

MONTHLY CLAIM CHECKLIST

Center Name _____

Month Claimed _____



MONTHLY CLAIM PAPERWORK SUBMITTED

- Master List
- Personnel Costs
- CACFP Daily Time Log
- Food/Non Food Cost Worksheet
- Food/Milk Receipts
- Weekly Menu for Children - 5 day
- Infant Weekly Menu - 5 day
- Infant Individual Menu
- Infant Meal Count Recorded by Individual Child
- CN/Child Nutrition Labels (if applicable)
- Vendor Delivery Slips (if applicable)
- Vendor Temperature Logs (if applicable)
- Child Enrollment Forms (for new children)
- Income Eligibility Applications/IEAs (for new children, must be original)
- Infant Meal Parent Preference Letters (if applicable)
- Special Diet and/or Fluid Milk Substitution form (if applicable)
- New Staff Training within 30 days of hiring (if applicable)

MONTHLY CLAIM DIGITAL (KidKare) SUBMITTED

- Daily Meal POS (point of service)
- Enter menus for Children and/or Infants
- Enter receipts for food, milk and supplies purchased; must match entry on Food/Non Food Cost Worksheet
- New Enrollments (if applicable)
- KidKare "Submit" button clicked at end of month to finalize claim

This checklist and all required documentation MUST be received by 4C before the third of each month.

- **FAX 513-758-1321**
- **EMAIL 4Cfoodprogram@4CforChildren.org**
- **Mail or drop off 4C for Children
2100 Sherman Ave. #300 Cincinnati OH 45212**