



**Child and Adult Care Food Program
 Annual Management Plan for Independent Centers**

Institution Name:			Agreement #:	
DBA Name:				
Physical Address				
Mailing Address				
Phone Number		Email address		
CACFP Organization Type: (Check all that apply)				
<input type="checkbox"/>	State Government	<input type="checkbox"/>	Local Government	
<input type="checkbox"/>	Federal Government	<input type="checkbox"/>	Private For-Profit	
<input type="checkbox"/>	Private Non-Profit			
Business Organization:				
<input type="checkbox"/>	Corporation		FEIN (##-#####)	
<input type="checkbox"/>	Limited Liability Corporation		DUNS #	
<input type="checkbox"/>	Sole Proprietorship		County	
<input type="checkbox"/>	Partnership		State (if other than NC)	
<input type="checkbox"/>	Other _____			
Facility type:				
<input type="checkbox"/>	Non-profit childcare center	<input type="checkbox"/>	Outside School Hours Care Center	
<input type="checkbox"/>	Non-profit adult day care center	<input type="checkbox"/>	Emergency Shelter	
<input type="checkbox"/>	For-profit childcare center	<input type="checkbox"/>	At-Risk Afterschool Meals	
<input type="checkbox"/>	For-profit adult day care center	<input type="checkbox"/>		
Upload all Required Policies & additional documents in the NC CARES Attachment List. Please label them correctly.				
Section I: Program Accountability				
Required Policies: Organizational Chart, Policies and Procedures that assign CACFP duties to staff (Job Descriptions), Outside Employment Policy, Compensation Policy				
1. Confirm the institution's organizational chart reflecting all employees with CACFP responsibilities has been uploaded to the NC CARES Attachment List by checking here: <i>Chart should include full names and titles.</i>				
2. 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 Outside Employment Policy Compensation Policy (must contain all required elements noted in the FNS Instruction 796-2, Rev. 4, pages 44-45)				
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				
<i>Questions 3-5 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 5.</i>				

3. 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.

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

5. 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: Property Standards Policy, Procurement Policy, Code of Conduct Policy

6. 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.)*

7. 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:) _____

8. 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)
Institution's savings account Grants
Other (Specify): _____

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

9. 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)
Institution's savings account Grants
Other (Specify): _____

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

10. 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:

11. What documentation is maintained on file to support CACFP expenditures? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Itemized receipts, invoices, and bills | <input type="checkbox"/> Bank records | <input type="checkbox"/> Rental agreement(s) |
| Timesheets | <input type="checkbox"/> Payroll records | Contracts |
| Tax returns | <input type="checkbox"/> Board minutes | Cost allocation plans |
| Depreciation schedule(s) | <input type="checkbox"/> Travel records | |
| Other: (Specify) _____ | | |

12. How frequently does the institution record fiscal transactions?

- Daily
Weekly
Monthly
Other: (Specify) _____

13. How frequently does the institution compare its CACFP expenditures against its approved budget?

- Daily
Weekly
Monthly
Other: (Specify) _____

14. 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.

15. What is the institution's accounting method?
Cash
Accrual
Modified Accrual

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

Question 17 applies to for-profit institutions only.

17. 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)* _____

18. 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)* _____

19. 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:

20. 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, Pricing Program Policy or Non-Pricing Program Policy

21. 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:

- 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 records are maintained: _____

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

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

24. 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

25. 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:

26. Provide the institution's schedule for training 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

27. Institutions are responsible for maintaining menus documenting compliance with 7 CFR §226.20, 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 does the institution ensure meals 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)* _____

28. 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:

29. How will the institution comply with licensure or alternate approval requirement set forth in 7 CFR §226.6(d) and §226.6(e)? (Check all that apply)

Institution is licensed by county, state, or federal agency

Institution has 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

Other: (Specify) _____

30. How does the institution 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

Provide sanitation training

Verify semi-annual or annual inspections by local sanitation department

Other: (Specify) _____

31. Institution must ensure complete and appropriate records are maintained 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 _____

Signature on Behalf of Institution:

Administrator Signature

Date

Print Name

Title