

**Guidance Memorandum 3: CACFP Claim Submission and Processing**  
**Required for Sponsoring Organizations Only (*Agencies with more than 1 site*)**

**Meal Count Edit Checks**

*Use of this form is optional. Other methods of documentation may be used as long as the two required edit checks have been completed clearly documented for each month for each site.  
For example, notations can be made directly on the Meal Count Records from each site.*

**Site:** \_\_\_\_\_ **Claiming Month:** \_\_\_\_\_

**1.** Center is approved on DPI site application for meal types claimed for reimbursement.

**Yes**     **No**      If no, do not claim these meals until your agency's contract has been amended and approved.

**2.** Enrollment X Days Operating X Number of meal services approved for site  $\geq$  Total number of meals claimed this month.

**Yes**     **No**      If no, investigate to determine reason for discrepancy and make any needed corrections before submitting the claim to DPI.

**Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Example of edit check #2 above:**

A center has 43 children enrolled, serves meals on 21 days during the claiming month, and has been approved to claim 3 meal services (breakfast, lunch, and PM snack). The center claims 2936 total meals this month.

$$43 \times 21 \times 3 = 2709$$

The claim for this center should be investigated, since they have claimed more than 2709 total meals, which is the maximum number of total meals this edit check indicates they should be able to claim this month.