Monthly Center Checklist

Please check off and attach the following documents

☐ Master List (Listing names A-Z)

☐ Completed Labor Cost Documentation (CACFP Daily Time Log)

☐ Food/Milk Receipts (Center name on all receipts)

☐ Food/Non Food Cost Worksheet

☐ Other Monthly Cost Worksheet

☐ Income Eligibility Applications/IEAs (mail only and must be original)

☐ Infant Meal Preference Letters

☐ Enrollment Forms

☐ Medical/Doctor statements

☐ Signed Attendance/Meal Count Sheets per classroom

☐ Infant Meal Count Recorded by Individual Child

☐ Menus(Infant and Non-Infant)/Infant Meal Count Record

☐ New Staff Training within 30 days of hiring

☐ Child Nutrition Labels

This form MUST be turned in monthly with all required documentation before the third of the following month. They can be faxed to 513-758-1321, emailed to 4Cfoodprogram@4CforChildren.org or traditionally mailed and received before the third of the following month. Claims received after the third of the following month will not be processed.

______________________________  ______________________________
Center Administrator’s Signature           Date

Revised 7/29/15