

**Guidance Memorandum 3C: 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 they clearly show that the two required edit checks have been completed each month for each site. For example, notations can be made directly on the "Daily Participation Record and Monthly Meal Count Summary" 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 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 claim.

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.