North Carolina Department of Health and Human Services
Division of Public Health, Women's & Children's Health Section
Nutrition Services Branch
Child and Adult Care Food Program
Annual Management Plan for Sponsoring Organizations

Institution Name:		Agreement #:	
DBA Name:			
Physical Address			
Mailing Address			
Phone Number		**Email address**	

CACFP Organization Type: (Check all that apply):

	State Government			Local Government
	Federal Government			Private For-Profit
	Private Non-Profit			

Business Organization:

	Corporation	**FEIN (##-######)**	
	Limited Liability Corporation	**DUNS #**	
	Sole Proprietorship	**County**	
	Partnership	**State (if other than NC)**	
	Other _____		

Upload all Required Policies & additional documents in the NC CARES Attachment List. Please label them correctly.

Section I: Program Accountability

Required Policies: Recruitment Policies and Procedures, Organizational Chart, Policies and Procedures that assign CACFP duties to staff (Job Descriptions), Outside Employment Policy, Compensation Policy, Sponsoring Organization's Administrative Review (Appeal) Policy (*Sponsors of Family Day Care Homes only)*, Household Contact Policy

1. Enter the NUMBER of facilities and/or providers under this institution's sponsorship for the current Program year.

	Non-profit child care center(s)		Outside School Hours Care Center(s)
	Non-profit adult day care center(s)		Day Care Home(s) ___ Tier I ___ Tier II
	For-profit child care center(s)		Emergency Shelter(s)
	For-profit adult day care center(s)		At-Risk Afterschool Meals

2. Does this institution plan to recruit new facilities and/or providers for the current Program year?
☐ Yes ☐ No
If no, move on to Question 3.

If yes, please provide an estimate of the number of new facilities and/or providers the institution plans to recruit.
_____ Estimate number of new facilities

_____ Estimate number of new homes

If yes, how does the institution plan to manage this growth? (check all that apply)
☐ Hire additional staff
☐ Reassign staff
☐ Purchase additional office equipment
☐ Other (Specify): _____

3. Confirm the institution's **Recruitment Policies and Procedures** has been uploaded to the NC CARES Attachment List by checking here: ☐

4. Confirm the institution's **organizational chart** reflecting all employees with CACFP responsibilities has been uploaded to the NC CARES Attachment List by checking here: ☐   *Chart should include full names and titles.*

5. Confirm each of the following CACFP policies, as applicable, has been uploaded to the NC CARES Attachment List by checking the boxes below:
   - ☐ **Policies and Procedures that assign CACFP duties to staff** (Job Descriptions) and ensure compliance with civil rights, 7 CFR §226.6(b)(2)(vii)(B)
   - ☐ **Outside Employment Policy**
   - ☐ **Compensation Policy** (must contain all required elements noted in the FNS Instruction 796-2, Rev. 4, pages 44-45)
   - ☐ **Sponsoring Organization's Administrative Review (Appeal) Policy** (*Sponsors of Family Day Care Homes only*)
   - ☐ **Household Contact Policy**

Monitoring

6. Sponsoring Organizations of Day Care Homes must employ the equivalent of one full-time staff person per 50-150 day care homes it sponsors.

Number of Day Care Homes		**Number of Full-Time Equivalents**	

Sponsoring Organizations of Centers must employ the equivalent of one full-time staff person per 25-150 facilities it sponsors.

Number of Total Centers		**Number of Full-Time Equivalents**	

7. Provide the name of employee(s) who have monitoring responsibilities. Describe what they do for monitoring, provide the total hours worked each week, and the hours spent on monitoring-related duties each week. *Attach additional sheets if necessary.*

Name of Monitor(s)	**Description of Monitoring Responsibilities** (including tracking and reviewing of monitoring reports)	**Total Hours per Week**	**Hours Monitoring per Week**

8. Name the monitor(s), their geographic territories, number of facilities and homes, and the estimated daily mileage to perform monitoring duties. *Chart continues on the next page, attach additional sheets if necessary.*

Name of Monitor(s)	**Territories**	**# of Facilities and Homes**	**Daily Mileage**

9. Describe the system used to document and track monitoring visits.

10. Describe the process for ensuring all required visits are completed annually. For example, if a monitor is unavailable to perform the monitoring duties, how does the institution ensure that the facilities and/or providers are monitored in accordance with 7 CFR §226.16?

11. Describe how monitoring reports, completed by institution monitors, are appropriately documented and evaluated for compliance with applicable CACFP regulations.

12. Describe how corrective action responses are reviewed and accepted or denied.

Question 13 applies to Sponsors of Day Care Homes only.

13. Describe the process for implementing serious deficiency procedures.

Section II: Board of Directors

Required Policies: Board Bylaws, Conflict of Interest Policy, Board Chair's Job Description, Board Policies and Procedures, Schedule of Board Meetings

Questions 14-16 apply to private non-profit organizations and for-profit corporations that have a Board of Directors only.
If your institution is a unit of local, state, or federal government, or a for-profit corporation without a Board of Directors, move to Question 17.

14. Confirm each of the following CACFP policies, as applicable, has been uploaded to the NC CARES Attachment List by checking here: ☐
    a. Institution's **Board bylaws** for review by the State agency
    b. Institution's **Conflict of Interest Policy**
    c. **Board Chair's job description**
    d. **Board's policies and procedures**, if different than the bylaws

Policies must comply with 7 CFR §226 and FNS Instruction 796-2, Rev. 4.

15. What is the **schedule** of the institution's Board meetings? (*Attach on separate sheet if desired*)

16. What oversight/supervision does the Board of Directors have for the institution's participation in the CACFP?
(Check all that apply.)
    ☐ Policy making
    ☐ Fiscal oversight
    ☐ Ongoing governance
    ☐ Personnel decisions
    ☐ Reviewing the institution's policies, programs, and budgets
    ☐ Decision making on compensation and other areas of the institution's operations
    ☐ Other (Specify): _____

Section III: Financial Viability

Required Policies: Administrative Fee Policy, Property Standards Policy, Disbursement Policy, Procurement Policy, Code of Conduct Policy.

17. Does the institution provide non-CACFP services?   ☐ Yes   ☐ No

    a. If yes, please list other services provided.

    b. If yes, how does the institution cover these costs? (*Please be aware that the institution may NOT use CACFP funds to cover non-CACFP expenses.*)

18. Please list other resources available to the institution: (Check all that apply)
    Office space
    Office supplies (computers, printers, etc.)
    Human resources such as professional services, consultants, etc.
    Vehicles
    Other (*Specify:*) _____

19. If the institution should experience a temporary interruption in CACFP funds, how would it continue to operate?
    (*Check all that apply.*)
    ☐ Line of credit/loans*   ☐ Tuition/parent fees   ☐ Department of Social Services (subsidy)
    ☐ Sponsor's savings account   ☐ Grants
    ☐ Other (*Specify:*) _____

*Federal funds cannot be used to pay interest on credit cards, loans, etc.

20. If the institution must repay CACFP funds due to an overclaim or claims against the institution, how would this be
    done? (*Check all that apply.*)
    ☐ Line of credit/loans*   ☐ Tuition/parent fees   ☐ Department of Social Services (subsidy)
    ☐ Sponsor's savings account   ☐ Grants
    ☐ Other (*Specify:*) _____

*Federal funds cannot be used to pay interest on credit cards, loans, etc.

Question 21 applies to Sponsors of Unaffiliated Centers only.

21. Describe the institution's process for ensuring annual administrative reimbursement does not exceed regulatory
limits of actual costs or 15 percent of the annual meal reimbursement *excluding* cash in lieu.
Confirm the **Administrative Fee Policy** has been uploaded to the NC CARES Attachment List by checking here:

22. How is fiscal integrity and accountability managed for all funds and property received, held, and disbursed?
    Confirm the **Property Standards Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

23. What documentation is maintained on file to support CACFP expenditures? (*Check all that apply.*)
    ☐ Itemized receipts, invoices, and bills   ☐ Bank records   ☐ Rental agreement(s)
    ☐ Timesheets   ☐ Payroll records   ☐ Contracts
    ☐ Tax returns   ☐ Board minutes   ☐ Cost allocation plans
    ☐ Depreciation schedule(s)   ☐ Travel records

    ☐ Other: (*Specify*) _____

24. How frequently does the institution record fiscal transactions?
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other: (*Specify*) _____

25. How frequently does the institution compare its CACFP expenditures against its approved budget?
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other: (*Specify*) _____

26. Does the institution have a separate bank account for CACFP? ☐ Yes ☐ No

List the name and address of the bank(s) where the institution's CACFP reimbursement is deposited.

_____

What is the institution's accounting method?
- ☐ Cash ☐ Accrual ☐ Modified Accrual

CACFP transactions are recorded on: (*Check all that apply.*)
- ☐ Paper ledger
- ☐ Accounting software (name) _____
- ☐ CACFP Cash Receipts and Disbursement Journal
- ☐ Other: (*Specify*) _____

Question 27 applies to Sponsors of Unaffiliated Centers and Sponsors of Family Day Care Homes only.

27. Describe how the institution ensures funds are disbursed to sponsored facilities/homes within five working days. Confirm the **Disbursement Policy** has been uploaded to the NC CARES Attachment List by checking here:

Question 28 applies to institutions with for-profit facilities under their sponsorship only.

28. Institutions must ensure eligibility requirements are met for each of their facilities on a monthly basis by verifying at least 25% of enrolled participants are eligible: (*Check all that apply.*)

   For free or reduced-price meals, verified upon enrollment and updated annually
   To receive Title XIX or Title XX and the claim for CACFP reimbursement is processed after the monthly subsidy statement is reviewed
   Other: (*Specify*) _____

29. How will the institution ensure that their CACFP operates as a non-profit food service program? (*Check all that apply*)

- ☐ Review year to date expenditures to ensure that no more than three (3) months excess balance is available. Develop spend down plan and spend immediately
- ☐ CACFP allowable costs exceed CACFP reimbursement
- ☐ The budget is amended as necessary to ensure all CACFP expenditures are approved prior to being incurred
- ☐ Excess reimbursement is invested in the food service operation to improve quality and documented

- ☐ Other: (*Specify*) _____

30. How does the institution ensure CACFP funds are used only for necessary, reasonable, and allowable costs?
    (*Check all that apply*)
    ☐ FNS Instruction 796-2, Rev. 4 is used as a reference for determining allowable and unallowable costs
    ☐ Cost allocation plans are used for costs shared between programs
    ☐ Only costs included in the approved annual budget are expensed
    ☐ Receipts are reviewed to ensure no unallowable costs are included as CACFP costs
    ☐ Other: (*Specify*) _____

Confirm the **Procurement Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

31. What system of safeguards and internal controls does the institution have in place to detect and prevent improper financial activities (*fraud*) by employees?
    (*Check all that apply.*)
    ☐ The institution separates CACFP duties and responsibilities between two or more employees
    ☐ Different employees are responsible for receipt and expenditure of funds
    ☐ Checks used for CACFP expenditures require more than one employee signature
    ☐ An accountant prepares monthly reports and yearly income tax returns
    ☐ Annual audits are performed, as required by 2 CFR 200.501(b)
    ☐ Board reviews CACFP expenditures and gives approval prior to purchases being made
    ☐ Board makes fiscal decisions for CACFP
    ☐ CACFP duties/responsibilities are rotated periodically within the institution
    ☐ The institution takes periodic inventory of items purchased using CACFP funds
    ☐ Other: (*Specify*) _____

Confirm the **Code of Conduct Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

Section IV: Accountability

Required Policies: Edit Check Policy

32. Institution must maintain appropriate records to document CACFP requirements. Records must be maintained in accordance with 7 CFR §226.15(e) for three (3) years plus the current year.
    Copies of the following records also must be maintained at each sponsored facility:
    • Attendance records, point of service meal counts, menus, medical documentation for special dietary needs
    • If applicable, Enrollment Forms, Income Eligibility Applications (IEAs), Infant Feeding Consent Forms
    • If applicable, documentation of all CACFP costs

   List the address where *institution* records are maintained: _____

33. Describe the process used to obtain Income Eligibility Applications and verify they are completed and classified accurately. *(if applicable)*

34. Describe the process used to communicate errors or misclassifications of Income Eligibility Applications to sponsored facilities. *(if applicable)*

35. Describe the process used to collect and verify enrollment information and ensure it is on file for all participants. *(if applicable)*

36. Describe how documents and claim data are collected and reviewed to support the monthly claim for reimbursement prior to submission.
Confirm the **Edit Check Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

Section V: Training

Required Policies: Confidentiality Policy, Non-Discrimination Policy

37. Describe the institution's process for ensuring compliance with annual civil rights training requirements.
Confirm the **Confidentiality Policy** has been uploaded to the NC CARES Attachment List by checking here:
Confirm the **Non-Discrimination Policy** has been uploaded to the NC CARES Attachment List by checking here:

38. Provide the institution's schedule for training staff at the sponsoring organization level on CACFP requirements for the **upcoming** fiscal year. Training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims review and submission procedures, recordkeeping requirements, and NC CARES training, if applicable. (*Attach additional sheets if necessary. The training listed below **must not** include training conducted by the State agency.*)

Date (Mo/Yr)	Name of Trainer	Topics	Location of Training

39. Provide the institution's schedule for training sponsored facility staff or provider staff on CACFP requirements for the **upcoming** fiscal year. Training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims review and submission procedures, recordkeeping requirements, and NC CARES training, if applicable. (*Attach additional sheets if necessary. The training listed below **must not** include training conducted by the State agency.*)

Date (Mo/Yr)	Name of Trainer	Topics	Location of Training

Section VI: Oversight of Facility/Provider Operations

Required Policies: Pricing Program Policy or Non-Pricing Program Policy

40. Institutions are responsible for maintaining menus documenting compliance with 7 CFR §226.20 and serving meals that include creditable and nutritious foods for all required components in age-appropriate quantities. Meals must be modified to meet participants required dietary substitutions and special needs.

How will the institution ensure that facilities and/or providers under its sponsorship provide meals that meet the meal patterns set forth in 7 CFR §226.20? (*Check all that apply.*)
   Utilize the Food Buying Guide
   Use the NC CACFP Meal Component Calculation Workbook
   Use NC CACFP Season Cycle Menu and/or Cycle Menu Template
   Review menus to ensure compliance
   Provide training on meal pattern requirements (required)
   Other: (*Specify*) _____

41. How are facilities notified of non-creditable items or meals identified as part of the edit check for the monthly CACFP claim for reimbursement?

42. If necessary, how are reductions in a facility's monthly CACFP reimbursement claim handled and communicated?

43. Does the institution implement a pricing program or a non-pricing program? (Select one response below.)
   Pricing Program
   Non-Pricing Program

Confirm the **Pricing Program Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

Confirm the **Non-Pricing Program Policy** has been uploaded to the NC CARES Attachment List by checking here: ☐

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44. How will the institution ensure facilities and/or providers under its sponsorship comply with licensure or alternate approval requirement set forth in 7 CFR §226.6(d) and §226.6(e)? (Check all that apply.)
   Facilities and/or providers are licensed by county, state, or federal agency
   Facilities have alternate approval (occupancy permit, fire inspection, sanitation inspection)
   Institution takes immediate action or reports license or approval requirements violations when observed
   Institution takes immediate action when violation notices or administrative action notices are flagged by the State agency
   The institution's representative(s) reports to the local or state authorities when immediate threats to health or safety are observed at a facility and/or provider
   Other: *(Specify)* _____

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45. How does the institution ensure that facilities and/or providers under its sponsorship maintain food service operations that comply with state or local health and sanitation requirements? (*Check all that apply.*)

   Verify facility staff practice sanitary measures while preparing and serving meals during monitoring visits
   Provide sanitation training
   Verify semi-annual or annual inspections by local sanitation department
   Other: (*Specify*) _____

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46. Institution must ensure that facilities and/or providers under its sponsorship maintain complete and appropriate records to support their CACFP participation. Confirm by checking ***all*** the following:

   ☐ Institution maintains all required records
   ☐ Records are on file for the past three years plus the current year or until audits or investigations are complete
   ☐ Training is regularly provided on recordkeeping requirement

CERTIFICATION AND SIGNATURE

The representations made herein on behalf of the institution are true and correct to the best of my knowledge. I understand that these representations are being made in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. Initial _____

I certify that neither this institution nor any of its principals is listed on the National Disqualified List. Initial _____

I further certify that none of the facilities and/or providers and none of the principals of the facilities and/or providers are listed on the National Disqualified List. Initial _____

I certify that the day care home provider's own children enrolled in the CACFP are eligible for free or reduced-price meals (Family Day Care Home Sponsoring Organizations Only). Initial _____

Signature on Behalf of Institution:

_____   _____
Administrator Signature   Title

_____   _____
Print Name   Date