



Cheryl Cole <cherylcole@crosslakekids.org>

## Snack

2 messages

**Kathy Faust** <kathyfaust@crosslakekids.org>  
 To: Cheryl Cole <cherylcole@crosslakekids.org>

Wed, Apr 5, 2023 at 8:40 AM

### Child and Adult Care Food Program (CACFP) Claim Information

<b>Site</b>	1000005374 - Crosslake Community School				
<b>Calendar Year</b>	2023	<b>Month</b>	March		
<b>Claim Type</b>	Original	<b>Claim Status</b>	Submitted		

### Regular CACFP Meal Service Information

Average Daily Attendance	Number of Days Served	Number of Participants Approved for Free or A Meals	Number of Participants Approved for Reduced Price or B Meals	Number of Participants Approved for Paid or C Meals	For-Profit Center Only - Claiming Percentage for Eligibility*
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### Total Reimbursable Meals Served

Breakfast	Lunch	Supper	Morning Snack	Afternoon Snack	Evening Snack
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

### At-Risk Afterschool Care Meal Service Information

Average Daily Attendance	Number of Days Served	At-Risk Afterschool Snack	At-Risk Breakfast	At-Risk Lunch	At-Risk Supper
<input type="text" value="18"/>	<input type="text" value="16"/>	<input type="text" value="285"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**\*For-Profit Child Care Sponsors:** each for-profit center must demonstrate that during the claiming month no less than 25% of enrolled participants or licensed capacity, whichever is less, were Title XX beneficiaries; or were approved for free or reduced-price meals.

To determine eligibility for claiming:

1. Total the number of children in attendance this month receiving Title XX benefits or total the number of children in attendance this month approved as category A and B.
2. Divide the number from step 1 by either the total enrollment in attendance or the licensed capacity, whichever is less. Round down to the whole number.

**\*For-Profit Adult Day Care Sponsors:** each for-profit center must demonstrate that no less than 25% of enrolled participants were Title XIX or XX beneficiaries during month claimed.

To determine eligibility for claiming:

1. Total the number or participants in attendance receiving Title XIX/XX benefits during the month.
2. Divide the number from step 1 by the total enrollment in attendance. Round down.

### Sponsoring Authority Certification

I hereby take full responsibility for ensuring that this claim accurately represents the number of meals/milks served by reimbursement category, that records are available to support this claim, that this claim is in accordance with the Program Agreement, and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of federal funds, that officials of the U.S. Department of Agriculture and the Minnesota Department of Education may verify this information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

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**Kathy Faust**  
Coordinator of Food and Nutrition Services  
Crosslake Community Schools  
cell 320-224-6614  
218-692-5437 ext 140

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**Cheryl Cole** <cherylcole@crosslakekids.org>  
To: Crosslake School <clschool@crosslakekids.org>

Wed, Apr 5, 2023 at 9:27 AM

*Cheryl Cole*

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Executive Assistant/District Assessment Coordinator  
Crosslake Community Schools-Seat-Based Learning  
218-692-9104 (direct dial number)  
[crosslakekids.org](http://crosslakekids.org)  
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