

# Instructions for the NC DHHS/ CACFP Sponsoring Organization CAC 15 Center

This document is designed for use during a review of a sponsored center by the staff of the Sponsoring Organization to ensure program regulations are being adhered to. Each sponsored center must receive an extensive review utilizing this form for the required reviews conducted annually.

## PAGE 1

**Center Name:** record the center's official name as recorded on their application in NC Cares.

**Agreement #:** record the Sponsoring Organization's CACFP agreement #.

### I. GENERAL INFORMATION

**Sponsoring Organization:** record the sponsor's official name as recorded on their application in NC Cares.

**Center Name:** record the center's official name as recorded on their application in NC Cares. If completing form using the computer, this field will be filled in automatically.

**Date(s):** record the date(s) on which the Sponsoring Organization's representative completed the review.

**Address:** record the center's physical address.

**City/State/Zip Code:** provide the city, state and zip code the center is located.

**Telephone:** provide the telephone number including the area code for the center.

**Person(s) Interviewed:** record the name(s) and title(s) of all the person(s) interviewed on day of review.

The box below will be at the end of each section. If program violation were noted in a section, the block "Required corrective actions... section" must be checked. If no program violations were noted in the section, the block "No corrective actions... section," must be checked.

Required corrective action listed on supplemental summary of finding for the review section.

No corrective action required for this section.

### II. TYPE OF CENTER

**Program Type:** check only one. Check type that best describes the center being reviewed (i.e.: If a non-profit childcare center, Child Care Center should be checked. If a for-profit childcare center, Title XX Center-Child should be checked).

**License #:** record the license number from the license posted in the center.

**License Capacity:** record the license capacity from the license posted in the center.

**Effective/Expired Date(s):** record the date(s) that the license is effective and/or expires.

**Alternate Approval:** if the center is not licensed check "Alternative Approval" if the document is on file. (If the center is not licensed, there must be an approved DHHS-CAC 8H "Application for Child Care Standards Approval of Non-Licensed Institutions and Facilities" on file.) Record the date the alternate approval was conducted.

**Number of Participants observed in attendance on day of review:** Upon arrival in the center, observe and record the number of participants in the center at the time of arrival on the day of review.

**The center is at/within license capacity at the time of the review:** check whether the center is within license capacity, age limits and provider/child ratios at the time of review. Refer to 7CFR 226.6(d)(2)(A). If not in compliance with license capacity, request an explanation from the center director and record the explanation; write as a finding. If capacity is exceeded, report finding to the Division of Child Development licensing consultant for the county.

**The center is at/within age limits at the time of review:** if over the age limit, disallow all meals for participants not eligible to participate due to age.

**The center is at/within provider/child ratio at the time of review:** if not in compliance with license provider/child ratio, request an explanation from the center director and record the explanation; write as a finding.

### III. CIVIL RIGHTS

Check yes/no/na as applicable.

- A. Look for the updated “And Justice For All” poster displayed. Poster should be displayed in a prominent place for the public to view. If not posted, write as a program violation and provide a copy.
- B. Ask to see the WIC information the center has on file to give to parents/guardians in child care facilities. Adult centers do not have to have WIC information on file. If not WIC information is on file available to be given to parents/guardians, write as a program violation.
- C.-H. Observe to determine if program benefits are made available to all participants and a means to file a complaint is available. If a violation of discrimination is observed, write as a program violation.

### PAGE 2

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### III. CIVIL RIGHTS

- I.-J. Record the estimated current participation by ethnic group and racial group. Check how data was obtained. Self-identification by the applicant/participant is the preferred method of obtaining characteristic data. Where an applicant does not provide this information, the data collector shall through visual observation secure and record the information where possible. (Keep this in mind if the observation method is used, parents/guardians have to be informed by the data collector that they will assign the applicant to an ethnic group if not designated by the parent/guardian.) However, the data collector may not “second guess,” or in any other way change or challenge a self-declaration made by the applicant as to his or her racial background unless such declarations are patently false. NOTE: Respondents shall be offered the option of selecting one or more racial designations. There are five categories:
  - 1) *American Indian or Alaskan Native*. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  - 2) *Asian*. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  - 3) *Black or African American*. A person having origins in any of the black racial groups of Africa.
  - 4) *Native Hawaiian or Other Pacific Islander*. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - 5) *White*. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.If the center has only one race enrolled, a statement of the general racial composition of the area that the center serves is required.

There must be a number put in both categories for ethnicity. The blocks in the race group may be left blank if that race is not representative at the center. If the center has failed to document the ethnic and racial data of all enrolled participants annually, write as a program violation.
- K. If ethnicity and race are obtained by observation; ask the center for the documentation used to inform applicants the procedure that will be used if they decline to provide their ethnicity and/or race. If there is no documentation, write as a program violation.
- L. Ask the center for their procedures of maintaining the confidentiality of beneficiary data (income eligibility applications, enrollment data, ethnic and racial data) collected on individuals and households. The data should be maintained using safeguards that prevent its use for discriminatory purposes. Such safeguards shall include allowing access to program records containing this data only by authorized personnel (there should be restricted access). If the center does not have procedures on file, write as a program violation.

### IV. DOCUMENTATION

- A.-J. Check to ensure that all the appropriate documentation is on file and available for review from October 1 to time of review. Record the most recent sanitation and fire inspections. If the inspections are past a year from date of review, write as a program violation. If any of the documentation is not on file and available for review, write as a program violation.

## V. TRAINING

- A. The center's key staff is defined according to 7CFR 226.16(d)(2) and (3); 226.17(d)(9) as person(s) within the facility with overall responsibility for operating CACFP in accordance with regulations, and guidelines, including but not limited to owner, director, executive director, CACFP Manager, Program Manager, Food Service, Administrator, CEO or President. The Sponsoring Organization is required to train the key staff no less than annually and attendance of the center's staff is mandatory.

**Chart:**

**Date:** Record the training dates offered in the last 12 months.

**Topic of Training:** Record the topic(s) of each training.

**Name of Staff in Attendance:** Record the names of the staff that attended each training.

If no documentation for training is available or training has not been completed, write as a program violation.

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## V. TRAINING

- B.-D.** Request documentation of civil rights training that was conducted by the sponsoring organization and attended by the center for the current fiscal year and three previous fiscal years to ensure they've received training annually. Check the method of training the center was trained by the sponsor for the current fiscal year. If no documentation is available, write as a program violation. Check the agenda to ensure the minimum topics (*collection and use of data, effective public notification systems, complaint procedures, compliance review techniques, resolution of noncompliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution, and customer service*) were covered. If only some of the topics were covered, write as a program violation.
- E.-G.** Request documentation of programmatic training that was conducted by the sponsoring organization and attended by the center for the current fiscal year and three previous fiscal years to ensure they've received training annually. Check the method of training the center was trained by the sponsor for the current fiscal year. If no documentation is available, write as a program violation. Check the agenda to ensure the minimum topics (*meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system*) were covered. If only some of the topics were covered, write as a program violation.

## VI. FOR-PROFIT VERIFICATION

Check the N/A box if the center is non-profit.

### A. Records

1. Check to ensure that CAC 1C (Certification of Eligibility of Title XIX / XX or F/RP applications) is on file for the period of October 1 through the day of review. This form should be completed monthly documenting the Title XX or XIX or Free, Reduced and Denied numbers and submitted with the claim.
2. Check to ensure that the DSS documentation or F/RP applications is/are on file. List which documentation is on file. If none, write as a program violation.

### B. Chart:

Complete the chart after reviewing the CAC 1C and DSS Title XIX or XX documentation or Free/Reduced Price (F/RP) applications for current fiscal year (Oct- Sept).

Select one month to review. If the center failed to meet the 25% eligibility, the sponsoring organization may determine more months need to be reviewed. Remember to select only months in which the center has filed a claim.

**Month/ Year:** Record the months and year(s) selected.

**Site Name or Number:** Record the center's name or the center's agreement number.

**Licensed capacity/Total Enrollment:** List the licensed capacity from the license and total enrollment for each month selected.

**# Receiving Title XIX or XX Benefits:** Review DSS documentation or free and reduced price income eligibility applications and count the number of participants based on the enrollment record for that month. Record the number of Title XIX or XX or free and reduced price participants.

**Percentage Receiving Benefits:** Determine the percentage for each month by dividing the licensed capacity or total enrollment into the # receiving title XIX or XX or free and reduced price benefits. Determine if 25% was met for each month, based on the number counted divided by the enrollment or licensed capacity for that month.

Note: On DSS Turnaround or Reimbursement summary forms you are looking for the Funding Sources of 20 and 25. For Durham, Guilford, and Mecklenburg Counties, count all SS or FC children. Count all children that have been paid at least \$1.00. If child is on the documentation multiple times count that child only once.

For all months that the center did not meet the 25 % eligibility, all meals must be disallowed for that month.

## VII. VERIFICATON OF INCOME ELIGIBILITY APPLICATONS (IEA) AND ENROLLMENT

Check N/A box if reviewing an At-Risk center. Skip to VII.L and answer question.

**Test Month/Year:** document the month and year records will be reviewed. The test month will be the same month(s) and year used in Section VI. The same month(s) and year(s) will be used throughout the review.

**A.** Record the test Month/Year in the space provided for the Income Eligibility Applications that are to be verified (the month must be the same test month used throughout the review).

1. **Reported:** Indicate the month/year the center reported Income Eligibility Application numbers. Record the free, reduced, and denied classifications from the claim for reimbursement form for the center.
2. **Verified:** Record the same month/year reported by the center. Verify and record the free, reduced and denied classifications. These classifications are only based on the center correctly classifying and documenting the correct number of children enrolled for each month. If there is missing enrollment documentation, record these verified classifications under the “Verified (Enrollment Findings)” column.

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## VII. VERIFICATON OF INCOME ELIGIBILITY APPLICATONS (IEA) AND ENROLLMENT

3. **Verified (Enrollment Findings):** Record the same month/year reported by the center. Verify and record the free, reduced and denied classifications based on the verified participants enrolled. These classifications are based on the “Verified” findings plus the findings from verification of enrollment documentation.

**Review the eligibility application of each participant listed on the test month’s enrollment forms. The applications must not be more than twelve months old at the time of classification and must not be past the last day of the month being reviewed. Check for completion and signature of the parent/guardian. Classify each application using the guidelines below:**

*If there is a SNAP (formally Food Stamp), TANF or FDPIR case number and the parent/guardian signed the application, then the application should be classified as “free”(for adult applications, a Medicaid, SNAP (formally Food Stamp), FDPIR or SSI case number makes the classification "free");*

**OR,**

*If “yes” is checked for foster child, and the guardian signed the application, the classification is “free;”* Households with foster and non-foster children may choose to include the foster child as a household member on the same household application that includes their non-foster children. If they do, any personal income earned by the foster child, must be added as income on the household application if the household is not categorically eligible.

**OR,**

*If neither 1) nor 2) apply, then the application must be classified using the household size and the total of all MONTHLY incomes listed (wages, social security, pensions, child support...). For applications based on household income, the parent/guardian who signs the application (required) must list his/her entire social security number or indicate they do not have a SSN. Comparing the income information to the “Income Guideline” chart determines if the classification is free, reduced or denied.”*

**OR,**

*If any of the required information in 1), 2) or 3) is missing, the application is classified as “denied” due to the application being incomplete.*

***Make corrections to all eligibility applications that were incorrectly classified by the Eligibility Official. MAKE COPIES OF ANY APPLICATIONS WHICH THE CLASSIFICATION IS CHANGED, EITHER UP OR DOWN, AND/OR WHICH WAS DENIED FOR THE WRONG REASON.***

**On the copy of the reviewed month(s) attendance records/enrollment documents, record the verified classifications of the participants’ eligibility.**

**Remember: Enrolled Head Start children are classified as “free”. For households submitting applications with case numbers for some, but not all, of their children, the center must certify all children as categorically eligible (SNAP, FDPIR, TANF) for “free” meals.**

**Total all of the free, reduced and denied classifications of the participants listed on the chosen month’s attendance. Participants with no applications on file are classified as “denied”.**

**B. Record the months for which an adjustment is being made. Record the total dollar amount of the reimbursement received for the above month(s). Calculate the estimated dollar amount to be reclaimed or owed to the center [*dollar amount reimbursed minus the dollar amount verified (using the USDA Rate Spreadsheet program on your laptop computer) = the dollar amount to be reclaimed by the sponsoring organization or paid to the center*]. **Enter estimated amount owed in only one space – owed to center or owed to sponsoring organization.****

If the IEA’s were correctly reported in section A, put dashes in the spaces under section B. Do not leave the spaces in section B blank.

***Manual Calculation:***

*Take the total number of enrolled participants verified and divide into the number of free verified to get the percentage of free participants, divide the total number of verified participants into the number of reduced verified to get the percentage of reduced participants, and divide the total number of verified participants into the number of denied verified to get the percentage of denied participants. (i.e.: verified 4 free, 3 reduced, 3 denied = 10 total.  $4 \div 10 = 40\%$  free;  $3 \div 10 = 30\%$  reduced;  $3 \div 10 = 30\%$  denied.)*

Once you have the percentage for each classification, take that percentage and multiply it times the total number of meal counts for each meal service(s) served and claimed. (i.e.: 300 lunches claimed:  $300 \times 40\% = 120$  meals at the free rate;  $300 \times 30\% = 90$  meals at the reduced rate;  $300 \times 30\% = 90$  meals at the denied rate.) To determine how much reimbursement was due at the verified amount, you will multiply the number of meals time the free, reduced, and denied meal rates.

To get a list of rates use NCCares and click on “Rates” (remember rates change every July).

Remember for lunch and supper, you will have to also provide the cash in lieu (CIL) portion in the reimbursement figure. (i.e.:  $120 \times \$2.68 = \$321.60$  for free;  $90 \times \$2.28 = 205.20$  for reduced;  $90 \times \$0.25 = \$22.50$  for denied;  $300 \times \$0.1950 = \$58.50$  for CIL. Total reimbursement based on verified classifications should be \$607.80)

**C.-F.** Request documentation of enrollment for all participants enrolled during the test month.

For children: documentation must be updated annually and signed by a parent or legal guardian and include at a minimum normal days and hours of care and the meals normally received while in care.

For adults: the enrollment documentation does not have to be updated annually. The enrollment documentation should include if participant is 60 years or older, functionally impaired, reside in own home, and reside in a group living arrangement or some other type of residence.

Compare the documentation of enrollment for each participant to the attendance records, income eligibility applications and income eligibility worksheet to determine if all currently enrolled participants have current documentation of enrollment on file. For all participants that current documentation of enrollment is not on file, the participant must not be included in the verification of income eligibility applications (i.e. center reported a total of 100 participants, reviewer verified only 25 of the participants had current documentation of enrollment; under “Verified (Enrollment Findings)”, the reviewer would list the income classifications of the 25 participants with the current documentation of enrollment. **Note: Outside School Hour Care/At-Risk programs do not have to have an enrollment form for participants (i.e.: Boys & Girls Club); however, if a child care center has an after school program, enrollment forms are required.**

**G.-J.** Request the IEA’s for participants for the test month. Check to ensure the center is maintaining the income eligibility applications on file. If center has classified participants based on IEA and the IEA documents are not being maintained on file, write as a program violation. Check the IEA’s being used to ensure they are the current form. If the current form is not being used, ask the center representative for a copy of the IEA package being given to families. If the current documentation is not being given to families, write as a program violation.

Check to ensure there is an IEA on file for all participants classified as free and/or reduced. If an application is not on file, write as a program violation. Check IEA’s to ensure all applications are correctly classified by the center using the income eligibility guidelines. If any applications are incorrectly classified, write as a program violation.

**K.** Compare the current enrollment and attendance documents to ensure the center has reported the number of IEA classifications of enrolled participants accurately for the test(s) month(s). If the total number differs from reviewer’s verified total number, write as a program violation.

**L.** Look at the attendance record for the review month to ensure attendance is current and up-to-date. If any attendance records were not recorded document the date(s) attendance records were missing. All days attendance records were missing, meals cannot be claimed. If attendance records were not current and up-to-date, write as a program violation.

## VIII. MEAL PATTERN ANALYSIS

Document the type of meal observed on the day of visit. If the center closed/changed ownership without notice check block, answer question VIII.G and then skip to IX and resume answering questions.

Arrive before the meal service begins and observe the meal service from beginning to end, observing all participants in all age groups.

**A. Authorized Meal Services:** Review the Center Application. Check “yes” for all meal services the center is authorized to serve. Check “no” for all meals that the center is not authorized to serve.

**Approved:** Record the start and end times of all approved meals from the Center Application or NCCares.

**Actual:** Record the actual start and end times of the meal service the sponsoring organization’s representative observes. Observe the meal service from beginning to end.

**Center Name:** Record the name of the center being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

- B. 1.** Does the center enroll infants in its child care (Yes or No)? If No, skip Section B and proceed to Section C, "Meal Pattern Analysis (Child/Adult Care)."
- 2.** Are infants currently enrolled in the center ("YES" or "NO")? If "NO", skip Section B and proceed to Section C, "Meal Pattern Analysis (Child/Adult Care)." NOTE: some centers have 1 year olds in the infant rooms. Be sure to ask the names of the infants and ages and check against the attendance and enrollment records.

If the center has enrolled infant participants but an infant meal was not observed, mark "N/A" and check reason why an infant meal was not observed. *NOTE: for infants 0-11 months of age, the regulations allow a range of serving sizes for food components served. If the range starts out with "0 tablespoons" for any given food component, the food component is not required to meet the meal pattern for that meal service. You will need to pay attention to the ages and meal service types.*

**Number served:** indicate the number of infant participants by each age group being served.

**Table:**

- Food Component - record the food items served.
- Amts Available - record amounts prepared by center.
- Amts Needed – record amounts required of each food item using the Food Buying Guide to calculate the amounts.
- Adequate – check mark Yes or No whether the amount served was adequate when compared to the required amount.

If meal pattern requirements were not met and/or adequate amounts are not served, a finding is required.

**C. Check** Child care or Adult care in the header. Observe meal from beginning to end of service.

Observe for accurate portion sizes and record any inadequacies. During observation, record the number of meals served by age group or category. A complete meal must be served, including the milk, and all the components must be served at the same time.

Record the number of staff (if any) who eat as non-program adults. If the center caters to another center, record the number of meals as "catered out"

**Table:**

- Food Component - record the food items served.
- Amts Available - record amounts prepared by center.
- Amts Needed – record amounts required of each food item using the Food Buying Guide to calculate the amounts.
- Adequate - check Yes or No whether the amount served was adequate when compared to the required amount.

If meal pattern requirements were not met (i.e. no milk at lunch) and/or adequate amounts are not served, write as a program violation.

**D. Type of Meal Service:** Check all that apply.

**Family Style:** The food is placed on the table and the children serve themselves.

**Pre-portioned service:** The food is served on a plate before placing before the children.

**Catered in bulk service:** The food is brought by a food service management company in bulk then portioned to serve to the participants.

**Catered in proportioned service:** The food is brought by a food service management company already portioned on individual plates.

**E. Meal Preparation:** Check where meals are prepared.

On-site: The meals are prepared at the center.

Central Kitchen: The meals are prepared at a main kitchen for an organization and delivered to other centers in that organization.

Contract with local school unit (name): The meals are prepared by a local school and delivered or the children go the school to eat. List the name of the school.

Contract with food service management company (name): The center has a contract with a food service management company that provides the meals. List the name of the company.

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**F.**

1. Review the posted menu and compare to the observed meal to see if they correspond. If not, write as a program violation.
2. Check to ensure test month menus are dated and on file for all meal services claimed. If menus are not on file or dated, write as a program violation.
3. Based on what was documented in B and C, check to ensure that the meal met the meal pattern requirements. The Food Buying Guide and Creditable Foods in CACFP can be used as a guide. If the meal did not meet the meal pattern requirements, write as a program violation. Explain to the center's representative that the meal should not be claimed if it did not meet the meal pattern requirements.
4. **Check to ensure that the menu was adjusted for all disabilities and medical conditions that restrict the participant's diet. The substitutions for disabilities are to be provided by the center. The substitutions for medical conditions may be provided by the center; however, if the center claims the meal, the substitution must be provided by the center. The substitution should also be written on the daily menu. If the meals are not provided by the center for disabilities, write as a program violation. If the center claimed meals for medical conditions and did not provide the substitutions, write as a program violation. If the substitutions were not documented on the menu, write as a program violation.**
5. Check to ensure that documentation of meal counts by type served to enrolled participants is being conducted daily and at the point of service. If the records are not kept or are not complete, write as a program violation.
6. Observe meal service to ensure general health and sanitation practices are being followed during the meal service. If general health and sanitation practices are not being followed, write as a program violation.
7. Request the parent-infant waiver forms (Provision of Iron-fortified Infant Formula) of all of the currently enrolled infants and check the "Yes" box if a form is on file for every enrolled infant. If any forms are missing, check the "No" box and write as a program violation.
8. Check to see that the center has at least one container of the formula offered to infants in stock. If the center currently does not have infants enrolled, check "NA". If the center does not have formula offered in stock, write as a program violation.
9. If the center is serving combination foods, ensure that Child Nutrition (CN) labels or product analysis sheets are on file at the center to ensure the appropriate portion sizes are being served per child per age group.
10. Check to ensure that medical documentation is on file for the participants with a disability or medical condition that restricts his/her diet. The medical statement must be signed by a recognized medical authority and should specify the food(s) to be omitted from the diet and recommend a choice of foods that may be substituted. If appropriate documentation is not on file, write as a program violation.
11. Check to ensure that the facility serves all meal types for which reimbursement is being claimed? If not, write as a program violation.
12. Check to ensure that the facility is not claiming any meals for which the center was not approved. If the center is serving meals for which the center is not approved, those meals must be disallowed and written as a program violation.
13. Check to ensure that the facility has retained records to support its claim for reimbursement for 3 years after the date of its final claim for the fiscal year. If no records are available, write as a program violation.

## G. 5-Day Meal Count Reconciliation

Record and examine the meal counts (for all meal services approved to claim) recorded by the facility for five consecutive days preceding the day of the meal observation. For each day examined, use the enrollment and attendance records to determine the number of children in care during each meal service and reconcile those numbers to the numbers of breakfast, lunches, suppers, and/or snacks recorded in the facility's meal count for that day.

**Chart:** record the number of meals per all approved meal services, participants in attendance, and participants enrolled for the preceding five days the institution was in operation (give explanation if days are not consecutive other than for weekend breaks).

- 1. Based on the comparison...accurate:** Based on the comparison in the chart, determine if the meal counts for each day were accurate. If there is a discrepancy between the number of participants enrolled or in attendance, "no" should be checked and you must attempt to reconcile the difference and determine if meal counts need to be adjusted. If "no" is checked obtain and record an explanation. If difference cannot be reconciled, write as a program violation.
- 2. Did the meal counts...days:** Based on the comparison in the chart, determine if any of the meal counts for each day exceeded the attendance count. If "yes", reconcile the difference and determine the meal count adjustments required. Write as a program violation if meal counts exceeded attendance and disallow all meals that exceed the attendance.

## H. Results From Milk Inventory

Complete the milk inventory sheet and record the date the inventory was conducted and the total ounces of milk and milk substitutes in the chart.

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## IX. CLAIM FOR REIMBURSEMENT VERIFICATION

### A. Meal Count Verification

Review meal count records and attendance records to ensure meals were counted accurately and recorded by correct meal type. Compare meal count and attendance records to ensure daily meal counts are not greater than the daily attendance counts.

In the charts only document meals that exceed the attendance in count and have calculations errors.

**Record Month/Year reviewed.** The test month will be the test month recorded throughout the review.

**Total number of days food service was provided.** Document the verified number of days the food service was provided. Compare results to the information from the Claim for Reimbursement (CAC 1). Compare count to days of service on the daily meal count records to ensure accuracy.

**Average daily attendance.** Document the verified average daily attendance count. Compare the verified count to the information from the Claim for Reimbursement. Compare count to the daily attendance records to ensure accuracy.

**Center Reported:** record the total number of meals reported/claimed by the center for each meal served.

**Reviewer Verified:** using the attendance records and daily meal count records, record verified number of meals. Check the center's math. Compare meal counts to attendance records - if the meal count exceeds the attendance count you must disallow all meals that were over the attendance for that day.

**Correctly Stated (C), Understated (U), Overstated (O):** if the "Center Reported" meal counts are the same as the reviewer verified, the center "Correctly Stated" the meal counts. If the "Center Reported" meal counts are less than what the reviewer verified, the center "Understated" the meal counts. If the "Center Reported" meal counts that are more than what the reviewer verified, the center "Overstated" the meal counts.

- 1.** Ask to see meal counts for the current month. Check to ensure all meal counts are current and up-to-date. If current and up-to-date meal counts are not on file, write as a program violation.

2. Ask for attendance records. Ensure daily attendance is being done. If daily attendance records are not on file, write as a program violation. Dates attendance records are not on file, meals should not be claimed for those days.
3. Check to ensure all meal counts are being taken at point of service. If meal counts are not on file or are not being recorded at the point of services, write as a program violation.
4. Check the meal count records to ensure the meal counts did not exceed the attendance for any meal service each day. If the meal count exceeds the attendance, write as a program violation and disallow all meals that exceed the attendance.

Record each month adjustments were made and the estimated amount of adjustment for all months reviewed.

**Manual Calculation:**

*Once you have the verified percentage for each classification from VIIA (pg.4), take that percentage and multiply it times the total number of verified meal counts for each meal service(s) served and claimed. (i.e.: 280 lunches verified:  $280 \times 40\% = 112$  meals at the free rate;  $280 \times 30\% = 84$  meals at the reduced rate;  $280 \times 30\% = 84$  meals at the denied rate.)*

*To determine how much reimbursement was due based on the number of meals verified, you will multiply the number of verified meals time the free, reduced, and denied meal rates. (To get a list of the current rates use NCCares and click on "Rates". Remember rates change every July). Remember for lunch and supper, you will have to also provide the cash in lieu (CIL) portion in the reimbursement figure. (i.e.:  $112 \times \$2.68 = \$300.16$  for free;  $84 \times \$2.28 = 191.52$  for reduced;  $84 \times \$.25 = \$21.00$  for denied;  $280 \times \$.1950 = \$54.60$  for CIL. Total estimated amount that should have been paid to institution based on verified classifications should be \$567.28).*

*Note: your calculations are based on the verified meal counts. To get how much monies are due from adjustment, you will subtract the verified total from the verified IEA Verification total.*

**Note: Reviewer will verify the following information: daily meal counts do not exceed the number of children/adults in attendance, meal counts are taken at the point of service and not by using the attendance records.**

**B. Reviewed Menu Records**

**(Must be the same test month used throughout review)**

**Chart:**

**Month/Year:** Record the month(s)/year(s) being reviewed in the spaces provided.

Review the menus to ensure that all the meals meet the meal pattern requirements.

**Number of Meals Disallowed and reason\*:** Document the number of meals to be disallowed per meal service along with the appropriate code to explain the reason for the disallowance (see shaded area below the table for codes) and write as a finding. *If no meals are to be disallowed, put a "zero" in the meal services normally claimed and total for each month reviewed. Do not leave blank.*

- Review the records listed above to ensure that menus are available to support each meal service that has been claimed. If dated menus are not available, but menus are in file, have the center to identify which menus were served on each day in question, document center's response and assess menus determined by center for each day in question for compliance.
- Review menus to ensure that each meal component has been recorded on the menu according to the CACFP meal pattern requirements for each age group per meal service. Obtain copies of any supporting documentation that demonstrates noncompliance.

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**Center Name:** Record the name of the center being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**Total number of meals disallowed:** total all meals disallowed and document in the space provided.

**Estimated amount owed by the center:** Determine the estimated amount owed by the center either by using the CACFP meal reimbursement spreadsheet (Rate Calculation Worksheet). Be mindful of the fact that meal rates change on **July 1** each year, which is during the program fiscal year of October 1 through September 30, so depending on which three months are being reviewed there might be different rates. Record the estimated amount owed by the center in the space provided.

**Manual Calculation:**

*Once you have the verified percentage for each classification from IV.A (pg.4), take that percentage and multiply it times the total number of verified meal counts for each meal service(s) served and claimed. (i.e.: 280 lunches verified:  $280 \times 40\% = 112$  meals at the free rate;  $280 \times 30\% = 84$  meals at the reduced rate;  $280 \times 30\% = 84$  meals at the denied rate.)*

*To determine how much reimbursement was due based on the number of meals verified, you will multiply the number of verified meals time the free, reduced, and denied meal rates. (To get a list of the current rates use NCCares and click on "Rates". Remember rates change every July). **Remember for lunch and supper, you will have to also provide the cash in lieu (CIL) portion in the reimbursement figure. (i.e.:  $112 \times \$2.68 = \$300.16$  for free;  $84 \times \$2.28 = 191.52$  for reduced;  $84 \times \$.25 = \$21.00$  for denied;  $280 \times \$.1950 = \$54.60$  for CIL. Total estimated amount that should have been paid to institution based on verified classifications should be \$567.28). Note: your calculations are based on the verified meal counts. To get how much monies are due from adjustment, you will subtract the verified total from the verified IEA Verification total.***

1. Ask to see menus for the current month. Check to ensure all menus are current and up-to-date. If current and up-to-date menus are not on file, record dates menus are missing and write as a program violation.

**Findings:** this section may be used to provide further explanation of a program violation documented in the review if needed.

**Technical Assistance (TA) provided:** document all TA given to provider relating to program violations cited.

## X. Summary

### A. No Corrective Action Required (If findings were cited, skip to VII.B and complete Summary of Findings sheet.)

Complete this section if there were no findings and Corrective Actions are not required.

The form should be signed and dated by the facility's representative and the sponsoring organization's representative.

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**Center Name:** Record the name of the center being reviewed. **Agreement #:** record the agreement number of the sponsoring organization. If keying into the computer, the name and agreement number will automatically update into the document when printed.

**Complete this section only if findings were recorded in the review. If no, findings this page should not be a part of the review.**

### B. Corrective Action Required (Complete additional Summary of Findings sheet with this section.)

Complete this section if there are findings in the review and Corrective Actions are required. Document the total amount of money owed by the center in each appropriate category. The facility's representative and the sponsoring organization's representative should sign this form.

Record the amount of money that is due by the center from Section V. A.2., Results from the Milk Audit.

**Total Estimated Amount Due:** Add the **Disallowance** estimated amount owed by the center for all adjustments made.

**Follow-up required:** Check the appropriate box. If the follow-up is to be mailed to the sponsoring organization, provide by what date the written response is required at the sponsoring organization.

**Chart:**

**Review page/ item #:** Record the page and item number of the finding cited.

**Brief Description of Findings:** Write a brief description of each finding from the review next to the appropriate page and item #. (*i.e. April 2005 meals with missing components served and claimed.*)

**Repeat Finding:** Check if this is a program violation that was cited during the last 3 reviews/monitoring.

**Corrective Action Needed:** Write an appropriate corrective action (CA) that the day care center needs to complete in order to be in compliance for each finding. (*i.e. Serve and claim only meals that have the required meal components in adherence to §226.20.*)

**Corrective Action Due Date:** Record a date that the CA is to be completed by the center.

**On-Site Follow-Up:** Record “Yes”, if the sponsoring organization’s representative will return to the center to ensure that the corrective action was completed. Record “No”, if the sponsoring organization’s representative will not return to the center to ensure that the corrective action was completed. If the sponsoring organization’s representative will not make an on-site visit, the center must mail/fax the corrective action(s) to the sponsoring organization’s representative.

## SUMMARY OF FINDINGS

**Complete this section only if additional program violations were recorded in the review. You will need to number the page at the bottom starting with number 10.**

**Center Name:** Record the name of the Center. If keying into the computer, the name will automatically update into the document when printed.

**Date:** Record the date(s) the review was conducted.

**Agreement Number:** Record the Sponsoring Organization’s CACFP agreement number. If keying into the computer, the agreement number will automatically update into the document when printed.

**Chart:**

**Review page/ item #:** Record the page and item number of the finding cited.

**Brief Description of Findings:** Write a brief description of each finding from the review next to the appropriate page and item #. (*i.e. April 2005 meals with missing components served and claimed.*)

**Repeat Finding:** Check if this is a program violation that was cited during the last 3 reviews/monitoring.

**Corrective Action Needed:** Write an appropriate corrective action (CA) that the day care center needs to complete in order to be in compliance for each finding. (*i.e. Serve and claim only meals that have the required meal components in adherence to §226.20.*)

**Corrective Action Due Date:** Record a date that the CA is to be completed by the center.

**On-Site Follow-Up:** Record “Yes”, if the sponsoring organization’s representative will return to the center to ensure that the corrective action was completed. Record “No”, if the sponsoring organization’s representative will not return to the center to ensure that the corrective action was completed. If the sponsoring organization’s representative will not make an on-site visit, the center must mail/fax the corrective action(s) to the sponsoring organization’s representative.