

Ohio Child and Adult Care Food Program ANNUAL INVENTORY REQUIREMENTS

CACFP sponsors, who prepare any meals or snacks, are required to only record an **ANNUAL INVENTORY** and determine its monetary value. Sponsors that vend all meals and snacks are not required to keep inventory records.

An annual inventory is an itemized listing of unopened food and non-food supplies that are on hand at the end of the fiscal year (September 30). Inventory represents money in the form of previously purchased food and non-food supplies. The dollar value of inventoried items must be included in the determination of the food and non-food costs incurred at the end (September 30) and beginning (October 1) of the fiscal year. When annual inventory procedures are followed, the actual cost of food and non-food supplies used in the fiscal year can be determined.

ANNUAL INVENTORY: To complete annual inventory requirements, an actual count of food and food related non-food items left on hand is only taken at the end of each fiscal year, September 30. Attached are the required annual inventory and monthly food/non-food cost worksheets. Please copy these forms as needed. The following chart summarizes annual inventory procedures.

<u>CLAIM MONTH</u>	<u>INVENTORY</u>	<u>CALCULATION</u>
September	Record ending fiscal year food and non-food inventory on September 30	DEDUCT inventory values from September food and non-food purchases and document using the <u>Ending Fiscal Year Food/Non-Food Costs Worksheet</u> . Report total September costs online on the Sponsor Claim Form
October	Ending food and non-food inventory values for September automatically become the beginning inventory values for new fiscal year starting October	ADD September ending inventory values to October food and non-food purchases and document using the <u>Beginning Fiscal Year Food/Non-Food Costs Worksheet</u> . Report total October costs online on the Sponsor Claim Form

OHIO CACFP – FOOD INVENTORY RECORD – FORM 1

For required ANNUAL inventory: Record inventory September 30 th each year using this form. Make additional copies as needed.			Date Inventory Recorded: Month _____/Day _____/Year _____	
(A) ITEM	(B) SIZE AND DESCRIPTION (can, bag, case, lb.)	(C) NO. ON HAND	X (D) UNIT COST	= (E) TOTAL COST
Example Green Beans	Example 1lb. can, French Style	Example 6	Example .89	Example \$5.34
Example Cheerios cereal	Example 16 oz. box	Example 5	Example 2.69	Example \$13.45
		TOTAL FOOD (F-1) = \$		

OHIO CACFP – NON-FOOD INVENTORY RECORD – FORM 2

For required ANNUAL inventory: Record inventory September 30 th each year using this form. Make additional copies as needed.			Date Inventory Recorded: Month_____/Day_____/Year____	
(A) ITEM	(B) SIZE AND DESCRIPTION (can, bag, case, lb.)	(C) NO. ON HAND	X (D) UNIT COST	= (E) TOTAL COST
Example: Paper Cups	Example Solo 8 oz. cups – sleeve(30ct)	Example 6	Example 1.79	Example \$10.74
Example: Dawn dish detergent	Example 12 oz. bottle	Example 2	Example 1.99	Example \$3.98
		TOTAL FOOD (F-2) = \$		

Ending Fiscal Year Food/Non-Food Cost Worksheet

ANNUAL Inventory: Use this form to record September food and non-food purchases then minus September ending inventory.

OHIO CACFP	FOOD/NON-FOOD COSTS FOR			NUMBER GALLONS OF MILK PURCHASED ON RECEIPT		
	MONTH: SEPTEMBER	YR: _____		Whole milk (1 yr. olds)	Skim milk (2 yrs. of age and older)	1% milk (2 yrs. of age and older)
RECEIPT DATE	NAME OF COMPANY PURCHASED FOOD/NON-FOOD ITEMS FROM	RECEIPT TOTAL FOR ALLOWABLE FOOD ITEMS	RECEIPT TOTAL FOR ALLOWABLE NON-FOOD ITEMS			
9-4-13	Example – KROGERS	Example \$205.95	Example \$69.75	ex. 4	ex.0	ex. 8
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TOTAL SEPTEMBER MONTHLY RECEIPTS		= \$*	= \$**	*** TOTAL GALLONS		
<i>MINUS ENDING INVENTORY TOTALS RECORDED ON SEPTEMBER 30</i>		- \$(F-1)	- \$(F-2)			
ACTUAL COST CLAIMED FOR SEPTEMBER		= \$*	= \$**			

* Report total food costs on the September online sponsor claim: CACFP Operating Expenses, Line Item – Food
List cost in applicable Column: CACFP Funded Current Month’s Costs or Non-CACFP Funded Current Month’s Costs.

** Report total non-food costs on the September online sponsor claim: CACFP Operating Expenses, Line Item – Non Food
List cost in applicable Column: CACFP Funded Current Month’s Costs or Non-CACFP Funded Current Month’s Costs.

Note: If ending food or non-food cost results in a negative number, zero cost would be claimed for month.

*** If purchasing milk in 4 or 8 oz. cartons, convert to total ounces then divide by 128 to get total gallons.
For example: 200, 8 oz. cartons purchased: 200 x 8 oz. – 1600 oz. divided by 128 oz. = 12.5 gallons

Beginning Fiscal Year Food/Non-Food Cost Worksheet

For ANNUAL Inventory: Complete this form at the end of October. Add September ending food and non-food inventory values to October purchases.

OHIO CACFP	FOOD/NON FOOD COSTS FOR	BEGINNING INVENTORY List Total FOOD inventory (F-1) from September 30	BEGINNING INVENTORY List Total NON-FOOD inventory (F-2) from September 30	NUMBER GALLONS OF MILK PURCHASED ON RECEIPT		
	MONTH: OCTOBER YR: _____	\$ _____	\$ _____	Whole milk (1 yr. olds)	Skim milk (2 yrs. of age and older)	1% milk (2 yrs. of age and older)
RECEIPT DATE	NAME OF COMPANY PURCHASED FOOD/NON- FOOD ITEMS FROM	+ RECEIPT TOTAL FOR ALLOWABLE FOOD ITEMS	+ RECEIPT TOTAL FOR ALLOWABLE NON-FOOD ITEMS			
10-19-13	Example – Sack N Save	Example \$312.76	Example \$44.35	ex. 2	ex. 0	ex. 7
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BEGINNING INVENTORY VALUES LISTED AT TOP PLUS ALL MONTHLY RECEIPTS EQUAL ACTUAL COST FOR OCTOBER		= \$*	= \$**	*** TOTAL GALLONS		

* Report total food costs on the October online sponsor claim: CACFP Operating Expenses, Line Item- Food
List cost in applicable Column: CACFP Funded Current Month's Costs or Non-CACFP Funded Current Month's Costs.

** Report total non-food costs on the October online sponsor claim: CACFP Operating Expenses, Line Item – Non Food
List cost in applicable Column: CACFP Funded Current Month's Costs or Non-CACFP Funded Current Month's Costs.

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