# CACFP SPONSORING ORGANIZATIONS SECTION

OKLAHOMA STATE DEPARTMENT OF EDUCATION

FY2027

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

program.intake@usda.gov

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# LIST OF CHILD NUTRITION AND RELATED ACRONYMS

| | |
|---|---|
| AD | Adult Daycare |
| AR | Administrative Review |
| CACFP | Child and Adult Care Food Program |
| CAP | Corrective Action Plan |
| CN | Child Nutrition |
| CNA | Child Nutrition Act |
| CNP | Child Nutrition Programs |
| DHS | Department of Human Services |
| FNA | Food and Nutrition Administration (USDA) |
| FSIS | Food Safety and Inspection Service (USDA) |
| FY | Fiscal Year |
| ICN | Institute of Child Nutrition |
| NDL | National Disqualification List |
| OMB | Office of Management and Budget |
| OSDE | Oklahoma State Department of Education (also known as the *State Agency*) |
| P&L` | Profit and Loss |
| SA | State agency (also known as the State Department of Education) |
| SD | Seriously Deficient |
| SO | Sponsoring Organization |
| SWRO | Southwest Regional Office |
| USDA | United States Department of Agriculture |
| VCA | (Financial) Viability, Capability, and Accountability |

**INTERACTIVE FORMS ARE LOCATED IN *THE RESOURCE LIBRARY.* MOST OF THESE FORMS ARE LOCATED IN THE INTERACTIVE FORM SECTION**

# BASIC RESPONSIBILITIES

# Notes

# BASIC RESPONSIBILITIES—AT A GLANCE

## All records must be maintained daily and *MAY NOT* leave the premises.

**All of the forms provided in this manual are to be used in the 2027 fiscal year ONLY (October 1, 2026, through September 30, 2027)**.

1. **COMPLIANCE MONITORING**
   a. Administrative Reviews (ARs)—Reviews are conducted of each participating institution to ensure compliance with Performance Standards and all other requirements of the CACFP.
   b. Audits—Nonprofit or for profit institutions expending $1,000,000 or more in total federal funds in the prior fiscal year are required to submit an organization-wide audit annually. These audits are due nine months after the end of the institution's fiscal year.

2. **ADDITIONAL REQUIREMENTS FOR SPONSORS**
   a. Report of facilities operating under one institution
   b. Preapproval Visit form
   c. On-site Monitor Review form
      • Monitoring Review cycle
   d. Household contact documentation
   e. Budget revisions record for Sponsors, if applicable
   f. Unaffiliated Site Agreement
   g. Site Status Change Form
   h. Sponsor Policy & Procedures
      • Job Descriptions
      • Sponsoring Organization Policies
      • Site Policies
   i. Unaffiliated Site
      • Serious Deficient and Appeal Procedures

3. **ADDING A NEW SITE**
   • License, if applicable
   • Unaffiliated Site Agreement, if applicable
   • Checking the National Disqualification List (NDL)
   • A color copy of the Site Representative Driver's License

   ***AT-RISK ADDITIONAL REQUIREMENTS***
   • Area Map, *schools are exempt*
   • Low-income report data *(once every five years)*
   • School District calendar
   • Bell schedule ***(schools only)***

***NOTE: Copies of the CACFP paperwork forms must be maintained at both the SO and the facilities.***

# Notes

# ADDING, UPDATING, AND REMOVING SITE(S) FORMS AND DOCUMENTATION

# Sponsoring Organization
# Instructions for Adding New Sites
# (At-Risk)

Follow these instructions carefully to ensure that your new site will be approved in a timely fashion. All forms must be complete and supported with the additional documentation before they will be reviewed for approval.

1. Only sites located within an attendance area of a school that receive at least 50% free and reduced lunches are eligible to participate in the At-Risk Program. In order to determine if your site is eligible, you must refer to the most current School Low-Income Report located at sde.ok.gov/child-nutrition-documents. A copy of that report must be submitted to verify the eligibility of the site. Other required documents such as boundary maps, school calendar and class schedules must be submitted to verify eligibility. If you are unsure how to determine the school attendance area for the site, please contact our office. For more details on eligibility, refer to the At-Risk Handbook.
2. All sites participating in the CACFP must be licensed by DHS, a tribe or the military. If no such license exists, it is the SOs responsibility to contact DHS to ensure they are eligible for exemption of a licensing requirement. For more details on how to obtain this exemption information, go to the Sponsor Manual Section or go to Resource Library under the Multisited section.
3. Conduct a pre-approval visit and complete a "Multisited Pre-approval Visit Form" to ensure the site meets all requirements. During this visit, you will provide all applicable materials and train responsible persons on the CACFP. Use the form in the Sponsor Section Manual or in the Resource Library under the Multisited section.
4. Conduct a search on the National Disqualified List (NDL) to ensure that none of your principals or responsible persons associated with the site have been convicted of any activity that indicates a lack of business integrity within the last (7) years. If you are unsure how to do this, please follow the instructions located in the Sponsor Manual Section or go to Resource Library under the Multisited section.
5. Update your "Sponsoring Organization Application for Participation- CACFP/FDCH-1" to increase any applicable budget items and required monitoring hours required.
6. After completing steps 1-3, fully complete the "Site Status Change Form". Partially completed forms will be returned. Submit the completed form to CACFP@sde.ok.gov OR your assigned office staff person. Supporting documentation must also be submitted along with the form before approval will be considered. Examples of documentation- DHS license/exemption letter, Title XX contract, DUNS number, copy of NDL search results, At-Risk verification and completed Multi-site Pre-approval Visit".
7. Once our office has received the documentation, the site will be entered into your "Site Maintenance" section in the CACFP website. You will be notified once this process is complete.
8. Now you are ready to complete the "Application for Participation-CACFP-1". When complete, notify our office for approval.
9. After these steps are complete, an Regional Specialist will contact you and schedule an on-site approval visit within 30 days of application approval. Claims for this site will not be allowed prior to the effective date established by your Regional Specialist.

***Remember! Sponsoring Organizations must conduct an On-Site Monitoring Review within the first 4 weeks of operation.***

# Sponsoring Organization
# Instructions for Adding New Sites
# (CACFP)

Follow these instructions carefully to ensure that your new site will be approved in a timely fashion. All forms must be complete and supported with the additional documentation before they will be reviewed for approval

1. Conduct a pre-approval visit and complete a "Pre-approval Visit Form" to ensure the site meets all requirements. During this visit, you will provide all applicable materials and train responsible persons on the CACFP. Use the form located in the Sponsor Manual Section or in the Resource Library under the Multisited section.
2. All sites participating in the CACFP must be licensed by DHS, a tribe or the military. If no such license exists, it is the SOs responsibility to ensure they are eligible for exemption to the licensing law. For more details on license exemption, refer to License Exemption information found in the Sponsor Manual Section or in the Resource Library under the Sponsoring Organization section.
3. Conduct a search on the National Disqualified List (NDL) to ensure that none of your principals or responsible persons associated with the site have been convicted of any activity that indicates a lack of business integrity within the last (7) years. To register for the NDL list, use the NDL registration instructions found in the Sponsor Manual Section or go to Resource Library under the Sponsoring Organization section.
4. Update your "Sponsoring Organization Application for Participation- CACFP/FDCH-1" to increase any applicable budget items and required monitoring hours required.
5. After completing steps 1-3, fully complete the "Site Status Change From". Partially completed forms will be returned. Submit the completed form to CACFP@sde.ok.gov OR your assigned office staff person. Supporting documentation must also be submitted along with the form before approval will be considered. Examples of documentation- DHS license/exemption letter, Title XX contract, DUNS number, copy of NDL search results, At-Risk verification and completed Pre-approval Visit".
6. Once our office has received the documentation, the site will be entered into your "Site Maintenance" section in the CACFP website. You will be notified once this process is complete.
7. Now you are ready to complete the "Application for Participation-CACFP-1". When complete, notify our office for approval.
8. After these steps are complete, a Regional Specialist will contact you and schedule an on-site approval visit within 30 days of application approval. Claims for this site will not be allowed prior to the effective date established by your Regional Specialist.

***Remember! Sponsoring Organizations must conduct an On-Site Monitoring Review within the first 28 days of operation.***

# New Site Checklist

*(Forms or Instructions for the following items are found in the Sponsor Section or in the Resource Library under the Multisited section.)*

_____ CACFP Site Status Change Form

_____ National Disqualification Search Information

_____ License or License Exempt information, if applicable

_____ Unaffiliated Site Permanent Agreement, if applicable

_____ Preapproval Monitoring Form (Made available at the Approval visit)

_____ Color copy of Site Representatives driver's license or other government issues identification

**AT-RISK (ADDITIONAL DOCUMENTATION)**

____ Low Income Report information showing the site is in a location over 50% Free & Reduced

- Use the latest low income report located in the Resource Library

___ Area Map (School are exempt from providing any documentation)

- If in Oklahoma City or Tulsa PS district, use the district's website to find the school sites. If in another location, you can use the website hometown locator

____ School District's current year calendar showing the first day and last day of school

____ Bell Schedule (schools only)

____ At-Risk (3rd Meal) application form (schools only)

***AT-RISK RENEWAL***

***Annual documentation required to be submitted in order for your application to be approved.***

____ School District's current year calendar showing first day and last day of school

____ Bell Schedule *(schools only - Must be submitted in August when school starts)*

____ Low income report - *submit once every 5 years*

# Sponsor Site Status Change Form

Agreement #: _____ Sponsor Name: _____

Site #: _____ Site Name: _____

Site Representative Name:_____ Site Representative DOB: _____

Site Address: _____

Phone Number: _____ Email Address: _____

Type of Change (select one):

☐ Update information ☐ New Add ☐ Inactive ☐ Drop/Close

**If adding new site, complete this section:** ☐ N/A

Type of Site (select one):

☐ Child Care ☐ Head Start ☐ Adult Care ☐ At-Risk ☐ Other:_____

License/Permit #: _____ Expiration Date: _____Capacity: _____

*At-Risk ONLY:*

Name of school within attendance area: _____ Free/Red %: _____

NDL search has been conducted and printed? ☐ Yes ☐ No

Is the site currently operating and has preapproval visit been conducted? ☐ Yes ☐ No

Requested Effective Date (this date must match the date listed on the preapproval form: _____

**If making site inactive, complete this section:** ☐ N/A

Date site will become inactive: _____

Will the site be inactive beyond the current fiscal year? ☐ Yes ☐ No

**If yes, you may be required to drop and re-apply later.**

Date site plans to become active again: _____

Reason for inactive status: _____

**If site is closing, complete this section:** ☐ N/A

Reason for drop/closure: _____

Will you be submitting any additional claims for this site? ☐ Yes ☐ No

**If yes, please wait until last claim has been paid to submit this form**

Last Claim Month: _____

Last Operating Day (must be within last claim month): _____

**If updating other information other than meal time changes, complete this section:** ☐ N/A

Requested change: _____

_____

_____

Was this change approved prior to implementation? ☐ Yes ☐ No

If no, please explain: _____

_____

Effective Date of Change: _____

***Meal time changes must use the meal time change, NOT this form***

# Notes

# Checking the National Disqualified List (NDL)

The Sponsoring Organization (SO) must ensure that none of its principals or responsible persons participating in the Child and Adult Care Food Program or any other USDA Food and Nutrition Program have not been convicted of any activity that indicates a lack of business integrity within the past seven (7) years. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.

The SO must search the NDL system for all principals and responsible persons associated with their sponsorship to verify if they have not been convicted of an such activity. The search results must be maintained with the sponsor organization's records.

To search the NDL, you must create a Level 1 eAuthentication account by clicking on the following link:

**https://snp.fns.usda.gov/ndlweb/**

Registering for an account with Level 1 access is easy. You will create a brief customer profile, User ID and password for your USDA account. You will then receive a confirmation email from USDA asking you to respond to the email to confirm your account within seven (7) days. If you do not respond to the email asking you to confirm your account within seven (7) days, you will have to restart the registration process by creating another profile and will need to select a new User ID.

Once you have confirmed your online registration, you will have immediate access to USDA portals and applications that accept accounts with Level 1 access.

# Licensing Exemptions

**A. The provisions of the Oklahoma Child Care Facilities Licensing Act shall not apply to:**

1. Care provided in a child's own home or by relatives;

2. Informal arrangements which parents make with friends or neighbors for the occasional care of their children;

3. Care provided by an attorney-in-fact authorized by Section 1 of this act who exercises parental or legal authority on a continuous basis for not less than twenty-four (24) hours and without compensation for the intended duration of the power of attorney;

4. Programs in which school-aged children three (3) years of age and older are participating in home-schooling;

5. Programs that serve children three (3) years of age and older and that are operated during typical school hours by a public school district;

6. Programs that serve children three (3) years of age and older and that are operated during typical school hours by a private school that offers elementary education in grades kindergarten through third grade;

7. Summer youth camps for children who are at least five (5) years of age, that are accredited by a national standard-setting agency or church camp accreditation program;

8. Programs in which children attend on a drop-in basis and parents are on the premises and readily accessible;

9. A program of specialized activity or instruction for children that is not designed or intended for child care purposes including, but not limited to, scouts, 4-H clubs and summer resident youth camps, programs that limit children from enrolling in multiple sessions because of the type of activity or ages accepted, and single-activity programs such as academics, athletics, gymnastics, hobbies, art, music, dance and craft instruction;

10. Any child care facility that:

    a. provides care and supervision for fifteen (15) or fewer hours per week,
    b. operates less than eight (8) weeks annually, or
    c. operates in the summer for less than eight (8) hours per day;

11. Facilities whose primary purpose is medical treatment;

12. Boarding schools that have education as their primary purpose and that are recognized as accredited by the State Board of Education. To be exempt, such programs shall:

    a. have classroom facilities that are not used for residential living,

    b. not have been granted nor have assumed legal custody of any child attending the facility, and

    c. adhere to standard educational holiday and seasonal recess periods to permit students reasonable opportunities to return to their primary places of residence with parents or legal guardians;

13. Day treatment programs and maternity homes operated by a licensed hospital;

14. Juvenile facilities certified by the Office of Juvenile Affairs or certified by any other State agency authorized by law to license such facilities;

15. A program where children are not enrolled by the parents and are free to come and go;

16. A program in tribal land as defined at 25 U.S.C.A. 1903 (10); and

17. A program on a military base or federal property.

B. The provisions of the Oklahoma Child Care Facilities Licensing Act shall be equally incumbent upon all private and public child care facilities.

***Exemptions website:***
https://oklahoma.gov/okdhs/services/child-care-services/child-care-licensing.html

# Notes

# ADDITIONAL RECORD KEEPING REQUIREMENTS

# ADDITIONAL SPONSOR RECORD-KEEPING REQUIREMENTS

**All records must be maintained daily and *MAY NOT* leave the premises.**

## Expenditure/Reimbursement Worksheet

- One worksheet per operating Site
- The Sponsor is only allowed to charge off up to 15% in Administrative Expenses. *It is 15% of the projected total reimbursement for the year.*

## Building for the Future form

- The sponsor is required to send the State agency a copy of their Building for the Future each year.
- ***Required for all CACFP programs: CACFP, FDCH, At-Risk, and Adult Daycares.***

## Monitoring

- New sites must have a preapproval visit from the sponsor and OSDE before it can start to operate.
- New sites must have the first review within the first four weeks (28 days) of meal service.
- Each site is to be monitored 3 times a year for compliance with counting and claiming procedures and the meal pattern(s).
- Each site reviewed must include a meal observation.
- Sponsors must have a monitoring review cycle (something to show when all monitoring reviews are scheduled for the year, i.e. an excel spreadsheet)

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All participants in the Child and Adult Care Food Program (CACFP) must maintain adequate records to support the monthly claims for reimbursement. The State agency has provided sample forms to assist the Sponsor in maintaining the required records.

Refer to **page S-7, Item 2** for a summary of basic responsibilities for Sponsors. This includes all record-keeping requirements.

All records are required to be maintained for three years after the year to which they pertain unless a review or audit is not resolved. In this case, records are required to be maintained until the review or audit is resolved.

***NOTE: A record-keeping system equal to or better than forms provided by the State agency may be utilized if approved by your Regional Specialist prior to use.***

# EXPENDITURE/REIMBURSEMENT WORKSHEET *ONE PER SITE* UNDER A SPONSOR

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify that the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP Budget section of the application and/or amendments, if applicable

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

***For each expenditure worksheet:***

Column 1: Record the date the specific cost was incurred.

Column 2: Record the vendor or the first and last names of the food service personnel receiving payment. Include the job title of the employee that is listed in the budget.

Column 3: Record the last four digits of the credit/debit card used or the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable. Employees must be issued a W-2 and not a 1099)***

Columns 4 - 11: Record the amount of the expenditure under the appropriate column. One entry may be broken down into more than one category.

***Administrative Labor***—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported.

*Documentation includes:*

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity

***NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 on the form***

*Example:* 2 hours x $15.00/hour x 10 days = $300.00

***Administrative Expenses***—Cost related to the administration of the CACFP. Documentation includes itemized receipts.

*Examples:* Postage, printing, office supplies

***Food Service Salaries/Benefits***—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing of menu of served forms. **Gross cost must be reported.**

*Documentation includes:*

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity

*Example:* 6 hours x $10.00/hour x 10 days = $600.00

***NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 on the form.***

***Food Service Rent/Utilities/Janitorial***—Utilities, when documented by separate meter reading; pest control service; transportation reimbursement.

*Example:* Kitchen space rent can be charged as long as documentation supports the prorated square footage.

***Food Service Equipment***—Equipment purchased for use in preparing meals with the acquisition cost of $2,500 or more.

***Food Purchases***—Edible items used to prepare reimbursable meals and/or the monthly total from delivery receipt for contract meals.

*Documentation includes:*

- Itemized Food-Purchasing Forms
- Itemized receipts and invoices
- Invoice for contracted meals

***Nonfood Purchases***—Nonedible items needed to provide meal service.

*Documentation includes:*

- Itemized Food-Purchasing Forms
- Itemized receipts and invoices

***Miscellaneous***—Cost related to the operation of the CACFP and not reported under any other category. Documentation includes itemized receipts. ***NOTE: Do not include* nonreimbursable items *recorded on the Food-Purchasing Form.***

***Income***—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the ***FREE*** reimbursement rate for the meal eaten plus the value of USDA Foods (commodities) for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.

***Grand Totals***: Total all expenditures in each column.

***Total CACFP Expenditure***: Calculate total expenditures by totaling Columns 4 through 11.

***Reimbursement***: Record amount of reimbursement received for the month minus cash-in-lieu from the Payment Notice plus income received to CACFP.

***Operating Balance***: Item 14 minus Item 15 indicates operating balance. This dollar amount can be a negative or positive number.

Indicate who completed this form.

**On the VIEW CLAIM SUMMARY page*: The Grand Totals on the Expenditure worksheet are required to be entered on the claim each month.***

*EXAMPLE*

# EXPENDITURE/REIMBURSEMENT WORKSHEET

*ONE PER SITE UNDER A SPONSOR*

Institution Name: WESTERN DAY CARE CENTER  Month: OCTOBER  Year: YYYY

| DATE | ITEM/ENTRY (Vendor or Personnel, Etc.) | Last 4 of Card No. OR Check No. | OPERATING AND ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | CACFP Admin. Labor | | CACFP Admin. Expenses | | Food Service Salaries/ Benefits | | Food Service Rent/ Utilities/ Janitorial | | Food Service Equipment | | Food Purchases (Food and Milk) | | Nonfood Purchases (Food-Related Supplies) | | Misc. Expenses | | INCOME (Other than CACFP Reimb.) | |
| (1) | (2) | (3) | (4) $ | | (5) $ | | (6) $ | | (7) $ | | (8) $ | | (9) $ | | (10) $ | | (11) $ | | (12) $ | |
| 10/5 | Discount Grocery | 0001 | | | | | | | | | | | 348 | 12 | 19 | 40 | | | | |
| 10/6 | Herman's Foods | 0001 | | | | | | | | | | | 498 | 76 | 220 | 17 | | | | |
| 10/7 | Star Grocery | CASH | | | | | | | | | | | 509 | 09 | 112 | 09 | | | | |
| 10/13 | Dairy Mart | 0001 | | | | | | | | | | | 612 | 96 | | | | | | |
| 10/14 | Food Way | 1116 | | | | | | | | | | | 502 | 16 | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| 10/10 | Cook—Freda Fryer | 2097 | | | | | 735 | 00 | (7 hours x $15 x 7 days) | | | | | | | | | | | |
| 10/10 | Teacher—L Simon | 2098 | | | | | 140 | 00 | (2 hours x $10 x 7 days) | | | | | | | | | | | |
| 10/10 | Teacher—C Smith | 2099 | | | | | 168 | 00 | (2 hours x $12 x 7 days) | | | | | | | | | | | |
| 10/28 | Cook—Freda Fryer | 2151 | | | | | 1,470 | 00 | (7 hours x $15 x 14 days) | | | | | | | | | | | |
| 10/28 | Teacher—L Simon | 2152 | | | | | 280 | 00 | (2 hours x $10 x 14 days | | | | | | | | | | | |
| 10/28 | Teacher—C Smith | 2153 | | | | | 312 | 00 | (2 hours x $12 x 13 days) | | | | | | | | | | | |
| 10/28 | Director—H Brand | 1154 | 396 | 00 | (1 hour x $18 x 22 days) | | | | | | | | | | | | | | | |
| 10/31 | Interest accrued on CACFP funds in Bank 1 account | | | | | | | | | | | | | | | | | | 6 | 26 |
| 10/31 | Nonprogram Meals | | | | | | $4.60 (free rate) + $.3050 (commodities rate) = $ 4.91 | | | | | | | | x 15 (adults) | | | | 73 | 65 |
| **(13)** | **Grand Totals** | | 396 | 00 | | | 3,105 | 00 | | | | | 2,471 | 09 | 351 | 66 | | | 76 | 21 |

(14) Total CACFP Expenditure (Total of Columns 4 through 11) $ 6,323.75

(15) Reimbursement minus Cash-in-Lieu plus Income (Total in Column 12) $ 5,924.46

(16) Operating Balance (Item 14 Minus Item 15—See Instructions) $ 399.29

***NOTE: Each cost category must be as approved on your CACFP application and/or amendments.***

(17) Form completed by: Dee Baker

# SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET

The Sponsor Administrative Expenditure Worksheet is a summary report of all allowable CACFP administrative costs incurred during the month. It contributes to the documentation used to verify that the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP Budget section of the application and/or amendments, if applicable.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

Column 1: Record the date the specific cost was incurred.

Column 2: Record the vendor or the first and last names of the Administrative personnel receiving payment.

Column 3: Record the last four digits of the credit/debit card used or the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable. Employees must be W-2 and not 1099 or contract employee)***

Columns 4 - 11: Record the amount of the expenditure under the appropriate column. One entry may be broken down into more than one category.

***Administrative Labor/Salaries and Benefits***—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP documentation. Gross cost must be reported, and the cost of administrative personnel's (director, bookkeeper, supervisors) benefits received on time spent on the CACFP documentation.

Documentation includes:

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity
- Bank statements showing total amount of benefits paid such as insurance and loans from work

***NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.***

- Labor formulas broken down by pay period for hours worked on CACFP activity

  *Example:* 2 hours x $15.00/hour x 10 days = $300.00

**Sponsors are allowed to have up to 15% of Administrative Labor of the total CACFP reimbursement for the year.**

***Administrative Supplies***

*Example:*

- Pens, paper, pencils, staples, etc.
- Postage

***Administrative Expenses***

*Example:*

- Printing
- Office Space Rental/Lease
- Contracted Professional Services
- Equipment Rental/Lease
- Telephone
- Advertising/Public Information
- Dues, Memberships, Subscriptions - Any dues or memberships to organizations for CACFP programs or subscriptions that are used for CACFP purposes

***CACFP Related Travel***

*Example:*

- Travel for on-site monitoring or any other travel for CACFP program operations.
- Expenses used for traveling to a CACFP training.

***CACFP Related Training and Education***

*Example:*

- Materials used for trainings at sites.
- Materials used for staff trainings.

***Indirect Cost*** - If you use an indirect cost rate given by your cognizant Agency or have a formula used by the organization to determine indirect cost rate.

***Other Administrative Services*** - Other items used for CACFP that are not listed above.

***Miscellaneous Expenditures***—Cost related to the operation of the CACFP and not reported under any other category, if applicable.

**Documentation includes itemized receipts.**

***NOTE: Do not include* nonreimbursable items *recorded on the Food-Purchasing Form.***

***Income***—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the ***FREE*** reimbursement rate for the meal eaten plus the value of USDA Foods (commodities) for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.

***Grand Totals:*** Total all expenditures in each column.

***Total CACFP Expenditure:*** Calculate total expenditures by totaling Columns 4 through 11.

***Reimbursement:*** Record amount of reimbursement received for the month minus cash-in-lieu from the Payment Notice plus income received to CACFP.

Item 14 divided by Item 15 multiplied by 100

Is Item 16 less than 15%? Yes or No
(*Yes* means the sponsor is in compliance)

Indicate who completed the form

*Example*

# SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET

Sponsor Name: Toys N Noise  Month: OCTOBER  Year: YYYY

| | | | ADMINISTRATIVE COSTS ($) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | ITINERARY (Vendor or Personnel, etc.) | Last 4 of Card No. OR Check No. | CACFP Admin. Labor | CACFP Admin. Supplies | CACFP Admin. Expenses | CACFP-Related Travel | CACFP-Related Training/ Education | Indirect Cost | Other Admin. Services | Misc. Expenses | Income (Other than CACFP Reimb.) |
| (1) | (2) | (3) | $ (4) | $ (5) | $ (6) | $ (7) | $ (8) | $ (9) | $ (10) | $ (11) | $ (12) |
| 10/4 | Pete's Printing | 1108 | | | 46.85 | | | | | | |
| 10/11 | USPS - Stamps | 0001 | | 155.00 | . | | | | | | |
| 10/24 | Paper & More | | | 55.86 | . | | | | | | |
| 10/28 | Director - Hilda Brand | 1115 | 396.00 | | | | | | | | |
| 10/28 | Monitor - Rhonda Steves | 1120 | 425.50 | | | | | | | | |
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| | | | | | | | | | | | |
| **(13)** | **GRAND TOTALS** | | 821.50 | 210.86 | 46.85 | | | | | | |

(14) Total CACFP Expenses (Total of Columns 4 through 11) $ 1,079.21

(15) Reimbursement minus Cash-in-Lieu plus Income from Column 12 $ 12,723.59

(16) Item 14 ÷ Item 15 x 100 8.48 %

(17) Is Item 16 Less Than 15 Percent ☒ Yes ☐ No
(*Yes* answer equals compliance)

(18) Form Completed By: Sam Gov

***NOTE: Each cost category must be as approved on your CACFP application and/or amendments.***

# SPONSOR AND SITE'S MONTHLY PROFIT & LOSS

The Sponsor and Sites Profit & Loss form is a summary report of all allowable CACFP operating and administrative costs incurred during the month for the Sponsor and all sites. It contributes to the documentation used to verify that the Sponsor is running a nonprofit food service account.

- Indicate the Month and Year

Column 1: Enter S for the Sponsor and each site's four digit site code.

Column 2: Enter the name of the Sponsor, if there are any administrative costs. List all sites under the sponsor.

Columns 3 through 9: Record the amount of the expenditure under the appropriate column for the Sponsor and the sites.

Column 3: Administrative Labor—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported. This is for the Sponsor and all sites

*Documentation includes:*

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity

Column 4: Administrative Supplies & Expenses—Cost related to the administration for CACFP. This is for the Sponsor and per site.

**Documentation includes itemized receipts.**

*Examples:*

Postage, printing, office supplies

Column 5: Food Service Salaries/Benefits—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing menu as served forms. Gross cost must be reported per site.

*Documentation includes:*

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity

Column 6: Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of $2,500 or more per site.

Column 7:. Food Purchases—Edible items used to prepare reimbursable meals per site and/or the monthly total from delivery receipt for contract meals.

*Documentation includes:*

- Itemized Food-Purchasing Forms
- Itemized receipts and invoices
- Invoice for contracted meals

Column 8: Nonfood Purchases—Nonedible items needed to provide meal service per site.

*Documentation includes:*

- Itemized Food-Purchasing Forms
- Itemized receipts and invoices

Column 9: Miscellaneous Expenditures—Cost related to the operation of the CACFP and not reported under any other category, if applicable.

**Documentation includes itemized receipts.**

***NOTE: Do not include* nonreimbursable items *recorded on the Food-Purchasing Form.***

Column 10: Reimbursement and Income per Site—Report the CACFP reimbursement per site

Column 11: Grand Totals: Total all expenditures in each column.

Column 12: Total CACFP Expenditure : Calculate total expenditures s by totaling Columns 4 through 11.

Column 13: Reimbursement: Record amount of reimbursement received for the month minus cash-in-lieu from the Payment Notice plus income received to CACFP.

Column 14: Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be a negative or positive number.

Indicate who completed this form including contact information.

***Note: Sponsors can send in twelve, recent consecutive Sponsor & Site Profit & Loss worksheets along each site's monthly Expenditure/Reimbursement Worksheets as documentation for the End of the Year report.***

**On the VIEW CLAIM SUMMARY page*: The Grand Totals on the Expenditure worksheet are required to be entered on the claim each month.***

*Example*

# SPONSOR AND SITES MONTHLY PROFIT & LOSS WORKSHEET



Sponsor Name: Toys N Noise  Month: October  Year: 20XX

| Site Code # (1) | SPONSOR AND SITE NAME (2) | OPERATING & ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | CACFP Admin. Labor Sponsor & Per Site/ (3) $ | | CACFP Admin. Supplies & Expenses Sponsor & Per Site (4) $ | | Food Service Salaries/ Benefits Per Site (5) $ | | Food Service Equipment Per Site (6) $ | | Food Purchases (Food and Milk) Per Site (7) $ | | Nonfood Purchases (Food-Related Supplies) Per Site (8) $ | | Misc. Expenses Per Site (9) $ | | CACFP Reimbursement & Income Per Site (10) $ | |
| S | Toys N Noise | 821 | 50 | 257.71 | | | | | | | | | | | | | |
| 1001 | Western Site | | | | | 3,105 | 00 | | | 2471 | 09 | 351 | 66 | | | 5,924 | 64 |
| 1002 | Eastern Site | | | | | 1,200 | 00 | | | 1031 | 27 | 132 | 67 | | | 1,634 | 98 |
| 1003 | Northern Site | | | | | 2,125 | 25 | | | 1784 | 59 | 125 | 87 | | | 3,064 | 65 |
| 1004 | Boomer Adult Day | | | | | 1,025 | 00 | | | 899 | 76 | 87 | 77 | | | 2,099 | 32 |
| | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| (11) | **Grand Totals** | 821 | 50 | 257.71 | | 7,455 | 25 | | | 6,186 | 71 | 292 | 65 | | | 12,723 | 59 |

(12) Total CACFP Expenditures (Total of Columns 3 through 9) $ 15,013.82

(13) Total Reimbursement minus Cash-in-Lieu plus Income (Total of Column 10) $ 12,723.59

(14) Operating Balance (Item 12 Minus Item 13) $ 2,290.23

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: Sam Gov  Contact Information: Sam.Gov@daycare.com

# SPONSOR END OF THE YEAR REPORT INSTRUCTIONS

All institutions must send the State agency an annual financial End of the Year report. The End of the Year report will meet this requirement.

**Note: If there are any questions or discrepancies, the State agency may require documentation to be turned in for validation.**

- Enter the Sponsor name
- Enter the fiscal year of the report
- Enter the months of the fiscal year. ***The institution it to use their current fiscal year***. It is allowable to use the federal fiscal year from October - September, or twelve, recent consecutive months of financial information. OSDE must have twelve full months of expenditures and reimbursements.

Column 1: List the months beginning with the first month of the institutions fiscal year.

**Columns 2 through 10: List each month's total for *the sponsor and ALL sites.* These should be listed on the monthly *SPONSOR AND SITE PROFIT & LOSS* form. It is REQUIRED the institution use twelve recent, consecutive months of Expenditure/Reimbursement Worksheets.**

Column 2: Administrative Labor—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported.

Column 3: Administrative Supplies/Expenses—Cost related to the administration of the CACFP

Column 4: Food Service Salaries/Benefits—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing of menu of served forms.

Column 5 : Food Service Rent/Utilities/Janitorial—Utilities, when documented by separate meter reading; pest control service; transportation reimbursement.

Column 6: Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of $2,500 or more per site.

Column 7: Food Purchases—Edible items used to prepare reimbursable meals per site and/or the monthly total from delivery receipt for contract meals.

Column 8: Nonfood Purchases—Nonedible items needed to provide meal service.

Column 9: Miscellaneous Expenditures—Cost related to the operation of the CACFP and not reported under any other category.

***NOTE: Do not include* nonreimbursable items *recorded on the Food-Purchasing Form.***

Column 10: Total CACFP Reimbursement and any additional CACFP income received by the institution each month. *Use each month's Payment Notice*.

Column 11: Grand Totals: Total of each column.

Column 12: Total CACFP Expenditures: Add the grand totals from columns 2 through 9

Column 13: Total Reimbursement: This is the Grand Total of Column 10 which is the Reimbursement received minus Cash-in-Lieu plus Income received to CACFP.

Column 14: Operating Balance: Item 12 minus Item 13 indicates operating balance. This dollar amount can be a negative or positive number.

Column 15: Three Month Operating Balance: Take the yearly expenditures in column 12. Divide it by 12 and multiply it by 3 to determine what the three-month operating balance is.

**If column 14 is greater than column 15,** the institution went over the three month operating balance. ***Mark the YES box. The institution will inform OSDE on how it will spend the excess funds.***

**If column 14 is less than column 15**, the institution did not go over their three month operating balance. C***heck mark the NO box , and the institution is compliance***.

Indicate who completed this form and contact information.

*Example*

# SPONSOR END OF THE YEAR REPORT

Sponsor Name: Toys N Noise Year: 20XX Fiscal Months: January - December

| List each month of the Sponsor & Site Profit-Loss (start with first month of the fiscal year) (2) | OPERATING & ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CACFP Admin. Labor Sponsor & Site (3) $ | | CACFP Admin. Supplies/ Expenses Sponsor & Site (4) $ | | Food Service Salaries/ Benefits (5) $ | | Food Service Equipment/ Rent/Utilities/ Janitorial (6) $ | | Food Purchases (Food and Milk) (7) $ | | Nonfood Purchases (Food-Related Supplies) (8) $ | | Misc. Expenditures (9) $ | | CACFP Reimbursement plus Income Received (10) $ | |
| JANUARY | 821 | 50 | | | 7,000 | 00 | | | 4,566 | 27 | 392 | 65 | | | 12,546 | 49 |
| FEBRUARY | 821 | 50 | 356 | 97 | 7,000 | 00 | | | 5,600 | 26 | 295 | 55 | | | 12,477 | 12 |
| MARCH | 821 | 50 | | | 7,000 | 00 | | | 5,444 | 44 | 290 | 01 | | | 13,659 | 76 |
| APRIL | 821 | 50 | | | 7,455 | 25 | 1,009 | 87 | 5,787 | 99 | 411 | 90 | | | 14,598 | 43 |
| MAY | 821 | 50 | | | 7,455 | 25 | | | 5,109 | 98 | 450 | 87 | | | 16,985 | 23 |
| JUNE | 821 | 50 | 454 | 63 | 7,455 | 25 | | | 6,098 | 00 | 462 | 55 | | | 17,585 | 66 |
| JULY | 821 | 50 | | | 7,455 | 25 | 587 | 89 | 7,276 | 76 | 520 | 11 | | | 17,411 | 33 |
| AUGUST | 821 | 50 | | | 7,455 | 25 | | | 6,077 | 77 | 508 | 88 | | | 16,422 | 22 |
| SEPTEMBER | 821 | 50 | | | 7,455 | 25 | | | 4,011 | 11 | 288 | 65 | | | 14,534 | 55 |
| OCTOBER | 821 | 50 | 257 | 71 | 7,455 | 25 | | | 6,186 | 71 | 292 | 65 | | | 12,723 | 59 |
| NOVEMBER | 821 | 50 | | | 7,000 | 00 | | | 5,009 | 54 | 255 | 43 | | | 12,312 | 12 |
| DECEMBER | 821 | 50 | | | 7,000 | 00 | | | 4,311 | 21 | 301 | 22 | | | 11,443 | 34 |
| (11) **Grand Totals** | 9,858 | 00 | 1069 | 31 | 122,186 | 75 | 1,597 | 76 | 65,480 | 66 | 4,470 | 47 | | | 172,699 | 90 |

(12) Total CACFP Expenditures (Total of Columns 3 through 9) $ 204,662.96

(13) Total Reimbursement minus Cash-in-Lieu plus Income (Total of Column 10) $ 172,699.90

(14) Operating Balance (Item 12 Minus Item 13) $ 31,963.06

(15) Three-month operating (See Instructions) $ 51,165.74 Over the 3-month operating balance? ☐ Yes ☑ No

*(If 15 is higher than 14, mark NO)*

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: Sam Gov Contact Information: Sam.Gov@daycare.com

# EXPENDITURE/REIMBURSEMENT WORKSHEET

*ONE PER SITE UNDER A SPONSOR*

Site Name:_____ Month: _____ Year: _____

| Date (1) | ITEM/ENTRY (Vendor or Personnel, Etc.) (2) | Last 4 of Card No. OR Check No. (3) | OPERATING & ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | CACFP Admin. Labor (4) $ | | CACFP Admin Supplies/ Expenses (5) $ | | Food Service Salaries/ Benefits (6) $ | | Food Service Rent/ Utilities/ Janitorial (7) $ | | Food Service Equipment (8) $ | | Food Purchases (Food and Milk) (9) $ | | Nonfood Purchases (Food-Related Supplies) (10) $ | | Misc. Expenses (11) $ | | Income (Other Than CACFP Reimb) (12) $ | |
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| (13) | Grand Totals | | | | | | | | | | | | | | | | | | | |

(14) Total CACFP Expenditures (Total of Columns 3 through 11) $ _____

(15) Total Reimbursement minus Cash-in-Lieu plus Income (Total of Column 12 ) $ _____

(16) Operating Balance (Item 12 Minus Item 13) $ _____

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: _____

# SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET



Sponsor Name:_____ Month: _____ Year: _____

| | | | ADMINISTRATIVE COSTS ($) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE<br>(1) | ITINERARY<br>(Vendor or Personnel, etc.)<br>(2) | Last 4 of Card No. OR Check No.<br>(3) | CACFP Admin. Labor<br>$<br>(4) | CACFP Admin. Supplies<br>$<br>(5) | CACFP Admin. Expenses<br>$<br>(6) | CACFP-Related Travel<br>$<br>(7) | CACFP-Related Training/ Education<br>$<br>(8) | Indirect Cost<br>$<br>(9) | Other Admin. Services<br>$<br>(10) | Misc. Expenses<br>$<br>(11) | Income (Other than CACFP Reimb.)<br>$<br>(12) |
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| (13) GRAND TOTALS | | | | | | | | | | | |

(14) Total CACFP Expenditures (Total of Columns 3 through 11) $ _____

(15) Total Reimbursement minus Cash-in-Lieu plus Income (Total of Column 12 ) $_____

(16) Item 14 ÷ Item 15 x 100 $ _____

(17) Is Item 16 Less Than 15 Percent ☐Yes ☐No
(*Yes* answer equals compliance)

(18) Form completed by: _____

***NOTE: Each cost category must be as approved on your CACFP application and/or amendments.***

# SPONSOR AND SITES MONTHLY PROFIT & LOSS WORKSHEET



Sponsor Name:_____ Month: _____ Year: _____

| Site Code # (1) | SPONSOR AND SITE NAME (2) | OPERATING & ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | CACFP Admin. Labor Sponsor & Per Site/ (3) | | CACFP Admin. Expenses Sponsor & Per Site (4) | | Food Service Salaries/ Benefits Per Site (5) | | Food Service Equipment Per Site (6) | | Food Purchases (Food and Milk) Per Site (7) | | Nonfood Purchases (Food-Related Supplies) Per Site (8) | | Misc. Expenses Per Site (9) | | CACFP Reimb. plus Income Received (10) | |
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| (11) | Grand Totals | | | | | | | | | | | | | | | | | | |

(12) Total CACFP Expenditures (Total of Columns 3 through 9) $ _____

(13) Total Reimbursement minus Cash-in-Lieu plus Income Received (Total of Column 10) $ _____

(14) Operating Balance (Item 12 Minus Item 13—See Instructions) $ _____

*NOTE*: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: _____ Contact Information: _____

# SPONSOR END OF THE YEAR REPORT

Sponsor Name: _____ Year: _____ Fiscal Months: _____

| Expenditure for EACH Month (starting with first month of the fiscal year) (2) | OPERATING & ADMINISTRATIVE COSTS ($) | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | CACFP Admin. Labor Sponsor & Site/ (3) $ | | CACFP Admin. Supplies/ Expenses Sponsor & Site (4) $ | | Food Service Salaries/ Benefits (5) $ | | Food Service Equipment/ Rent/ Utilities/ Janitorial (6) $ | | Food Purchases (Food and Milk) (7) $ | | Nonfood Purchases (Food-Related Supplies) (8) $ | | Misc. Expenses (9) $ | | CACFP Reimb. (10) $ | |
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| | | | | | | | | | | | | | | | | | | |
| (11) Grand Totals | | | | | | | | | | | | | | | | | | |

(12) Total CACFP Expenditures (Total of Columns 3 through 9) $ _____

(13) Total Reimbursement minus Cash-in-Lieu plus Income (Total of Column 10) $ _____

(14) Operating Balance (Item 12 Minus Item 13) $ _____

(15) Three-month operating (See Instructions) $_____ Over the 3-month operating balance? ☐ Yes ☐ No

*(If 15 is higher than 14, mark NO)*

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: _____ Contact Information: _____

# REPORT OF FACILITIES AND CLAIMING DOCUMENTATION

# REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR—REGULAR MEALS ONLY INSTRUCTIONS

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XX/Title XIX or free and reduced-price
- Participation
  - Number Free
  - Number Reduced
  - Number Not Eligible
  - Total
- Number of Regular CACFP meals served by shift
  - Breakfasts
  - Lunches
  - Suppers
  - Snacks

*EXAMPLE*
*REGULAR MEALS ONLY*

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR

**Sponsoring Organization:** *Toys N Noise*

**Agreement Number:** *DC-99-123*

**Month:** *OCTOBER* **20** *YY*

| LIST EACH FACILITY | # OF DAYS | # ENROLLED | # TITLE XX/ XIX OR FREE & REDUCED-PRICE | PARTICIPATION | | | | NUMBER OF REGULAR MEALS SERVED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | FREE | REDUCED PRICE | NOT ELIGIBLE | TOTAL | REGULAR BREAKFASTS | | REGULAR LUNCHES | | REGULAR SUPPERS | | REGULAR SNACKS | | | | | |
| | | | | | | | | 1st | 2nd | 1st | 2nd | 1st | 2nd | 1st AM | 2nd AM | 1st PM | 2nd PM | 1st Late | 2nd Late |
| 1. Western Center | 18 | 65 | 55 | 45 | 10 | 8 | 58 | 902 | | 705 | | | | | | 698 | 220 | | |
| 2. Eastern Center | 18 | 40 | 37 | 34 | 3 | 2 | 39 | 630 | | 411 | | | | | | 405 | 216 | | |
| 3. Northern Center | 18 | 80 | 54 | 37 | 7 | 26 | 70 | 1170 | | 585 | | | | | | 585 | 540 | | |
| 4. Southern Center | 18 | 25 | 30 | 22 | 8 | 2 | 30 | 468 | | 396 | | | | | | 390 | 45 | | |
| 5. | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | |
| TOTAL (BY SERVICE) | | 210 | 176 | 138 | 28 | 38 | 197 | 3170 | | 2097 | | | | | | 2078 | 1021 | | |

Form completed by: _____

# REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR—AT-RISK MEALS ONLY INSTRUCTIONS

1. Indicate month and year
2. Indicate sponsoring organization (SO)
3. Indicate who completed the form
4. Indicate agreement number
5. For each facility listed, record the following:

   - Number of days in operation during the month
   - Number enrolled

     ***NOTE: For At-Risk meals sites, this number should indicate the* MAXIMUM *number of children who would be allowed to be in each of the participating facilities at any given time. Institutions should base this number on the maximum number the fire marshal would allow or the maximum number for which the institution wants to be responsible.***

   - Number of free participation

     ***NOTE: For At-Risk meals sites, this number should indicate the* highest daily count *of children who participated for the month. This number should never exceed the enrollment number.***

   - Number of At-Risk meals served to children by shift: *Only two meals are allowed to be served on At-Risk.*

     — At-Risk Breakfasts
     — At-Risk Lunches
     — At-Risk Suppers
     — Risk Snacks

*EXAMPLE*

*AT-RISK MEALS ONLY*

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION

Month: ***OCTOBER*** 20 ***YY***

Sponsoring Organization: ***Green Public School***

Form Completed By: ***Sam Gov***

Agreement Number: ***DC-99-125***

| LIST EACH FACILITY | # OF DAYS | # ENROLLED | TOTAL FREE PARTICIPATION | NUMBER OF AT-RISK MEALS SERVED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | AT-RISK BREAKFASTS | | AT-RISK LUNCHES | | AT-RISK SUPPERS | | AT-RISK SNACKS | | | | | |
| | | | | 1st | 2nd | 1st | 2nd | 1st | 2nd | 1st AM | 2nd AM | 1st PM | 2nd PM | 1st Late | 2nd Late |
| 1. ***Western Center*** | 18 | 208 | 208 | | | | | 3564 | | | | | | | |
| 2. ***Eastern Center*** | 18 | 310 | 310 | | | | | 4620 | | | | | | | |
| 3. ***Northern At-Risk*** | 18 | 215 | 215 | | | | | 3798 | | | | | | | |
| 4. ***Boomer Adult*** | 18 | 450 | 222 | | | | | 3636 | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | |
| TOTAL (BY SERVICE) | | 1183 | 955 | | | | | 15618 | | | | | | | |

Form completed by: _____

*REGULAR MEALS ONLY*

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR

Month: _____ 20 _____ Sponsor: _____

Form Completed By: _____ Agreement Number: _____

| LIST EACH FACILITY | # OF DAYS | # ENROLLED | # TITLE XX/XIX OR FREE & REDUCED PRICE | PARTICIPATION | | | | NUMBER OF REGULAR MEALS SERVED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | FREE | REDUCED-PRICE | NOT ELIGIBLE | TOTAL | REGULAR BREAKFASTS | | REGULAR LUNCHES | | REGULAR SUPPERS | | REGULAR SNACKS | | | | | |
| | | | | | | | | 1st | 2nd | 1st | 2nd | 1st | 2nd | 1st AM | 2nd AM | 1st PM | 2nd PM | 1st Late | 2nd Late |
| 1. | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | | | | | |
| TOTAL (BY SERVICE) | | | | | | | | | | | | | | | | | | | |

*AT-RISK MEALS ONLY*

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR

Month: _____ 20 _____ Sponsoring Organization: _____

Form Completed By: _____ Agreement Number: _____

| LIST EACH FACILITY | # OF DAYS | # ENROLLED | TOTAL FREE PARTICIPATION | NUMBER OF AT-RISK MEALS SERVED | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | AT-RISK BREAKFASTS | | AT-RISK LUNCHES | | AT-RISK SUPPERS | | AT-RISK SNACKS | | | | | |
| | | | | 1st | 2nd | 1st | 2nd | 1st | 2nd | 1st AM | 2nd AM | 1st PM | 2nd PM | 1st Late | 2nd Late |
| 1. | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | |
| 10. | | | | | | | | | | | | | | | |
| 11. | | | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | | | |
| 13. | | | | | | | | | | | | | | | |
| 14. | | | | | | | | | | | | | | | |
| 15. | | | | | | | | | | | | | | | |
| TOTAL (BY SERVICE) | | | | | | | | | | | | | | | |

**OKLAHOMA STATE DEPARTMENT OF EDUCATION**
**CHILD AND ADULT CARE FOOD PROGRAMS**
**ELECTRONIC SYSTEM FOR APPLICATION AND CLAIMS SUBMISSION**

# SPONSORING INSTITUTIONS
# HOW TO FILE CLAIMS

1. Log into the CACFP Web site at: https://cnp.sde.ok.gov/CACFP . Click on "***Enter Claims***," which appears at the top of the gold side menu. At this point you will be required to log in again. Enter your agreement number and click on "***Find Facility***." Click "***Select***" to the left of your agreement number. Click "E***nter Claims***" directly below the "***Select***" button.

2. From the "***Claims Entry***" page, using the drop-down menu, select the MONTH of the claim you are entering. Type in the current year in the full four-digit format. Click "***Search***." (Should there be a message that appear saying "No claims entered for this month," click "***Verify Eligibility***.") This will bring up a Claim Grid listing for the month to be submitted and the status of that claim. From the Claim Grid, click "***Selec***t."

3. This will bring up a second Claim Grid showing each of your entities' approved sites. Click on "***Select***" for one site at a time and begin to enter claim data for the month for each site. Only the column of boxes for meals you have been approved to serve will be UN-shaded, allowing you to input data. Click on each box before entering the numbers rather than using the TAB button. There MUST be a number in All boxes; therefore, use "0" rather than leave the box blank in appropriate columns.

4. When site data has been entered, click "Calculate." This will automatically calculate the total for THIS SITE. Click "***Save***." A box will appear mid-screen stating, "Please remember to submit your claims from the Claim Summary page." Click "***OK***." This will take you back to the Claim Grid showing each of your entities' approved sites. You will now see the claim total for the site just entered and saved. Repeat steps 3 and 4 for each of the sites for which you are approved.

5. Once claim data for ALL sites have been entered and "Saved," as in all previous steps, a box will appear mid-screen stating, "Please remember to submit your claims from the Claim Summary page." Click "***OK***."

6. You will be brought to a screen to complete the final step in submission of your claim. Click on "***View Claim Summary***." This will once again bring up your claim data including the total reimbursement for the entire multi-sited claim. Scroll to the bottom to and enter your monthly total expenditures then the date claim is completed in the "00/00/0000" format. Click "Certify." A box should appear in mid-screen that says "***Claim Submitted***."

7. Congratulations! You have successfully submitted your claim!

# MONITORING AND PRE-APPROVAL FORMS

# MONITORING

## MONITORS

Sponsoring organizations must employ an appropriate number of Program monitors as approved by the State agency in accordance with federal regulations. The average caseload for a monitor is approximately 68 for rural sites, and 75 sites for urban areas. The urban counties are Canadian, Cleveland, Comanche, Cotton, Creek, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, Okmulgee, Osage, Pawnee, Rogers, Sequoyah, Tulsa, and Wagoner. (Reference Public Law 106-224)

- Monitors name and number of monitoring hours must be indicated in the online application and agreement

## MONITORING NEW SITES

- New sites must have a preapproval visit from the sponsor and OSDE before it begin start claiming. *(There must be children enrolled and meals being served before the preapproval visit is conducted)*.
- New facilities must have their first review during the first 28-days of operation.

## MONITOR REVIEWS

- **Each site, outside-school hours care center, and homeless shelter must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.**
- Each review must include counting and claiming procedures, the meal pattern. meal analysis where children are present and a five-day reconciliation of records.
- Sponsors must have a monitoring review cycle *(something to show when all monitoring reviews are scheduled for the year. i.e. a excel spreadsheet)*
- If an unaffiliated site is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. ***This review does not count toward the required reviews.***
- All reviews shall include, at a minimum:
    - CACFP meal patterns
    - License capacity, if applicable
    - Participation or attendance at sponsor training
    - Meal counts
    - Menus and meal records
    - Enrollment form requirements
    - Corrected problems from previous reviews

- Five-day reconciliation

- Maintain on file at the SO's office all reports to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

## MONITORING REVIEW OPTIONS

There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:

1. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.

2. An SO may do ***review averaging*** by conducting an average of three reviews per site per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two announced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient sites must have at least three reviews per year. If ***review averaging*** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

    * Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

# CHILD AND ADULT CARE FOOD PROGRAM
# PREAPPROVAL VISIT FORM
# INSTRUCTIONS

## Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of Child and Adult Care Food Program (CACFP) operations. These reviews must be documented and kept on file.

| | |
|---|---|
| Site Name: | Record the facility name. |
| Site Address: | Record the address of the facility. |
| Site Complies: | Indicate in the boxes for numbers 1 through 14 if the facility is complying with program requirements. ***Mark N/A if not applicable to this site.*** |
| | **If not applicable, enter N/A and comment** |
| Comments: | Make comments as needed. |
| Approved: | Mark yes or no. If marked no, explain in the comments section. |
| Requested Approval Date: | Record the date the sponsor approves the site. |
| Program Approved: | Mark the program(s) approved at this site. |

Facility Representative's Signature and Date:

The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:

The SO representative who conducted the preapproval visit must sign and date the Preapproval Visit Form.

**The sponsor must submit the Preapproval Visit form to the State agency with other documentation to add a site.**

*EXAMPLE*

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# PREAPPROVAL VISIT FORM

Site Name: Eastern

Site Address: 123 Brick Street

| The following items were discussed and reviewed: | | Site Complies |
|---|---|---|
| 1. Current license posted (if applicable) | 1. | **Y** |
| 2. Civil rights compliance (poster, complaint procedure) | 2. | **Y** |
| 3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form | 3. | |
| a. Obtained on enrolled children | a. | **Y** |
| b. Approved by institution official | b. | **Y** |
| 4. CACFP enrollment form | 4. | **Y** |
| 5. Monthly count by category/roster sheet maintained | 5. | **Y** |
| 6. Daily attendance records maintained | 6. | **Y** |
| 7. Meal Count Worksheet (Meal Counts) | 7. | **Y** |
| 8. Itemized receipts/invoices properly maintained | 8. | **Y** |
| a. Food-Purchasing Form | a. | **Y** |
| b. Signature of purchaser | b. | **Y** |
| 9. Inventory up-to-date (recommended) | 9. | **Y** |
| 10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date) | 10. | **Y** |
| 11. Meal patterns | 11. | |
| a. Minimum meal pattern requirements (components and quantities) | a. | **Y** |
| b. Meal limitation/time frame | b. | **Y** |
| c. Infant Meal Pattern requirements | c. | **N/A** |
| d. Child Nutrition (CN) Labels/Product Formulation Statement | d. | **N/A** |
| e. Special dietary needs | e. | **N/A** |
| 12. Sanitation and safety | 12. | **Y** |
| 13. Food preparation area adequate for meals served | 13. | **Y** |
| 14. Educational or enrichment activity, if applicable | 14. | **N/A** |

Comments: The facility's representative requested nutrition education materials and technical assistance in developing cycle menus.

Approved: Yes [X] No [ ] Requested Approval Day: 9/21/YYYY

Program Approved: CACFP [X] At-Risk [ ] Adult Day [ ]

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

*Nell Carter* 9/21/YYYY

Site Representative's Signature Date

*Ima Fishul* 9/21/YYYY

Sponsoring Organization Representative's Signature Date

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
# PREAPPROVAL VISIT FORM

Site Name: _____

Site Address: _____

| The following items were discussed and reviewed: | | Site Complies |
|---|---|---|
| 1. Current license posted (if applicable) | 1. | |
| 2. Civil rights compliance (poster, complaint procedure) | 2. | |
| 3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form<br>a. Obtained on enrolled children<br>b. Approved by institution official | 3.<br>a.<br>b. | |
| 4. CACFP enrollment form | 4. | |
| 5. Monthly count by category/roster sheet maintained | 5. | |
| 6. Daily attendance records maintained | 6. | |
| 7. Meal Count Worksheet (Meal Counts) | 7. | |
| 8. Itemized receipts/invoices properly maintained<br>a. Food-Purchasing Form<br>b. Signature of purchaser | 8.<br>a.<br>b. | |
| 9. Inventory up-to-date (recommended) | 9. | |
| 10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date) | 10. | |
| 11. Meal patterns<br>a. Minimum meal pattern requirements (components and quantities)<br>b. Meal limitation/time frame<br>c. Infant Meal Pattern requirements<br>d. Child Nutrition (CN) Labels/Product Formulation Statement<br>e. Special dietary needs | 11.<br>a.<br>b.<br>c.<br>d.<br>e. | |
| 12. Sanitation and safety | 12. | |
| 13. Food preparation area adequate for meals served | 13. | |
| 14. Educational or enrichment activity, if applicable | 14. | |

Comments: _____

_____

Approved: Yes ☐ No ☐ Requested Approval Day: _____

Program Approved: CACFP ☐ At-Risk ☐ Adult Day ☐

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

_____ _____
Site Representative's Signature Date

_____ _____
Sponsoring Organization Representative's Signature Date

# ON-SITE MONITORING REVIEW FORMS

There is an example of a monitoring review that starts on **page 52**.

- The blank Center on-site monitoring review form is on **pages 61-67.** Instructions are on **pages 59-60.**
- The blank At-Risk Programs on-site monitoring review form is on **pages 70-75.** Instructions are on **pages 68-69.**
- The blank Adult Day Care Center on-site monitoring review form is on **pages 78-83.** Instructions are on **pages 76-77.**
    - ***If not applicable, enter N/A and comment***
    - There is a page that can be used for additional comments. (see **page 84**)
    - There is a page for additional Day of Review, if needed. (see **page 85**)

Use the correct monitoring form for the correct program being monitored.

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# CENTER ON-SITE MONITOR REVIEW

1. Reviewer: *Ima Fishul*
2. Site: *Eastern Center*
3. Site Address: *123 Brick Street*
4. Site Representative: *Becky Director*
5. Unannounced Review ☒ Announced Review ☐
6. This site is: Affiliated (Unaffiliated)
7. Institution Agreement Number: *DC-99-123*
8. Date of Visit: *12/14/YYYY*
9. Time of Visit: *10:00 AM*
10. Review: 1 (2) 3 Weekend Follow-Up
11. New Site and Initial Review: Yes ☐ No ☒

| | Yes (Y), No (N), or NA |
|---|---|
| **A. License (if applicable)** | |
| 1. Current license/permit Capacity: *35* | |
| 2. Site meets licensing standards | *Yes* |
| **B. Record Keeping** | |
| 1. Family-Size and Income Application maintained and approved correctly | *Yes* |
| 2. Enrollment form is current on each enrolled child | *Yes* |
| 3. CACFP Roster maintained and verified by attendance records | *Yes* |
| 4. Attendance records up-to-date and maintained daily | *Yes* |
| 5. Monthly itemized food, milk, supplies, CACFP-related receipts, and/or invoices properly maintained | *Yes* |
| 6. Expenditure/Reimbursement Worksheet maintained | *Yes* |
| 7. *Building for the Future* fact sheet distributed | *Yes* |
| 8. WIC brochure posted | *Yes* |
| 9. Enrollment records, attendance records, and meal count records reconcile for a five-day period *(See form below)* | *Yes* |

**Comments**

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable**

## FIVE-DAY RECONCILIATION INFORMATION

| DATE | ENROLLMENT # | # IN ATTENDANCE | # BREAKFAST | # AM SNACK | # LUNCH | # PM SNACK | # SUPPER | RECONCILED YES/NO |
|---|---|---|---|---|---|---|---|---|
| *12/6* | *30* | *25* | *25* | | *15* | *25* | | *Yes* |
| *12/7* | *30* | *30* | *30* | | *15* | *29* | | *Yes* |
| *12/8* | *30* | *27* | *27* | | *17* | *27* | | *Yes* |
| *12/9* | *30* | *28* | *28* | | *15* | *28* | | *Yes* |
| *12/10* | *30* | *28* | *28* | | *17* | *26* | | *Yes* |

| | Yes (Y), No (N), or NA |
|---|---|
| **C. Meal Counts** | |
| 1. Are meals counts taken at the point of service | *Yes* |
| 2. Counts are separated by shifts *(if applicable)* | *Yes* |
| 3. Meals are served at the time approved | *Yes* |
| 4. Meal Count Worksheet maintained | *Yes* |
| **D. Application and Agreement** | |
| 1. Sponsoring organization (SO) notified of changes *(if applicable)* | *N/A* |
| **E. Civil Rights Compliance** | |
| 1. . . . *And Justice for All* poster placed in a visible location. | *Yes* |
| 2. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service | *Yes* |
| **F. Storage** | |
| 1. Adequate space | *Yes* |
| 2. Chemicals and medicines in separate location | *Yes* |
| 3. No rusted, dented, or unlabeled containers | *Yes* |
| 4. Stored food items off floor and away from walls and children | *Yes* |
| 5. Thermometers in freezers and refrigerators and/or temperature logs maintained<br>Refrigerator temperature: *41*<br>Freezer temperature: *0* | *Yes* |
| **G. Sanitation and Safety** | |
| 1. The institution is following health department standards (example: handwashing/gloves, hair restraint, clean kitchen, countertop, floors, etc.) | *Yes* |
| 2. The institution is following food safety standards for all food items served (example: food items sent to classrooms are kept at temperature) | *Yes* |
| 3. Children are in a safe environment and not in imminent danger | *Yes* |
| 4. Proper food-handling procedures (thawing, time, temperature, transportation) | *Yes* |
| 5. Leftovers stored properly | *Yes* |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | Yes (Y), No (N), or NA |
|---|---|
| **H. Food Production** | |
| 1. Menus as Served Form completed and up-to-date | *Yes* |
| 2. All components served | *Yes* |
| 3. Sufficient quantities served | *Yes* |
| 4. Labels maintained for yogurt, whole grain-rich food items, and breakfast cereal. | *Yes* |
| 5. Medical statement from a recognized State Healthcare Professional or a registered dietitian on file for substitutions due to medical reasons | *N/A* |
| 6. Child Nutrition (CN) Label or Product Formulation Statement available *(if applicable)* | *N/A* |
| 7. Juice is only served one time a day | *Yes* |
| 8. Yogurt and breakfast cereal meet the added sugar requirements | *Yes* |
| 9. Whole grain-rich items are served at least one time per day | *Yes* |
| 10. Grain-based desserts are not being served | *Yes* |
| **I. Family Style Dining** *(if applicable)* | |
| 1. Is the site using family-style dining? | *N/A* |
| 2. If yes, is food being served with little to no adult supervision? | *N/A* |
| 3. Every child's full serving is offered? | *N/A* |
| **J. Vended or Contract Meals** *(if applicable)* | |
| 1. Food delivered indicates adequate quantities and components are served, and kept at the correct temperature | *N/A* |
| 2. Procedures used for controlling the ordering and delivery of contract meals | *N/A* |
| 3. The contract meal delivery receipt (CMDR) is obtained by the vendor, completed, and maintained | *N/A* |
| **K. Infants** | |
| 1. Meals offered to all enrolled infants | *N/A* |
| 2. Infant Meal Patterns are followed | *N/A* |
| 3. Infant Meal Waiver maintained *(if applicable)* | *Yes* |
| 4. Infant Meals as Served form up-to-date | *N/A* |
| **L. Training** | |
| 1. Records indicate all personnel with CACFP duties completed training on all the required topics for the current fiscal year. *If no, state in the comments when training will be completed* | *No* |
| 2. Is further training needed? | *No* |

| Comments |
|---|
| *There are no special dietary needs at this site.*<br><br>*Annual training for this site will be on January 15, 20XX* |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), NA |
|---|---|
| **M. Food Service/Meal Observation** | |
| 1. Method of production *On-site* | |
| 2. Meal service times as approved | *Yes* |
| 3. Adequate space for dining | *Yes* |
| 4. All the required components are served | *Yes* |
| 5. Required quantities are served | *Yes* |
| 6 Food quality is adequate | *Yes* |
| 7. Flavored milk is only offered to those 6 years old and older | *Yes* |
| 8. Plates and servings adjusted for age groups | *Yes* |
| 9. Meal supervision provided | *Yes* |
| 10. Adequate time for eating | *Yes* |
| 11. Special dietary needs documentation available *(if applicable)* | *N/A* |
| 12. Milk substitute provided *(if applicable)* | *N/A* |
| 13. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available? | *N/A* |
| 14. Current Product Formulation/CN Label on file and available at time of the review *(if applicable)* | *N/A* |
| 15. Is water offered throughout the day? | *Yes* |
| 16. Is deep-fat frying occurring? | *No* |
| **N. Adult Meals** | |
| 1. The number of program and nonprogram meals are recorded on the Menu as Served form | *Yes* |
| 2. Adult meals were not claimed for reimbursement | *No* |
| 3. Program adults served the same meal as children | *Yes* |
| **O. Bank Activity Review (if applicable)** | |
| 1. Items indicated as purchased on receipts/ invoices and the food production records the same items being served? *(only for sites that are purchasing food on their own)* | *Yes* |
| 2. All receipts/invoices from the previous month appear on the site's bank/credit card statements (*only for if the sponsor pays the monthly claim directly to the site)* | *Yes* |
| **P. Previous Monitoring Review** | |
| 1. Were problems indicated in the previous monitoring review? *Mark NA if new* | *No* |
| 2. If *yes* to the question above, were all areas of noncompliance corrected? If no, indicate the items not corrected in the comments section | *N/A* |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| Q. Meal Analysis for Ages 1 Through 18 |
|---|
| **Meal Observed:** Breakfast (Lunch) Supper Snack: AM PM Late PM |
| **Time Meal was Served:** *11:30 AM* |

| Children Served by Age | | | | | Nonclaimable Children Served | Comments: |
|---|---|---|---|---|---|---|
| 1-2 Years | 3-5 Years | 6-12 Years | 13-18 Years | Total | | |
| | *17* | | | *17* | | *4 program adults ate lunch* |

| Food Item | Quantity Served | Amount Needed | Amount + or - |
|---|---|---|---|
| Milk<br>*Milk* | *1 gallon whole milk* | *102 ounces* | *+26 ounces* |
| Vegetable/Juice<br>*Green Beans*<br>*Spaghetti sauce* | *(2) 14.5 cans of: Green beans:10 (1/4 cup)*<br>*(1/2) #10 can spaghetti sauce = 23.8 (1/4 cup)* | *17 (1/4 cup)* | *+ 16.8 (1/4 cups)* |
| Fruit/Juice<br>*Peaches* | *3 #300 can peaches, slided - 24 (1/4 cup)* | *17 (1/4 cup)* | *+7 (1/2 cup)* |
| Grains<br>*Spaghetti Noodles* | *1.5 lb WG noodles 12 3/4 cup or 25.5 (1/2 cup or 1 oz servings)* | *17 (1/2 cup servings)* | *+8.5 (1/2 cup)* |
| Meat/Meat Alternate<br>*Ground Beef* | *3 lbs 80/20 - 35.4 oz* | *25.5 ounces* | *+ 9.9 ounces* |

| R. Infant Meal Analysis | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Meal Observed:** | Breakfast | Lunch | Supper | Snack: | AM | PM | Late PM |

| Birth - 5 Months | 6 - 11 Months |
|---|---|
| *0* | *0* |

| **Child's Name:** | | | **Age:** | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | N/A | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| **Child's Name:** | | | **Age:** | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | N/A | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| **Child's Name:** | | | **Age:** | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | N/A | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| **Child's Name:** | | | **Age:** | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | N/A | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| S. Review Summary |
|---|
| Areas of Noncompliance, Corrective Action Needed, Recommendations, and/or Comments: |

| T. Facility Is: | In Compliance ☒ | In Noncompliance ☐ |
|---|---|---|
| If the site was found to be in noncompliance, were meals served not able to be claimed? ***If in compliance, do not complete this section***<br>☐ Yes, on the day of review some or all of the meals served were unallowable, therefore, some meals may not be claimed. The number of meals allowed to be claimed are listed in the next box.<br>☒ All meals served on the day of review can be claimed | If meals were unallowable on the day of review, indicate the number of meals that can be claimed on this day: | |

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed. If the site is found to be in noncompliance, an unannounced follow-up review will occur to ensure all areas of noncompliance are corrected.

Becky Director
(Site Representative's Signature)

12/14/20XX
(Date)

Ima Fishul
(Sponsoring Organization Monitor's Signature)

12/14/20XX
(Date)

# CENTER
# ON-SITE MONITOR REVIEW FORM
# INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Site's Name: Record the site's name.
3. Sites Address: Record the site's address.
4. Site Representative: Record the name of the person in charge at the site.
5. Unannounced or Announced: Indicate if the review is unannounced or announced.
6. Affiliated of Unaffiliated: Circle if the site is affiliated or unaffiliated
7. Sponsor Agreement Number: Record the sponsor's agreement number.
8. Date of Visit: Record the date of the monitor visit.
9. Time of Visit: Record the time of arrival at this site.
10. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
11. New Site: Indicate if this is a new site's initial review.

Items A - P: Read each statement, and answer each item accordingly. ***If N/A is selected, there must be a comment on why it is N/A***

Item Q: **Food Service/Meal Observation**—Read each statement, and answer accordingly.

**Meal Analysis for Ages 1 through 18**

***Meal Observed***—Circle the appropriate meal that is being observed.

***Time Served***—Record the time the meal was actually served.

**Children Served by Age**

1-2 Year Olds—Record how many children in this age group participated in the meal service.

3 -5 Year Olds—Record how many children in this age group participated in the meal service.

6 -12 Year Olds—Record how many children in this age group participated in the meal service.

13-18 Year Olds—Record how many children in this age group participated in the meal service.

***Total Children***—Record how many total claimable children participated in the meal service.

***Nonclaimable Children Served***—Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

***Components and Quantities***—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

Item R: **Infant Meal Analysis**

Meal Observed:

Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 11 months—Record the number of infants in the appropriate age group who are participating in the meal service.

**Each Infant's Analysis:**

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

Item S: **Review Summar**y: Record all areas that require corrective action. Make appropriate comments and recommendations.

Item T: **Facility Is in Compliance/Noncompliance**

Check the appropriate box.

Follow-Up Visit:

Circle ***Yes*** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is ***Yes***, then documentation must be available to show that a follow-up visit was made.

***NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle* No *if no areas of noncompliance have been noted. A follow-up visit is not necessary.***

Facility Signature and Date: The facility representative must sign and date.

Reviewer Signature & Date: The reviewer must sign and date.

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# CENTER ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Site: _____
3. Site Address: _____
4. Site Representative: _____
5. Unannounced Review ☐ Announced Review ☐
6. This site is: Affiliated Unaffiliated
7. Institution Agreement Number: _____
8. Date of Visit: _____
9. Time of Visit: _____
10. Review: 1 2 3 Weekend Follow-Up
11. New Site and Initial Review: Yes ☐ No ☐

| | Yes (Y), No (N), or NA |
|---|---|
| **A. License (if applicable)** | |
| 1. Current license/permit Capacity: _____ | |
| 2. Site meets licensing standards | |
| **B. Record Keeping** | |
| 1. Family-Size and Income Application maintained and approved correctly | |
| 2. Enrollment form is current on each enrolled child | |
| 3. CACFP Roster maintained and verified by attendance records | |
| 4. Attendance records up-to-date and maintained daily | |
| 5. Monthly itemized food, milk, supplies, CACFP-related receipts, and/or invoices properly maintained | |
| 6. Expenditure/Reimbursement Worksheet maintained | |
| 7. *Building for the Future* fact sheet distributed | |
| 8. WIC brochure posted | |
| 9. Enrollment records, attendance records, and meal count records reconcile for a five-day period *(See form below)* | |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

## FIVE-DAY RECONCILIATION INFORMATION

| DATE | ENROLLMENT # | # IN ATTENDANCE | # BREAKFAST | # AM SNACK | # LUNCH | # PM SNACK | # SUPPER | RECONCILED YES/NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | Yes (Y), No (N), or NA |
|---|---|
| **C. Meal Counts** | |
| 1. Are meals counts taken at the point of service | |
| 2. Counts are separated by shifts *(if applicable)* | |
| 3. Meals are served at the time approved | |
| 4. Meal Count Worksheet maintained | |
| **D. Application and Agreement** | |
| 1. Sponsoring organization (SO) notified of changes *(if applicable)* | |
| **E. Civil Rights Compliance** | |
| 1. . . . *And Justice for All* poster placed in a visible location. | |
| 2. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service | |
| **F. Storage** | |
| 1. Adequate space | |
| 2. Chemicals and medicines in separate location | |
| 3. No rusted, dented, or unlabeled containers | |
| 4. Stored food items off floor and away from walls and children | |
| 5. Thermometers in freezers and refrigerators and/or temperature logs maintained<br>Refrigerator temperature: _____<br>Freezer temperature: _____ | |
| **G. Sanitation and Safety** | |
| 1. The institution is following health department standards (example: handwashing/gloves, hair restraint, clean kitchen, countertop, floors, etc.) | |
| 2. The institution is following food safety standards for all food items served (example: food items sent to classrooms are kept at temperature) | |
| 3. Children are in a safe environment and not in imminent danger | |
| 4. Proper food-handling procedures (thawing, time, temperature, transportation) | |
| 5. Leftovers stored properly | |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | Yes (Y), No (N), or NA |
|---|---|
| **H. Food Production** | |
| 1. Menus as Served Form completed and up-to-date | |
| 2. All components served | |
| 3. Sufficient quantities served | |
| 4. Labels maintained for yogurt, whole grain-rich food items, and breakfast cereal. | |
| 5. Medical statement from a recognized State Healthcare Professional or a registered dietitian on file for substitutions due to medical reasons | |
| 6. Child Nutrition (CN) Label or Product Formulation Statement available *(if applicable)* | |
| 7. Juice is only served one time a day | |
| 8. Yogurt and breakfast cereal meet the added sugar requirements | |
| 9. Whole grain-rich items are served at least one time per day | |
| 10. Grain-based desserts are not being served | |
| **I. Family Style Dining** *(if applicable)* | |
| 1. Is the site using family-style dining? | |
| 2. If yes, is food being served with little to no adult supervision? | |
| 3. Every child's full serving is offered? | |
| **J. Vended or Contract Meals** *(if applicable)* | |
| 1. Food delivered indicates adequate quantities and components are served, and kept at the correct temperature | |
| 2. Procedures used for controlling the ordering and delivery of contract meals | |
| 3. The contract meal delivery receipt (CMDR) is obtained by the vendor, completed, and maintained | |
| **K. Infants** | |
| 1. Meals offered to all enrolled infants | |
| 2. Infant Meal Patterns are followed | |
| 3. Infant Meal Waiver maintained *(if applicable)* | |
| 4. Infant Meals as Served form up-to-date | |
| **L. Training** | |
| 1. Records indicate all personnel with CACFP duties completed training on all the required topics for the current fiscal year. *If no, state in the comments when training will be completed* | |
| 2. Is further training needed? | |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), NA | Comments |
|---|---|---|
| **M. Food Service/Meal Observation** | | |
| 1. Method of production _____ | | |
| 2. Meal service times as approved | | |
| 3. Adequate space for dining | | |
| 4. All the required components are served | | |
| 5. Required quantities are served | | |
| 6 Food quality is adequate | | |
| 7. Flavored milk is only offered to those 6 years old and older | | |
| 8. Plates and servings adjusted for age groups | | |
| 9. Meal supervision provided | | |
| 10. Adequate time for eating | | |
| 11. Special dietary needs documentation available *(if applicable)* | | |
| 12. Milk substitute provided *(if applicable)* | | |
| 13. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available? | | |
| 14. Current Product Formulation/CN Label on file and available at time of the review *(if applicable)* | | |
| 15. Is water offered throughout the day? | | |
| 16. Is deep-fat frying occurring? | | |
| **N. Adult Meals** | | |
| 1. The number of program and nonprogram meals are recorded on the Menu as Served form | | |
| 2. Adult meals were not claimed for reimbursement | | |
| 3. Program adults served the same meal as children | | |
| **O. Bank Activity Review (if applicable)** | | |
| 1. Items indicated as purchased on receipts/ invoices and the food production records the same items being served? *(only for sites that are purchasing food on their own)* | | |
| 2. All receipts/invoices from the previous month appear on the site's bank/credit card statements (*only for if the sponsor pays the monthly claim directly to the site)* | | |
| **P. Previous Monitoring Review** | | |
| 1. Were problems indicated in the previous monitoring review? *Mark NA if new* | | |
| 2. If *yes* to the question above, were all areas of noncompliance corrected? If no, indicate the items not corrected in the comments section | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| Q. Meal Analysis for Ages 1 Through 18 |
|---|
| **Meal Observed:** Breakfast Lunch Supper Snack: AM PM Late PM<br>**Time Meal was Served:** _____ |

| Children Served by Age | | | | | Nonclaimable Children Served | Comments: |
|---|---|---|---|---|---|---|
| 1-2 Years | 3-5 Years | 6-12 Years | 13-18 Years | Total | | |
| | | | | | | |

| Food Item | Quantity Served | Amount Needed | Amount + or - |
|---|---|---|---|
| Milk | | | |
| Vegetable/Juice | | | |
| Fruit/Juice | | | |
| Grains | | | |
| Meat/Meat Alternate | | | |

| R. Infant Meal Analysis | | | | | | |
|---|---|---|---|---|---|---|
| **Meal Observed:** | Breakfast | Lunch | Supper | Snack: AM | PM | Late PM |

| Birth - 5 Months | 6 - 11 Months |
|---|---|
| | |

| Child's Name: | | | Age: | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| Child's Name: | | | Age: | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| Child's Name: | | | Age: | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| Child's Name: | | | Age: | |
|---|---|---|---|---|
| **Meal Component** | **Food Item** | **Quantity Served** | **Amount Needed** | **Amount + or -** |
| Formula/Milk/ Breast Milk | | | | |
| Fruit/Vegetable | | | | |
| Infant Cereal/ Bread/Crackers | | | | |
| Meat/Meat Alternate | | | | |

| S. Review Summary |
|---|
| Areas of Noncompliance, Corrective Action Needed, Recommendations, and/or Comments: |

| T. Facility Is: | In Compliance ☐ | In Noncompliance ☐ |
|---|---|---|
| If the site was found to be in noncompliance, were meals served not able to be claimed? ***If in compliance, do not complete this section***<br>☐ Yes, on the day of review some or all of the meals served were unallowable, therefore, some meals may not be claimed. The number of meals allowed to be claimed are listed in the next box.<br>☐ All meals served on the day of review can be claimed | If meals were unallowable on the day of review, indicate the number of meals that can be claimed on this day: | |

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed. If the site is found to be in noncompliance, an unannounced follow-up review will occur to ensure all areas of noncompliance are corrected.

_____ _____

(Site Representative's Signature) (Date)

_____ _____

(Sponsoring Organization Monitor's Signature) (Date)

# AT-RISK PROGRAMS
# ON-SITE MONITOR REVIEW FORM
# INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Site's Name: Record the site's name.
3. Sites Address: Record the site's address.
4. Site Representative: Record the name of the person in charge at the site.
5. Unannounced or Announced: Indicate if the review is unannounced or announced.
6. Affiliated of Unaffiliated: Circle if the site is affiliated or unaffiliated
7. Sponsor Agreement Number: Record the sponsor's agreement number.
8. Date of Visit: Record the date of the monitor visit.
9. Time of Visit: Record the time of arrival at this site.
10. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
11. New Site: Indicate if this is a new site's initial review.

Items A - P: Read each statement, and answer each item accordingly. ***If N/A is selected, there must be a comment on why it is N/A***

Item Q: **Food Service/Meal Observation**—Read each statement, and answer accordingly.

**Meal Analysis for Ages 1 through 18**

***Meal Observed***—Circle the appropriate meal that is being observed.

***Time Served***—Record the time the meal was actually served.

**Children Served by Age**

3 -5 Year Olds—Record how many children in this age group participated in the meal service.

6 -12 Year Olds—Record how many children in this age group participated in the meal service.

13-18 Year Olds—Record how many children in this age group participated in the meal service.

Total Students—Record how many total claimable children participated in the meal service.

***Nonclaimable Students Served***—Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

***Components and Quantities***—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

Item R: **Review Summary**: Record all areas that require corrective action. Make appropriate comments and recommendations.

Item S: **Facility Is in Compliance/Noncompliance**

Check the appropriate box.

Follow-Up Visit:

Circle ***Yes*** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is ***Yes***, then documentation must be available to show that a follow-up visit was made.

***NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle* No *if no areas of noncompliance have been noted. A follow-up visit is not necessary.***

Facility Signature and Date: The facility representative must sign and date.

Reviewer Signature & Date: The reviewer must sign and date.

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# AT-RISK ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Site: _____
3. Site Address: _____
4. Site Representative: _____
5. Unannounced Review ☐ Announced Review ☐
6. This site is: Affiliated Unaffiliated
7. Institution Agreement Number: _____
8. Date of Visit: _____
9. Time of Visit: _____
10. Review: 1 2 3 Weekend Follow-Up
11. New Site and Initial Review: Yes ☐ No ☐

| | YES (Y), NO (N), or NA |
|---|---|
| **A. Licensing** | |
| 1. Current license - Capacity: _____ *If a license is not required, write the type of entity in the capacity or notes section.* ***Example: School*** | |
| 2. Site meets licensing standards | |
| **B. Record Keeping** | |
| 1. Attendance records are maintained daily | |
| 2. Monthly itemized food, milk, supplies, CACFP-related receipts, and/or invoices properly maintained | |
| 3. Revenue and Expenditure Report or a school Expenditure Report using 769 maintained | |
| 4. *Building for the Future* fact sheet distributed | |
| 5. WIC brochure available or posted | |
| 6. Enrollment, attendance records, and meal count records reconcile for a five-day period *(See form below)* | |
| **C. Meal Counts** | |
| 1. Meal counts are taken at the point of service | |
| 2. Counts are separated by shifts *(if applicable)* | |
| 3. Meals are served at the time approved | |
| 4. Meal Count Worksheet maintained | |
| 5. A system is in place to ensure only one meal was claimed per child per day | |

**Comments**

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

## FIVE-DAY RECONCILIATION INFORMATION

| DATE | ENROLLMENT # | # IN ATTENDANCE | # BREAKFAST | # AM SNACK | # LUNCH | # PM SNACK | # SUPPER | RECONCILED YES/NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | YES (Y), NO (N), or NA |
|---|---|
| **D. Education and Enrichment Activities** | |
| 1. List the educational/enrichment activity(ies) offered on the day of review in the comments section | |
| 2. Education or enrichment activities are available to all children participating and the program(s) offered are age appropriate | |
| 3. The educational/enrichment activity(ies) offered is the same as approved in the CACFP application | |
| **E. Application and Agreement** | |
| 1. Sponsoring organization (SO) is notified of changes *(if applicable)* | |
| **F. Storage** | |
| 1. Adequate space | |
| 2. Chemicals and medicines in separate location | |
| 3. No rusted, dented, or unlabeled containers | |
| 4. Food items stored off the floor and away from walls and children | |
| 6. Thermometers in freezers and refrigerators and/or temperature logs maintained<br>Refrigerator temperature: _____<br>Freezer temperature: _____ | |
| 9. Commodity foods dated. *If not a school, mark NA* | |
| 10. Commodity temperature logs maintained. *If not a school, mark NA* | |
| **G. Sanitation and Safety** | |
| 1. The institution is following health department standards (example: handwashing/gloves, hair restraint, clean kitchen, countertop, floors, etc.) | |
| 2. The institution is following food safety standards for all food items served (example: food items sent to classrooms are kept at temperature) | |
| 3. Children are in a safe environment and not in imminent danger | |
| 4. Proper food-handling procedures (thawing, temperatures, transportation, etc.) | |
| 5. Leftovers stored properly | |
| **H. Vended or Contract Meals** *(if applicable)* | |
| 1. Food delivered indicates adequate quantities and components are served, and kept at the correct temperature | |
| 2. Procedures used for controlling the ordering and delivery of contract meals | |
| 3. The contract meal delivery receipt (CMDR) is obtained by the vendor, completed, and maintained | |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), or NA | Comments |
|---|---|---|
| **I. Civil Rights Compliance** | | |
| 1. . . . *And Justice for All* poster is placed in a visible location | | |
| 2. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service | | |
| **J. Food Production** | | |
| 1. Food Production Records/Menus as Served Form completed daily and up-to-date | | |
| 2. All the required components are served | | |
| 3. Sufficient quantities are served | | |
| 4. Labels maintained for yogurt, whole grain-rich food items, and breakfast cereal | | |
| 5. Medical statement from a recognized State Healthcare Professional or a registered dietitian is on file for substitutions due to dietary restrictions *(if applicable)* | | |
| 6. Child Nutrition (CN) Label or Product Formulation Statement available *(if applicable)* | | |
| 7. Juice is only served one time a day | | |
| 8. Yogurt and breakfast cereal meet the added sugar requirements | | |
| 9. Whole grain-rich items are served at least one time per day | | |
| 10. Grain-based desserts are not being served | | |
| **K. Offer vs Serve - Schools Only** *(if applicable)* | | |
| 1. Is the school site utilizing Offer vs Serve? | | |
| 2. If yes, is Offer vs Serve being done correctly? | | |
| **L. Adult Meals** | | |
| 1. The number of program and nonprogram meals are recorded | | |
| 2. Program adults served the same meal as children | | |
| 3. Adult meals were not claimed for reimbursement | | |
| **M. Training** | | |
| 1. Records indicate all personnel with CACFP duties completed training on all the required topics for the current fiscal year. *If no, state in the comments when training will be completed* | | |
| 2. Is further training needed? | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), or NA | Comments |
|---|---|---|
| **N. Food Service/Meal Observation** | | |
| 1. Method of production _____ | | |
| 2. Meal service times as approved | | |
| 3. Adequate space for dining | | |
| 5. All the required components are served | | |
| 6. Required quantities are served | | |
| 7. Food quality is adequate | | |
| 8. Flavored milk is only offered to those 6 years of age and older | | |
| 9. Plates and servings adjusted for age groups, if applicable | | |
| 10. Meal supervision is provided | | |
| 11. Adequate time for eating | | |
| 12. The At-Risk meal is offered to more than just to those in athletics. *Mark NA if not a school site* | | |
| 13. Special dietary needs documentation available *(if applicable)* | | |
| 14. A Milk substitute is provided *(if applicable)* | | |
| 15. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available? | | |
| 16. Current Product Formulation/CN Label on file and available at time of the review | | |
| 17. Is water offered? | | |
| 18. Is deep-fat frying occurring? | | |
| 19. Meals are consumed on site | | |
| **O. Bank Activity Review (if applicable)** | | |
| 1. Items indicated as purchased on receipts/invoices and the food production records the same items being served? *(only for sites that are purchasing food on their own)* | | |
| 2. All receipts/invoices from the previous month appear on the site's bank/credit card statements (*only for if the sponsor pays the monthly claim directly to the site)* | | |
| **P. Previous Monitoring Review** | | |
| 1. Were problems indicated in the previous monitoring review? *Mark NA if new* | | |
| 2. If yes to the question above, were all areas of noncompliance corrected? If no, indicate the items not corrected in the comments section | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

## Q. Meal Analysis for School Age Children

**Meal Observed:** Breakfast Lunch Supper Snack: AM PM Late

**Time the Meal was Served:** _____

| Number of Children Served on the Day of Review | | | | Nonclaimable Children Served | Comments: |
|---|---|---|---|---|---|
| 3-5 Years | 6-12 Years | 13-18 Years | Total | | |
| | | | | | |

| Food Item | Quantity Served | Amount Needed | Amount + or - |
|---|---|---|---|
| Milk | | | |
| Vegetable/Juice | | | |
| Fruit/Juice | | | |
| Grains | | | |
| Meat/Meat Alternate | | | |

| R. Review Summary |
|---|
| Areas of Noncompliance, Corrective Action Needed, Recommendations, and/or Comments: |

| S. Facility Is: | In Compliance ☐ | In Noncompliance ☐ |
|---|---|---|
| If the site was found to be in noncompliance, were meals served not able to be claimed? ***If in compliance, do not complete this section***<br>☐ Yes, on the day of review some or all of the meals served were unallowable, therefore, some meals may not be claimed. The number of meals allowed to be claimed are listed in the next box.<br>☐ All meals on the day of review can be claimed | If meals were unallowable on the day of review, indicate the number of meals that can be claimed on this day: | |

We certify that this review has been completed while at the site. All areas of noncompliance have been discussed. If the site is found to be in noncompliance, an unannounced follow-up review will be conducted to ensure all areas of noncompliance are corrected.

_____ _____

(Site Representative's Signature) (Date)

_____ _____

(Sponsoring Organization Monitor's Signature) (Date)

# ADULT DAY CARE
# ON-SITE MONITOR REVIEW FORM
# INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Site's Name: Record the site's name.
3. Sites Address: Record the site's address.
4. Site Representative: Record the name of the person in charge at the site.
5. Unannounced or Announced: Indicate if the review is unannounced or announced.
6. Affiliated of Unaffiliated: Circle if the site is affiliated or unaffiliated
7. Sponsor Agreement Number: Record the sponsor's agreement number.
8. Date of Visit: Record the date of the monitor visit.
9. Time of Visit: Record the time of arrival at this site.
10. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
11. New Site: Indicate if this is a new site's initial review.

Items A - P: Read each statement, and answer each item accordingly. ***If N/A is selected, there must be a comment on why it is N/A***

Item Q: **Food Service/Meal Observation**—Read each statement, and answer accordingly.

**Meal Analysis**

***Meal Observed***—Circle the appropriate meal that is being observed.

***Time Served***—Record the time the meal was actually served.

***Number of Participants Served***

***Total Participants***—Record how many total claimable children participated in the meal service.

***Nonclaimable Participants Served***—Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

***Components and Quantities***—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

Item R: **Review Summar**y: Record all areas that require corrective action. Make appropriate comments and recommendations.

Item S: **Facility Is in Compliance/Noncompliance**

Check the appropriate box.

Follow-Up Visit:

Circle ***Yes*** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is ***Yes***, then documentation must be available to show that a follow-up visit was made.

***NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle* No *if no areas of noncompliance have been noted. A follow-up visit is not necessary.***

Facility Signature and Date: The facility representative must sign and date.

Reviewer Signature & Date: The reviewer must sign and date.

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# ADULT DAY ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Site: _____
3. Site Address: _____
4. Site Representative: _____
5. Unannounced Review ☐ Announced Review ☐
6. This site is: Affiliated Unaffiliated
7. Institution Agreement Number: _____
8. Date of Visit: _____
9. Time of Visit: _____
10. Review: 1 2 3 Weekend Follow-Up
11. New Site Initial Review: Yes ☐ No ☐

| | YES (Y), NO (N), or NA |
|---|---|
| **A. Licensing** | |
| 1. Current license/permit - Capacity: _____ | |
| 2. Site meets licensing standards | |
| **B. Record Keeping** | |
| 1. Family-Size and Income Application are on file and approved correctly | |
| 2. Enrollment form is current on each enrolled participant | |
| 3. CACFP Roster maintained and verified by attendance records | |
| 4. Attendance records maintained daily | |
| 5. Monthly itemized food, milk, supplies, CACFP-related receipts, and/or invoices properly maintained | |
| 6. Expenditure/Reimbursement Worksheet maintained | |
| 7. *Building for the Future* fact sheet distributed | |
| 8. Individual plan of care is on file for each adult participant | |
| 9. Adult Day care facility has a group program | |
| 10. Enrollment, attendance records, and meal count records reconcile for a five-day period *(See form below)* | |

| Comments |
|---|
| |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

## FIVE-DAY RECONCILIATION INFORMATION

| DATE | ENROLLMENT # | # IN ATTENDANCE | # BREAKFAST | # AM SNACK | # LUNCH | # PM SNACK | # SUPPER | RECONCILED YES/NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | YES (Y), NO (N), or NA | Comments |
|---|---|---|
| **C. Meal Counts** | | |
| 1. Are meals counts taken at the point of service | | |
| 2. Counts are separated by shifts *(if applicable)* | | |
| 3. Meals are served at the time approved | | |
| 4. Meal Count Worksheet maintained | | |
| 5. A system is in place to ensure only one meal was claimed per participant per day | | |
| **D. Application and Agreement** | | |
| 1. Sponsoring organization (SO) notified of changes *(if applicable)* | | |
| **E. Civil Rights Compliance** | | |
| 1. . . . *And Justice for All* poster is placed in a visible location | | |
| 2. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service | | |
| **F. Storage** | | |
| 1. Adequate space | | |
| 2. Chemicals and medicines in separate location | | |
| 3. No rusted, dented, or unlabeled containers | | |
| 4. Stored food items off floor and away from walls and participants | | |
| 5. Thermometers in freezers and refrigerators and/or temperature logs maintained<br>Refrigerator temperature: _____<br>Freezer temperature: _____ | | |
| **G. Sanitation and Safety** | | |
| 1. The institution is following health department standards (example: handwashing/gloves, hair restraint, clean kitchen, countertop, floors, etc.) | | |
| 2. The institution is following food safety standards for all food items served (example: food items sent to classrooms are kept at temperature) | | |
| 3. Participants are in a safe environment and not in imminent danger | | |
| 4. Proper food-handling procedures (thawing, time, temperature, transportation) | | |
| 5. Leftovers stored properly | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), NA | Comments |
|---|---|---|
| **H. Food Production** | | |
| 1. Menus as Served Form completed and up-to-date | | |
| 2. All the required components are served | | |
| 3. Sufficient quantities are served | | |
| 4. Labels maintained for yogurt, whole grain-rich food items, and breakfast cereal. | | |
| 5. Statement from recognized State Healthcare Professional or a registered dietitian on file for substitutions due to medical reasons | | |
| 6. Child Nutrition (CN) Label or Product Formulation Statement available | | |
| 7. Procedures used for controlling the ordering and delivery of contract meals | | |
| 8. Juice is only served one time a day | | |
| 9. Yogurt and breakfast cereal meet the added sugar requirements | | |
| 10. Whole grain-rich items are served at least one time per day | | |
| 11. Grain-based desserts are not being served | | |
| **I. Family Style Dining** *(if applicable)* | | |
| 1. Is the site using family-style dining? | | |
| 2. If yes, is food being served with little to no adult supervision? | | |
| 3. Every participant's full serving is offered? | | |
| **J. Offer vs Serve** | | |
| 1. The site utilizing Offer vs Serve | | |
| 2. If yes, is Offer vs Serve being done correctly? | | |
| **K. Vended or Contract Meals** *(if applicable)* | | |
| 1. Food delivered indicates adequate quantities and components are served, and kept at the correct temperature | | |
| 2. Procedures used for controlling the ordering and delivery of contract meals | | |
| 3. The contract meal delivery receipt (CMDR) is obtained by the vendor, completed, and maintained | | |
| **L. Training** | | |
| 1. Records indicate all personnel with CACFP duties completed training on all the required topics for the current fiscal year. *If no, state in the comments when training will be completed* | | |
| 2. Is further training needed? | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| | YES (Y), NO (N), NA | Comments |
|---|---|---|
| **M. Food Service/Meal Observation** | | |
| 1. Method of production _____ | | |
| 2. Meal service times as approved | | |
| 3. Adequate space for dining | | |
| 4. All the required components are served | | |
| 5. Required quantities are served | | |
| 6. Yogurt is substituted for milk one time per day | | |
| 7. Quality of food adequate | | |
| 8. Meal supervision provided | | |
| 9. Adequate time for eating | | |
| 10. Special dietary needs documentation available | | |
| 11. Milk substitute provided | | |
| 12. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available | | |
| 13. Current Product Formulation/CN Label on file and available at time of the review | | |
| 14. Is deep-fat frying occurring? | | |
| **N. Adult Meals *(Not Participants Meals)*** | | |
| 1. The number of program and nonprogram meals are recorded | | |
| 2. Adult meals were not claimed for reimbursement | | |
| 3. Program adults served the same meal as participants | | |
| **O. Bank Activity Review (if applicable)** | | |
| 1. Items indicated as purchased on receipts/invoices and the food production records the same items being served? *(only for sites that are purchasing food on their own)* | | |
| 2. All receipts/invoices from the previous month appear on the site's bank/credit card statements (*only for if the sponsor pays the monthly claim directly to the site)* | | |
| **P. Previous Monitoring Review** | | |
| 1. Were problems noted in previous review corrected? If no, indicate the items not corrected in the comments section. | | |
| 2. Is a follow-up review required to view corrective action? | | |

***If marked, NA, there must be a comment on why marked NA unless the question states, if applicable***

| Q. Meal Analysis |
|---|
| **Meal Observed:** Breakfast AM Snack Lunch PM Snack Supper Late PM Snack |
| **Time Meal was Served:** _____ |

| Total Participant Meals Served | Nonclaimable Meals Served | Comments: |
|---|---|---|
| | | |

| Food Item | Quantity Served | Amount Needed | Amount + or - |
|---|---|---|---|
| Milk/Yogurt | | | |
| Vegetable/Juice | | | |
| Fruit/Juice | | | |
| Grains | | | |
| Meat/Meat Alternate | | | |

| R. Review Summary |
|---|
| Areas of Noncompliance, Corrective Action Needed, Recommendations, and/or Comments: |

| S. Facility Is: | In Compliance ☐ | In Noncompliance ☐ |
|---|---|---|
| If the site was found to be in noncompliance, were meals served not able to be claimed?<br>☐ Yes, on the day of review some or all of the meals served are not allowed to be claimed. The number of meals allowed to be claimed are listed in the next box.<br>☐ All meals on the day of review can be claimed | If day of review issues, the number of meals that can be claimed: | |

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed. If the site is found to be in noncompliance, an unannounced follow-up review will occur to ensure all areas of noncompliance are corrected.

_____ _____

(Site Representative's Signature) (Date)

_____ _____

(Sponsoring Organization Monitor's Signature) (Date)

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# ADDITIONAL COMMENTS

Institution/Site: _____ Date of Review: _____

If the Sponsor needs more pages to write comments. Use this page. Indicate the page number in the monitoring review and the question number so it can be referenced.

| **Page Number:** **Question Number:** | **Page Number:** **Question Number:** |
|---|---|
| | |
| **Page Number:** **Question Number:** | **Page Number:** **Question Number:** |
| | |
| **Page Number:** **Question Number:** | **Page Number:** **Question Number:** |
| | |
| **Page Number:** **Question Number:** | **Page Number:** **Question Number:** |
| | |

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

# EXTRA DAY OF REVIEW - MEAL COUNT FORM

Institution/Site: _____ Date of Review: _____

Meal Count Totals on this Page: _____

| **Room:** | **Room:** |
|---|---|
| | |
| **Room:** | **Room:** |
| | |
| **Room:** | **Room:** |
| | |
| **Room:** | **Room:** |
| | |
| **Room:** | **Room:** |
| | |
| **Room:** | **Room:** |
| | |

# Notes

# SPONSORING ORGANIZATION POLICIES AND PROCEDURE

- Sponsoring Organization Policies
- Site Policies
- Job Descriptions

(Prototypes are available in a Word document the Resource Library under the Sponsor Section)

# CHECKLIST FOR SPONSOR
# REQUIRED POLICIES/PROCEDURES

Sponsor's Name: _____

Agreement Number: _____

## Personnel Policies:

_____ 1. Hiring Procedures

*NOTE: Each position must have a job description that contains the following:*
- *General Description*
- *Minimum Qualifications*
- *Examples of Work Performed*

_____ 2. Types of Positions—Organizational Chart

_____ 3. Office Schedule, Notification, Pay Periods, and Holidays

_____ 4. Leave of Absence

_____ 5. Compensation Policy

_____ 6. Termination of Employees

_____ 7. Restricting Outside Employment Policies

_____ 8. Sponsoring Organization Key Staff Training

## Site Policies:

_____ 1. Meal Disallowance Policy

_____ 2. Mealtime Change Policy

_____ 3. Cycle Menu Policy, if applicable

_____ 4. Submission of Records Policy

_____ 5. Site Edit Checks

_____ 6. Annual Site Training

***Unaffilliated Site:***

_____ 8. Serious Deficiency Procedures

_____ 9. Proposed Termination/Disqualification

_____ 10. Appeal Procedures

_____ 11. Suspension/Termination

# SPONSOR POLICIES

***An interactive Sponsor policy form is available in the Resource Library.***

**SPONSOR:** _____

## Hiring Procedures

Explain your SO hiring procedures here.

## Types of Positions

Regular full-time employees are those hired to work 40 hours per week. The position is included in the organization's core organizational chart which includes ongoing programs and responsibilities, or the employee has been employed to initiate a new program that will presumably be ongoing as continued finding is available.

Note: Each position must have a job description that contains:

- General Descriptions
- Minimum Qualifications
- Example of Work Performed
  ***(Explain the Sponsor has adequate positions to cover all CACFP responsibilities)***

Regular full-time employees are eligible for all benefits, including retirement plan, flexible spending account program, group health insurance, long-term disability insurance, life insurance, paid holidays, and vacation and personal leave.
***List salary and fringe benefit information here***

## Office Schedule, Notification, Pay Periods, and Holidays

**SO NAME** offices are open from **TIME, DAYS.** The supervisor is responsible for scheduling hours of work for assigned personnel either working the normal weekly 40 hours or a predetermine number of reduced hours.

If, for any reason, an employee will not be able to be at work on a given day, the employee is expected to **EXPLANATION**.

Employees should check out and check in when attending meetings away from the office and for those which occur outside of regular office hours. If circumstances allow, advance notice for absences is preferred.

The **LENGTH** lunch period should be taken as scheduled by the supervisor. All lunch periods are normally scheduled between 11:00 AM and 1:00 PM. Lunch periods may not be added to the beginning or end of a day unless prearranged with a supervisor.

Employees will be paid **EXPLAIN WHEN AND HOW EMPLOYEES ARE PAID**

**SO NAME's** office will be closed:
**LIST HOLIDAYS AND OTHER PLANNED CLOSURES**

**Paid Leave/Leave of Absence**

***Explain your policies*** for accrued vacation/sick leave. How are they accrued, when does it begin accruing, when can employees request leave.

**Compensation Policy**

***Explain your policy*** of how compensation is determined and how increases are evaluated.

**Termination**

Employees may be terminated from any position at the discretion.
***(Explain your process.)***

**Restricting Outside Employment Policies**

**SO NAME** allows CACFP employees to hold outside employment as long as that employment is not with another agency or program that operates the CACFP. The outside employment must not conflict with regular working schedules set up by the immediate supervisor. CACFP employees must submit in writing a request to hold outside employment. The request must include the days and hours the employee will be working. The request will be reviewed and approved or disapproved by the **NAME OF PERSON WHO HAS THE AUTHORITY TO DO THIS.**

**Sponsoring Organization Key Staff Training**

**SO NAME** will provide annual training thereafter for key staff/site representatives covering the following required topics, at a minimum:

1. Meal Pattern
2. Meal Counts
3. Claim Submission
4. Claim Review Procedures
5. Record Keeping Requirements
6. Reimbursement System
7. Civil Rights

Training methods include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, post-training, and benchmarks, email confirmation, questions, and answers, and include sign-in/log-in records. Documentation of dates, locations, required topics with supporting documentation, and staff participating will be maintained by SO NAME.

This institution is an equal opportunity provider.

# SITE POLICIES

***An interactive policy form is available in the Resource Library.***

## Monitoring Reviews

Each site is required to have 3 completed monitoring reviews per year. Two of these visits must be unannounced. **SO NAME** requires that someone at the site be available during approved mealtimes. The following procedures must be followed:

- If the site representative is going to be absent during approved mealtimes, the site must notify the sponsor.
- Once a monitoring review is scheduled, the site has the right to cancel that review, but must call the monitor at least 24 hours in advance.
- If the site representative cancels a scheduled visit more than once, every review for the remainder of the contract year will be unannounced.

## Meal Disallowances

**SO NAME** will disallow meals for the following reasons:

- Failure to maintain meal records daily.
- Recording of meals served in advance.
- Meals served more than license capacity.
- Meals not meeting minimum meal requirements.

## Record Keeping

All records must be maintained daily. Records may not be entered in advance. Records must be readily available at all times.

## Meal Service Time

There is no restriction on what time lunch may be served; however, three hours shall elapse between the beginning of one main meal service and the next main meal service. At least two hours shall elapse between the beginning of a main meal and a snack. Meals served outside of the approved times are not eligible for reimbursement.

Meals times approved for shifts, late nights, weekends or holidays must be supported with adequate justification before they will be approved by **SO NAME**. **SO NAME** reserves the right to deny the approval of any meal service time that is not supported by adequate justification.

## Mealtime Change

If a site wishes to change meal service times or add or delete a meal service, the site must notify **SO NAME** by phone. **SO NAME** will complete a Site Meal Service Information form and send an approved copy to the site for his or her records. Sites are required to notify **SO NAME** of the following information if:

- Any meal time changes.
- The site wants to add or delete a meal service.
- The site does not notify **SO NAME** of changes in meal service time.
- Site may not be reimbursed for any unapproved changes in meals times.

## Cycle Menus

**SO NAME** does/does not require sites to maintain a cycle menu.

*Note*: It is for the SO to decide whether a cycle menu is required or not, this is not a decision left up to a site. All sits are required to have a cycle menu, or none are required to have a cycle menu.

*IF REQUIRED:*

**NUMBER OF DAYS**-day cycle menu must be completed and submitted to **SO NAME** office for approval.

- Each meal and snack must meet minimum meal requirements.
- Substitutions are allowed, but the site must indicate any substitutions in writing. If more than five substitutions are made, a new cycle menu will be required.
- If the site wishes to make a new cycle menu, or it must be submitted to SO NAME two weeks prior to use. If any changes are made to the cycle menu.

*IF NOT REQUIRED:*

- Meals must contain all required components, if not, they will be disallowed.
- Further documentation may be required to claim certain foods (i.e. combination foods, sugary foods, grains, etc).
- Go on to explain your requirements for how you will ensure meal patterns are met.

## Submission of Records

Monthly records are due by the _____ of the following month. Any LATE records received after the due date will be processed after all other records have been processed. Requests for revisions to claims must be submitted within 10 days after payment has been received. Requests submitted after the deadline may be denied at the discretion of the Sponsor.

**Site Edit Checks**

**SO NAME** will review all claim documentation before reimbursement will be calculated. Sites will be notified, in writing, of any meal disallowances.

**Reimbursement/Payments**, ***if applicable***

Payments will be made via direct deposit/check each month by _____ *(date)*. Claim information will also be dispersed detailing the payment amount, meal counts, and any disallowances.

**Annual Site Training**

Each site must complete at least one mandatory CACFP Training (October 1st through September 30th). Mandatory training will include the following topics:

- Meal Patterns
- Meal Counts
- Claims Submission
- Claim Review Procedures
- Record Keeping Requirements
- Reimbursement Systems
- Civil Rights

**Civil Rights Complaint**

Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, retaliation and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint within 180 days of the alleged discriminatory action. A complaint filing form will be provided upon request.

This institution is an equal opportunity provider.

# Notes

# SPONSOR WITH UNAFFILIATED SITES

- Unaffiliated Site Agreement
- Household Contacts
- Appeal Processes
- Seriously Inadequate Procedures
- Suggested Termination & Disqualification
- Suspensions/Termination and Disqualification

# SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE PERMANENT AGREEMENT

Sponsoring Organization Agreement Number:_____

Sponsoring Organization Name:_____

Sponsoring Organization (SO) Authorized Representative (AR):_____

## Site Information:

Legal Name of Site:_____

Additional name(s) of program or site, if any:_____

_____

Physical Address of Site:_____

City:_____ County:_____ Zip:_____

Site Phone Number: (___)_____

Site Supervisor/Director Name:_____

Site Supervisor/Director Email:_____

Is this site a DHS licensed child care facility? ☐ Yes ☐ No

If no, does the site care for children less more 15 hours per week? ☐ Yes ☐ No

If yes, does the site meet the licensing exemption requirements? ☐ Yes ☐ No

Has this site previously participated in the CACFP under any other SO? ☐ Yes ☐ No

If yes, list the name of the SO:_____

Site Hours of Operation: Beginning Time:_____ Ending Time:_____

Months Served (Check all that apply) *Note: At-Risk not allowed when school is not in session:

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec ☐

Meal Times:

| | Beginning Time | Ending Time | Estimated # of meals served |
|---|---|---|---|
| Breakfast | | | |
| AM Snack | | | |
| Lunch | | | |
| PM Snack | | | |
| Supper | | | |
| Late PM Snack | | | |

*Note: At-Risk can claim only one meal and one snack. CACFP can claim a combination of either one main meal and two snacks or two main meals and one snack.

☐ By checking this box, I understand any changes to the information listed on this agreement must be approved by the Sponsoring Organization in advance.

# SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE PERMANENT AGREEMENT

The Site Supervisor/Director agrees to:

1. Serve meals to all eligible participants.
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Never use meals as a reward or punishment. USDA instructions and policy forbid denying availability to the Program as disciplinary action.
5. Display, in a prominent place, the nondiscrimination poster (...And Justice for All) developed by.
6. For At-Risk sites, provide regularly scheduled activities (which include an educational or enrichment component) in settings that are structured and supervised.
7. Make an actual physical count at the point of service (at the time the meal is served) documenting all meals served to participants. A record of meal counts must be posted after each meal service.
8. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
9. Report any other problems regarding the meal services.
10. Have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
11. Attend sponsor training sessions.
12. Allow representatives of the State Agency, SO and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
13. Comply with Civil Rights laws and regulations.

The Sponsoring Organization agrees to:

1. Be financially viable, administratively capable, and have in effect internal controls to ensure Program accountability.
2. Always maintain sponsoring organization and facility records and have them immediately available at the location approved on the CACFP application; this includes electronic records being maintained.
3. Maintain full and accurate records of the Program and retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In the case of unresolved audit or review findings, records are maintained past the three-year requirement until resolution of the audit or review.
4. Provide adequate supervisory and operational personnel for management of the Program at each facility.
5. Allow representatives of the State Agency and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
6. Ensure all facilities participating, have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
7. Monitor food service operations of all under its administration three times annually. New facilities must have their first review during the first four weeks of operation.
8. Conduct on-site preapproval visits and review program requirements of each new facility.
9. Submit claims for reimbursement for only the type or types of meals specified in the Agreement and at such other rates as the Agency may be subsequently assigned.
10. If applicable, disburse reimbursement payments to facilities within five (5) working days of receipt of payments from the Agency.
11. Not claim reimbursement for meals that do not meet minimum meal pattern requirements.
12. Not claim reimbursement for meals served over license capacity or for meals served outside approved meal time frames.

# SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE PERMANENT AGREEMENT

13. Designate a trainer from the institution's staff. All key personnel must receive training prior to performing program duties and annually thereafter. Documentation must be maintained on all training conducted. Documentation must include topics covered, personnel in attendance, dates, and locations. Topics must include, at a minimum, meal patterns, reimbursement process, accurate meal counts, claim submission, review procedures, record keeping and civil rights.
14. Meet the State Agency requirement that daily food production records be maintained as well as daily meal counts and menus. These production records help institutions determine that adequate amounts of food are served to meet the Program's meal pattern requirements for participants by age group.
15. Provide the Food Production Records/Menus as Served form to each facility for documenting meals served.
16. Comply with current local and state Health Department regulations as well as any federal requirements.
17. Maintain necessary facilities for storing, preparing, and serving food.
18. Report to the Sponsor and State Agency any problems regarding meal service.
19. Comply with Civil Rights laws and regulations.
20. Initiate serious deficiency procedures when necessary.

---

This Agreement is entered into this_____day of _____, 20 _____by and between

_____ of _____
(Name of Sponsoring Organization) (Address)

and _____ of _____
(Name of Site) (Address)

We certify that the site is not participating in the CACFP or At-Risk under another Sponsoring Organization. We agree to comply with the rights and responsibilities outlined in this Agreement and understand that this information is being given in connection with the receipt of federal funds. We agree that the State agency may, for cause, verify the information in this Agreement, and the deliberate misrepresentation of the information in this Agreement may subject us to prosecution under applicable state and criminal statutes.

_____ _____ _____
Authorized Site Representative Signature Title Date

_____
Printed Name of Site Representative

_____ _____ _____
Authorized Representative of Sponsoring Organization Signature Title Date

_____
Printed Name Authorized Representative of Sponsoring Organization

*Note: If site is located at a school, the Authorized Site Representatives must be the Food Service Director or Superintendent. If the site is located at any other type of entity, the Authorized Site Representative must be the Executive Director, Board President or Owner.

# ADDITIONAL UNAFFILIATED SITE POLICIES

***An interactive policy form is available in the Resource Library.***

## Monitoring Reviews

- If an unaffiliated site does not notify the monitor in advance of the cancellation and a review is attempted but cannot be completed, the site will be declared seriously deficient. The site will not be reimbursed for the meals. If the site is not available at the time of the unannounced follow-up, the site will be proposed for termination and disqualification.

## Annual Site Training

Each site/site representatives must complete at least one mandatory CACFP Training (October 1st through September 30th). Without the Mandatory CACFP Training, the site will be found seriously deficient.

## Household Contacts

**SO NAME** may contact the parents or guardians of children enrolled in the CACFP at any time. Household contact forms will be sent to the parent/guardian, along with a self-addressed stamped envelope. **SO NAME** may also contact households by phone or email. If two or more negative responses are received, **SO NAME** may declare the site and site personnel seriously deficient. Site personnel will be given number of days to complete corrective action. If no corrective action is completed, or if it doesn't fully and permanently correct the issue, **SO NAME** will propose to terminate and disqualify the site personnel from the CACFP.

## Serious Deficiency Procedures

If declared seriously deficient by **SO NAME,** any of the following areas of noncompliance exist:

1. Submission of false information on the Application/Agreement.
2. Submission of false claims for reimbursement.
3. Simultaneous participation under more than one SO.
4. Noncompliance with the Program meal pattern.
5. Failure to keep required records.
6. Conduct or conditions that threaten the health or safety of a child in care or the public's health or safety.
7. A determination that the Site has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen proper- ty, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency or the concealment of such a conviction.
8. Failure to participate in training.

9. Any other circumstances related to nonperformance under the SO/Unaffiliate Site agreement, as specified by the SO or the State agency (including, but not limited to, fully and permanently correcting areas of noncompliance previously sited).

10. Per state policy, anyone who submits a claim in which adjustments result in a 25 percent or more error rate will be declared seriously deficient (see Payment Voucher/Disbursement Records). SO must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstances related to nonperformance under the SO/day care home agreement.

***(This is not an all-inclusive list, SO may add to, but not take away, with the approval of the SA)***

**SO NAME** must INITIATE action to terminate the Application/Agreement of a site and disqualify them from future participant if the SO determines the Site has not fully and permanently corrected the areas of serious deficiency.

**Proposed Termination and Disqualification**

A site must be proposed for termination and disqualification if in inadequate corrective plan or no corrective action plan is submitted to SO NAME. Sites will be given appeal rights with the notice sent.

**Suspension/Termination**

There is only one reason for suspending a site. For an imminent threat to the health or safety of participants or the public. Because the law does not allow homes to be suspended for submitting false or fraudulent claims, there is no suspension review for homes. Sites will be given appeal rights with the notice sent.

**Appeal Procedures**

**SO NAME** must offer an appeal only when the intent of the SO is to terminate the site agreement for cause or when the intent of the SO is to suspend the site personnel from participation in the CACFP. **SO NAME** will provide a copy of the Appeal Procedures s annually, when notified of an appealable action, or any other time requested.

# HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and its response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least ***two negative*** responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/ disqualification letter to the facility, logging the dates of the termination/disqualification. The State agency will receive copies of all letters as they are generated. The State agency, in turn, will send all correspondence to USDA.

*EXAMPLE*

# HOUSEHOLD CONTACT DOCUMENTATION

The ___*Toys N Noise*___ is conducting a review of ___*Northern Center*___ . Please complete the information, and return this form in the envelope provided. Please call ___*444-5555*___ if you have questions.

This questionnaire ***MUST*** be filled out by the parent/guardian only.

1. Child/Adult: ___*HARRISON BUTLER*___ Birth Date: ___*1/6/YYYY*___

2. Please indicate which of the past 12 months your child/adult was in care:

   Oct [X] Nov [ ] Dec [ ] Jan [X] Feb [X] Mar [X]

   Apr [X] May [X] June [X] July [X] Aug [X] Sept [X]

3. Please indicate the regular hours and days your child/adult is in care:

   Monday: *7:00* to *5:00*
   Tuesday: *7:00* to *5:00*
   Wednesday: *7:00* to *5:00*
   Thursday: *7:00* to *5:00*
   Friday: *7:00* to *5:00*
   Saturday: _____ to _____
   Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

   Breakfast [X] Lunch [X] Supper [ ]

   AM Snack [ ] PM Snack [X] Evening Snack [ ]

5. Do you supply any food? Yes [X] No [ ]

   If *Yes*, please explain: ***BREAST MILK***

6. If your child/adult is no longer in care, what was his/her last date of care? _____

**Statement of Affidavit**

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

***SHEILA BUTLER*** ***10/4/YYYY***

Parent/Guardian Signature Date

***673-1234***

Telephone Number

# HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of _____ . Please complete the information, and return this form in the envelope provided. Please call _____ if you have questions.

This questionnaire ***MUST*** be filled out by the parent/guardian only.

1. Child/Adult: _____ Birth Date: _____
   _____ _____

2. Please indicate which of the past 12 months your child/adult was in care:

   Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☐

   Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐

3. Please indicate the regular hours and days your child/adult is in care:

   Monday: _____ to _____ Thursday: _____ to _____
   Tuesday: _____ to _____ Friday: _____ to _____
   Wednesday: _____ to _____ Saturday: _____ to _____
   Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

   Breakfast ☐ Lunch ☐ Supper ☐

   AM Snack ☐ PM Snack ☐ Evening Snack ☐

5. Do you supply any food? Yes ☐ No ☐

   If *Yes*, please explain: _____

   _____

   _____

6. If your child/adult is no longer in care, what was his/her last date of care? _____

**Statement of Affidavit**

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

_____ _____
Parent/Guardian Signature Date

_____
Telephone Number

# SERIOUS DEFICIENT PROCEDURES

1. The Sponsoring Organization (SO) must send a summary of the serious deficiency along with any supporting documentation to the State agency (SA).

2. The State agency will compose the Notice of Serious Deficiency for the SO.

3. The SO is required to mail the Notice of Serious Deficiency by certified mail with a return receipt requested. A copy may be sent via email as a courtesy copy.

4. The SO will send the State agency a signed copy of the SD letter and a copy of the mail receipt. When the return mail receipt is received, a copy of that must be sent to the State agency.

5. The SO must track the timeline of the corrective action plan (CAP) and communicate with the SA when it has or has not been received. When it is received, the CAP must be sent to the State agency to approve or deny the plan.

6. If the CAP is ***approved***, the SA will compose the Notice of Temporary Deferment of SD

   If the CAP is ***denied***, the SA will compose the Notice of Proposed Termination and Disqualification.

7. The Notice of Temporary Deferment of SD or the Notice of Proposed Termination must be mailed certified with a return receipt requested.

8. The SO will send the State agency a signed copy of the letter in item 6 along with a copy of the mail receipt. When the return the mail receipt has been received, a copy must be sent to SA.

9. If the site is temporarily deferred, no further action is needed at this time.

10. If the site is proposed for termination and disqualification, appeal rights must be given.

    - If the site appeals, the SO appeal procedures must be followed. The State agency must be made aware of the outcome of the appeal.
    - The SA will compose the appropriate letter depending on the outcome of the appeal
    - If the site does not appeal, the SA will compose the Notice of Termination.

11. The letter due to the outcome of the appeal must be mailed certified with a return receipt requested.

12. The SO will send the State agency a signed copy of the letter composed in item 6 and a copy of the mail return receipt.

    - A copy of the return mail receipt must be sent to the State agency when received.
    - If the site is terminated, the SO must complete and submit the Report of Disqualification to the State agency. This form can be found on **page S-121-122**.

13. If the site is terminated, the State agency will place the site personnel on the National Disqualification list (NDL), forward the supporting documentation to USDA, and log the site/site personnel on the termination list.

# SPONSORING ORGANIZATION PROVISIONS

*Excerpts from Serious Deficiency, Suspension, & Appeals for State Agencies and Sponsoring Organizations Guidance*

A. Serious Deficiency Process

CACFP regulations define seriously deficient as the status of an institution or a day care home that has been determined to be non-compliant in one or more aspects in its operation of the Program [7 CFR 226.2]. The serious deficiency process offers a systematic way for State agencies to take actions allowing institutions to correct serious Program problems and ensures due process. If institutions are unwilling or incapable of correcting serious problems, the serious deficiency process protects Program integrity by removing the institution from the Program and preventing the institution and RP/Is from returning to the Program until the approval to reapply for participation is granted by FNS.

The serious deficiency process has six steps that start when a State agency identifies a serious deficiency. The resolution will be either the correction of the problem and the issuance of a temporary deferment of the serious deficiency, or the institution's termination and disqualification from the Program.

The six steps in the serious deficiency process are:

1. Identify the serious deficiencies;
2. Issue a notice of serious deficiency;
3. Receive and assess the institution's written corrective action plan (CAP) for adequacy;
4. Issue a notice of temporary deferral of the serious deficiency if the CAP is approved, or issue a notice of proposed termination and disqualification, including appeal procedures, if the CAP is not adequate (or if no CAP plan is received);
5. Provide an appeal review (appeal hearing, administrative review), if requested, of the proposed termination and disqualification; and
6. Issue a notice of final termination and disqualification if the appeal is upheld or if the time frame for requesting an appeal has passed, or issue a notice of temporary deferral if the appeal is overturned

B. Serious Deficiencies for New, Renewing, and Participating Institutions

***Procedures for New Institutions (reference 7 CFR 226.6(c)(1)(ii))***

1. Notice of serious deficiency;
2. The actions to be taken to correct the serious deficiency(ies);
3. The time allotted to correct the serious deficiency(ies) in accordance with 7 CFR 226.6(c)(4);
4. That the serious deficiency determination is not subject to administrative review;

5. That failure to fully and permanently correct the serious deficiency(ies) within the allotted time will result in denial o the institution's application and the disqualification of the institution and the responsible principals and responsible individuals;

6. The SA will not pay any claims for reimbursement for eligible meals served or allowable administrative expenses incurred until the State agency has approved the institution's application and the institution has signed a program agreement;

7. That the institution's withdrawal of its application, after having been notified that it is seriously deficient, will still result in the institution's formal termination by the State agency and placement of the institution and its responsible principals and individuals on the National Disqualification List (NDL); and

8. That, if the State agency does not possess the date of birth for any individual named as a "responsible principal or individual" in the serious deficiency notice, the submission of that person's date of birth is a condition of corrective action for the institution and/or individual.

***List of Serious Deficiencies for Renewing Institutions (reference 7 CFR 226.6(c)(2)(ii))***

1. Submission of false information on the institution's application, including but not limited to, a determination that the institution has concealed a conviction for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes deception, antitrust violations, embezzlement, theft, forgery, bribery, fraud or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency;

2. Failure to operate the Program in conformance with the performance standards set forth in 7 CFR 226.6(b)(1)(xviii); (b)(2)(vii);

3. Failure to comply with the bid procedures and contract requirements of applicable Federal procurement regulations;

4. Use of a food service management company that is in violation of health codes;

5. Failure by a sponsoring organization to properly train or monitor sponsored facilities in accordance with7 CFR 226.16(d);

6. Failure to perform any of the other required financial and administrative responsibilities;

7. Any other action affecting the institution's ability to administer the Program in accordance with Program requirements [7 CFR 226.6(c)(2)]

***List of Serious Deficiencies for Participating Institutions (reference 7 CFR 226.6(c)(3)(ii))***

1. Submission of false information on the institution's application, including but not limited to a determination that the institution's RP/Is have concealed a conviction for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes deception, antitrust violations, embezzlement, theft, forgery, bribery, fraud or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency;

2. Permitting an individual who is on the NDL to serve in a principal capacity with the institution, or, if a sponsoring organization, permitting such an individual to serve as a principal in a sponsored center or as a DCH provider;

3. Failure to operate the Program in conformance with the performance standards set forth in paragraphs 7 CFR 226.6(b)(1)(xviii); (b)(2)(vii);

4. Failure to comply with the bid procedures and contract requirements of applicable Federal procurement regulations;

5. Failure to return to the State agency any advance payments that exceeded the amount earned for serving eligible meals, or failure to return disallowed start-up or expansion payments;

6. Failure to maintain adequate records;

7. Failure to adjust meal orders to conform to variations in the number of participants;

8. Claiming reimbursement for meals not served to participants;

9. Claiming reimbursement for a significant number of meals that do not meet Program requirements;

10. Use of a food service management company that is in violation of health codes;

11. Failure of a sponsoring organization to disburse payments to its facilities in accordance with the regulations at 7 CFR 226.16(g)-(h) or in accordance with its management plan; 12. Claiming reimbursement for meals served by a for-profit child care center or a for-profit outside-school-hours-care center during a calendar month in which less than 25 percent of the children (enrolled or licensed capacity, whichever is less) were eligible for free or reduced-price meals or were Title XX beneficiaries;

12. Claiming reimbursement for meals served by a for-profit adult day care center during a calendar month in which less than 25 percent of is enrolled adult participants were Title XIX or Title XX beneficiaries;

13. Use of day care home funds by a sponsoring organization to pay for the sponsoring organization's administrative expenses;

14. Failure to perform any of the other required financial and administrative responsibilities;

15. Ineligibility of the institution or any of the institution's principals for any other publicly funded Program by reason of violating that Program's requirements. However, this prohibition does not apply if the institution or the principal has been fully reinstated in, or is now eligible to participate in that Program, including the payment of any debts owed;

16. Conviction of any of in institution's principals for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency; or

17. Any other action affecting the institution's ability to administer the Program in accordance with Program requirements [7 CFR 226.6(c)(3)].

***This lists should not be considered to be all-inclusive.***

***(Note: An error rate of 25% or more indicates the site is seriously deficient)***

C. Serious Deficiency Notification Procedures

1. Notice of serious deficiency. Within 10 calendar days, The sponsoring organization must notify the site that it has been found to be seriously deficient. The sponsoring organization must send a copy of the serious deficiency notice to the State agency ***at the same time***. The notice must specify:

   (a) Provide a detailed explanation of each serious deficiency;

   (b) List appropriate regulatory citations to support the serious deficiency notice.

   (c) Provide a clear description of the actions required in order to fully and permanently correct the serious deficiencies; and

   (d) Provide a definite and appropriate time limit for the corrective action. (as soon as possible, but not to exceed 30 days

   (e) The serious deficiencies determination is not subject to appeal.

   (f) That failure to fully and permanently correct the serious deficiencies within the allotted time will result in the institution's proposed termination of the sponsor's agreement and the proposed disqualification of the site and its principals; and

   (g) That the site's voluntary termination of its agreement with the institution after having been notified that it is seriously deficient will still result in the site's formal termination by the State agency and placement of the site and its principals on the National Disqualified List.

D. Corrective Action.

1. In response to the serious deficiency notice, an institution must submit in writing, what corrective action it has taken. This correspondence details the internal controls implemented to ensure that the serious deficiencies are fully and permanently corrected. The State agency will evaluate the CAP and determine whether adequate internal controls have been put into place to fully and permanently correct the deficiencies. An acceptable CAP must include the following information:

   - Names of the institution's executive director and chairman of the board of directors or other RPIs associated with the serious deficiencies;
   - Address of the institution;
   - Dates of birth for all RP/Is associated with the serious deficiencies; and
   - Details of the serious deficiencies. *(Use the Corrective Action form located on* ***page S-114-115****)*

     —**What** are the serious deficiencies and the procedures that were implemented to address the serious deficiencies?

—**Who** addressed the serious deficiencies? List personnel responsible for this task.

—**When** was the procedure for addressing the serious deficiencies implemented? Provide a timeline for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, or annually, and when did implementation of the plan begin)?

—**Where** is the CAP documentation retained?

—**How** were staff and if applicable, facilities or providers informed of the new policies and procedures (e.g., handbooks, training, website, emails, etc.,) [7 CFR 226.6(c)(1)(iii)(B); (c)(2)(iii)(B); (c)(3)(iii)(B), and CACFP 14-2012, Child and Adult Care Food Program Guidance on the Serious Deficiency Process and Acceptable Corrective Action Plans, National Disqualified List Procedures and Debt Collection, May 1, 2012, and examples in Part 12. Attachments C and D Serious Deficiency Corrective Action Plan].

Additional supporting documentation must be submitted with the CAP to document that corrective actions have occurred; this might include copies of income eligibility forms, enrollment rosters, staff training documentation, site monitoring reports, menus, Child Nutrition Labels or manufacturers' product analysis sheets or recipes, attendance records, meal count forms, itemized food receipts, etc.

2. Successful Corrective Action.

   If the institution submits a CAP that corrects the serious deficiencies to the State agency's satisfaction within the allotted timeframe, the serious deficiency determination will be temporarily deferred. The State agency must:

   - Notify the institution's executive director and chairman of the board of directors and any other RPIs, that the State agency has temporarily deferred its serious deficiency determination; and
   - Remind all parties that the corrective action must be permanent or the State agency must immediately issue a notice of proposed termination and disqualification. The sponsoring organization must also send a copy of the notice to the State agency at the same time.

3. Corrective Not Complete

   If corrective action is complete for some but not for all of the findings, the institution is still seriously deficient and the State agency must:

   - Continue with the actions against the parties that have not completed corrective action; and
   - Temporarily defer the serious deficiency for the parties that have completed corrective action

4. Unsuccessful Correct Action

   - That the institution's application has been denied;
   - That the State agency is proposing to terminate the institution's agreement and to disqualify the institution and the RPIs;
   - The basis for the actions (including regulation citations);
   - That, if the institution voluntarily terminates its agreement after receiving the notice of the proposed termination, the institution and the RP/Is will be disqualified and placed on the NDL;
   - The procedures for seeking an appeal of the denial of the application renewal and proposed disqualifications; and
   - That the institution may continue to participate in the Program and receive Program reimbursement for eligible meals served and allowable administrative costs incurred until its appeal/administrative review is completed.

   If the application renewal process occurs before the time allotted for an institution to provide corrective action and/or the conclusion of any administrative review requested by the participating institution, the State agency must temporarily extend its agreement with that institution in accordance with paragraph 7 CFR 226.6(c)(3)(iii)(D).

E. Propose Termination/Disqualification.

1. If timely corrective action is not taken to fully and permanently correct the serious deficiencies cited, the sponsoring organization must issue a notice to propose termination/ disqualification of the site's agreement for cause. ***Within 10 calendar days,*** the notice must explain the site's opportunity for an appeal of the proposed termination in accordance with §226.6(l). The sponsoring organization must send a copy of the notice to the State agency at the same time**.** The notice must:

   (a) Inform the site that it may continue to participate and receive Program reimbursement for eligible meals served until its appeal is concluded.

   (b) Inform the site that termination of the site's agreement will result in the site's termination for cause and disqualification; and

   (c) State that if the site seeks to voluntarily terminate its agreement after receiving the notice of intent to terminate/disqualify, the site will still be placed on the National Disqualified List.

2. Program Payments.

   The sponsoring organization must continue to pay any claims for reimbursement for eligible meals served until the serious deficiencies are corrected or the site's agreement is terminated, including the period of any appeal.

3. Agreement termination and disqualification. The sponsoring organization must immediately terminate the site's agreement and disqualify the site when the appeal official upholds the sponsoring organization's proposed termination and proposed disqualification, or when the site's opportunity to request an appeal expires. At the same time the notice is issued, the sponsoring organization must provide a copy of the termination and disqualification letter to the State agency.

4. Suspension of Participation for Sites.

   (a) General. If state or local health or licensing officials have cited a site for serious health or safety violations, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval. If the sponsoring organization determines that there is an imminent threat to the health or safety of participants at a site, or that the site has engaged in activities that threaten the public health or safety, and the licensing agency cannot make an immediate on-site visit, the sponsoring organization ***must immediately notify*** the appropriate state or local licensing and health authority and take action that is consistent with the recommendations and requirements of those authorities. An imminent threat to the health or safety of participants and engaging in activities that threaten the public health or safety constitute serious deficiencies; however, the sponsoring organization must use the procedures in this paragraph (l)(4) (and not the procedures in paragraph [l][3] of this section) to provide the site notice of the suspension of participation, serious deficiency, and proposed termination of the site's agreement.

   (b) Inform the site that it may continue to participate and receive Program

5. Notice of Suspension, Serious Deficiency, and Proposed Termination.

   The sponsoring organization must notify the site immediately that its participation has been suspended, that the site has been determined seriously deficient, and that the sponsoring organization proposes to terminate the site's agreement for cause, and must provide a copy of the notice to the State agency. The notice must:

   (a) Specify the serious deficiencies found and the site's opportunity for an appeal of the proposed termination in accordance with §226.6(l);

   (b) State that participation (including all Program payments) will remain suspended until the appeal is concluded;

   (c) Inform the site that if the appeal official overturns the suspension, the site may claim reimbursement for eligible meals served during the suspension;

   (d) Inform the site that termination of the site's agreement will result in the placement of the site on the National Disqualified List; and

   (e) State that if the site seeks to voluntarily terminate its agreement after receiving the notice of proposed termination/disqualification, the site will still be terminated for cause and disqualified.

6. Agreement Termination and Disqualification.

   The sponsoring organization must immediately terminate the site's agreement and disqualify the site when the appeal official upholds the sponsoring organization's proposed termination or when the site's opportunity to request an appeal expires.

7. Program Payments.

   A sponsoring organization is prohibited from making any Program payments to a site that has been suspended until any appeal of the proposed termination is completed. If the suspended site prevails in the administrative review of the proposed termination, the sponsoring organization must reimburse the site for eligible meals served during the suspension period

# CORRECTIVE ACTION PLAN (CAP)

Agreement Number _____ Institution Name: _____

***Instructions*** #1- List the serious deficient item which can be found on page 2 of the Administrative Review. (noncompliant items should only be listed if specifically required by the consultant)

#2- Address the what, how, when, who and where to explain how your institution will fully and permanently correct the area of serious deficiency (or noncomliant item, if required), please be as detailed as possible.

#3- Repeat this for every serious deficiency item (or noncompliant item if required) that was noted in the review

**1)**

**WHAT are the procedures that will be implemented to address this serious deficiency?**

**HOW will the staff and facilities be informed of this new policy and procedure? (e.g. Handbook, training, website, etc.)**

**WHEN will the correction of this serious deficiency ite be implemented? (e.g., what is the specific date it will happen and how often after will the procedure be done; daily, weekly, etc.)**

**WHO will address this serious deficiency items? List the personnel responsible for this task and job title.**

**WHERE will the CAP documentation pertaining to this serious deficiency be retained? (The actual location at the center where this documentation will be maintained.)**

By signing this Corrective Action Plan (CAP) I,_____, certify I understand that in order for it to be approved that it must completely and accurately address the WHAT, HOW, WHO, WHEN, and WHERE for each area of noncompliance and/or serious deficiency. I also understand that this CAP must be sumbitted no later than . Furthermore, I understand that the denial of this CAP is not an appealable action and I may be proposed for termination and disqualification from the Child and Adult Care Food Program (CACFP) if an acceptable CAP is not submitted and approved by my specialist by the deadline.

| | |
|---|---|
| Signature and Title of Authorized Representative | Date |
| Signature of Approving CNP Program Specialist | Date |

Consultant notes:

# NOTICE OF SERIOUS DEFICIENCY

***Use the letter given to you by the State agency.***

The Notice of Serious Deficiency must include the following:

- A description of the ***serious deficiency***.
- The ***corrective action*** required to resolve the serious deficiency and the ***deadline*** by which the action must be taken. (Sites are allowed up to 30 days to correct a serious deficiency.)
- A statement that indicates the serious deficiency determination is ***not subject*** to ***appeal***.
- A statement that indicates ***failure to fully and permanently correct*** the serious deficiency by this ***deadline*** will result in:
  - — The sponsor's proposed termination of the site's agreement for cause.
  - — The disqualification of the site.
- The notice must also inform the site of whether he or she will receive ***Program payments*** during the period of corrective action—usually he or she will.
- Enclosure of Corrective Action Plan.
- It must state that if the site ***voluntarily terminates*** his or her agreement after he or she receives the Notice of Serious Deficiency, the sponsor will still proceed with the intended disqualifications.
- The Notice of Serious Deficiency must be sent by ***certified mail/return receipt requested***, an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations. If returned *Undeliverable* (at least five days later), proceed with proposed termination procedures. If the U.S. Postal Service is used, the following Web site may be accessed to track and confirm delivery: <www.usps.com/shipping/trackandconfirm.htm>.
- A copy of the documentation must be sent to the State agency at the same time.
- A copy of the Notice of Serious Deficiency ***MUST*** be sent to the State agency.

***Refer to the USDA Seriously Deficient Handbook***

# SITE APPEAL PROCEDURES

A site must be provided an opportunity to appeal to the sponsor when there is:

- ***PROPOSED*** termination of a site's agreement for cause and the related ***PROPOSED*** disqualification of the site.

- The suspension of a site's participation for serious health or safety violations.

The law does not require an opportunity to appeal other actions, such as the serious deficient, or denial of claims or the recovery of over payments.

Regulations require that a site have the opportunity to appeal a decision to terminate its agreement for cause ***BEFORE*** the termination takes effect. Thus, the ***Proposed to Terminate*** action is appealable.

Regulations require that sites be given a copy of the appeal procedures:

- On an annual basis, in the sponsor/site application/agreement.

- Whenever an appealable action is taken.

- Upon request.

**Minimum Appeal Procedures**

Sponsors must follow the procedures established in the regulations when providing appeals to the site.

- ***Uniformity.*** The same procedures apply to all sites.

- ***Representation.*** Sites may:

  — Represent themselves.
  — Retain legal counsel.
  — Be represented by any other person of their choosing.

- ***Review of the Record and Opposition.*** The site must have the opportunity to review the record on which the sponsor's action was based and refute the action in writing. Sponsors may establish a requirement that the sponsor taking the action has the opportunity to review any documentation or evidence the site intends to offer to dispute the sponsor's action.

- ***In-Person Hearing.*** Sponsors may choose to offer in-person hearings, but there is no requirement that they do so. A review of the written record provides a sufficient opportunity for sites to contest an appealable action by their sponsor.

- ***Hearing Official.*** The person hearing the appeal must be:

  — Independent.
  — Impartial.

  This means that they must ***NOT*** have been involved in the action that is the subject of the appeal. Also, they must ***NOT*** have a direct personal or financial interest in the outcome.

  A hearing official may be:

  — An employee or board member of the sponsor.
  ***OR***
  — A contractor, such as member of a statewide sponsor association.

- ***Deadline for Requesting an Appeal.*** This time frame is an administrative requirement for sponsors.

- ***Deadline for Submitting Written Documentation.*** This time frame is an administrative requirement for sponsors.

- ***Basis for Decision.*** The hearing official must make a determination based only on the information provided by the sponsor and the site and on federal laws, regulations, policies, and procedures governing the Program.

- ***Time for Issuing a Decision.*** The hearing official must inform the sponsor and the site of the appeal's outcome within the period of time specified in the sponsor's appeal procedures. This time frame is an administrative requirement for sponsors and may not be used as a basis for overturning the termination if a decision is not made within the specified time frame.

- ***Final Decision.*** The determination made by the hearing official is the final administrative determination to be afforded the site. The site may not then appeal the decision to the State agency.

  This does not preclude, however, a site from pursuing the matter through a court of law. In fact, a court may refuse to hear a case until such time as all administrative remedies have been exhausted.

***Refer to the USDA Seriously Deficient Handbook***

*EXAMPLE*

# Child and Adult Care Food Program (CACFP)
# Report of Disqualification From Participation

State agency (SA) Imposing Disqualification: **Oklahoma State Department of Education (OSDE)**

Name of Site: Last Name **Biggs** First Name/MI: **Bertha**

Also Known As (AKA): **N/A**

Address of Site: **311 Sunshine Drive, Anywhere, OK 01230**

Date of Birth (DOB) of Site: **08/04/YYYY** (mm/dd/yyyy)

Termination Date: **February 14, YYYY** (mm/dd/yyyy)

Has the Site failed to repay debts owed under the Program? Yes/No (Circle One)
Amount: $**1000.00**

Sponsoring Organization (SO) Name: **Big Bucks**

SO Adress: **112 Fast Lane Drive, Anywhere, OK 01230**

| Reason(s) for Disqualification: (Check all that apply) | |
|---|---|
| ☐ Submission of false information on application | ☐ Failure to keep required records |
| ☒ Submission of false claims for reimbursement | ☒ Conduct or conditions that threaten the health or safety of children in care or the public |
| ☐ Simultaneous participation under more than one SO | ☐ Noncompliance with Program meal pattern |
| ☐ A determination that the site has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity. A lack of business integrity includes fraud, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA, or concealment of such a conviction. | ☐ Any other circumstances related to nonperformance under the SO-Unaffiliated Site agreement, as specified by the SO or the SA. |
| ☐ Other: | ☐ Failure to participate in training |

# Child and Adult Care Food Program (CACFP)
# Report of Disqualification From Participation

Comments: Site reported to DHS that she would be closed the week of December 5-9, YYYY. However, 5 children were claimed that week. Licensing was called due to unsanitary conditions for food service. Electricity had been shut off at the time of monitor review, and refrigerator temp was 70°F.

| | |
|---|---|
| **Janie Smith** | *Janie Smith* |
| Print Name of Sponsoring Organization Authorized Representative | Signature of Sponsoring Organization Authorized Representative |
| **CACFP Specialist** | **02/14/YYYY** |
| Title | Date (mm/dd/yyyy) |

# Child and Adult Care Food Program (CACFP)
# Report of Disqualification From Participation

State agency (SA) Imposing Disqualification: **Oklahoma State Department of Education (OSDE)**

Name of Site: _____

Last Name _____ First Name/MI: _____

Also Known As (AKA): _____

Address of Site: _____

Date of Birth (DOB) of Site: _____(mm/dd/yyyy)

Termination Date: _____(mm/dd/yyyy)

Has the Site failed to repay debts owed under the Program? Yes/No (Circle One)
Amount: $_____

Sponsoring Organization (SO) Name: _____

SO Address: _____

| Reason(s) for Disqualification: (Check all that apply) | |
|---|---|
| ☐ Submission of false information on application | ☐ Failure to keep required records |
| ☐ Submission of false claims for reimbursement | ☐ Conduct or conditions that threaten the health or safety of children in care or the public |
| ☐ Simultaneous participation under more than one SO | ☐ Noncompliance with Program meal pattern |
| ☐ A determination that the site has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity. A lack of business integrity includes fraud, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA, or concealment of such a conviction. | ☐ Any other circumstances related to nonperformance under the SO-Unaffiliated Site agreement, as specified by the SO or the SA. |
| ☐ Other: | ☐ Failure to participate in training |

# Child and Adult Care Food Program (CACFP)
# Report of Disqualification From Participation

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Print Name of Sponsoring Organization
Authorized Representative

Signature of Sponsoring Organization
Authorized Representative

_____ _____

Title

Date (mm/dd/yyyy)