

**North Carolina Department of Health and Human Services
 Division of Public Health
 Women's & Children's Health Section
 Nutrition Services Branch
 Special Nutrition Programs
 Child and Adult Care Food Programs**

**Management Plan for an Independent Institution
 Program Year: October 1, 2010- September 30, 2013**

INSTITUTION PROFILE

1(a) Institution's Legal Name: _____ Agreement Number: _____

1(b) Institution's Business Name (if different from above): _____

1(c) Institution Type: State Government Local Government Federal Government Private For Profit
 Private Nonprofit

1(d) Business Organization: Sole proprietorship Corporation Limited Liability Company Partnership
 Other (please describe) _____

2. **(Please check only one-Institutions of Centers Only)** 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

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

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

4. 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)

5. 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) Sponsors savings account Grants Other (explain)_____

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

ADMINISTRATIVE CAPABILITY

7. a. Does your organization have bylaws available for review by the State Agency? yes no

7 b. Attach an organizational chart reflecting CACFP employees.

7.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				
Other:				

PROGRAM ACCOUNTABILITY

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

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

8(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					

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

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

- policy making
- fiscal guidance
- ongoing governance
- reviews Institutions 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.

10. 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

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 Institution? _____
- Who reviews menus for compliance? _____
- 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 _____) N/A _____

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 budgeted items are cost allocated? _____
- 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? _____

11. 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)

FACILITY LEVEL OPERATIONS

12. 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)

13. 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 alternate approval requirements as set forth by the state agency (if licensing is not required)
- other (please explain)

14. 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)

15. 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)

16. 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)

17. 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)

18. 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 neither this institution nor any of its principals is disqualified from participating in the CACFP.

Signature on Behalf of Institution:

_____ **Authorized Representative**

_____ **Date**

_____ **Printed Name**