

**CACFP  
SPONSOR  
SECTION**

**OKLAHOMA STATE DEPARTMENT OF EDUCATION**

**FY2025**

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

**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 2025 fiscal year ONLY (October 1, 2024, through September 30, 2025).**

## 1. COMPLIANCE MONITORING

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

## 2. ADDITIONAL REQUIREMENTS FOR SPONSORS

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

## 3. ADDING A NEW SITE

- License, if applicable
- Unaffiliated Site Agreement, if applicable
- Checking the National Disqualification List (NDL)
- Site Representative Driver’s License

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

# 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](http://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-17**. Fill out the form using **page S-18-19**. This form can be sent to Kassi Reddell at [Kassandra.Reddell@sde.ok.gov](mailto:Kassandra.Reddell@sde.ok.gov)
3. Conduct a pre-approval visit and complete a “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 a lack of business integrity within the last (7) years. Instructions to register are on **page S-15**.
5. Update your “Sponsoring Organization Application for Participation ” to increase an applicable budget items and required monitoring hours.
6. Complete the “Site Status Change form” on **page S-13**. ***Partially completed forms will be returned.*** Submit the completed form to [CACFP@sde.ok.gov](mailto: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-approval Visit”.
7. Once our office has received the documentation, the site will be entered into your “Site Maintenance” section in the CACFP website. You will be notified once this process is complete.
8. Now you are ready to complete the “Application for Participation - CACFP - 1”. When complete, notify our office for approval 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. All sites participating in CACFP must be licensed by DHS , a tribe, or the military, or if no such license exists, it is the SOs responsibility to completed the DHS License exemption form on **page S-17**. This form can be sent to Kassi Reddell at [Kassandra.Reddell@sde.ok.gov](mailto:Kassandra.Reddell@sde.ok.gov)
2. Conduct a search on the National Disqualified List (NDL) to ensure that none of your principals or responsible persons associated with the site have been convicted of any activity that indicates a lack of business integrity within the last (7) years. Instructions to register are on **page S-15**.
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. Update your “Sponsoring Organization Application for Participation” to increase the applicable budget items and required monitoring hours.
5. Complete the “Site Status Change form” located on **page S-13**. ***Partially completed forms will be returned.*** Submit the completed form to [CACFP@sde.ok.gov](mailto: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 program specialist.

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

# New Site Checklist

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

- \_\_\_ Site Status Change Form
- \_\_\_ Color copy of the site representative's driver license
- \_\_\_ National Disqualification Search Information
- \_\_\_ License or License Exempt information (*school districts are exempt*)
- \_\_\_ Unaffiliated Site agreement, if applicable
- \_\_\_ Preapproval Monitoring Form (*Made available at the Approval visit*)
- \_\_\_ Policy & Procedures (*If a new Sponsor or Policies have been updated*)
  - Sponsoring Organization Policies
  - Site Policies
  - Job Descriptions - Director, Cook, and Monitor
  - Appeal Procedures, *if Sponsor has unaffiliated sites*
  - Seriously Deficient Procedures, *if Sponsor has unaffiliated sites*
  
- \_\_\_ VCA Document (*New Sponsors Only: This will be sent to you from our office*)

## **AT-RISK (ADDITIONAL DOCUMENTATION)**

- \_\_\_ Low Income Report information showing the site is in a location at least 50% Free & Reduced
  - Use the latest low income report located in the Resource Library under
- \_\_\_ 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 RENEWAL**

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

- \_\_\_ School District's current year calendar showing first day and last day of school
- \_\_\_ Bell Schedule (*schools only - Must be submitted in August when school starts*)
- \_\_\_ Low income report - *submit once every 5 years*

# Site Status Change Form

Agreement #: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Site #: \_\_\_\_\_ Site Name: \_\_\_\_\_

Site Representative Name: \_\_\_\_\_ Site Representative DOB: \_\_\_\_\_

Site Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Change (select one):

- Update information     New Add     Inactive     Drop/Close

**If adding new site, complete this section:**

N/A

Type of Site (select one):

- Child Care     Head Start     Adult Care     At-Risk     Other: \_\_\_\_\_

License/Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Capacity: \_\_\_\_\_

*At-Risk ONLY:*

Name of school within attendance area: \_\_\_\_\_ Free/Red %: \_\_\_\_\_

NDL search has been conducted and printed?  Yes  No

Was the preapproval visit conducted *prior* to the provider participating?  Yes  No

Effective Date (this date must match the date listed on the preapproval form: \_\_\_\_\_

**If making site inactive, complete this section:**

N/A

Date site will become inactive: \_\_\_\_\_

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

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

Date site plans to become active again: \_\_\_\_\_

Reason for inactive status: \_\_\_\_\_

**If site is closing closing, complete this section:**

N/A

Reason for drop/closure: \_\_\_\_\_

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

**If yes, do not submit this form at this time, please wait until last claim has been paid**

Last Claim Month: \_\_\_\_\_

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

**If updating any other information, complete this section:**

N/A

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

Requested change: \_\_\_\_\_

\_\_\_\_\_

Was this change approved prior to implementation?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

# 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://snf.fns.usda.gov/ndlweb>

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

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

## DHS exemption for unlicensed sites

Complete the DHS License Exempt form on **Page S-17**. Refer to the Licensing Exemption list located on **Page S-18-19**.

Email the exempt form to Kassi Reddell at [Kassandra.Reddell@sde.ok.gov](mailto: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](mailto: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 1 of this act who exercises parental or legal authority on a continuous basis for not less than twenty-four (24) hours and without compensation for the intended duration of the power of attorney;
4. Programs in which school-aged children three (3) years of age and older are participating in home-schooling;
5. Programs that serve children three (3) years of age and older and that are operated during typical school hours by a public school district;
6. Programs that serve children three (3) years of age and older and that are operated during typical school hours by a private school that offers elementary education in grades kindergarten through third grade;
7. Summer youth camps for children who are at least five (5) years of age, that are accredited by a national standard-setting agency or church camp accreditation program;
8. Programs in which children attend on a drop-in basis and parents are on the premises and readily accessible;
9. A program of specialized activity or instruction for children that is not designed or intended for child care purposes including, but not limited to, scouts, 4-H clubs and summer resident youth camps, programs that limit children from enrolling in multiple sessions because of the type of activity or ages accepted, and single-activity programs such as academics, athletics, gymnastics, hobbies, art, music, dance and craft instruction;
10. Any child care facility that:
  - a. provides care and supervision for fifteen (15) or fewer hours per week,
  - b. operates less than eight (8) weeks annually, or
  - c. operates in the summer for less than eight (8) hours per day;
11. Facilities whose primary purpose is medical treatment;

12. Boarding schools that have education as their primary purpose and that are recognized as accredited by the State Board of Education. To be exempt, such programs shall:
    - a. have classroom facilities that are not used for residential living,
    - b. not have been granted nor have assumed legal custody of any child attending the facility, and
    - c. adhere to standard educational holiday and seasonal recess periods to permit students reasonable opportunities to return to their primary places of residence with parents or legal guardians;
  13. Day treatment programs and maternity homes operated by a licensed hospital;
  14. Juvenile facilities certified by the Office of Juvenile Affairs or certified by any other State agency authorized by law to license such facilities;
  15. A program where children are not enrolled by the parents and are free to come and go;
  16. A program in tribal land as defined at 25 U.S.C.A. 1903 (10); and
  17. A program on a military base or federal property.
- B. The provisions of the Oklahoma Child Care Facilities Licensing Act shall be equally incumbent upon all private and public child care facilities.

***Exemptions website:***

<https://oklahoma.gov/okdhs/services/child-care-services/child-care-licensing.html>

# Notes

# ADDITIONAL RECORD KEEPING REQUIREMENTS

# ADDITIONAL SPONSOR RECORD-KEEPING REQUIREMENTS

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

## Expenditure/Reimbursement Worksheet

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

## Building for the Future form

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

## Monitoring

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

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

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

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

***NOTE: A record-keeping system equal to or better than forms provided by the State agency may be utilized if approved by your 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 last four digits on the credit/debit card used or 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 nonreimbursable 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.



EXAMPLE

# EXPENDITURE/REIMBURSEMENT WORKSHEET

ONE PER SITE UNDER A SPONSOR

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

DATE (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	Last 4 of Card No. OR Check No. (3)	OPERATING AND ADMINISTRATIVE COSTS (\$)									INCOME (Other Than CACFP Reimbursement)		
			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 (12) \$			
10/5	Discount Grocery	0001							348	12	19	40		
10/6	Herman's Foods	0001							498	76	220	17		
10/7	Star Grocery	CASH							509	09	112	09		
10/13	Dairy Mart	0001							612	96				
10/14	Food Way	1116							502	16				
10/10	Cook—Freda Fryer	2097			735	00	(7 hours x \$15 x 7 days)							
10/10	Teacher—L Simon	2098			140	00	(2 hours x \$10 x 7 days)							
10/10	Teacher—C Smith	2099			168	00	(2 hours x \$12 x 7 days)							
10/28	Cook—Freda Fryer	2151			1,470	00	(7 hours x \$15 x 14 days)							
10/28	Teacher—L Simon	2152			280	00	(2 hours x \$10 x 14 days)							
10/28	Teacher—C Smith	2153			312	00	(2 hours x \$12 x 13 days)							
10/28	Director—H Brand	1154	396	00			(1 hour x \$18 x 22 days)							
10/31	Interest accrued on CACFP funds in Bank 1 account													
10/31	Nonprogram Meals					\$4.43	(free rate) + \$3000 (commodities rate) =				\$ 4.73 x 15 (adults)			70
<b>(13)</b>	<b>Grand Totals</b>		396	00	3,105	00			2,471	09	351	66		76
														6
														70
														76

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) \$ 6,323.75

(15) Reimbursement Received plus total of Column 12 \$ 5,924.46

(16) Operating Balance (Item 14 Minus Item 15—See Instructions) \$ 399.29 (17) Form completed by: Dee Baker

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

# SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET

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

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

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

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

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

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

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

Documentation includes:

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

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

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

*Example:*

2 hours x \$15.00/hour x 10 days = \$300.00

***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 Supplies

*Example:*

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

6. Administrative Expenses

*Example:*

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

7. CACFP Related Travel

*Example:*

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

8. CACFP Related Training and Education

*Example:*

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

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

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

11. 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.***

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 plus Income Received: Record amount of reimbursement received for the month from the Payment Notice and any income received to CACFP listed in Column 12.

16. Item 14 divided by Item 15 multiplied by 100

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

18. Indicate who completed the form

Example

**SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET**

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

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

(14) Net Costs (Total of Columns 4 through 11) \$ 1,079.21

(15) Reimbursement Received plus Income from Column 12 \$ 12,723.59

(16) Item 14 ÷ Item 15 x 100 8.48 %

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

(18) Form Completed By: Sam Gov

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

## SPONSOR AND SITE'S MONTHLY PROFIT & LOSS

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

- Indicate the Month and Year

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

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

In Columns 3 through 9: Record the amount of the expenditure under the appropriate column for 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. Cash payments for labor are not acceptable. Employees must be W-2 and not 1099 or contract employee.***

**Example:**

2 hours x \$15.00/hour x 10 days = \$300.00

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

**Documentation includes itemized receipts.**

*Examples:*

Postage, printing, office supplies

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

*Documentation includes:*

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

*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 and Income per Site—Report the CACFP reimbursement per site
  
11. Grand Totals: Total all expenditures in each column.
  
12. Total CACFP Expenditures: Calculate the total of Columns 3 through 9.
  
13. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice or Column 10 plus add any amount listed in Column 12.
  
14. Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be negative or positive number.

Indicate who completed this form including contact information.

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

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

**SPONSOR AND SITES MONTHLY PROFIT & LOSS WORKSHEET**

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

Site Code #	SPONSOR AND SITE NAME	OPERATING & ADMINISTRATIVE COSTS (\$)											
		CACFP Admin. Labor Sponsor & Per Site/ (3) \$	CACFP Admin. Supplies & Expenses Sponsor & Per Site (4) \$	Food Service Salaries/ Benefits Per Site (5) \$	Food Service Equipment Per Site (6) \$	Food Purchases (Food and Milk) Per Site (7) \$	Nonfood Purchases (Food-Related Supplies) Per Site (8) \$	Misc. Expenditures Per Site (9) \$	CACFP Reimbursement & Income Per Site (10) \$				
S	Toys N Noise	821	50	257.71									
1001	Western Site			3,105	00			2471	09	351	66		5,924
1002	Eastern Site			1200	00			1031	27	132	67		1634
1003	Northern Site			2125	25			1784	59	125	87		3064
1004	Southern Site			1025	00			899	76	87	77		2099
(11)	<b>Grand Totals</b>	821	50	257.71	7455	25		6,186	71	292	65		12723

(12) Total CACFP Expenditures (Total of Columns 3 through 9) \$ 15,013.82  
 (13) Total Reimbursement & Income Received (Total of Column 10) \$ 12,723.59  
 (14) Operating Balance (Item 12 Minus Item 13—See Instructions) \$ 2,290.23

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.

# SPONSOR END OF THE YEAR REPORT INSTRUCTIONS

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

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

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

Column 1: List the months beginning with the first month of fiscal year or the federal fiscal year starting October through September.

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

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

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

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

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

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

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

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

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

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



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

Column 11: Grand Totals: Total of each column.

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

Column 13: Total Reimbursement: This is the Grand Total from Column 10

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

Indicate who completed this form and contact information.

*Example*  
**SPONSOR END OF THE YEAR REPORT**

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

(2) List each month of the Sponsor & Site Profit-Loss (start with first month of the fiscal year)	OPERATING & ADMINISTRATIVE COSTS (\$)									
	(3) CACFP Admin. Labor Sponsor & Site \$	(4) CACFP Admin. Supplies/ Expenses Sponsor & Site \$	(5) Food Service Salaries/ Benefits \$	(6) Food Service Equipment/ Rent/Utilities/ Janitorial \$	(7) Food Purchases (Food and Milk) \$	(8) Nonfood Purchases (Food-Related Supplies) \$	(9) Misc. Expenditures \$	(10) CACFP Reimbursement plus Income Received \$		
JANUARY	821	50	7000	00	4566	27	392	65	12546	49
FEBRUARY	821	50	7000	00	5600	26	295	55	12477	12
MARCH	821	50	7000	00	5444	44	290	01	13659	76
APRIL	821	50	7455	25	5787	99	411	90	14598	43
MAY	821	50	7455	25	5109	98	450	87	16985	23
JUNE	821	50	7455	25	6098	00	462	55	17585	66
JULY	821	50	7455	25	7276	76	520	11	17411	33
AUGUST	821	50	7455	25	6077	77	508	88	16422	22
SEPTEMBER	821	50	7455	25	4011	11	288	65	14534	55
OCTOBER	821	50	7455	25	6186	71	292	65	12723	59
NOVEMBER	821	50	7000	00	5009	54	255	43	12312	12
DECEMBER	821	50	7000	00	4311	21	301	22	11443	34
(11) <b>Grand Totals</b>	9,858	00	122,186	75	65,480	66	4,470	47	172,699	90

(12) Total CACFP Expenditures (Total of Columns 3 through 9) \$ 204,662.96  
 (13) Total Reimbursement Received (Total of Column 10) \$ 172,699.90  
 (14) Operating Balance (Item 12 Minus Item 13—See Instructions) \$ 31,963.06

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

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

# EXPENDITURE/REIMBURSEMENT WORKSHEET

ONE PER SITE UNDER A SPONSOR

Site Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

(14) Net Costs (Total of Columns 4 through 11) \$ \_\_\_\_\_

(15) Reimbursement Received plus income received in Column 12 \$ \_\_\_\_\_

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

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

Form completed by: \_\_\_\_\_

### SPONSOR ADMINISTRATIVE EXPENDITURE WORKSHEET

Sponsor Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

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

- (14) Net Costs (Total of Columns 4 through 11) \$ \_\_\_\_\_
- (15) Reimbursement Received plus Income from Column 12 \$ \_\_\_\_\_
- (16) Item 14 ÷ Item 15 x 100 \$ \_\_\_\_\_
- (17) Is Item 16 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. (17) Form completed by: \_\_\_\_\_

# SPONSOR AND SITES MONTHLY PROFIT & LOSS WORKSHEET

Sponsor Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Site Code #	SPONSOR AND SITE NAME (2)	OPERATING & ADMINISTRATIVE COSTS (\$)								CACFP Reimbursement plus Income Received (10)
		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)		
(1)										
(11)	<b>Grand Totals</b>									

(12) Total CACFP Expenditures (Total of Columns 3 through 9) \$ \_\_\_\_\_  
 (13) Total Reimbursement plus Income Received (Total of Column 10) \$ \_\_\_\_\_  
 (14) Operating Balance (Item 12 Minus Item 13—See Instructions) \$ \_\_\_\_\_

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

Form completed by: \_\_\_\_\_  
 Contact Info: \_\_\_\_\_

# SPONSOR END OF THE YEAR REPORT

Sponsor Name: \_\_\_\_\_ Year: \_\_\_\_\_ Fiscal Months: \_\_\_\_\_

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

(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: \_\_\_\_\_

# REPORT OF FACILITIES AND CLAIMING DOCUMENTATION

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

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

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



**EXAMPLE**  
**REGULAR MEALS ONLY**

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

Month: OCTOBER 20 YY Sponsoring Organization: Toys N Noise  
 Agreement Number: DC-99-123

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

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

Indicate month and year

Indicate sponsoring organization (SO)

Indicate who completed the form

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: *Only two meals are allowed to be served on At-Risk.*

— At-Risk Breakfasts

— At-Risk Lunches

— At-Risk Suppers

— At-Risk Snacks

**EXAMPLE  
AT-RISK MEALS ONLY**

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

Month: OCTOBER 20 YY

Sponsoring Organization: Green Public School

Form Completed By: Sam Gov

Agreement Number: DC-99-125

LIST EACH FACILITY	# OF DAYS	# ENROLLED	TOTAL FREE PARTICIPATION	NUMBER OF AT-RISK MEALS SERVED															
				AT-RISK BREAKFASTS		AT-RISK LUNCHES		AT-RISK SUPPERS		AT-RISK SNACKS									
				1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late				
1. <i>Western School</i>	18	208	208																
2. <i>Eastern School</i>	18	310	310																
3. <i>Northern School</i>	18	215	215																
4. <i>Southern School</i>	18	450	222																
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
<b>TOTAL (BY SERVICE)</b>		<b>1183</b>	<b>955</b>																<b>15618</b>

**REGULAR MEALS ONLY**

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

Month: \_\_\_\_\_ 20\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

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

**AT-RISK MEALS ONLY**  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**REPORT OF FACILITIES OPERATING UNDER ONE SPONSOR**

Month: \_\_\_\_\_ 20 \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

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

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

**SPONSORING INSTITUTIONS**

**HOW TO FILE CLAIMS**

1. Log 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.”
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 OSDE before it can start to operate.
- New facilities must have their first review during the first 28-days of operation.
- Each site must be reviewed 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. i.e. a excel spreadsheet*)
- 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.***

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

## MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that sponsors 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:

- 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

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 SPONSOR PREAPPROVAL VISIT FORM INSTRUCTIONS

## Preapproval Visits

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

Site Name: Record the facility name.

Site Address: Record the address of the facility.

Site 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 conducted the preapproval visit must sign and date the Preapproval Visit Form.

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

**EXAMPLE**  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**SPONSOR PREAPPROVAL VISIT FORM**

Site Name: Eastern

Site Address: 123 Brick Street

The following items were discussed and reviewed:		Site 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     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  
 Site Representative's Signature

9/21/YYYY  
 Date

Ima Fishul  
 Sponsoring Organization Representative's Signature

9/21/YYYY  
 Date

*EXAMPLE*

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

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

The following items were discussed and reviewed:		Site 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.

\_\_\_\_\_  
Site Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Organization Representative's Signature

\_\_\_\_\_  
Date

# ADULT SPONSOR 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.

Site Name: Record the facility name.

Site Address: Record the address of the facility.

Site 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 conducted the preapproval visit must sign and date the Preapproval Visit Form.

# EXAMPLE

## ADULT SPONSOR PREAPPROVAL VISIT FORM

Site Name: Boomer Adult Day Care

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

The following items were discussed and reviewed:		Site 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     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  
Site Representative's Signature

10/4/YYYY  
Date

Ima Fishul  
Sponsoring Organization Representative's Signature

10/4/YYYY  
Date

# ADULT SPONSOR PREAPPROVAL VISIT FORM

Site Name: \_\_\_\_\_

Site 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.

\_\_\_\_\_  
Site 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. Site's Name: Record the site's name.
  3. Sites Address: Record the site's address.
  4. Unannounced or Announced: Indicate if the review is unannounced or announced.
  5. Sponsor Agreement Number: Record the sponsor'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 conducted (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.
- 13 Through 18 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 11 months—Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

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

Item 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 5. Institution Agreement Number: DC-99-123  
 2. Facility: Eastern Center 6. Date of Visit: 10/14/YYYY  
 3. Facility's Address: 123 Brick Street 7. Time of Visit: 10 AM  
 4. Unannounced Review  Announced Review  8. Review:  1  2  3 Weekend Follow-Up  
 9. New Site Initial Review: Yes  No

	YES/NO/NA	
<b>A. License (if applicable)</b>		
1. Current license/permit	1.	Yes
2. Capacity: <u>35</u>		
3. Site meets licensing standards	3.	Yes
<b>B. Record Keeping</b>		
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 <i>Building for the Future</i> 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	
<b>C. Meal Counts</b>		
1. Physical point of service count taken	1.	Yes
2. Counts separated by shifts	2.	Yes
3. Site meets licensing standards	3.	Yes
4. Meal service times as approved	4.	Yes
5. Meal Count Worksheet maintained	5.	Yes
<b>D. Storage</b>		
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: <u>41°</u> Freezer temperature: <u>0°</u>	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	
<b>E. Sanitation and Safety</b>		
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
<b>F. Food Production</b>		
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
<b>G. Civil Rights Compliance</b>		
1. . . . <i>And Justice for All</i> 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

	YES/NO/NA	
<b>H. Nutrition Education</b>		
1. Nutrition education in classroom and/or at mealtime	1.	Yes
<b>I. Training</b>		
1. CACFP training by sponsor for all facility staff	1.	Yes
2. CACFP training by sponsor for all parent volunteers	2.	Yes
<b>J. Infants</b>		
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	
<b>K. Food Service/Meal Observation</b>		
1. Method of production <u>Self-Prep</u>		
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

<b>L. Meal Analysis for Aged 1 Through 18</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	11:30 AM					

Children Served by Age					Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	13-18 Years	Total		
0	7	0	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
Vegetable/Juice	Green beans Spaghetti sauce	1 (14.5 oz) can of each: Green beans: 5 (1/4 cup) Spaghetti sauce: 6.85 (1/4 cup) Total: 11.85 (1/4 cup)	7 x 1 (1/4 cups) = 7 (1/4 cups)	11.85 - 7.00 = +4.85
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 Noodles	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# 80/20 ground beef = 17.7 (1-oz servings)	7 x 1.5 oz = 10.5 oz	17.7 - 10.5 = +7.2 oz

## EXAMPLE

<b>M. Infant Meal Analysis</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months
	1

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

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

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

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

**EXAMPLE**

<b>N. Review Summary</b>
Corrective Action Needed, Recommendations, and Comments:

<b>O. Facility Is:</b>		In Compliance <input checked="" type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	Comments:	
Is a follow-up review required to view corrective action?	Yes		

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

**NELL CARTER**  
(Site Representative's Signature)

**10/14/YYYY**  
(Date)

**IMA FISHUL**  
(Sponsoring Organization Monitor's Signature)

**10/14/YYYY**  
(Date)

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

1. Reviewer: \_\_\_\_\_

5. Institution Agreement Number: \_\_\_\_\_

2. Site: \_\_\_\_\_

6. Date of Visit: \_\_\_\_\_

3. Site Address: \_\_\_\_\_

7. Time of Visit: \_\_\_\_\_

4. Unannounced Review  Announced Review

8. Review: 1 2 3 Weekend Follow-Up

9. New Site Initial Review: Yes  No

YES/NO/NA		
<b>A. License (if applicable)</b>		
1. Current license/permit	1.	
2. Capacity: _____		
3. Site meets licensing standards	3.	
<b>B. Record Keeping</b>		
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 <i>Building for the Future</i> 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		
<b>C. Meal Counts</b>		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Site meets licensing standards	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
<b>D. Storage</b>		
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 SNACK	# LUNCH	# PM SNACK	# SUPPER	RECONCILED YES/NO

YES/NO/NA		
<b>E. Sanitation and Safety</b>		
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.	
<b>F. Food Production</b>		
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.	
<b>G. Civil Rights Compliance</b>		
1. . . . <i>And Justice for All</i> 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.	

YES/NO/NA		
<b>H. Nutrition Education</b>		
1. Nutrition education in classroom and/or at mealtime	1.	
<b>I. Training</b>		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	
<b>J. Infants</b>		
1. Offer meals to all enrolled infants	1.	
2. Follow Infant Meal Pattern	2.	
3. Infant Meal Waiver maintained	3.	
4. Infant Meals as Served form up-to-date	4.	
YES/NO/NA		
<b>K. Food Service/Meal Observation</b>		
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.	



<b>L. Meal Analysis for Aged 1 Through 18</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	_____					

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

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

<b>M. Infant Meal Analysis</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

<b>Birth - 5 Months</b>	<b>6 - 11 Months</b>

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

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

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

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

<b>N. Review Summary</b>
Corrective Action Needed, Recommendations, and Comments:

<b>O. Facility Is:</b>	<b>In Compliance</b> <input type="checkbox"/>	<b>In Noncompliance</b> <input type="checkbox"/>
Were problems noted in previous review corrected?		
Is a follow-up review required to view corrective action?		

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

\_\_\_\_\_  
 (Site Representative's Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Sponsoring Organization Monitor's Signature)

\_\_\_\_\_  
 (Date)

# ADULT DAY ON-SITE MONITOR REVIEW FORM

1. Reviewer: \_\_\_\_\_
2. Site Name: \_\_\_\_\_
3. Site'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		
<b>A. License (if applicable)</b>		
1. Current license/permit	1.	Yes
2. Capacity: _____		
3. Site meets licensing standards	3.	Yes
<b>B. Record Keeping</b>		
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		
<b>C. Meal Counts</b>		
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.	
<b>D. Storage</b>		
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 SNACK	# LUNCH	# PM SNACK	# SUPPER	RECONCILED YES/NO

YES/NO/NA		
<b>E. Sanitation and Safety</b>		
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.	
<b>F. Food Production</b>		
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		
<b>G. Civil Rights Compliance</b>		
1. . . . <i>And Justice for All</i> 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.	
<b>H. Training</b>		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all volunteers	2.	

YES/NO/NA		
<b>I. Food Service/Meal Observation</b>		
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 conducted.	14.	
15. Is water offered throughout the day?	15.	
16. Is deep-fat frying occurring?	16.	

<b>J. Meal Analysis</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	_____					

<b>Total Participant Meals Served</b>	<b>Nonclaimable Meals Served</b>	<b>Comments:</b>

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

<b>K. Review Summary</b>
Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:		In Compliance <input type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?			
Is a follow-up review required to view corrective action?			

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

\_\_\_\_\_  
(Site Representative's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Sponsoring Organization Monitor's Signature)

\_\_\_\_\_  
(Date)

# Notes



# SPONSORING ORGANIZATION POLICIES AND PROCEDURE

- Sponsoring Organization Policies
- Site Policies
- Job Descriptions

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

# CHECKLIST FOR SPONSOR REQUIRED POLICIES/PROCEDURES

Sponsor's Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

## Personnel Policies:

- \_\_\_\_\_ 1. Hiring Procedures  
*NOTE: Each position must have a job description that contains the following:*
  - *General Description*
  - *Minimum Qualifications*
  - *Examples of Work Performed*
- \_\_\_\_\_ 2. Types of Positions—Organizational Chart
- \_\_\_\_\_ 3. Office Schedule, Notification, Pay Periods, and Holidays
- \_\_\_\_\_ 4. Leave of Absence
- \_\_\_\_\_ 5. Compensation Policy
- \_\_\_\_\_ 6. Termination of Employees
- \_\_\_\_\_ 7. Restricting Outside Employment Policies
- \_\_\_\_\_ 8. Sponsoring Organization Key Staff Training

## Site Policies

:

- \_\_\_\_\_ 1. Meal Disallowance Policy
- \_\_\_\_\_ 2. Mealtime Change Policy
- \_\_\_\_\_ 3. Cycle Menu Policy, if applicable
- \_\_\_\_\_ 4. Submission of Records Policy
- \_\_\_\_\_ 5. Site Edit Checks
- \_\_\_\_\_ 6. Annual Site Training

*Unaffiliated Site:*

- \_\_\_\_\_ 8. Serious Deficiency Procedures
- \_\_\_\_\_ 9. Proposed Termination/Disqualification
- \_\_\_\_\_ 10. Appeal Procedures
- \_\_\_\_\_ 11. Suspension/Termination

# SPONSOR POLICIES

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

SPONSOR: \_\_\_\_\_

## **Hiring Procedures**

Explain your SO hiring procedures here.

## **Types of Positions**

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

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

- General Descriptions
- Minimum Qualifications
- Example of Work Performed

*(Explain the Sponsor has adequate positions to cover all CACFP responsibilities)*

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

*List salary and fringe benefit information here*

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

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

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

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

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

Employees will be paid EXPLAIN WHEN AND HOW EMPLOYEES ARE PAID

SO NAME's office will be closed:

LIST HOLIDAYS AND OTHER PLANNED CLOSURES

**Paid Leave/Leave of Absence**

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

**Compensation Policy**

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

**Termination**

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

**Restricting Outside Employment Policies**

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

**Sponsoring Organization Key Staff Training**

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

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

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

This institution is an equal opportunity provider.

# **SITE POLICIES**

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

## **Monitoring Reviews**

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

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

## **Meal Disallowances**

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

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

## **Record Keeping**

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

## **Meal Service Time**

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

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

## **Mealtime Change**

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

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

## **Cycle Menus**

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

*Note:* it is for the SO to decide whether a cycle menu is required or not, this is not a decision left up to a provide. Either all are required to have a cycle menu, or none.

***IF REQUIRED:***

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

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

***IF NOT REQUIRED:***

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

**Submission of Records**

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

**Site Edit Checks**

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

**Reimbursement/Payments, if applicable**

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

**Annual Site Training**

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

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

**Civil Rights Complaint**

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

This institution is an equal opportunity provider.

# Notes



# SPONSOR WITH UNAFFILIATED SITES

- Unaffiliated Site Agreement
- Household Contacts
- Appeal Procedures
- Seriously Deficient Procedures
- Proposed Termination & Disqualification
- Suspensions/Termination and Disqualification

## 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 childcare 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 mealtimes listed exceed those restrictions, please explain.

## **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 USDA.
6. For At-Risk sites, provide regularly scheduled activities (which include an educational or enrichment component) in settings that are structured and supervised.
7. Take an actual physical count at the point of service (at the time a reimbursable meal is served) documenting all meals served to participants. A record of meal counts must be maintained 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.

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 mealtime 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 any problems regarding meal service to the Sponsor and the State Agency.
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 a 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 program under another Sponsoring Organization. We agree to comply with the rights and responsibilities outlined in this Agreement and understand that this information is being given in connection with the receipt of federal funds. We agree that the State Agency may, for cause, verify the information in this Agreement, and the deliberate misrepresentation of the information in this Agreement may subject us to prosecution under applicable state and criminal statutes.

\_\_\_\_\_  
Authorized Site Representative Signature Title Date

\_\_\_\_\_  
Printed Name of Site Representative

\_\_\_\_\_  
Authorized Representative of Sponsoring Organization Signature Title Date

\_\_\_\_\_  
Printed Name Authorized Representative of Sponsoring Organization

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

## **ADDITIONAL UNAFFILIATED SITE POLICIES**

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

### **Monitoring Reviews**

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

### **Annual Site Training**

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

### **Household Contacts**

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

### **Serious Deficiency Procedures**

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

- 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 that the Site has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen 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/Unaffiliate Site agreement, as specified by the SO or the State agency (including, but not limited to, fully and permanently correcting areas of noncompliance previously sited).
- j. Per state policy, anyone who submits a claim in which adjustments result in a 25 percent or more error rate will be declared seriously deficient (see Payment Voucher/Disbursement

Records). SO must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(1)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(1)(2)(ix), any other circumstances related to nonperformance under the SO/day care home agreement.

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

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

#### **Proposed Termination and Disqualification**

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

#### **Suspension/Termination**

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

#### **Appeal Procedures**

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

## HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

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

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

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

**EXAMPLE**  
**HOUSEHOLD CONTACT DOCUMENTATION**

The 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     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: 7:00 to 5:00                      Thursday: 7:00 to 5:00  
Tuesday: 7:00 to 5:00                      Friday: 7:00 to 5:00  
Wednesday: 7:00 to 5:00                      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: 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  
673-1234  
Telephone Number

10/4/YYYY  
Date



# HOUSEHOLD CONTACT DOCUMENTATION

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

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

1. Child/Adult: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Monday: \_\_\_\_\_ to \_\_\_\_\_      Thursday: \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: \_\_\_\_\_ to \_\_\_\_\_      Friday: \_\_\_\_\_ to \_\_\_\_\_  
Wednesday: \_\_\_\_\_ to \_\_\_\_\_      Saturday: \_\_\_\_\_ to \_\_\_\_\_  
Sunday: \_\_\_\_\_ to \_\_\_\_\_

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

Breakfast     Lunch     Supper   
AM Snack     PM Snack     Evening Snack

5. Do you supply any food?    Yes     No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## Statement of Affidavit

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

## **SERIOUS DEFICIENT PROCEDURES**

1. The Sponsoring Organization (SO) must send a summary of the serious deficiency along with any supporting documentation to the State agency (SA).
2. The State agency will compose the Notice of Serious Deficiency for the SO.
3. The SO is required to mail the Notice of Serious Deficiency by certified mail with a return receipt requested. A copy may be sent via email as a courtesy copy.
4. The SO will send the State agency a signed copy of the SD letter and a copy of the mail receipt. When the return receipt has been received, a copy must be sent to the State agency.
5. The SO must track the timeline of the corrective action plan (CAP) and communicate with the SA when it has or has not been received. When it is received, the CAP must be sent to the State agency to approve or deny the plan.
6. If the CAP is approved, the SA will compose the Notice of Temporary Deferment of SD  
If the CAP is denied, the SA will compose the Notice of Proposed Termination and Disqualification.
7. The Notice of Temporary Deferment of SD or the Notice of Proposed Termination must be mailed certified with a return receipt requested.
8. The SO will send the State agency a signed copy of the letter in item 6 along with a copy of the mail receipt. When the return receipt has been received, a copy must be sent to SA.
9. If the site is temporarily deferred, no further action is needed at this time.
10. If the site is proposed for termination and disqualification, appeal rights must be given.
  - If the site appeals, the SO appeal procedures must be followed. The State agency must be made aware of the outcome of the appeal.
  - The SA will compose the appropriate letter depending on the outcome of the appeal
  - If the site does not appeal, the SA will compose the Notice of Termination.
11. The letter due to the outcome of the appeal must be mailed certified with a return receipt requested.
12. The SO will send the State agency a signed copy of the letter composed in item 6 and a copy of the mail receipt.
  - A copy of the return receipt must be sent to the State agency when received.
  - If the site is terminated, the SO must complete and submit the Report of Disqualification to the State agency. This form can be found on **page S-105**.
13. If the site is terminated, the State agency will place the site personnel on the National Disqualification list (NDL), forward the supporting documentation to USDA, and log the site/site personnel on the termination list.

# SPONSORING ORGANIZATION PROVISIONS

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

### A. Serious Deficiency Process

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

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

The six steps in the serious deficiency process are:

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

### B. Serious deficiencies for the new and participating sites. :

#### ***Institutions at application renewal***

1. Submission of false information on the institution's application, including but not limited to, a determination that the institution has concealed a conviction for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes deception, antitrust violations, embezzlement, theft, forgery, bribery, fraud or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency;
2. Failure to operate the Program in conformance with the performance standards set forth in 7 CFR 226.6(b)(1)(xviii); (b)(2)(vii);

3. Failure to comply with the bid procedures and contract requirements of applicable Federal procurement regulations;
4. Use of a food service management company that is in violation of health codes;
5. Failure by a sponsoring organization to properly train or monitor sponsored facilities in accordance with 7 CFR 226.16(d);
6. Failure to perform any of the other required financial and administrative responsibilities;
7. Any other action affecting the institution's ability to administer the Program in accordance with Program requirements [7 CFR 226.6(c)(2)]

***Participating institutions***

1. Submission of false information on the institution's application, including but not limited to a determination that the institution's RP/Is have concealed a conviction for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes deception, antitrust violations, embezzlement, theft, forgery, bribery, fraud or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency;
2. Permitting an individual who is on the NDL to serve in a principal capacity with the institution, or, if a sponsoring organization, permitting such an individual to serve as a principal in a sponsored center or as a DCH provider;
3. Failure to operate the Program in conformance with the performance standards set forth in paragraphs 7 CFR 226.6(b)(1)(xviii); (b)(2)(vii);
4. Failure to comply with the bid procedures and contract requirements of applicable Federal procurement regulations;
5. Failure to return to the State agency any advance payments that exceeded the amount earned for serving eligible meals, or failure to return disallowed start-up or expansion payments;
6. Failure to maintain adequate records;
7. Failure to adjust meal orders to conform to variations in the number of participants;
8. Claiming reimbursement for meals not served to participants;
9. Claiming reimbursement for a significant number of meals that do not meet Program requirements;
10. Use of a food service management company that is in violation of health codes;
11. Failure of a sponsoring organization to disburse payments to its facilities in accordance with the regulations at 7 CFR 226.16(g)-(h) or in accordance with its management plan;
12. Claiming reimbursement for meals served by a for-profit child care center or a for-profit outside-school-hours-care center during a calendar month in which less than 25 percent of the children (enrolled or licensed capacity, whichever is less) were eligible for free or reduced-price meals or were Title XX beneficiaries;

12. Claiming reimbursement for meals served by a for-profit adult day care center during a calendar month in which less than 25 percent of is enrolled adult participants were Title XIX or Title XX beneficiaries;
13. Use of DCH reimbursement by a sponsoring organization to pay for the sponsoring organization's administrative expenses;
14. Failure to perform any of the other required financial and administrative responsibilities;
15. Ineligibility of the institution or any of the institution's principals for any other publicly funded Program by reason of violating that Program's requirements. However, this prohibition does not apply if the institution or the principal has been fully reinstated in, or is now eligible to participate in that Program, including the payment of any debts owed;
16. Conviction of any of in institution's principals for any activity that occurred during the past seven years and that indicates a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency; or
17. Any other action affecting the institution's ability to administer the Program in accordance with Program requirements [7 CFR 226.6(c)(3)].

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

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

#### C. Serious Deficiency Notification Procedures.

1. Notice of serious deficiency. Within 10 calendar days, The sponsoring organization must notify the site that it has been found to be seriously deficient. The sponsoring organization must send a copy of the serious deficiency notice to the State agency ***at the same time***. The notice must specify:
  - (a) Provide a detailed explanation of each serious deficiency;
  - (b) List appropriate regulatory citations to support the serious deficiency notice.
  - (c) Provide a clear description of the actions required in order to fully and permanently correct the serious deficiencies; and
  - (d) Provide a definite and appropriate time limit for the corrective action. (as soon as possible, but not to exceed 30 days
  - (e) The serious deficiencies determination is not subject to appeal.
  - (f) That failure to fully and permanently correct the serious deficiencies within the allotted time will result in the institution's proposed termination of the sponsor's agreement and the proposed disqualification of the site and its principals; and

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

D. Corrective Action.

1. In response to the serious deficiency notice, an institution must submit in writing, what corrective action it has taken. This correspondence details the internal controls implemented to ensure that the serious deficiencies are fully and permanently corrected. The State agency will evaluate the CAP and determine whether adequate internal controls have been put into place to fully and permanently correct the deficiencies. An acceptable CAP must include the following information:
  - Names of the institution’s executive director and chairman of the board of directors or other RPIs associated with the serious deficiencies;
  - Address of the institution;
  - Dates of birth for all RP/Is associated with the serious deficiencies; and
  - Details of the serious deficiencies. *(Use the Corrective Action form located on **page S-98 or S-99**)*
    - What** are the serious deficiencies and the procedures that were implemented to address the serious deficiencies?
    - Who** addressed the serious deficiencies? List personnel responsible for this task.
    - When** was the procedure for addressing the serious deficiencies implemented? Provide a timeline for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, or annually, and when did implementation of the plan begin)?
    - Where** is the CAP documentation retained?
    - How** were staff and if applicable, facilities or providers informed of the new policies and procedures (e.g., handbooks, training, website, emails, etc.) [7 CFR 226.6(c)(1)(iii)(B); (c)(2)(iii)(B); (c)(3)(iii)(B), and CACFP 14-2012, Child and Adult Care Food Program Guidance on the Serious Deficiency Process and Acceptable Corrective Action Plans, National Disqualified List Procedures and Debt Collection, May 1, 2012, and examples in Part 12. Attachments C and D Serious Deficiency Corrective Action Plan].

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

2. Successful Corrective Action.

If the institution submits a CAP that corrects the serious deficiencies to the State agency’s satisfaction within the allotted timeframe, the serious deficiency determination will be

temporarily deferred. The State agency must:

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

### 3. Corrective Not Complete

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

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

### 4. Unsuccessful Correct Action

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

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

## E. Propose Termination/Disqualification.

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

- (a) Inform the site that it may continue to participate and receive Program reimbursement

- for eligible meals served until its appeal is concluded.
- (b) Inform the site that termination of the site's agreement will result in the site's termination for cause and disqualification; and
- (c) State that if the site seeks to voluntarily terminate its agreement after receiving the notice of intent to terminate/disqualify, the site will still be placed on the National Disqualified List.

2. Program Payments.

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

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

4. Suspension of Participation for Sites.

- (a.) General. If state or local health or licensing officials have cited a site for serious health or safety violations, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval. If the sponsoring organization determines that there is an imminent threat to the health or safety of participants at a site, or that the site has engaged in activities that threaten the public health or safety, and the licensing agency cannot make an immediate on-site visit, the sponsoring organization **must immediately notify** the appropriate state or local licensing and health authority and take action that is consistent with the recommendations and requirements of those authorities. An imminent threat to the health or safety of participants and engaging in activities that threaten the public health or safety constitute serious deficiencies; however, the sponsoring organization must use the procedures in this paragraph (1)(4) (and not the procedures in paragraph [1][3] of this section) to provide the site notice of the suspension of participation, serious deficiency, and proposed termination of the site's agreement.

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

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

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

- (a.) Specify the serious deficiencies found and the site's opportunity for an appeal of the proposed termination in accordance with §226.6(1);
- (b.) State that participation (including all Program payments) will remain suspended



until the appeal is concluded;

- (c.) Inform the site that if the appeal official overturns the suspension, the site may claim reimbursement for eligible meals served during the suspension;
- (d.) Inform the site that termination of the site's agreement will result in the placement of the site on the National Disqualified List; and
- (e.) State that if the site seeks to voluntarily terminate its agreement after receiving the notice of proposed termination/disqualification, the site will still be terminated for cause and disqualified.

6. Agreement Termination and Disqualification.

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

7. Program Payments.

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

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: \_\_\_\_\_

<p><b>WHAT:</b> ARE THE SERIOUS DEFICIENCY(IES) AND THE PROCEDURES THAT WILL BE IMPLEMENTED TO ADDRESS THE SERIOUS DEFICIENCY(IES)?</p>	<p><b>HOW:</b> WILL THE SITE CORRECT THE SERIOUSLY DEFICIENCY(IES)?</p>	<p><b>WHEN:</b> 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)</p>	<p><b>WHO:</b> WILL ADDRESS THE SERIOUS DEFICIENCY(IES)? LIST THE PERSONNEL RESPONSIBLE FOR THIS TASK AND JOB TITLE.</p>	<p><b>WHERE:</b> WILL THE CAP DOCUMENTATION BE RETAINED? (THE ACTUAL LOCATION AT THE HOME WHERE THIS DOCUMENTATION WILL BE MAINTAINED.)</p>

\_\_\_\_\_  
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

***Use the letter giving to you by the State agency. See page S-90***

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](http://www.usps.com/shipping/trackandconfirm.htm)>.
- A copy of the documentation must be sent to the State agency at the same time.
- A copy of the Notice of Serious Deficiency *MUST* be sent to the State agency.

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

# SITE APPEAL PROCEDURES

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

- **PROPOSED** termination of a site's agreement for cause and the related **PROPOSED** disqualification of the site.
- The suspension of a site's participation for serious health or safety violations.

The law does not require an opportunity to appeal other actions, such as the 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 Address: 112 Fast Lane Drive, Anywhere, OK 01230

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



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

Name of Site: Last Name \_\_\_\_\_ First Name/MI: \_\_\_\_\_

Also Known As (AKA): \_\_\_\_\_

Address of Site: \_\_\_\_\_

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

Termination Date: \_\_\_\_\_ (mm/dd/yyyy)

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

Amount: \$ \_\_\_\_\_

Sponsoring Organization (SO) Name: \_\_\_\_\_

SO Address: \_\_\_\_\_

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