and served meals.

G. Open the Excel worksheet “Food billing CACFP” found in the CACFP folder in the Operation Drive. Add a new monthly tab, copy the previous month, and replace the days in operation data and the attendance date using the Procare Monthly Attendance Reports. This will calculate the average attendance for line 7.

H. Daily the classrooms each complete the Meal Count Form by recording the number of children that have been offered breakfast, lunch and PM snack. Infant classrooms also complete the appropriate Infant Meal Record Form and record the name and age of each child present for the day and the amount of Iron-Fortified Infant Formula, Breast Milk and other foods they have been offered at each meal.
I. At the end of each month the Finance department tallies the totals on each form and puts the totals on the Food billing CACFP worksheet. The following meals are not counted for ages 4-7 months and 8-11 months: Breast Milk, Formula provided by the parent and any other food provided by the parent. The totals from the worksheet are entered on line 8 of the reimbursement claim.

J. The authorized representative must complete, sign, and date the bottom of the form.

K. Submit the original reimbursement claim to DPI via fax at 608-267-9207.

L. This claim can also be completed on-line at https://www2.dpi.wi.gov/WCNP/

M. Login to the on-line system, follow the prompts, and use the data from the Food billing CACFP worksheet to submit the claim. Be sure to print out the claim for our records.

Approved by: [Signature]
President/CEO

Date: 1/8/2021