CACFP SPONSOR/MULTISITED SECTION

OKLAHOMA STATE DEPARTMENT OF EDUCATION

FY2023

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

This institution is an equal opportunity provider.

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LIST OF CHILD NUTRITION AND RELATED ACRONYMS

#	Pound or Number
AD	Adult Daycare
AR	Administrative Review
CACFP	Child and Adult Care Food Program
CAP	Corrective Action Plan
CFDA	Catalog of Federal Domestic Assistance
CMDR	Contract Meal Delivery Receipt
CN	Child Nutrition
CNA	Child Nutrition Act
CNP	Child Nutrition Programs
CR	Civil Rights
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOB	Date of Birth
EC	Early Childhood
EQ	Equivalent
EPA	Environmental Protection Agency
FBG	Food-Buying Guide
FDA	Food and Drug Administration
FDCH	Family Day Care Home
FDPIR	Food Distribution Program on Indian Reservations
FNS	Food and Nutrition Service (USDA)
FSIA	Family-Size and Income Application
FSIS	Food Safety and Inspection Service (USDA)
FY	Fiscal Year
HACCP	Hazard Analysis of Critical Control Points (USDA)
ICN	Institute of Child Nutrition
IEG	Income-Eligibility Guidelines
IFB	Invitation for Bid
NDL	National Disqulification List
OMB	Office of Management and Budget
OSDE	Oklahoma State Department of Education (also known as the *State Agency*)
OvS	Offer vs Serve
OZ	Ounce
P&L`	Profit and Loss
PFS	Product Formulation Statement
RDA	Recommended Dietary Allowance
RFP	Request for Proposal
SA	State Agency (also known as the State Department of Education)
SD	Seriously Deficient
SO	Sponsoring Organization
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamp)
SOP	Standard Operating Procedures
SWRO	Southwest Regional Office
TANF	Temporary Assistance to Needy Families
USDA	United States Department of Agriculture
VCA	(Financial) Viability, Capability, and Accountability
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WG	Whole Grain
WGR	Whole Grain Rich

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 2023 fiscal year ***ONLY*** (October 1, 2022, through September 30, 2023).

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 $750,000 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. **MULTISITED INSTITUTION ADDITIONAL REQUIREMENTS**
   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 multisited institutions, if applicable
   f. Unaffiliated Site Agreement
   g. Site Removal Form
   h. Sponsor Policy & Procedures
      - Job Descriptions
      - Serious Deficient and Appeal Procedures
      - Sponsoring Organization Policies
      - Site Policies

3. **ADDING A NEW SITE**
   - License, if applicable
   - New Site form
   - Unaffiliated Site Agreement, if applicable
   - Checking the National Disqualification List (NDL)

   AT-RISK ADDITIONAL REQUIREMENTS
   - Area Map, schools are exempt
   - Low-income report data
   - 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/REMOVING SITE(S) FORMS

Sponsoring Organization Instructions for adding new sites (At-Risk)

1. Only sites located within an attendance area of a school that receives 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 or in the CACFP Website in the Resource Library under the At-Risk Section. A copy of the most recent report must be submitted to verify the eligibility of the site. Other required documents such as boundary maps, school calendar and class schedules must also be submitted to verify eligibility. If you are unsure how to determine the school attendance area for the site, contact our office at 405-521-3327. For more details on eligibility, refer to the At-Risk Handbook.

2. All sites participating in CACFP must be licensed by DHS ,a tribe, or the military. If no such license exists, it is the SOs responsibility to contact our office with the DHS License exemption form on **page S-15.** Fill out the form using **page S-16-17**. This form can be sent to Kassi Reddell at Kassandra.Reddell@sde.ok.gov

3. Conduct a pre-approval visit and complete a "Multi-sited Pre-approval Visit" to ensure the site meets all requirements. During this visit, you will provide all applicable materials and train responsible persons on CACFP requirements.

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 alack of business integrity within the last (7) years. Instructions to register are on **page S-13**.

5. Update your "Sponsoring Organization Application for Participation - CACFP/FDCH-1" to increase an applicable budget items and required monitoring hours.

6. After completing steps 1-3, fully complete the "Add Site Form".Partially completed forms will be returned. Submit the completed form to CACFP@sde.ok.gov OR your assigned office staff person found at the bottom of the Business Maintenance page in the CACFP website. Supporting documentation must also be submitted along with the form before approval will be considered. Examples of supporting documentation: DHS license/exemption form, Title XX contract, DUNS number, copy of NDL search results, At-Risk verification, and completed "Multi-site Pre-approvalVisit".

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 at 405-521-3327 or your assigned office staff.

9. Once these steps are complete, a program specialist will contact you to schedule an on-site approval visit with in 30 days of the application approval. Claims for this site will not be allowed prior to the effective date established by the 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)

1. Conduct a pre-approval visit and complete a "Multi-sited Pre-approval Visit" to ensure the site meets all requirements. During this visit, you will provide all applicable materials and train responsible persons on CACFP requirements.

2. All sites participating in CACFP must be licensed by DHS ,a tribe, or the military. If no such license exists, it is the SOs responsibility to contact our office with the DHS License exemption form on **page S-15.** Fill out the form using **page S-16-17**. This form can be sent to Kassi Reddell at Kassandra.Reddell@sde.ok.gov

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 alack of business integrity within the last (7) years. Instructions to register are on **page S-13**.

4. Update your "Sponsoring Organization Application for Participation - CACFP/FDCH-1" to increase an applicable budget items and required monitoring hours.

5. After completing steps1-3,fully complete the "Add Site Form" located on **page S-11.** ***Partially completed forms will be returned***. Submit the completed form to CACFP@sde.ok.gov OR your assigned office staff person found at the bottom of the Business Maintenance Page. Supporting documentation must also be submitted along with the form before approval will be considered. Examples of supporting documentation: DHS license, Title XX contract, DUNS number, copy of NDL search results, and a completed Multi-site Pre-approval Visit form.

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 at (405) 321-3327 or email your CACFP Office staff person found at the bottom of the Business Maintenance Page in the CACFP website.

8. Once these steps are complete, a program specialist will contact you to schedule an on-site approval visit within 30 days of the application approval. Claims for this site will not be allowed prior to the effective date established by the specialist.

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

New Site Checklist

____ New Site Form

____ National Disqualification Search Information

____ License or License Exempt information (*school districts are exempt*)

____ Unaffiliated Site contract, if applicable

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 OKC 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 first day and last day of school

____ Bell Schedule *(schools only)*

AT-RISK
ANNUAL DOCUMENTATION TO SUBMIT TO SDE WITH APPLICATION RENEWAL

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

____ Bell Schedule *(schools only)*

____ Low income report, submit once every 5 years

New Site Add Form

Agreement #:_____ Sponsor Name:_____

Site # (must be 4 digits):_____ Site Operating Name:_____

Site Address (please include any special instructions for locating site such as room number or which door to enter): _____

_____

_____

Site Phone Number: (___)_____

Type of Institution (Circle one):

Public Private nonprofit Proprietary Title XX/XIX Proprietary Free/Reduced

License Type (Circle all that apply):

N/A Permit Permanent License DHS Tribal Military

License/Permit effective date: _____ License/Permit expiration date:_____

License/Permit Number:_____License Capacity:_____

Type of Site (Circle all that apply):

Child Care/Preschool Head Start Adult Center Outside school hours At-Risk

At-Risk Sites only:

Name of School Within Attendance Area:_____

Purpose of Program:_____

How was eligibility determined? (i.e. Low Income Report, Census)_____

Free/Reduced Percentage: _____

Responsible Site Representative(s):_____

_____

Responsible Site Representative Date(s) of Birth:_____

Do any of the Responsible Site Representatives appear on the National Disqualified List?
Documentation of search results must be submitted with this form.

Yes No (Circle One)

Has current Sponsor Application for Participation been updated? (i.e. Budget, Salaries, Monitoring ratio)

Yes No (Circle One)

Date Sponsor conducted preapproval visit:_____

The site will not be entered into the system without all required supporting documentation. Examples of such documentation is a current license or permit, copy of Title XX/XIX contract and proof of At-Risk Eligibility.

SDE office use ONLY-

Date request was received by SDE:_____

Site was entered into system on_____ by _____

Date application was completed by entity:_____

Date application was approved:_____

Date consultant was notified of preapproval visit:_____

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 SO'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 the 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.

DHS exemption for unlicensed sites

Fill out the DHS License Exempt form on **Page S-15**. Refer to the Licensing Exemption list located on **Page S-16-17**.

Email the exempt form to Kassi Reddell at Kassandra.Reddell@sde.ok.gov

Note: Schools are exempt from filling out this form.

DHS LICENSE EXEMPTION FORM

(Schools are exempt from this form)

Email this form to Kassandra.Reddell@sde.ok.gov

Sponsor Name:_____

Name of Site: _____

Site Address: _____

Site City, State, and Zip code: _____

List of Exemption(s): _____
(List all that apply)
_____

List Educational/Enrichment Activities: _____
AT-RISK SITES ONLY *(List all for this site. Be specific)*
_____

Name of Site: _____

Site Address: _____

Site City, State, and Zip code: _____

List of Exemption(s): _____
(List all that apply)
_____

List Educational/Enrichment Activities: _____
AT-RISK SITES ONLY *(List all for this site. Be specific)*
_____

Name of Site: _____

Site Address: _____

Site City, State, and Zip code: _____

List of Exemption(s): _____
(List all that apply)
_____

List Educational/Enrichment Activities: _____
AT-RISK SITES ONLY *(List all for this site. Be specific)*
_____

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 700 of this title 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, summer programs or after-school programs for children who are at least four (4) years of age, that are accredited by a national standard-setting agency or church camp accreditation program, or are accredited by, chartered by or affiliated with a national non-profit organization;

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 ten (10) weeks annually,
    c. Operates in the summer for less than eight (8) hours per day, or
    d. Provides care and supervision for school-aged children only in a center-based program for twenty-one (21) or fewer hours a week and is located in a county with a population of less than one hundred thousand (100,000) according to the latest Federal Decennial

Education. To be exempt, such programs shall:

- Have classroom facilities that are not used for residential living,
- Not have been granted nor have assumed legal custody of any child attending the facility, and
- 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.

Census;

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.

Exemptions
https://www.oscn.net/applications/oscn/DeliverDocument.asp?CiteID=63952[9/10/2020 11:44:29 AM]

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE 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, have you received an exemption from DHS? ☐ 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. If meal times listed exceed those restrictions, please explain below.

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE 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 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.

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

_____of _____
(Name of Sponsoring Organization) (Address)

and _____ of_____
(Name of Site) (Address)

for this location to be operated as CACFP or At-Risk site beginning _____
and ending no later than September 30 of the current fiscal year.

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.

Site Removal Form

Agreement #:_____

Sponsor Name:_____

Site # (must be 4 digits):_____

Site Operating Name:_____

Last Claim Month:_____

Last Operating Date:_____

Name of person requesting site removal:_____

Reason for Removal:_____

SDE office use ONLY-

Date request was received by SDE:_____
Site was removed from site list on_____ by _____

Notes

ADDITIONAL RECORD KEEPING REQUIREMENTS

ADDITIONAL MULTITSITED/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 only allowed to charge off up to 15% in Administrative Labor. It is 15% of projected annual reimbursement.

Building for the Future form

- The sponsor is required to send the State Agency a copy of their Building for the Future each year.
- ***Not required for Adult Day Cares***

Monitoring

- New sites must have a preapproval visit from the sponsor and SDE before it can start to operate
- New sites must have the first review within the first four weeks 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 must reviewed must include a meal observation.
- Sponsors must have a monitoring review cycle (something to show when all monitoring

---

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

Refer to **page S-6, Item 2** for a summary of basic responsibilities, which 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 program 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:

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

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

3. In Column 3: Record the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable.)***

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

4. 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 of the form

   Example:
   2 hours x $15.00/hour x 10 days = $300.00
   NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.

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

   Examples:
   Postage, printing, office supplies

6. 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 of the form.

7. 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.

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

9. 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

10. Nonfood Purchases—Nonedible items needed to provide meal service.
    Documentation includes:
    - Itemized Food-Purchasing Forms
    - Itemized receipts and invoices

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

12. 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.

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

14. Net Costs: Calculate net costs by totaling Columns 4 through 11 and subtracting the total of Column 12.

15. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.

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

17. Indicate who completed this form.

Maintain in institution records.

EXAMPLE

EXPENDITURE/REIMBURSEMENT WORKSHEET

ONE PER SITE UNDER A SPONSOR

Institution Name: TOYS N NOISE Month: FEBRUARY Year: YYYY

DATE (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	CHECK NUMBER (3)	OPERATING AND ADMINISTRATIVE COSTS ($)																			
			CACFP Admin. Labor (4) $		CACFP Admin. 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. (11) $		INCOME (Other Than CACFP Reimbursement) (12) $	
10/5	Discount Grocery	1091											89	12	9	40				
10/6	Herman's Foods	1096											398	76	20	17				
10/7	Star Grocery	CASH											249	00	12	09				
10/13	Dairy Mart	1102											212	96						
10/14	Food Way	1116											402	16						
10/10	Cook—Freda Fryer	1097					392	00	(7 hours x $8 x 7 days)											
10/10	Teacher—L Simon	1098					126	00	(2 hours x $9 x 7 days)											
10/10	Teacher—C Smith	1099					126	00	(2 hours x $9 x 7 days)											
10/28	Cook—Freda Fryer	1151					784	00	(7 hours x $8 x 14 days)											
10/28	Teacher—L Simon	1152					252	00	(2 hours x $9 x 14 days)											
10/28	Teacher—C Smith	1153					234	00	(2 hours x $9 x 13 days)											
10/28	Nonprogram Meals						$3.51 (free rate) + $.3700 (commodities rate) = $ 3.88								x 15 (adults) =				58	20
(13)	**Grand Totals**						1,914	00					1350	09	41	66			58	20

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) $ 3,305.66

(15) Reimbursement Received $ 2,856.26

(16) Operating Balance (Item 14 Minus Item 15—See Instructions) $ 449.40

Form completed by: Sam Gov

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

EXPENDITURE/REIMBURSEMENT WORKSHEET MULTISITED/SPONSORS

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.

Each Site is required to have an Expenditure worksheet

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.

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

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

3. In Column 3: Record the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable. Employees must be W-2 and not 1099)***

In Columns 4 through 14: Record the amount of the expenditure under the appropriate column. One entry may be broken down into more than one category.

4. Administrative Labor/Salaries—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP documentation. 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 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
  NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form

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

5. Administrative Benefits—Cost of administrative personnel's (director, bookkeeper, supervisors) benefits received on time spent on the CACFP documentation. Documentation includes:

   Documentation includes bank statements showing total amount of benefits paid.
   Examples:

Insurance
Loans from work

6. Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of $2,500 or more. *(Purchases over $5,000 need preapproval from State Agency Child Nutrition Office*

7. Materials and Supplies Durable - These are materials and supplies are items that do not lose it's identity. Durable has an expected service life of two years or more
Example:

8. Materials and Supplies Expendable - These are materials and supplies are items that not lose it's identity when used. Expendable items are only used once.
Example:

9. Printing - Any print that is used for CACFP purposes
Example:
Household Application & Enrollment form
Print out of CACFP forms

10. Postage—Postage for mail used for CACFP purposes

11. Office Space Rental/Lease—Spaced used for CACFP purposes.

12. Utilities—Any utilities used for CACFP. If the space is used for other purposes besides CACFP, the amount must be prorated:

13. Insurance Premiums—Any premiums used for CACFP. If the space is used for other purposes besides CACFP, the amount must be prorated:

14. Contracted Professional Services—This is where you can put any contracts paid. A Food Service Management Company or for a food vendor.

15. Equipment Rental/Lease - Any equipment used for CACFP purposes.

16. Telephone - Any phone used for CACFP purposes.

17. Advertising/Public Information - Anything used to advertise for CACFP

18. Dues, Memberships, Subscriptions - Any dues or memberships to organizations for CACFP programs or subscriptions that is used for CACFP purposes.

19. Travel for Program Operations - Travel for on-site monitoring or any other travel for CACFP program operations.

20. Travel for Training - Expenses used for traveling to a CACFP training

21. Site Training Materials/Facilities - Materials used for trainings at sites.

22. Sponsor Staff Training Materials - Materials used for staff trainings.

23. Other Administrative Services - Other items used for CACFP that is not listed above.

24. Indirect Cost - If you use an indirect cost rate given by your cognizant Agency.

25. 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.

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

27. Net Costs: Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.

28. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.

29. Item 27 divided by Item 28 multiplied by 100

30. Is Item 29 less than 15%? Yes or No
(Yes means the sponsor is in compliance)

Maintain with institution records.

EXAMPLE

EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Month: FEBRUARY Year: YYYY Form Completed By: Sam Gov

			ADMINISTRATIVE COSTS ($)										
DATE (1)	ITINERARY (Vendor or Personnel, etc.) (2)	CHECK NO. (3)	Admin Salaries (4)	Admin Benefits (5)	Equipment *2,500 and Over (6)	Materials and Supplies Durable (7)	Materials and Supplies Expendable (8)	Printing (9)	Postage (10)	Office Space Rental/ Lease (11)	Utilities (12)	Insurance Premiums (13)	Contracted Professional Services (14)
2/1	Director, H Brand	3100	135.00	10.00									
2/1	A & E Leasing	3102											
2/1	XYZ Energy	3103											
2/1	Pete's Printing	3104						25.00					
2/15	Director, H Brand	3120	135.00	10.00									
(26)	**GRAND TOTALS**		270.00	20.00				25.00					

	ADMINISTRATIVE COSTS ($)										
	Equipment Rental Lease (15) $	Telephone (16) $	Advertis-ing/Public Informa-tion (17) $	Dues, Member-ships, Subscrip-tions (18) $	Travel for Program Opera-tions (19) $	Travel for Training (20) $	Site Training Materials/ Facilities (21) $	SO Staff Training Materials/ Facilities (22) $	Other Admin-istrative Services (23) $	Indirect Cost (24) $	INCOME (25) $
								25.00			
(26) **GRAND TOTALS**								25.00			

(27) Net Costs (Total of Columns 4 through 24 minus Column 25) $ 350.00

(28) Reimbursement Received $ 2,856.26

(29) Item 27 ÷ Item 28 x 100 12.25

(30) Is Item 29 Less Than 15 Percent ☒ Yes ☐ No

(*Yes* answer equals compliance)

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

Maintain in institution records.

EXPENDITURE/REIMBURSEMENT WORKSHEET
ONE PER SITE UNDER A SPONSOR

Month: _____ Year: _____

Date (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	Check # (3)	OPERATING & ADMINISTRATIVE COSTS ($)																			
			CACFP Admin. Labor (4) $		CACFP Admin. 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. (11) $		INCOME (Other Than CACFP Reimbursement) (12) $	
(13)	Grand Totals																					

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) $ _____

(15) Reimbursement Received $ _____

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

Form completed by: _____

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

Maintain with institution records.

EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Month: _____ Year: _____ Form Completed By:_____

			ADMINISTRATIVE COSTS ($)										
DATE (1)	ITINERARY (Vendor or Personnel, etc.) (2)	CHECK NO. (3)	Admin Salaries (4)	Admin Benefits (5)	Equipment *2,500 and Over (6)	Materials and Supplies Durable (7)	Materials and Supplies Expendable (8)	Printing (9)	Postage (10)	Office Space Rental/ Lease (11)	Utilities (12)	Insurance Premiums (13)	Contracted Professional Services (14)
(26)	**GRAND TOTALS**												

	ADMINISTRATIVE COSTS ($)										
	Equipment Rental Lease (15) $	Telephone (16) $	Advertis-ing/Public Information (17) $	Dues, Member-ships, Sub-scriptions (18) $	Travel for Program Operations (19) $	Travel for Training (20) $	Site Training Materials/ Facilities (21) $	SO Staff Training Materials/ Facilities (22) $	Other Ad-ministrative Services (23) $	Indirect Cost (24) $	INCOME (25) $
(26) **GRAND TOTALS**											

(27) Net Costs (Total of Columns 4 through 24 minus Column 25) $ _____

(28) Reimbursement Received $ _____

(29) Item 27 ÷ Item 28 x 100 $ _____

(30) Is Item 29 Less Than 15 Percent ☐ Yes ☐ No
(*Yes* answer equals compliance)

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

EXPENDITURE/REIMBURSEMENT WORKSHEET SPONSOR AND SITES PROFIT & LOSS

The Sponsor and Sites and 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
- In Column 1: Record the site number. or S indicating it is the Sponsor
- In Column 2: Record the name of the Sponsor and list each site name

In Columns 3 through 9: Record the amount of the expenditure under the appropriate column from the Sponsor and per site.

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

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

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

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

4. Administrative Expenses—Cost related to the administration of the CACFP. This is for the Sponsor and per site.

   Documentation includes itemized receipts.

   Examples:
   Postage, printing, office supplies

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 of menu of 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

   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 of the form.

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

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

8. Nonfood Purchases—Nonedible items needed to provide meal service per site.
   Documentation includes:
   - Itemized Food-Purchasing Forms
   - Itemized receipts and invoices

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.

10. Reimbursement per Site—Report the CACFP reimbursement per site

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

12. Net Costs: Calculate net costs by totaling Columns 3 through 9 and subtracting the total of Column 12.

13. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.

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

15. Indicate who completed this form.

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.

Example

EXPENDITURE/REIMBURSEMENT WORKSHEET

SPONSOR AND SITES PROFIT & LOSS

Page ___ of ___

Month: January Year: 20XX

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. Expenditures Per Site (9) $		CACFP Reimbursement Per Site (10) $	
S	Toys N Noise	350	25														
101	Western Site					1000	00			850	65	46	34			1756	54
102	Eastern Site					1200	00			1031	27	132	67			1634	98
103	North Site					1125	25			784	59	25	87			1064	65
104	South Site					1200	00			899	76	87	77			2099	32
(11)	Grand Totals	350	25			4525	25			3566	27	292	65			6555	49

(12) Total CACFP Expenditures (Total of Columns 3 through 9) $ 8,734.42

(13) Total Reimbursement Received (Total of Column 10) $ 6,555.49

(14) Operating Balance (Item 12 Minus Item 13—See Instructions) $ 2,178.93

Form completed by: Sam Gov

Contact Info: Sam.Gov@daycare.com

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

EXPENDITURE/REIMBURSEMENT WORKSHEET
SPONSOR AND SITES PROFIT & LOSS

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. Expenditures Per Site (9)		CACFP Reimbursement Per Site (10)	
(11)	Grand Totals																		

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

(13) Total Reimbursement 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 Info: _____

Notes

REPORT OF FACILITIES OPERATING AND CLAIMING INFORMATION

REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—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 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 INSTITUTION

Sponsoring Organization: *COLORS CAP*

Agreement Number: *DC-99-123*

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

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	# TITLE XX/XIX OR FREE & RE-DUCED-PRICE	PARTICIPATION				NUMBER OF REGULAR MEALS SERVED											
				FREE	RE-DUCED PRICE	NOT ELIGI-BLE	TO-TAL	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. Red Center	21	30	8	15	10	0	25	23		20									
2. Blue Center	21	40	10	10	10	10	30	28		28									
3. Yellow Center	21	60	15	25	10	20	55	50		45									
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
TOTAL (BY SERVICE)		130	33	50	30	30	110	101		93									

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

Indicate month and year

Indicate who completed the form

Indicate sponsoring organization (SO)

Indicate agreement number

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:

  — At-Risk Breakfasts

  — At-Risk Lunches

  — At-Risk Suppers

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: ***COLORS CAP***

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

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

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PAR-TICIP-TION	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. ***Red Center***	**21**	**8**	**4**										80		
2. ***Blue Center***	**21**	**10**	**8**										155		
3. ***Yellow Center***	**21**	**15**	**11**										210		
4.															
5.															
6.															
7.															
8.															
9.															
10.															
11.															
12.															
13.															
14.															
15.															
TOTAL (BY SERVICE)		33	23										445		

REGULAR MEALS ONLY

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

Month: _____ 20 _____ Sponsoring Organization: _____

Form Completed By: _____ Agreement Number: _____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	# TITLE XX/XIX OR FREE & RE-DUCED PRICE	PARTICIPATION				NUMBER OF REGULAR MEALS SERVED											
				FREE	RE-DUCED-PRICE	NOT ELIGI-BLE	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 INSTITUTION

Month: _____ 20 _____ Sponsoring Organization: _____

Form Completed By: _____ Agreement Number: _____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PAR-TICIP-TION	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

MULTI-SITED INSTITUTIONS
HOW TO FILE CLAIMS

1. Log in to 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. This will change the color of the background to your facility name and numbers as it brings you to the grid. Click "Enter Claims" directly below the "Select" button.

2. From this "Claims Entry" page, using the drop-down menu, select the MONTH of the claim you want to enter. Type in the current year in the full four-digit format. Click "Search." (Should there be a message 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 "Select." **DO NOT CLICK ON "ADJUST"!** This action will cause issues that can be solved only by calling the State Agency.

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. When clicking "Select" to the left of the first site, there will be a change of color to the background for that site whose claim data you are about to enter. Once the color has changed, scroll down the page and begin entering data **FOR THAT PARTICULAR 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 "Date Signed" and enter 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 PREAPPROVAL FORMS

REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually.

- New sites must have a preapproval visit from the sponsor and SDE before it can start to n operate
- New facilities must have their first review during the first four weeks of operation.
- Each site three times per year and must include a meal observation.
- Sponsors must have a monitoring review cycle (something to show when all monitoring reviews are scheduled for the year)
- Each review must include counting and claiming procedures, the meal pattern. meal analysis where children are present and a five-day reconciliation of records.
- If a facility 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.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New child care facilities, outside-school-hours care centers, and homeless shelters must have a review conducted during the first four weeks of program operations.

2. Each child care facility, 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.

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

   a. 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.

   b. 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.

c. All reviews shall include, at a minimum:

- Observing a Meal Service
- CACFP meal patterns
- Licensing or approval
- Participation or attendance at sponsor training
- Meal counts
- Menus and meal records
- Enrollment form requirements
- Corrected problems from previous reviews
- Five-day reconciliation

Note: Oklahoma State policy requires every monitoring review include a meal observation.

4. 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.

CHILD AND ADULT CARE FOOD PROGRAM MULTISITED 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. No meals should be claimed prior to a preapproval visit.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply:
Check all boxes in Numbers 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check ***Yes*** or ***No***.

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 made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE

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

Center Name: Blue Center

Center Address: 123 Brick Street

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

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

Approval Recommended: Yes [X] No [ ]

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

Center Representative's Signature — Date

Ima Fishul — 9/21/YYYY

Sponsoring Organization Representative's Signature — Date

ADULT MULTISITED 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 CACFP operations. These reviews must be documented and kept on file.

Facility Name:	Record the facility name.
Facility Address:	Record the address of the facility.
Facility Agrees to Comply:	Check all boxes in Numbers 1 through 12 if the facility agrees to comply.
Comments:	Make comments as needed.
Approval Recommended:	Check ***Yes*** or ***No***.

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's representative who made the preapproval visit must sign and date the Preapproval Visit Form.

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

Center Name: _____

Center Address: _____

The following items were discussed and reviewed:		Center Agrees to Comply
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 a. Obtained on enrolled children b. Approved by institution official	3. a. 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 a. Food-Purchasing Form b. Signature of purchaser	8. a. 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 a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Infant Meal Pattern requirements d. Child Nutrition (CN) Labels/Product Formulation Statement e. Special dietary needs	11. a. b. c. d. e.	
12. Sanitation and safety	12.	
13. Food preparation area adequate for meals served	13.	

Comments: _____

_____

Approval Recommended: Yes ☐ No ☐

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.

_____ _____

Center Representative's Signature Date

_____ _____

Sponsoring Organization Representative's Signature Date

EXAMPLE

ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: Live Longer Adult Day Care

Center Address: 556 Pebble Street, Oklahoma City, OK 73123

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	X
2. Civil rights compliance (poster, complaint procedure)	2.	X
3. Family-Size and Income Application (FSIA)	3.	
a. Obtained on enrollee	a.	X
b. Approved by institution official	b.	X
4. Monthly count by category/roster sheet maintained	4.	X
5. Daily attendance records maintained	5.	X
6. Meal Count Worksheet (Meal Counts)	6.	X
7. Itemized receipts/invoices properly maintained	7.	
a. Food-Purchasing Form	a.	X
b. Signature of purchaser	b.	X
8. Inventory up-to-date (recommended)	8.	X
9. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	X
10. Meal patterns	10.	
a. Minimum meal pattern requirements (components and quantities)	a.	X
b. Meal limitation/time frame	b.	X
c. Child Nutrition (CN) Labels/Product Formulation Statement	c.	X
d. Special dietary needs	d.	X
11. Sanitation and safety	11.	X
12. Food preparation area adequate for meals served	12.	X

Comments: Center requested assistance in nutrition ideas for disabled enrollees.

Approval Recommended: Yes [X] No [ ]

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.

Gettin Older — 10/4/YYYY

Center Representative's Signature — Date

Ima Fishul — 10/4/YYYY

Sponsoring Organization Representative's Signature — Date

ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: _____

Center Address: _____

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

Comments: _____

_____

Approval Recommended: Yes ☐ No ☐

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.

_____ _____

Center Representative's Signature Date

_____ _____

Sponsoring Organization Representative's Signature Date

ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).

2. Facility's Name: Record the facility's name.

3. Facility's Address: Record the facility's address.

4. Unannounced or Announced:
   Indicate if the review is unannounced or announced.

5. Institution Agreement Number:
   Record the institution's agreement number.

6. Date of Visit: Record the date of the monitor visit.

7. Time of Visit: Record the time of arrival at this site.

8. Review: Circle the appropriate answer to identify which review is being conduced (1, 2, 3, weekend, or follow-up).

9. New Site: Indicate if this is a new site's initial review.

Items A - D: Read each statement, and answer each item accordingly.

Items E-J: Read each statement, and answer each item accordingly.

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

Item L: Meal Analysis for Aged 1-12
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 Through 2 Years—Record how many children in this age group participated in the meal service.
3 Through 5 Years—Record how many children in this age group participated in the meal service.
6 Through 12 Years—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 M

Infant Meal Analysis

Meal Observed:
Circle the appropriate meal that is being observed.

Infants Served by Age:
Birth through 3 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 N

Review Summary

Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O

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 the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: Ima Fishul
2. Facility: Blue Center
3. Facility's Address: 123 Brick Street
4. Unannounced Review ☐ Announced Review ☒
5. Institution Agreement Number: DC-99-123
6. Date of Visit: 10/28/YYYY
7. Time of Visit: 10 AM
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes ☐ No ☐

		YES/ NO/NA
A. License (if applicable)		
1. Current license/permit	1.	*Yes*
2. Capacity: 35		
3. Center meets licensing standards	3.	*Yes*
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	*Yes*
2. Enrollment form is current on each enrolled child	2.	*Yes*
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	*Yes*
4. Daily attendance/arrival/departure records up-to-date	4.	*Yes*
5. Sponsoring organization (SO) notified of enrollment changes	5.	*Yes*
6. Food-Purchasing Form/Itemized Receipts	6.	*Yes*
7. Expenditure/Reimbursement Worksheet	7.	*Yes*
8. Distributed *Building for the Future* fact sheet	8.	*Yes*
9. Posted WIC brochure	9.	*Yes*
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	*Yes*

		YES/ NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	*Yes*
2. Counts separated by shifts	2.	*Yes*
3. Center meets licensing standards	3.	*Yes*
4. Meal service times as approved	4.	*Yes*
5. Meal Count Worksheet maintained	5.	*Yes*
D. Storage		
1. Adequate space	1.	*Yes*
2. Chemicals and medicines in separate location	2.	*Yes*
3. No rusted, dented, or unlabeled containers	3.	*Yes*
4. Stored food items off floor and away from walls and children	4.	*Yes*
5. Proper temperature and ventilation	5.	*Yes*
6. Thermometers in freezers and refrigerators Refrigerator temperature: 41° Freezer temperature: 0°	6.	*Yes*
7. Refrigerators and freezers defrosted	7.	*Yes*
8. Open cardboard boxes discarded	8.	*Yes*
9. Commodity foods dated	9.	*Yes*
10. Commodity temperature logs maintained	10.	*Yes*

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		Yes
10/6	30	30	30		30	30		Yes
10/7	30	27	27		27	27		Yes
10/8	30	25	25		25	25		Yes
10/9	30	28	28		28	28		Yes

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	*Yes*
2. Clean kitchen (floors, cupboards, pest-free)	2.	*Yes*
3. Clean equipment	3.	*Yes*
4. Dining surfaces and countertops sanitized	4.	*Yes*
5. Proper method of dishwashing	5.	*Yes*
6. Effective hair restraint	6.	*Yes*
7. Proper handwashing technique	7.	*Yes*
8. Proper grooming and hygiene	8.	*Yes*
9. Children are in a safe environment and not in imminent danger	9.	*Yes*
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	*Yes*
11. Leftovers properly stored	11.	*Yes*
12. Only authorized persons in kitchen	12.	*Yes*
13. Medications properly stored	13.	*Yes*
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	*Yes*
2. All components served	2.	*Yes*
3. Sufficient quantities served	3.	*Yes*
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	*Yes*
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	*Yes*
6. Procedure used for controlling the ordering and delivery of contract meals	6.	*Yes*

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . *And Justice for All* poster	1.	*Yes*
2. Complaint-filing procedure	2.	*Yes*
3. 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	3.	*Yes*
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	*Yes*
I. Training		
1. CACFP training by sponsor for all facility staff	1.	*Yes*
2. CACFP training by sponsor for all parent volunteers	2.	*Yes*
J. Infants		
1. Offer meals to all enrolled infants	1.	*Yes*
2. Follow Infant Meal Pattern	2.	*Yes*
3. Infant Meal Waiver maintained	3.	*Yes*
4. Infant Meals as Served form up-to-date	4.	*Yes*

		YES/ NO/NA
K. Food Service/Meal Observation		
1. Method of production Self-Prep		
2. Meal service times as approved	2.	*Yes*
3. Adequate space for dining	3.	*Yes*
4. Program adults served the same meal as children	4.	*Yes*
5. All components served	5.	*Yes*
6. Required quantities served	6.	*Yes*
7. Proper milk-type served (FF/1%)	7.	*Yes*
8. Method of production and quality of food	8.	*Yes*
9. Plates and servings adjusted for age groups	9.	*Yes*
10. Meal supervision provided	10.	*Yes*
11. Adequate time for eating	11.	*Yes*
12. Special dietary needs documentation available	12.	*Yes*
13. Milk substitute provided	13.	*Yes*
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	*Yes*
15. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	15.	*No*
16. Is further training needed?	16.	*Yes*
17. Is water offered throughout the day?	17.	*Yes*
18. Is deep-fat frying occurring?	18.	*No*

L. Meal Analysis for Aged 1 Through 12					
Meal Observed:	Breakfast	AM Snack	(Lunch)	PM Snack	Supper	Late PM Snack
Time Served: 11:30 AM					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
0	7	0	7	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	Milk	1/2 gallon of 1% white = 64 oz	7 x 6 oz = 42 oz	64 oz - 42 oz = +22 oz
Vegetable/Juice	Green beans Spaghetti sauce	1 #300 can of each: green beans—5 (1/4 cups) spaghetti sauce, meat-less—6.85 (1/4 cups) Total—11.85 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	11.85 - 7.00 = +4.85 (1/4 cups)
Fruit/Juice	Peaches	1 #300 can peaches, sliced—8 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	8 - 7 = + 1 (1/4 cup)
Grains	Spaghetti	Spaghetti noodles, 1/2#—10.6 (1/2 cup servings)	7 x 1 = 7 (1/2 servings)	10.6 - 7.0 = +3.6 (1/2 servings)
Meat/Meat Alternate	Ground beef	1 1/2# ground beef = 17.7 (1-oz servings)	7 x 1.5 oz = 10.5 oz	17.7 - 10.5 = +7.2 oz

EXAMPLE

M. Infant Meal Analysis						
Meal Observed:	Breakfast	AM Snack	(Lunch)	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months
	1

Child's Name: *HARRISON BUTLER*			**Age:** *9 MONTHS*	
Meal Component	**Food Item**	**Quantity Served**	**Amount Needed**	**Amount + or -**
Formula/Milk/Breast Milk	*IRON-FORTIFIED INFANT FORMULA*	*8 OZ*	*6-8 OZ*	*+2 OZ*
Fruit/Vegetable	*APRICOTS*	*2 TBSP*	*1-4 TBSP*	*+1 TBSP*
Infant Cereal/Bread/ Crackers	*IRON-FORTIFIED INFANT CEREAL*	*3 TBSP*	*2-4 TBSP*	*+1 TBSP*
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		*NA*		
Meat/Meat Alternate				

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

EXAMPLE

N. Review Summary
Corrective Action Needed, Recommendations, and Comments:

O. Facility Is:		**In Compliance** [X]	**In Noncompliance** [ ]
Were problems noted in previous review corrected?	Yes	No	(NA)
Is a follow-up review required to view corrective action?	Yes	(No)	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER
(Facility Representative's Signature)

10/28/YYYY
(Date)

IMA FISHUL
(Sponsoring Organization Monitor's Signature)

10/28/YYYY
(Date)

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Facility: _____
3. Facility's Address: _____
4. Unannounced Review ☐ Announced Review ☐
5. Institution Agreement Number: _____
6. Date of Visit: _____
7. Time of Visit: _____
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes ☐ No ☐

		YES/NO/NA
A. License (if applicable)		
1. Current license/permit	1.	
2. Capacity: _____		
3. Center meets licensing standards	3.	
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	
2. Enrollment form is current on each enrolled child	2.	
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	
4. Daily attendance/arrival/departure records up-to-date	4.	
5. Sponsoring organization (SO) notified of enrollment changes	5.	
6. Food-Purchasing Form/Itemized Receipts	6.	
7. Expenditure/Reimbursement Worksheet	7.	
8. Distributed *Building for the Future* fact sheet	8.	
9. Posted WIC brochure	9.	
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	

		YES/NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Center meets licensing standards	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
D. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and children	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

FIVE-DAY RECONCILIATION INFORMATION

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

		YES/NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Children are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

		YES/NO/NA
G. Civil Rights Compliance		
1. . . . *And Justice for All* poster	1.	
2. Complaint-filing procedure	2.	
3. 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	3.	
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	
I. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	
J. Infants		
1. Offer meals to all enrolled infants	1.	
2. Follow Infant Meal Pattern	2.	
3. Infant Meal Waiver maintained	3.	

		YES/NO/NA
K. Food Service/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as children	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Proper milk-type served (FF/1%)	7.	
8. Method of production and quality of food	8.	
9. Plates and servings adjusted for age groups	9.	
10. Meal supervision provided	10.	
11. Adequate time for eating	11.	
12. Special dietary needs documentation available	12.	
13. Milk substitute provided	13.	
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	
15. Current Product Formulation/CN Label on file and available at time of the review	15.	
16. Is further training needed?	16.	
17. Is water offered throughout the day?	17.	
18. Is deep-fat frying occurring?	18.	

L. Meal Analysis for Aged 1 Through 12						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served: _____						

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

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

M. Infant Meal Analysis					
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

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				

N. Review Summary
Corrective Action Needed, Recommendations, and Comments:

O. Facility Is:		**In Compliance** ☐	**In Noncompliance** ☐
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

_____ _____

(Facility Representative's Signature) (Date)

_____ _____

(Sponsoring Organization Monitor's Signature) (Date)

EXAMPLE

K. Review Summary
Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:		In Compliance [X]	In Noncompliance [ ]
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

GETTIN OLDER
(Facility Representative's Signature)

10/28/YYYY
(Date)

IMA FISHUL
(Sponsoring Organization Monitor's Signature)

10/28/YYYY
(Date)

ADULT ON-SITE MONITOR REVIEW FORM

1. Reviewer: _____
2. Facility: _____
3. Facility's Address: _____
4. Unannounced Review ☐ Announced Review ☐
5. Institution Agreement Number: _____
6. Date of Visit: _____
7. Time of Visit: _____
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes ☐ No ☐

		YES/NO/NA
A. License (if applicable)		
1. Current license/permit	1.	*Yes*
2. Capacity: _____		
3. Center meets licensing standards	3.	*Yes*
B. Record Keeping		
1. Family-Size and Income Application	1.	
2. Monthly categorical counts/ CACFP Roster maintained and verified by attendance records	2.	
3. Daily attendance/arrival/departure records up-to-date	3.	
4. Sponsoring organization (SO) notified of enrollment changes	4.	
5. Food-Purchasing Form/Itemized Receipts	5.	
6. Expenditure/Reimbursement Worksheet	6.	
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	7.	
8. Individual plan of care is on file for each adult participant	8.	
9. Adult care facility has a group program	9.	

		YES/NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Counts within license capacity	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
D. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and participants	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

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

		YES/NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Participants are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

		YES/NO/NA
G. Civil Rights Compliance		
1. . . . *And Justice for All* poster	1.	
2. Complaint-filing procedure	2.	
3. 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	3.	
H. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all volunteers	2.	

		YES/NO/NA
I. Food Service/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as participants	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Method of production and quality of food	7.	
8. If milk is offered, is it fat-free or 1%?	8.	
9. Meal supervision provided	9.	
10. Adequate time for eating	10.	
11. Special dietary needs documentation available	11.	
12. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	12.	
13. Is further training needed?	13.	
14. Observed Offer versus Serve being supplemented	14.	
15. Is water offered throughout the day?	15.	
16. Is deep-fat frying occurring?	16.	

J. Meal Analysis
Meal Observed: Breakfast AM Snack Lunch PM Snack Supper Late PM Snack **Time Served:** _____

Total Meals Served	Nonclaimable Meals Served	Comments

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

Notes

SPONSORING ORGANIZATION POLICIES AND PROCEDURES

CHECKLIST FOR SPONSOR REQUIRED POLICIES/PROCEDURES

See Attached Examples

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

_____ 8. Serious Deficiency Procedures

_____ 9. Proposed Termination/Disqualification

_____ 10. Appeal Procedures

_____ 11. Suspension/Termination

PERSONNEL POLICIES
Examples

SPONSOR: _____

1. Hiring Procedures

What Is Required: All SOs must have a Board of Directors.

The Board of Directors/Owner will approve the job description for the Executive Director position. The Board will interview, evaluate, and approve the best candidate for the Executive Director position when it is vacant.

Individual program directors will prepare or update the job description for each position and review the job descriptions with the Executive Director for final approval prior to staffing a position.

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

- General Descriptions
- Minimum Qualifications
- Example of Work Performed

Prior to staffing, the position must be approved by the Board of Directors/Owner on recommendation of the Executive Director/Owner.

_____ will not hire any applicant as a regular full-time employee who is related by blood or marriage to any current employee. Employees who become related by marriage may continue _____ employment, but may not work for each other nor supervise each other.

_____ openings will be posted for five working days within the agency and then advertised or communicated externally as required to identify qualified candidates for the position. The primary objective in posting and advertising the position is to identify and select the best-qualified individual.

Applicants for _____ , positions will be interviewed by the immediate supervisor/program director and, if necessary, by the Executive Director. If desired, a team of existing staff members may be involved in the interviewing process. Three references must be obtained on any application prior to a recommendation being made.

Before the position is formally offered to the applicant, the individual to be hired must be approved by the Executive Director on recommendation by the appropriate supervisor.

The starting pay level of the employee will be determined by the Executive Director or the Board of Directors. In all cases, the decision on the pay level will be in accordance with the compensation structure approved by the Board of Directors.

The new employee will receive training to his or her job duties from the immediate supervisor prior to performing program operations.

2. Types of Positions—Organizational Chart

What is Required: The SO must have sufficient staff to be administratively capable.

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. 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.

Regular part-time employees are those who work on a regular basis at a level less than 40 hours per week. Regular part-time employees working 25 to 39 hours per week are eligible for all benefits on a prorated basis, except for long-term disability. Those working 20 to 24 hours per week are eligible for paid holidays. No benefits are provided to employees working less than 20 hours per week.

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

What Is Required: The sponsor must be available during the days/hours as approved on the sponsor application.

The _____ offices are open from _____ to _____ , _____ through _____ . The supervisor is responsible for scheduling hours of work for assigned personnel either working the normal weekly 40 hours or a predetermined number of reduced hours. Helpline services are on a 24-hour basis, normally divided into 8-hour shifts. Variations in work schedules to accommodate certain needs will be provided with approval of the Executive Director.

Employees check in and out of the reception desk at the main _____ office or other area designated by the individual program director. If, for any reason, an employee will not be able to be at work on a given day, the employee is expected to call and inform his or her supervisor and/or the receptionist not later than _____ on the day of absence or as prearranged by a supervisor. 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 30-minute lunch period should be taken as scheduled by the supervisor. All lunch periods are normally scheduled between _____ and _____ . Lunch periods may not be added to the beginning or end of a day unless prearranged with a supervisor.

Employees will be paid semimonthly by check or direct deposit. The two pay periods will be the first through the fifteenth and the sixteenth through the last day of the month. Any change requires the approval of the Executive Director. An employee should notify his or her immediate supervisor if the employee believes the amount of the paycheck is incorrect. Since payroll is done before the pay period is finished, any necessary adjustments in pay will be made in the following pay period.

The _____ office will be closed:

New Year's Day
Independence Day
Thanksgiving Day and the following Friday
Memorial Day
Labor Day
Two days at Christmas

4. Leave of Absence

The _____ allows time off with full pay for vacation and/or being ill to all regular employees according to established length of service. During the first 12 months of employment, all regular employees will accrue six days of leave credit. Leave will accrue at the rate of one-half day per month after the employee's second full calendar month of service. A new employee will not be able to take accrued leave until after the sixth month of employment.

During subsequent years of employment, regular employees will earn leave time on the following basis:

Years of Employment	Vacation Days
Less than 5	6
6 - 15	10
16 - 20	15

Leave scheduling will be approved by the Executive Director or assigned supervisor. Employees will be able to carry over five unused days to the next year.

An employee who terminates employment will be paid for unused leave time.

If accrued/earned leave is depleted and the individual still requires additional time away from work, such leave may be taken without pay with the approval of the Executive Director.

Employees called for jury duty will be excused from work during such duty. The jury fee is retained by the employee, and no deduction will be made from the employee's salary for absence during the period of duty nor is the absence charged against leave time. Employees released from jury duty during normal working hours are expected to return to work.

5. Compensation Policy

_____ maintains a schedule of salaries by position so that all employees are equally compensated. All salary increases must be recommended by the Executive Director/Owner for approval by the Board of Directors/Owner.

The following criteria are required for compensation adjustments:

a. Overall outstanding annual performance evaluations.
b. Reevaluation of job descriptions.
c. Additional responsibilities assigned.

6. Termination

Employees may be terminated from any position at the discretion of the Executive Director.

7. Restricting Outside Employment Policies

What Is Required: Sponsors must develop a policy on outside employment of their CACFP employees. General principals to consider in approving outside employment would include likely schedule conflicts with CACFP responsibilities and duties and ethical or conflict-of-interest issues.

The _____ 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 Executive Director/Owner.

8. Sponsoring Organization Key Staff Training

What Is Required: SOs must provide training in CACFP regulations and SO policies and procedures to all key personnel prior to their performing duties.

SOs must also provide annual training thereafter for key staff/sites covering the following required topics, at a minimum:

a Meal Pattern
b. Meal Counts
c. Claim Submission an Claim Review Procedures
d. Record Keeping Requirements
e. Reimbursement System
f. Civil Rights

Training methods include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, posttraining, and benchmarks, e-mail confirmation, questions and answers, and include sign-in/log-in records.

Documentation of dates, locations, required topics with supporting documentation, and staff participating must be maintained by the SO.

SITE POLICIES
Examples

1. Meal Disallowances

What Is Required: Sponsors must develop a policy to ensure that only meals meeting minimum USDA meal patterns are claimed for reimbursement.

_____ will disallow meals for the following reasons:

- Failure to maintain meal records on a daily basis.
- Recording of meals served in advance.
- Meals served in excess of license capacity.
- Meals not meeting minimum meal requirements.

2. Mealtime Change

What Is Required: Sponsors are required to implement policies for reporting changes in the day-to-day operations of the site's CACFP.

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

  — If any meal ***TIME*** changes
  — If the site wants to add or delete a meal service

- If the site does not notify _____ of changes in meal service, the site may not be reimbursed for any ***CHANGED*** meals.

- Holidays: _____ ***MUST*** be notified (by phone or in writing) ***in advance*** if the site plans to be reimbursed for meals served on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day. If _____ is not notified ***BEFORE*** the holiday, the site will not be reimbursed for that holiday.

- 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.

3. Cycle Menus (Optional)

What Is Required: Sponsors may establish cycle menu requirements, including number of days. If the SO requires cycle menus, the site must follow the established cycle menus.

A 15-day cycle menu must be completed and submitted to the _____ 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, it must be submitted to the _____ two weeks prior to use. If any changes are made to the cycle menu (permanent changes, not substitutions), the SO must also approve them.

4. Submission of Records

What Is Required: Sponsors must develop policies pertaining to the submission of monthly site records.

Monthly records are due by the third of the following month.

Any ***LATE*** records received after the due date will be processed after all other records have been processed.

5. Site Edit Checks

What Is Required: Sponsors must verify that the site is approved for the meal types and times he or she is claiming.

What Is Required: Sponsors must ensure that sites are not claiming more than the maximum possible meals:

- Multiply total license capacity/enrollment by
- Number of approved meal types and shifts by
- Number of operating days

6. **Annual Site Training**

What Is Required: Sponsors are required to offer training sessions annually (October through September), scheduled at a time and place convenient to all sites. Sites who do not attend training at least annually shall be declared seriously deficient and proposed for termination and disqualification by the sponsor. Training must include the required topics listed below. Sponsors must document and have readily available all training records, including date, location, signatures of sites attending, and topics covered with supporting documentation. Technical assistance given to a site during a site visit does not qualify as sponsor training unless all training requirements mentioned below are met. SOs must ensure each site receives certification of training.

Required Minimum Training Topics

a. Meal Patterns
b. Meal Counts
c. Claims Submission and Claim Review Procedures
d. Record Keeping Requirements
e. Reimbursement Systems
f. Civil Rights

7. **Serious Deficiency Procedures**

What Is Required: A site is declared seriously deficient by the SO if any of the following areas of noncompliance exist:

a. Submission of false information on the Application/Agreement.
b. Submission of false claims for reimbursement.
c. Simultaneous participation under more than one SO.
d. Noncompliance with the Program meal pattern.
e. Failure to keep required records.
f. Conduct or conditions that threaten the health or safety of a child in care or the public's health or safety.
g. A determination the site/staff member 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 property, 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.
h. Failure to participate in training.
i. Any other circumstances related to nonperformance under the SO agreement, as specified by the SO or the State Agency (including, but not limited to, fully and permanently correcting areas of noncompliance previously sited).

The SO must INITIATE action to terminate the Application/Agreement of a site/staff member for cause if the SO determines the site has committed one or more serious deficiency listed above.

NOTE: Any site 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/site agreement.***

8. **Proposed Termination/Proposed Disqualification**

What Is Required: A Site must be proposed for termination and disqualification if an inadequate corrective plan or no corrective action plan is submitted to the SO.
The notice of proposed termination/proposed disqualification must include the following:

- A statement that indicates the sponsor is proposing to terminate the site's agreement for cause.
- A statement that the sponsor is proposing to place the site on the National Disqualified
- An explanation that the reason for these actions is because the serious deficiency was not corrected.
- A statement that the site may appeal the proposed termination/proposed disqualification and instructions on how to appeal.
- An indication that the site will receive program payments during the period of appeal—usually he or she will.

- A statement that indicates that if the site VOLUNTARILY terminates the agreement after he or she receives the Notice of Serious Deficiency, the sponsor will still proceed with the proposed disqualification.
- The letter must be sent by certified mail, return receipt requested, or an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations.

9. Appeal Procedures

What Is Required: Each SO must develop appeal procedures for sites. These procedures must be distributed to each site annually.

a. The SO must offer an appeal to a site only when the intent of the SO is to terminate the site's agreement for cause or when the intent of the SO is to suspend the site's participation in the CACFP.
b. A site will be notified by letter must be sent by certified mail, return receipt requested, or an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations, of the grounds upon which the SO based its action. The notice will inform the site of his or her right to appeal. The site may request a review of the records. Upon receipt of such a request, the SO will appoint a review official to conduct a review.
c. The written request for a review of records must be filed by the site no later than the number of calendar days established by the SO. The number of days established by the SO days shall begin on the day the notice of action was received. The SO will acknowledge the receipt of the request for appeal within the time frame established by the SO.
d. The site may refute the information contained in the notice of action in person or by written documentation presented to the review official. The site must have the opportunity to review the record on which the sponsor's action was based. In order to be considered, written documentation must be filed with the review official not later than the time frame established by the SO. The time frame shall begin on the day the notice of action was received. The site may be represented by legal counsel or another person; if legal counsel is to be present, the SO must be notified of the counsel's name and address. The following applies to the appeal for a review of records:
    - Upon receipt of an appeal requesting a review of the records, the review official will notify the site and the SO of the timelines for submission of documents.
    - Written notification submitted after the review official's timeline will not be considered.
    - Failure to submit written documentation to refute the action taken by the SO within the time frame will constitute the site's waiver of the appeal, resulting in the action taken by the SO being upheld.
e. Sponsors may choose to offer in-person hearings, but there is no requirement that they do so. The person hearing the appeal must be independent and impartial, and he or she must NOT have been involved in the action that is the subject of the appeal. Also, he or she must NOT have a direct personal or financial interest in the outcome. The hearing official may be an employee or board member of the sponsor or a contractor, such as a member of a statewide sponsor association.
f. Documents and information relating to the site and the action taken will be available for inspection and copying pursuant to the Open Records Fee Schedule at the office of the SO.
g. The review official will be an independent and impartial official other than, and not ac-

countable to, any person authorized to make decisions that are subject to appeal.

h. The review official will make a determination based on information provided by the SO, the site, and the laws and regulations governing the CNP.
i. Within the established time frame, the review official's determination must be delivered to the site and the SO.
j. Participating sites may continue to operate under the Program during an appeal of proposed termination unless the action is based on imminent danger to the health or welfare of participants. If the site has been terminated for this reason, the SO must specify this in its notice of action.
k. The determination by the review official is the final administration determination to be afforded to the site.
l. Pursuant to the federal regulations, appeals will not be allowed on decisions made by FNS.

10. Suspension/Termination

What Is Required: There is only one reason for suspending a staff member. For an imminent threat to the health or safety of participants or the public. Because the law does not allow sites to be suspended for submitting false or fraudulent claims, there is no suspension review for sites.

Step 1: The sponsor discovers the imminent threat and immediately informs the health/safety licensing authority.

Step 2: After informing the appropriate authority about the problem, the sponsor immediately sends a Notice of Suspension to the site that:
- Identifies all serious deficiencies that constitute the imminent threat.
- Informs the site that its participation is suspended as of the date of the notice.
- Allows no time for corrective action to the site.
- Proposes to terminate the site's agreement for cause.
- Proposes to disqualify the site and the site.
- Outlines the procedures for appealing the suspension, proposed termination, proposed disqualification, and the _____ - day time frame. (This appeal time frame is determined by the SO.)

Step 3: The site requests an appeal of the suspension/proposed termination and proposed disqualification.

Step 4: The hearing is held, and a decision is rendered.

Step 5: The sponsor informs the site of the hearing decision.

a. If the sponsor wins the appeal, the sponsor must send a Notice of Termination and Disqualification to the site. The notice must inform the site that:
   - The site's agreement is terminated for cause.
   - The site is disqualified and placed on the National Disqualified List.
b. If the sponsor loses the appeal, the sponsor must inform the site that:
   - The site's suspension ended on the date of the hearing decision.
   - The site's agreement is not terminated.
   - The site is not disqualified and can claim for eligible meals served during the suspension.

Step 6: If the site has been disqualified, the State Agency adds the site to the State Agency list as well as to the National Disqualified List.

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 ***COLORS CAP*** is conducting a review of ***BLUE 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
Parent/Guardian Signature

10/4/YYYY
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

SERIOUSLY DEFICIENT PROCEDURES

- Seriously Deficient
- Proposed Termination & Disqualification
- Appeal Procedures
- Suspensions/Termination and Disqualification

Sponsors must request pre-approval from the State Agency prior to mailing out a notice of serious deficiency to each site.

SPONSORING ORGANIZATION PROVISIONS
Excerpts from 7 CFR 226.16

(1) ***Serious Deficiency Process***

A serious deficiency is when a sponsoring organization or site is non-compliant with one or more areas of the CACFP. The serious deficiency process offers a systematic way for sponsoring organizations to take actions allowing the site to correct problems and give them an opportunity for due process. If sites are unwilling or incapable of correcting serious problems, the serious deficiency process protects Program integrity by terminating and disqualifying those in noncompliance of Program requirements.

A site may be declared seriously deficient if the sponsoring organization finds Program violations or issues of non-compliance with CACFP requirements at any time during a site's participation. If a sponsoring organization determines that a site has committed one or more serious deficiencies, it must be thoroughly documented. Once a site has been determined seriously deficient, the serious deficiency process must be followed within 10 calendar days. The site must be notified in writing and must be given an opportunity to take corrective action. A serious deficiency determination is not an appealable action. The sponsoring organization must provide a copy of the serious deficiency notice to the State Agency at the **same** time. A site is seriously deficient if he or she does one or more of the following:

If a sponsor has determined that a site has committed one or more of the above serious deficiencies it must:

(1) Identify the serious deficiencies. The sponsor should use its discretion to determine whether the specific problem rises to the level of serious deficiency. Sponsors should consider, but not limit themselves to the following items:

- The severity of the problem. Is the noncompliance on a minor or substantial scale? Are the violations indicative of a recurring problem at the site, or is the problem an isolated event? Even minor problems may be serious if systemic. Some problems are serious even though they have occurred only once.

- The degree of responsibility attributable to the site. To the extent that evidence is available, can the sponsoring organization determine whether the violations were inadvertent errors of an otherwise responsible site? Is there evidence of negligence or a conscious indifference to regulatory requirements? Or, is there evidence of deception, or intentional noncompliance?

- The site's history of participation in the Program. Are problems of noncompliance frequently recurring at the same site?

(2) ***List of serious deficiencies for the sites.*** Serious deficiencies for sites are:

Here is a list examples of how the Sponsor should cite each SD determined with CAP on a site: These are only examples and will vary on a case-by-case basis.

(i). 7 CFR 226.16(l)(2)(i) **-** Submission of false information on the application;

(ii.) 7 CFR 226.16(l)(2)(ii) **-** Submission of false claims for reimbursement;

(iii.) 7 CFR 226.16(l)(2)(iii) - Simultaneous participation under more than one sponsoring organization;

(iv.) 7 CFR 226.16(l)(2)(iv) **-** Noncompliance with the Program meal pattern;

(v.) 7 CFR 226.16(l)(2)(v) - Failure to keep required records;

(vi.) 7 CFR 226.16(l)(2)(vi) - Conduct or conditions that threaten the health or safety of children in care, or the public health or safety;

(vii.) 7 CFR 226.16(l)(2)(vii) - A determination that the site has been convict ed 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 property, 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;

(viii.) 7 CFR 226.16(l.)(2)(viii) - Failure to participate in training; or

(ix.) 7 CFR 226.16(l)(2)(xix) - Any other circumstances related to nonperformance under the sponsoring organization-site agreement, as specified by the sponsoring organization or the State Agency.

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

(3) ***Serious deficiency notification procedures.***

(i) ***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) The serious deficiencies;

(B) The actions to be taken by the site to correct the serious deficiencies;

(C) The time allotted to correct the serious deficiencies (as soon as possible, but not to exceed 30 days);

(D) That the serious deficiencies determination is not subject to appeal.

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

(F) 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.

(ii) ***Successful corrective action.*** If the site corrects the serious deficiencies within the allotted time and to the sponsoring organization's satisfaction, the sponsoring organization must notify the site, ***within 10 calendar days,*** that it has temporarily deferred its determination of serious deficiency. The sponsoring organization must also send a copy of the notice to the State Agency at the same time.

(iii) ***Propose termination/disqualification.*** 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.

(iv) 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.

(v) 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.

(i) 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.

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

(ii) ***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;

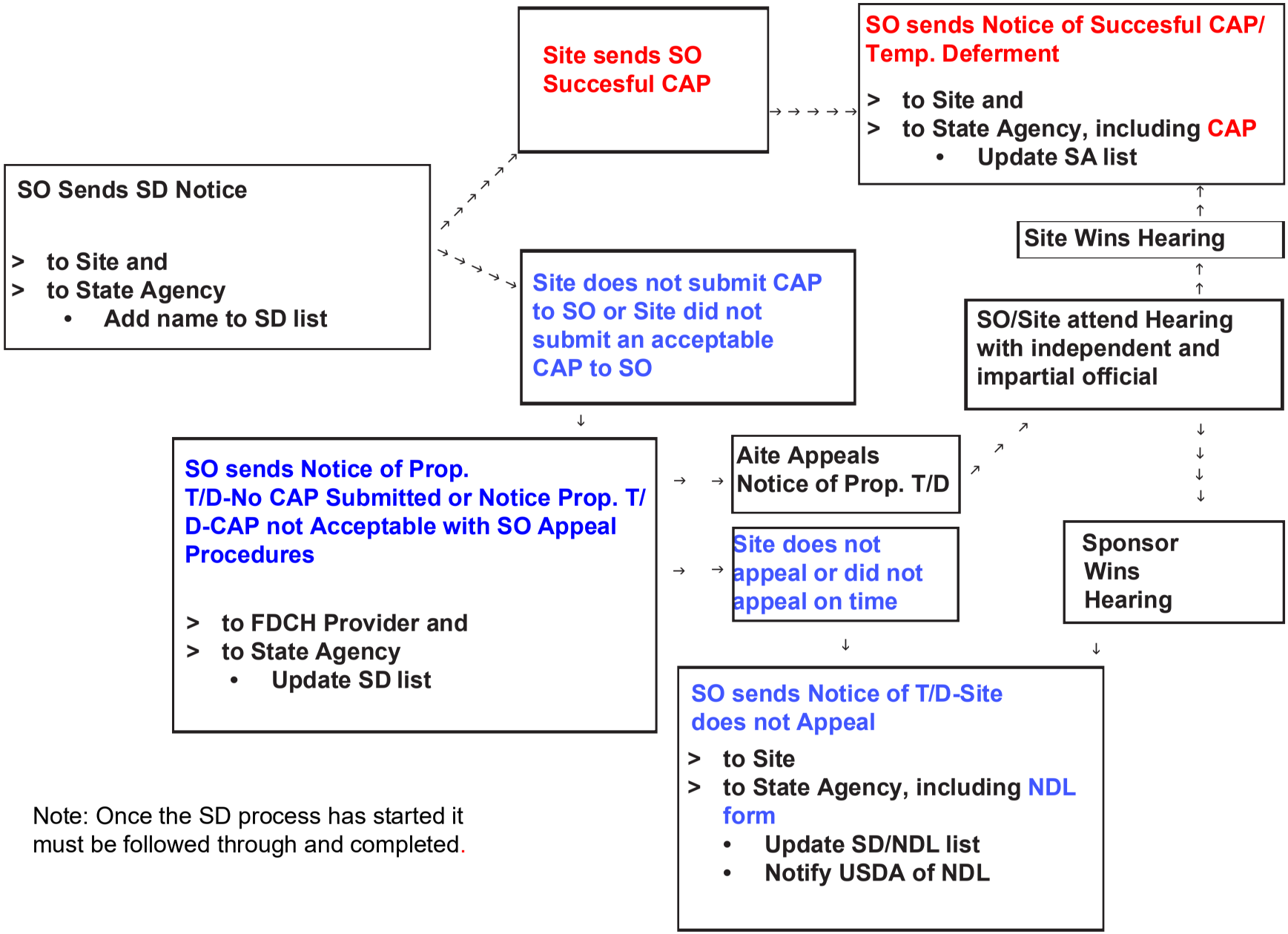
(D) Inform the site that termination of the site's agreement will result in the placement of the site on the National Disqualified List; and

(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.

(iii) ***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.

(iv) ***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

FLOW CHART: SERIOUS DEFICIENCY PROCESS
DAY CARE CENTER SITE



Note: Once the SD process has started it must be followed through and completed.

Site MUST complete in full sentences. Ex: (Site name) will keep CAP documentation in file cabinet by the kitchen in the home.

CORRECTIVE ACTION PLAN

SITE NAME:_____ SITE #: _____

SITE ADDRESS:_____ SITE D.O.B: _____

WHAT: ARE THE SERIOUS DEFICIENCY(IES) AND THE PROCEDURES THAT WILL BE IMPLEMENTED TO ADDRESS THE SERIOUS DEFICIENCY(IES)?	**HOW:** WILL THE SITE CORRECT THE SERIOUSLY DEFICIENCY(IES)?	**WHEN:** WILL THE CORRECTION OF THE SD ITEM BE IMPLEMENTED? (I.E., WILL THE PROCEDURE BE DONE DAILY, WEEKLY, MONTHLY, OR ANNUALLY, AND THE DATE IT WILL BEGIN (E.G. 10/1/XX)	**WHO:** WILL ADDRESS THE SERIOUS DEFICIENCY(IES)? LIST THE PERSONNEL RESPONSIBLE FOR THIS TASK AND JOB TITLE.	**WHERE:** WILL THE CAP DOCUMENTATION BE RETAINED? (THE ACTUAL LOCATION AT THE HOME WHERE THIS DOCUMENTATION WILL BE MAINTAINED.)

_____ _____

Signature of Site Date

This corrective action plan MUST be RECEIVED (not postmarked) by the deadline stated in the serious deficiency notice.

CORRECTIVE ACTION PLAN

SITE NAME: _____ SITE # _____

SITE ADDRESS: _____ SITE D.O.B.:_____

Site MUST complete in full sentences. Ex: (Site name) will keep CAP documentation in the file cabinet by the kitchen in the home.

1) **WHAT:** are the serious deficiency(ies) AND the procedures that will be implemented to address the serious deficiency(ies)?_____

2) **HOW:** will the site correct the serious deficiency(ies)? _____

3) **WHEN:** will the correction of the SD item be implemented? (Ex: will the procedure be done daily, weekly, monthly, or annually, and the date it will begin (Ex: 10/1/XX):_____

4) **WHO:** will address the serious deficiency(ies)? List the personnel responsible for this task and job title.

5) **WHERE:** will the CAP documentation be retained? (The actual location where this documentation will be maintained.): _____

_____ _____

Signature of Site Representative Date

This corrective action plan MUST be RECEIVED (not postmarked) by the deadline stated in the seriously deficiency notice.

NOTICE OF SERIOUS DEFICIENCY

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 an FDCH's participation for serious health or safety violations.

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

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 FDCH 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-FDCH 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
Print Name of Sponsoring Organization Authorized Representative

Janie Smith
Signature of Sponsoring Organization Authorized Representative

CACFP Specialist
Title

02/14/YYYY
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 Adress: _____

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 FDCH 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-FDCH 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: _____

_____

_____

_____

_____

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_____

_____

_____

Print Name of Sponsoring Organization Authorized Representative	Signature of Sponsoring Organization Authorized Representative
Title	Date (mm/dd/yyyy)