

**North Carolina Department of Health and Human Services
 Child and Adult Care Food Program
 Management Plan for a Sponsoring Organization
 Program Year: October 1, 2009- September 30, 2010**

SPONSORING ORGANIZATION PROFILE

1. Sponsoring Organization's Name:	2. Agreement Number:
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3. **(Please check only one-Sponsoring Organizations of Centers Only)** This sponsoring organization 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. **For new sponsoring organizations only:**

a. How will your participation in the CACFP help ensure the delivery of Program benefits to otherwise unserved facilities or participants?

b. Please include a description of your proposed geographic area of service.

c. Provide a list of current or potential participants.

d. Describe or attach a copy of your recruitment policies and procedures. (Attach additional sheets if necessary)

5. Does this Sponsoring Organization plan to recruit non-participating facilities? **Circle: Yes or No.**
 If yes, how? (check all that apply): Workshops Training activities Conferences General promotions (yellow pages) Mass mailing Exhibits Conference booths Other (list) _____

6a. Does your organization provide non-CACFP services? _____yes _____no.

6b. If yes, please list services provided.

6c. How does your organization cover these costs? (You cannot use CACFP funds to cover non-CACFP costs).

7. Identify all current revenue sources. Give average amount received monthly and total number of months received. Attach additional sheets, if necessary.

Revenue Fund Source	Frequency	Type (federal, state, county, private, etc.)	Purpose	Amount
CACFP				
Tuition (parent fees)				
Department of Social Services (subsidy)				
Smart Start				
More At Four				
Other: please list				

8. Please list all other resources available to the organization: (choose all that apply)

- office space
 - desks
 - office equipment
 - human resources such as professional services, consultants, etc.
 - computers
 - real estate property
 - printers
 - motor vehicles
 - Other (Please describe)
-

9. If this Sponsoring Organization 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) Sponsors savings account Grants Other (explain) _____

10. If this Sponsoring Organization must repay CACFP funds due to an overclaim, how would this be done? (Check all that apply): Line of Credit/Loans Tuition/Parent fees Department of Social Services (subsidy) Sponsor's savings account Withholding from monthly reimbursement Grants Other (explain) _____

ADMINISTRATIVE CAPABILITY

11. If your organization plans to recruit new homes and/or centers, please provide: An estimate of new homes _____ Estimate of new centers _____ NA _____

12. If your organization plans to recruit new homes and/or centers, how do you plan to manage this growth? (check all that apply)

- hire additional staff
- reassign staff
- purchase office equipment
- other (explain)
- NA

13. Write the **NUMBER** of facilities under your sponsorship for the Program year 2009-2010.

- | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Nonprofit Child Care Center | <input type="checkbox"/> Outside School Hours Care Center |
| <input type="checkbox"/> For profit Child Care Center (Title XIX and XX) | <input type="checkbox"/> Day Care Homes <input type="checkbox"/> Tier I <input type="checkbox"/> Tier II |
| <input type="checkbox"/> For profit Adult Day Care Center (Title XIX and XX) | <input type="checkbox"/> Homeless Program |
| <input type="checkbox"/> Nonprofit Adult Day Care Center | <input type="checkbox"/> After School "At Risk" Program |

14. a. Does your organization have bylaws available for review by the State Agency? _____yes _____no

14 b. Attach an organizational chart reflecting CACFP employees.

14.c. Please complete the chart below, indicating the person responsible for each CACFP area.

CACFP Area	Person Responsible	Title	Qualifications	Hours worked per week
Ensuring meal pattern requirements are met				
Ensuring income eligibility applications are classified accurately				
Ensuring point of service meal counts are taken				
Ensuring fiscal management				
Maintaining proper records				
Satisfying training requirements				
Sanitation				
Satisfying civil rights requirements				
Monitoring				
Other:				

For Sponsoring Organizations with 50 homes and/or 25 centers or more, please complete questions 15-16. All others, skip to question 17.

For Sponsoring Organizations of Day Care Homes Only:

15 a. Provide a list of employees who have monitoring related duties, describe these duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

List of Monitors	Description of Monitoring Duties	Hours Worked Per Month	Hours Per Month Monitoring

15 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

Monitor	Territories	Number of Sites	Daily Mileage

15 c. Please complete the monitoring schedule below. List all facilities/providers individually. (Attach additional sheets as necessary and label attachment.)

PROJECTED MONITORING SCHEDULE FOR FISCAL YEAR 2009-2010

Individual Site Name	Projected Monitoring Dates (month, year)		
	1 st Monitoring Visit	2 nd Monitoring Visit	3 rd Monitoring Visit

For Sponsoring Organizations of Centers Only:

16.a. Provide a list of employees who have monitoring related duties. Describe the duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

List of Monitors	Description of Monitoring Duties	Hours Worked Per Month	Hours of Monitoring Per Month

16 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

Monitor	Territory(ies)	Number of Sites	Daily Mileage

16 c. Please complete the monitoring schedule below. List all facilities individually. Attach additional sheets as necessary.

Projected Monitoring Scheduled for Fiscal Year 2009-2010

Individual Site Name	Projected Monitoring Dates (month and year)		
	1st Monitoring Visit	2 nd Monitoring Visit	3 rd Monitoring Visit

17. If a monitor is unavailable to perform the monitoring duties, how will the sponsoring organization ensure that the facilities are monitored in accordance with 7 C.F.R. §226.16.

18. Provide a copy of each of the following CACFP policies. Policies must be in compliance with 7CFR Part 226.

- a. Policies and procedures that assign CACFP responsibilities (job descriptions)
- b. CACFP Outside Employment Policy
- c. (For Day Care Homes Sponsors Only) – CACFP Administrative Review (Appeal) Policy

19. Provide a copy of the information provided to the parents informing them of this Sponsoring Organization's participation in CACFP. (Example: "Building for the Future" flyer with Sponsoring Organization's complete contact information) (sample included)

PROGRAM ACCOUNTABILITY

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

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

20(b). Complete chart for Board of Directors.

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

21. For Private Non-Profit and Private For-Profit Corporations:

a. What oversight / supervision does the board of directors have for the Sponsoring Organization's participation in the CACFP? (check all that apply).

- policy making
- fiscal guidance
- ongoing governance
- reviews sponsoring organizations 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)

b. Please attach your organization's governing board policies/procedures for oversight of your organization.

22. Describe your financial system. How does your organization determine: (Please attach additional sheets as necessary and label responses).

a. The fiscal integrity and accountability for all funds and property received, held, and disbursed.

- How are receipts and expenditures documented? _____ paper ledger _____ accounting software
_____ CACFP cash receipts and disbursement journal _____ other (please specify) _____
- If accounting software, which kind is used ___ Quickbooks ___ Peachtree ___ other (please specify) _____
- What back-up system does your organization use if the accounting system is inoperable? _____

- Is your organization's accounting method _____ cash _____ accrual _____ modified accrual
- Where do you bank? (Include bank name and location)

- Are the CACFP funds deposited into a separate bank account? _____ yes _____ no
- How are CACFP reimbursements reconciled to the facility each month? _____

b. The integrity and accountability of all expenses incurred.

- Are expenses recorded when paid _____ or incurred _____?
- Are dated itemized receipts maintained to support CACFP purchases? _____ yes _____ no
- How often are expenditures compared to the budget? _____ daily _____ weekly _____ monthly
_____ other (Please specify _____)

c. That claims are processed accurately, and in a timely manner.

- Who tallies meal counts for the facilities? _____
- Who reviews menus for compliance? _____
- Who verifies the claim for reimbursement for each facility? _____
- How does your organization verify that for profit centers maintain 25% Title XX or Title XIX before a claim is submitted?
_____ process claim after turnaround sheet is reviewed _____ verify that at least 25% of enrolled participants
are eligible for Free or Reduced Price Meals _____ other (Please describe _____)
- What policies are in place to ensure the homes and centers receive their advance/reimbursement within five days?

d. That funds and property are used, and expenses incurred, for authorized Program purposes.

- How does your organization determine that CACFP funds are only spent on CACFP allowable items?

- How does your organization determine if costs are necessary, reasonable, and allowable?

- Which programs have cost allocated expenses? _____
- _____
- How are funds allocated? _____
- _____
- Who ensures that the Institution maintains a non-profit food service? _____
- How is this done? _____

e. That a system of safeguards and controls is in place to detect and prevent improper financial activities (fraud) by employees.

- Who is responsible for CACFP purchases? (name and title) _____
- Who approves expenditures? (name and title) _____
- Who writes checks to pay for the expenditures? (name and title) _____
- Are the duties and responsibilities for the accounting processes segregated? _____ yes _____ no
- Who is responsible for the cash flow process? (name and title) _____
- What controls are in place to identify fraud? _____

23. **Sponsors of Centers Only:** Does your Sponsoring Organization plan to claim administrative costs? ___yes ___no
 If yes, how will you ensure that the administrative costs allocated to CACFP will not exceed the amount of administrative cost approved by the state agency? (check all that apply)
 ___ tracks actual expenditures against approved budget
 ___ amends budget that considers year to date expenditures
 ___ other (please explain)

24. Indicate your system for maintaining appropriate records to document CACFP requirements. (All items in bold must be checked and check any other items that apply)
 ___ **Records are maintained at (write complete address where CACFP records are kept) _____**
 ___ **Records are maintained for 3 years, plus the current year**
 ___ **Records are maintained according to 7CFR §226.15(e)**
 ___ **Copies of records are maintained at each facility (attendance, point-of-service meal counts, menus, receipts, medical documentation for special dietary needs, provision of iron fortified infant formula, enrollment forms).**
 ___ other (please explain)

25. Provide the Sponsoring Organization’s schedule for training the Sponsoring Organization’s staff on CACFP requirements for the upcoming 2009-2010 fiscal year. (This does not include training conducted by the State agency).

Date (month, year)	Areas of Training	Sponsor’s Trainer	Attendees	Location Site

26. Provide the schedule for training sponsored facilities on CACFP requirements for the upcoming fiscal year. (This does not include training provided by the State agency.)

Date (month, year)	Proposed Topic of Training	Sponsor’s Trainer	Attendees	Location Site

For Sponsoring Organizations of Day Care Homes, please complete questions 27 and 28. For others, skip to question 29.

27. What verification method will be used to make Tier I determinations? (check all that apply)
 ___ Elementary school data
 ___ Obtain and verify family size and income / categorical eligibility information from the provider
 ___ Census data

28. How will Tier II day care homes be notified of their options for reimbursement? Please attach copy.

FACILITY LEVEL OPERATIONS

29. 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 Sponsoring Organization ensure that facilities under its sponsorship are 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 Sponsoring Organization to ensure compliance
- provides training on meal pattern requirements
- other (please explain)

30. How will this Sponsoring Organization ensure that facilities under its sponsorship comply with licensure or approval requirements set forth in 7 CFR § 226.6(d) AND §226.6(e)? (Check all that apply)

- facilities are licensed by county, state or federal agency
- sponsor takes appropriate action or reports license or approval requirement violations when observed
- sponsor reports to proper local and state authorities when they observe that health and/or safety of participants is imminently threatened in facility
- sponsor approves the facilities that are not licensed by a county, state or federal agency and uses the alternate approval form supplied by the state agency
- other (please explain)

31. How does this Sponsoring Organization ensure that facilities under its sponsorship 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 sanitarian
- other (please explain)

32. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship comply with civil rights requirements. (All items in bold must be checked and add any other items that apply)

- offers CACFP Program 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 (centers only)**
- racial/ethnic data collected annually based on currently enrolled participants**
- other (please explain)

33. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship maintain complete and appropriate records on file. (All items in bold must be checked and add any other items that apply)

- training is provided on recordkeeping requirements**
- facility 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, point-of-service meal counts, meal substitutions, free and reduced-price applications, and Title XIX and XX status)**
- other (please explain)

34. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship claim reimbursement only for eligible meals. (All items in bold must be checked and add 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 facility**
- a menu that meets meal pattern requirements is submitted for each meal claimed**
- (Day Care Home Sponsors Only) provider's own children are claimed only if the child is enrolled with documented eligibility, and other enrolled children are in care and claimed for the same meal(s) (day care home only)**
- reimbursement is not claimed for meals served in excess of the facility's authorized capacity or actual attendance**
- only approved meal types are claimed**
- meals are only claimed for approved facilities**
- meals are only claimed for participants that are within the regulatory age limit**
- Title XIX and/or XX status is verified monthly**
- parental contacts
- other (please explain)

35. Indicate this Sponsoring Organization's procurement (purchasing) policy. (Check all that apply)

- small purchase procedures "Comparison Shopping"
- competitive sealed bids-formal advertising (\$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 Sponsoring Organization and none of its principals is disqualified from participating in the CACFP.

I further certify that none of the facilities and none of the principals of the facilities is disqualified from participating in the CACFP.

As a sponsor of day care homes, I certify that the day care home provider's own children enrolled in the CACFP are eligible for free or reduced price meals.

Signature on Behalf of Sponsoring Organization:

Authorized Representative

Date

Printed Name