

**North Carolina Department of Health and Human Services
 Child and Adult Care Food Program
 Management Plan for an Independent Center
 Program Year: October 1, 2008– September 30, 2009**

INSTITUTION'S PROFILE

1. Institution Name:	2. Agreement Number:
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3. **(Please check only one)** This institution will accept Commodities **or** Cash in Lieu of Commodities. (Choosing this option does not automatically guarantee that this option will be provided. Tabulation of requests will be made to determine the economic feasibility of providing commodities and you will be notified as to the results.)

FINANCIAL VIABILITY AND FINANCIAL MANAGEMENT

4. Please provide a description of all activities your organization conducts other than the CACFP. (Attach additional sheets if necessary). If your organization only provides CACFP, please indicate such.

5. Identify all Revenue Sources currently received. Give average amount received monthly and total number of months received. Attach additional sheets if necessary.

Revenue Funds Source	Frequency	Type	Purpose	Amount
CACFP				
Tuition (parent fees)				
Department of Social Services (subsidy)				
Smart Start				
More At Four				
Other: please list				

6. Please list all other resources available to the organization (fixed assets such as office space, desks, and office equipment and human resources such as professional services, consultants, etc). Please attach additional sheet(s) if necessary.

7. If this institution should experience a temporary interruption of CACFP funds, how would it continue to operate? (Check all that apply): Line of Credit/Loans Tuition/Parent fees Department of Social Services (subsidy) Institution's savings account Grants Other (explain)_____

8. If this institution must repay CACFP funds due to an over claim, how would this be done? (Check all that apply): Line of Credit/Loans Tuition/Parent fees Department of Social Services (subsidy) Institution's savings account Withheld from monthly reimbursement Grants Other (explain)_____

9. Does the institution, its principals, or its corporate officers owe money to the North Carolina Department of Health and Human Services? yes no. If yes, are the payments current? yes no

ADMINISTRATIVE CAPABILITY

10. Attach an organizational chart reflecting CACFP employees, the position title and CACFP duties for each employee. Please include employees responsible for ensuring meals meet the meal pattern requirements, classifying income eligibility applications, ensuring enrollment forms are on file for each participant and updated annually taking point of service meal counts, ensuring fiscal management, maintaining proper records, ensuring training requirements are met, ensuring sanitation requirements are met, and ensuring civil right requirements are met. Please include each employee's work schedule. Each duty must be assigned to an employee.

PROGRAM ACCOUNTABILITY

For Private Non-Profit and For-Profit Corporations ONLY:

11(a) What is the schedule for your board meetings?

11(b) Complete chart for Board of Directors.

Board Member	Position on Board	Mailing Address (Street, City, State, ZIP code)	Phone # (Area code & phone #)	Relationship to other board members or employees	Employed at the center? (yes or no)	Compensation for serving on board (yes or no)
	Chairman					

12. **For Private Non-Profit Institutions and For Profit Corporations ONLY:** What oversight / supervision does the board of directors have for the institution's participation in the CACFP? (check all that apply). Please attach your organization's governing board policies/procedures for oversight of your organization.

- policy making
- fiscal guidance
- ongoing governance
- reviews institution's policies, programs and budgets
- decision making on compensation and other areas of program operations
- board minutes document decisions which are made
- personnel decisions
- other (please explain)

13. Describe your financial system. Include the following in your response:

- Description of financial management system (i.e., cash, accrual or modified accrual accounting software)
- Description of accounting system (i.e., cash, accrual or a modified accrual system)
- Back-up system if accounting system is inoperable
- Procedures for tracking and reporting administrative costs/reimbursement and tracking expenses to specific cost line items and/or programs, including comparing CACFP expenses to the approved budget
- Procedures for year-end adjustments
- Procedures to track CACFP funds separately from other organizational funds.

14. Provide a description of your claims processing procedures, including how meal counts are tallied, how menus are reviewed for compliance and how eligibility of facilities, participants, meal service times and meal types are verified before claims are processed for payment. (Attach additional sheet(s))

15. Please provide a description for records retention.

FACILITY LEVEL OPERATIONS

16. In addition to maintaining menus to document compliance with 7 CFR §226.20; serving meals that include creditable foods for all required components in appropriate quantities; and modifying meals to meet individual's required dietary modifications and special needs, how will this institution ensure that it is providing meals that meet the meal patterns set forth in 7 CFR § 226.20? (Check all that apply)

- consults Food Buying Guide
- consults Crediting Foods in the CACFP
- menus are reviewed by institution to ensure compliance
- provides training on meal pattern requirements
- other (please explain)

17. By what method will this institution ensure that it will comply with licensure or approval requirements set forth in 7 CFR § 226.6(d) and §226.6(e)? (Check all that apply)

- institution is licensed or approved by county, state or federal agency
- institution will comply with alternately approval requirements as set forth by the state agency (if licensing is not required)
- other (please explain)

18. How does this institution ensure that it will have a food service that complies with applicable state and local health and sanitation requirements? (Check all that apply)

- facility staff practices sanitary measures while preparing and serving meals
- provide sanitation training
- semi-annual or annual inspections by local sanitation
- other (please explain)

19. Indicate how this institution will ensure that it will comply with civil rights requirements. (All items in bold must be checked and check any other items that apply)

- offers **CACFP and serves meals to all enrolled participants regardless of race, color, sex, age, disability, or national origin**
- includes the nondiscrimination statement and complaint procedure in advertisements when referencing admissions and/or the CACFP**
- “And Justice for All Poster” on display for public viewing**
- racial/ethnic data collected annually based on currently enrolled participants**
- other (please explain)

20. Indicate how this institution will ensure that it maintains complete and appropriate records on file. (All items in bold must be checked and check any other items that apply)

- institution maintains records for the required period of time to document all required items including, but not limited to application materials, minutes from board meetings, procurement actions, food cost documentation, and all records to support the claim for reimbursement (including menus, enrollment, attendance, meal counts, meal substitutions, free and reduced-price applications, and title XIX or XX status)**
- records are on file for the past three years, plus the current year or until audit exceptions are satisfied**
- attends training provided by the state agency on recordkeeping requirements
- other (please explain)

21. Indicate how this institution will ensure that it will claim reimbursement only for eligible meals. (All items in bold must be checked and check any other items that apply)

- meal counts taken at point of service**
- reimbursement does not exceed two meals and one snack or one meal and two snacks per child per day**
- each participant claimed is enrolled and attending the institution**
- a menu that meets meal pattern requirements is available for each meal claimed**
- reimbursement is not claimed for meals served to participants in excess of the facility’s authorized capacity.**
- only approved meal types are claimed**
- meals are only claimed for participants that are within the regulatory age limits**
- Title XIX and/or XX status is verified monthly and claims are only submitted in the months in which title XIX or title XX status is met**
- other (please explain)

22. Indicate this institution’s procurement (purchasing) policy. (Check all that apply)

- small purchase procedures “Comparison Shopping”
- competitive sealed bids-formal advertising (for \$100,000 or more)
- competitive negotiation * (requires prior written state agency approval)
- non-competitive negotiation *(requires prior written state agency approval)

CERTIFICATION AND SIGNATURE

The representations made herein on behalf of the Institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

I certify that this institution and none of the principals of this institution are disqualified from participating in the CACFP.

Signature on Behalf of Institution:

_____ **Authorized Representative**

_____ **Date**

_____ **Printed Name**