# North Carolina Department of Health and Human Services
## Child and Adult Care Food Program
### Management Plan for a Sponsoring Organization
#### Program Year: October 1, 2009- September 30, 2010

## SPONSORING ORGANIZATION PROFILE

1. Sponsoring Organization’s Name: ________________________________
2. Agreement Number: ________________________________

### FINANCIAL VIABILITY AND FINANCIAL MANAGEMENT

4. For new sponsoring organizations only:

   a. How will your participation in the CACFP help ensure the delivery of Program benefits to otherwise unserved facilities or participants?

   b. Please include a description of your proposed geographic area of service.

   c. Provide a list of current or potential participants.

   d. Describe or attach a copy of your recruitment policies and procedures. (Attach additional sheets if necessary)

5. Does this Sponsoring Organization plan to recruit non-participating facilities? **Circle: Yes or No.**

   If yes, how? (check all that apply):  ____Workshops   ____Training activities   ____Conferences   ____General promotions (yellow pages)  ____Mass mailing   ____Exhibits   ____Conference booths   ____Other (list)__________________________

6a. Does your organization provide non-CACFP services? _______yes   _______no.

6b. If yes, please list services provided.

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6c. How does your organization cover these costs? (You cannot use CACFP funds to cover non-CACFP costs).

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
7. Identify all current revenue sources. Give average amount received monthly and total number of months received. Attach additional sheets, if necessary.

<table>
<thead>
<tr>
<th>Revenue Fund Source</th>
<th>Frequency</th>
<th>Type (federal, state, county, private, etc.)</th>
<th>Purpose</th>
<th>Amount</th>
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<tbody>
<tr>
<td>CACFP</td>
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<tr>
<td>Tuition (parent fees)</td>
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<tr>
<td>Department of Social Services (subsidy)</td>
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<td>Smart Start</td>
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<td>More At Four</td>
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<td>Other: please list</td>
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8. Please list all other resources available to the organization: (choose all that apply)
   - office space
   - desks
   - office equipment
   - human resources such as professional services, consultants, etc.
   - computers
   - real estate property
   - printers
   - motor vehicles
   - Other (Please describe)

9. If this Sponsoring Organization should experience a temporary interruption of CACFP funds, how would it continue to operate? (Check all that apply): __Line of Credit/Loans __Tuition/Parent fees __Department of Social Services (subsidy) __Sponsors savings account __Grants __Other
   (explain)__________________________________________

10. If this Sponsoring Organization must repay CACFP funds due to an overclaim, 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 __Withholding from monthly reimbursement __Grants __Other (explain)__________________________________________

ADMINISTRATIVE CAPABILITY

11. If your organization plans to recruit new homes and/or centers, please provide: An estimate of new homes _______ Estimate of new centers _______ NA _______

12. If your organization plans to recruit new homes and/or centers, how do you plan to manage this growth? (check all that apply)
   - _hire additional staff_  __other (explain)
   - _reassign staff_  __NA
   - _purchase office equipment_

13. Write the NUMBER of facilities under your sponsorship for the Program year 2009-2010.
   - Nonprofit Child Care Center
   - For profit Child Care Center (Title XIX and XX)
   - For profit Adult Day Care Center (Title XIX and XX)
   - Nonprofit Adult Day Care Center
   - Outside School Hours Care Center
   - Day Care Homes
   - Tier I
   - Tier II
   - Homeless Program
   - After School “At Risk” Program
14. a. Does your organization have bylaws available for review by the State Agency?  _______yes  _______no

14 b. Attach an organizational chart reflecting CACFP employees.

14.c. Please complete the chart below, indicating the person responsible for each CACFP area.

<table>
<thead>
<tr>
<th>CACFP Area</th>
<th>Person Responsible</th>
<th>Title</th>
<th>Qualifications</th>
<th>Hours worked per week</th>
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<tbody>
<tr>
<td>Ensuring meal pattern requirements are met</td>
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<td>Ensuring income eligibility applications are classified accurately</td>
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<td>Ensuring point of service meal counts are taken</td>
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<tr>
<td>Ensuring fiscal management</td>
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<td>Maintaining proper records</td>
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<td>Satisfying training requirements</td>
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<td>Sanitation</td>
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<td>Satisfying civil rights requirements</td>
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<tr>
<td>Monitoring</td>
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<td>Other:</td>
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For Sponsoring Organizations with 50 homes and/or 25 centers or more, please complete questions 15-16. All others, skip to question 17.

For Sponsoring Organizations of Day Care Homes Only:
15 a. Provide a list of employees who have monitoring related duties, describe these duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>List of Monitors</th>
<th>Description of Monitoring Duties</th>
<th>Hours Worked Per Month</th>
<th>Hours Per Month Monitoring</th>
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</table>

15 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Territories</th>
<th>Number of Sites</th>
<th>Daily Mileage</th>
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DHHS CAC 8G – Sponsoring Organization  Submit all copies to SNP Consultant  (6/09)  Page 3 of 9
15 c. Please complete the monitoring schedule below. List all facilities/providers individually. (Attach additional sheets as necessary and label attachment.)

### PROJECTED MONITORING SCHEDULE FOR FISCAL YEAR 2009-2010

<table>
<thead>
<tr>
<th>Individual Site Name</th>
<th>1st Monitoring Visit</th>
<th>2nd Monitoring Visit</th>
<th>3rd Monitoring Visit</th>
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For Sponsoring Organizations of Centers Only:
16 a. Provide a list of employees who have monitoring related duties. Describe the duties and provide the total amount of hours worked each month and the number of hours spent on monitoring related duties during the month. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>List of Monitors</th>
<th>Description of Monitoring Duties</th>
<th>Hours Worked Per Month</th>
<th>Hours of Monitoring Per Month</th>
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</table>

16 b. List the monitors, their territories, number of sites monitored and estimated daily mileage to perform monitoring duties. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Territory(ies)</th>
<th>Number of Sites</th>
<th>Daily Mileage</th>
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</table>

16 c. Please complete the monitoring schedule below. List all facilities individually. Attach additional sheets as necessary.

### Projected Monitoring Scheduled for Fiscal Year 2009-2010

<table>
<thead>
<tr>
<th>Individual Site Name</th>
<th>1st Monitoring Visit</th>
<th>2nd Monitoring Visit</th>
<th>3rd Monitoring Visit</th>
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17. If a monitor is unavailable to perform the monitoring duties, how will the sponsoring organization ensure that the facilities are monitored in accordance with 7 C.F.R. §226.16.

18. Provide a copy of each of the following CACFP policies. Policies must be in compliance with 7CFR Part 226.
   a. Policies and procedures that assign CACFP responsibilities (job descriptions)
   b. CACFP Outside Employment Policy
   c. (For Day Care Homes Sponsors Only) – CACFP Administrative Review (Appeal) Policy
19. Provide a copy of the information provided to the parents informing them of this Sponsoring Organization’s participation in CACFP. (Example: “Building for the Future” flyer with Sponsoring Organization’s complete contact information) (sample included)

**PROGRAM ACCOUNTABILITY**

*For Private Non-Profit and For-Profit Corporations ONLY:*

20(a). What is the schedule for your board meetings?

20(b). Complete chart for Board of Directors.

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Position on Board</th>
<th>Mailing Address (Street, City, State, ZIP Code)</th>
<th>Area code + phone number</th>
<th>Relationship to other board members or employees</th>
<th>Employed at the center?</th>
<th>Compensation for serving on board (yes or no)</th>
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<tbody>
<tr>
<td>Chairman</td>
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21. For Private Non-Profit and Private For-Profit Corporations:

a. What oversight / supervision does the board of directors have for the Sponsoring Organization’s participation in the CACFP? (check all that apply).

- _____ policy making
- _____ fiscal guidance
- _____ ongoing governance
- _____ reviews sponsoring organizations policies, programs and budgets
- _____ decision making on compensation and other areas of program operations
- _____ board minutes document decisions which are made
- _____ personnel decisions
- _____ other (please explain)

b. Please attach your organization’s governing board policies/procedures for oversight of your organization.
22. Describe your financial system. How does your organization determine: (Please attach additional sheets as necessary and label responses).

a. The fiscal integrity and accountability for all funds and property received, held, and disbursed.
   - How are receipts and expenditures documented? _______ paper ledger _______ accounting software _______ CACFP cash receipts and disbursement journal _______ other (please specify) _______
   - If accounting software, which kind is used __Quickbooks ___Peachtree___other (please specify) ____________________
   - What back-up system does your organization use if the accounting system is inoperable? ____________________________
   - Is your organization’s accounting method _______cash _______ accrual _______ modified accrual _______
   - Where do you bank? (Include bank name and location)
   - Are the CACFP funds deposited into a separate bank account? _______ yes _______ no _______
   - How are CACFP reimbursements reconciled to the facility each month? ____________________________

b. The integrity and accountability of all expenses incurred.
   - Are expenses recorded when paid _______ or incurred _______?
   - Are dated itemized receipts maintained to support CACFP purchases? _______ yes _______ no _______
   - How often are expenditures compared to the budget? _______ daily _______ weekly _______ monthly _______
   - other (Please specify______________________)

c. That claims are processed accurately, and in a timely manner.
   - Who tallies meal counts for the facilities?_________________________________________
   - Who reviews menus for compliance?_________________________________________
   - Who verifies the claim for reimbursement for each facility?____________________________
   - How does your organization verify that for profit centers maintain 25% Title XX or Title XIX before a claim is submitted? _______ process claim after turnaround sheet is reviewed _______ verify that at least 25% of enrolled participants are eligible for Free or Reduced Price Meals _______ other (Please describe______________________)
   - What policies are in place to ensure the homes and centers receive their advance/reimbursement within five days?

d. That funds and property are used, and expenses incurred, for authorized Program purposes.
   - How does your organization determine that CACFP funds are only spent on CACFP allowable items? ____________________________
   - How does your organization determine if costs are necessary, reasonable, and allowable? ____________________________
   - Which programs have cost allocated expenses?_________________________________________
   - ____________________________
   - How are funds allocated? ____________________________________________________________
   - Who ensures that the Institution maintains a non-profit food service? ____________________________
   - How is this done?____________________________________________________________________

e. That a system of safeguards and controls is in place to detect and prevent improper financial activities (fraud) by employees.
   - Who is responsible for CACFP purchases? (name and title) ____________________________
   - Who approves expenditures? (name and title) _________________________________________
   - Who writes checks to pay for the expenditures? (name and title) _________________________
   - Are the duties and responsibilities for the accounting processes segregated? _______ yes _______ no _______
   - Who is responsible for the cash flow process? (name and title) ____________________________
   - What controls are in place to identify fraud? ____________________________________________
23. **Sponsors of Centers Only**: Does your Sponsoring Organization plan to claim administrative costs? ___ yes   ___ no
   If yes, how will you ensure that the administrative costs allocated to CACFP will not exceed the amount of administrative cost approved by the state agency? (check all that apply)
   ____ tracks actual expenditures against approved budget
   ____ amends budget that considers year to date expenditures
   ____ other (please explain)

24. Indicate your system for maintaining appropriate records to document CACFP requirements. (All items in bold must be checked and check any other items that apply)
   ____ Records are maintained at (write complete address where CACFP records are kept) _____________
   ____ Records are maintained for 3 years, plus the current year
   ____ Records are maintained according to 7CFR §226.15(e)
   ____ Copies of records are maintained at each facility (attendance, point-of-service meal counts, menus, receipts, medical documentation for special dietary needs, provision of iron fortified infant formula, enrollment forms).
   ____ other (please explain)

25. Provide the Sponsoring Organization’s schedule for training the Sponsoring Organization’s staff on CACFP requirements for the upcoming 2009-2010 fiscal year. (This does not include training conducted by the State agency.)

<table>
<thead>
<tr>
<th>Date (month, year)</th>
<th>Areas of Training</th>
<th>Sponsor’s Trainer</th>
<th>Attendees</th>
<th>Location Site</th>
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26. Provide the schedule for training sponsored facilities on CACFP requirements for the upcoming fiscal year. (This does not include training provided by the State agency.)

<table>
<thead>
<tr>
<th>Date (month, year)</th>
<th>Proposed Topic of Training</th>
<th>Sponsor’s Trainer</th>
<th>Attendees</th>
<th>Location Site</th>
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27. What verification method will be used to make Tier I determinations? (check all that apply)
   __ Elementary school data
   __ Obtain and verify family size and income / categorical eligibility information from the provider
   __ Census data

28. How will Tier II day care homes be notified of their options for reimbursement? Please attach copy.
### FACILITY LEVEL OPERATIONS

29. In addition to maintaining menus to document compliance with 7 CFR §226.20; serving meals that include creditable foods for all required components in appropriate quantities; and modifying meals to meet individual’s required dietary modifications and special needs, how will this Sponsoring Organization ensure that facilities under its sponsorship are providing meals that meet the meal patterns set forth in 7 CFR § 226.20? (Check all that apply)

- ___ consults Food Buying Guide
- ___ consults Crediting Foods in the CACFP
- ___ menus are reviewed by Sponsoring Organization to ensure compliance
- ___ provides training on meal pattern requirements
- ___ other (please explain)

30. How will this Sponsoring Organization ensure that facilities under its sponsorship comply with licensure or approval requirements set forth in 7 CFR § 226.6(d) AND §226.6(e)? (Check all that apply)

- ___ facilities are licensed by county, state or federal agency
- ___ sponsor takes appropriate action or reports license or approval requirement violations when observed
- ___ sponsor reports to proper local and state authorities when they observe that health and/or safety of participants is imminently threatened in facility
- ___ sponsor approves the facilities that are not licensed by a county, state or federal agency and uses the alternate approval form supplied by the state agency
- ___ other (please explain)

31. How does this Sponsoring Organization ensure that facilities under its sponsorship have a food service that complies with applicable state and local health and sanitation requirements? (Check all that apply)

- ___ facility staff practices sanitary measures while preparing and serving meals
- ___ provide sanitation training
- ___ semi-annual or annual inspections by local sanitarian
- ___ other (please explain)

32. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship comply with civil rights requirements. (All items in bold must be checked and add any other items that apply)

- ___ offers CACFP Program and serves meals to all enrolled participants regardless of race, color, sex, age, disability, or national origin
- ___ includes the nondiscrimination statement and complaint procedure in advertisements when referencing admissions and/or the CACFP
- ___ “And Justice for All Poster” on display for public viewing (centers only)
- ___ racial/ethnic data collected annually based on currently enrolled participants
- ___ other (please explain)

33. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship maintain complete and appropriate records on file. (All items in bold must be checked and add any other items that apply)

- ___ training is provided on recordkeeping requirements
- ___ facility maintains records for the required period of time to document all required items including, but not limited to application materials, minutes from board meetings, procurement actions, food cost documentation, and all records to support the claim for reimbursement (including menus, enrollment, attendance, point-of-service meal counts, meal substitutions, free and reduced-price applications, and Title XIX and XX status)
- ___ other (please explain)
34. Indicate how this Sponsoring Organization will ensure that facilities under its sponsorship claim reimbursement only for eligible meals. (All items in bold must be checked and add any other items that apply)

- meal counts taken at point of service
- reimbursement does not exceed two meals and one snack or one meal and two snacks per child per day
- each participant claimed is enrolled and attending the facility
- a menu that meets meal pattern requirements is submitted for each meal claimed
- (Day Care Home Sponsors Only) provider’s own children are claimed only if the child is enrolled with documented eligibility, and other enrolled children are in care and claimed for the same meal(s) (day care home only)
- reimbursement is not claimed for meals served in excess of the facility’s authorized capacity or actual attendance
- only approved meal types are claimed
- meals are only claimed for approved facilities
- meals are only claimed for participants that are within the regulatory age limit
- Title XIX and/or XX status is verified monthly
- parental contacts
- other (please explain)

35. Indicate this Sponsoring Organization’s procurement (purchasing) policy. (Check all that apply)

- small purchase procedures “Comparison Shopping”
- competitive sealed bids-formal advertising ($100,000 or more)
- competitive negotiation * (requires prior written state agency approval)
- non-competitive negotiation * (requires prior written state agency approval)

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.

I certify that this Sponsoring Organization and none of its principals is disqualified from participating in the CACFP.

I further certify that none of the facilities and none of the principals of the facilities is disqualified from participating in the CACFP.

As a sponsor of day care homes, I certify that the day care home provider’s own children enrolled in the CACFP are eligible for free or reduced price meals.

Signature on Behalf of Sponsoring Organization:

Authorized Representative ____________________________ Date __________

Printed Name ____________________________