Child and Adult Care Food Program

MANAGEMENT PLAN

Instructions: All new institutions must complete and sign the management plan. Attach required supporting documentation. Return one copy to the state agency and make one copy for your files. Renewing institutions should complete this on-line.

PART I: FINANCIAL VIABILITY

Fiscal Resources and Financial History

1. What year was your organization established?
2. What funds will be used to pay an over claim?
3. How does the institution assure that money is spent appropriately and only for CACFP expenses?

Yes No

[ ]  [ ]  4. Does your organization currently participate in other federally funded programs?

 If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  [ ]  5. Has your organization ever been terminated from participation in any USDA Child Nutrition Program? If yes, explain (program, dates, circumstances, etc.).

[ ]  [ ]  6. Has your organization ever been disqualified from participation in any other publicly-funded program for violating that program’s requirements within the last seven years? (Publicly-funded means any program or grant funded by federal, state, or local government.)

[ ]  [ ]  7. Is the organization, board president, director, or other persons responsible for the management of the program on the CACFP National Disqualification List? If yes, list who.

[ ]  [ ]  8. Has the institution or any of its principals been convicted of any crime during the past seven years that indicated a lack of business integrity? If yes, list who and explain. A principal means any individual who holds a management position within, or is an officer of, an institution or a sponsored center, including all members of the institution’s or sponsored center’s board of directors. A lack of business integrity includes but is not limited to fraud, antitrust violation, 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.

9. List the publicly funded programs (i.e., DSHS, Head Start, county grants) in which your organization and its principals have participated in the last seven years.

10. If you are a nonprofit organization, attach a copy of the most recent IRS Form 990 filed by your organization. If not available, explain. (Does not apply to proprietary centers, federal and public institutions such as schools, universities, local government, and churches.)

PART II: ORGANIZATIONAL CAPABILITY

Staffing Plan

1. In the chart below, list the positions that will perform required duties in the operation of the CACFP.

|  |  |
| --- | --- |
| Approved income applications: |  |
| Ensure enrollment forms are updated annually: |  |
| Verify accuracy of income application approval: |  |
| Develop enrollment roster: |  |
| Train staff concerning CACFP: |  |
| Training new staff concerning CACFP: |  |
| Plan menus: |  |
| Check menus for meal component compliance: |  |
| Cooks meals: |  |
| Serves meals: |  |
| Cleans up after meal preparation: |  |
| Orders or shops for food: |  |
| Takes point of service meal counts: |  |
| Keeps food and labor costs on file: |  |
| Compiles claim for reimbursement: |  |
| Train site monitors: (sponsors of multiple sites) |  |
| Follow up on required corrective action at sites: (sponsors of multiple sites) |  |

1. How many hours a month will be spent on administrative labor? (Administrative labor refers to staff responsible for planning, monitoring, training, and record keeping.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many hours a month will be spent on operating labor? (Operating labor refers to staff members who spend time with meal preparation, serving, and cleanup.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No

[ ]  [ ]  4. Are CACFP duties included in employee job descriptions, as applicable? If no, indicate date the applicable employee job descriptions will be revised to include CACFP Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  [ ]  5. Our organization maintains the confidentiality of eligibility information concerning individual households.

[ ]  [ ]  6. Describe the meal planning procedures to ensure adequate amounts of food items are purchased, prepared, and served to participants to meet or exceed the USDA minimum portion requirements.

**PART III: INTERNAL CONTROLS**

1. Governing Board

Yes No

[ ]  [ ]  **Does your organization have a governing board? If no, or if military or government you can skip this section and go to the next page.**

In the chart below, list board member names, title, area of expertise brought to the board, mailing address, phone number, and familial and /or business relationship to other board members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Board Member and Title** | **Area of Expertise** | **Mailing Address** | **Phone Number** | **Relationship** |
|  |  |  |  |  |
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Yes No NA

[ ]  [ ]  [ ]  1. Does your organization’s governing board have policies and procedures that are available to the state agency upon request?

 2. Describe the board’s roles in approving fiscal actions, policy decisions, and other administrative actions.

 3. How often does the board meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. How often is CACFP brought up at the Board Meetings?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Operations**

1. Training

All sites must receive training a minimum of one time per year. Organizations must keep records from each training session that include the agenda, date, location, and sign-in form with all participants’ signatures. It is recommended that training sessions be conducted by an experienced trainer of staff member who recently attended a CACFP workshop or training session provided by the state agency.

Complete the chart below:

|  |  |  |
| --- | --- | --- |
| **Topics to be Discussed** | **Trainer** | **Date** |
| General program policies/requirements |  |  |
| Meal pattern |  |  |
| Meal planning |  |  |
| Meal counting |  |  |
| Income eligibility applications except for at-risk/homeless |  |  |
| Purchasing of food and non-food items |  |  |
| Record keeping |  |  |
| Reimbursement process |  |  |
| Sanitation and safety requirements |  |  |
| Civil rights compliance |  |  |
| Review procedures |  |  |
| Nutrition |  |  |
| Food Allergies |  |  |
| Other: |  |  |
|  |  |  |

Yes No

[ ]  [ ]  1. Our organization will ensure all appropriate staff attends state agency training.

[ ]  [ ]  2. Our organization will address on-going staff training needs, and communicate CACFP changes and organization policies and procedures to all staff at all sites.

[ ]  [ ]  3. Prior to CACFP approval of a new site, our organization will train the new staff.

II. Monitoring (Applies only to sponsors of multiple sites)

Sponsoring organizations must adhere to annual monitoring requirements. Each site must have 2 unannounced and 1 announced visits. Additionally, each site should have two visits per year during a meal service and no more than six months can elapse between each review. Each sponsor must have an “appropriate number” of monitoring staff. Sponsors of centers are required to have one FTE monitor for each 25-100 centers.

Monitoring requirements are as follows:

|  |  |  |
| --- | --- | --- |
| **Type of Center** | **Mandatory Review During** | **No. of Reviews per Year** |
| Adult Care Center/Day Care Centers/Emergency Shelters/Head Starts, At-Risk Snack Sites, Outside-School-Hours Programs (school sites and non-school sites) | First 4 weeks of operation | 3 times/year |

Yes No

[ ]  [ ]  **Do you have multiple sites? If no, continue to next page.**

1. Complete a proposed schedule of reviews for each site on the following CACFP Site Monitoring Schedule and Log. You must keep completed monitor review forms on file at the central office for review by the state and /or the USDA.

|  |
| --- |
| **CACFP Site Monitoring Schedule and Log****Fiscal Year 20\_\_\_\_ October 1st – September 30th****(Start date\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ Closing Date)** |
| **Reviewer** | **Site Name** | **Scheduled Dates for Review** |

Yes No

[ ]  [ ]  2. Our organization has 25-150 facilities. If yes, complete the monitor staffing requirements below:

**Monitoring Staffing Requirements for Sponsoring Organizations with 25-150 More Facilities**

**Instructions:** Sponsoring organizations with 25-150 facilities must document and meet the required staffing ratios. Complete the table below, providing all the specified information. (A full time employee works a total of 2,080 hours per year.) Child Nutrition Services will analyze that data to ensure the required monitor staffing ratio has been met. Detailed employee position descriptions that include the percentage of time devoted to each job activity/duty, including monitoring-related activities, must be maintained. Documentation that substantiates all submitted information must be maintained on file.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Hours Per Day** | **Days Per Year** | **Total Hours Per Year** | **Minus Non-CACFP Hours Per Year** | **Minus CACFP Non-Monitoring Hours Per Year** | **Net Yearly Hours Spent on CACFP Monitoring** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Monitoring Related Activities**

Employee activities that may be counted as monitoring duties include:

1. Monitoring – All activities related to conducting on-site reviews, including planning and scheduling; pre-review preparation; travel; supervisory oversight of monitors and the monitoring functions; time spent in the facility during the review; writing review reports; conducting follow-up reviews; and activities relating to the serious deficiency process (issuance of notice, evaluation of corrective actions, appeal, and termination).
2. Household contacts – Conducting parent contacts/surveys to help determine the validity of a facility’s claims. Independent Centers are exempt.
3. On-site and other training – All on-site training that occurs during a facility review, initial or subsequent training of sponsor staff that relates to the monitoring function.
4. Technical assistance – if provided during a review.

Yes No

[ ]  [ ]  3. Our organization will use review averaging. If yes, describe your plan. (New institutions may not use review averaging.)

[ ]  [ ]  4. Our organization will do preoperational visits to each proposed facility.

[ ]  [ ]  5. Our organization will verify menus and menu records, daily attendance, and meal counts observed during the monitoring visit with the claim.

[ ]  [ ]  6. Our organization will ensure that facilities have a valid license.

[ ]  [ ]  7. Our organization will ensure each staff member with monitoring responsibilities is training.

[ ]  [ ]  8. Our organization will train staff in all facilities on the following areas each fiscal Year: CACFP meal pattern, meal counts, claim submission and review procedures, recordkeeping requirements, reimbursement system, and civil rights training. Training must be appropriated to the level of staff experience and duties.

[ ]  [ ]  9. Our organization has a written Outside Employment Policy. This policy restricts employees with responsibilities and duties for the CACFP from obtaining outside employment within or outside of this institution that interferes with the completion of those CACFP responsibilities. In addition, any employment outside of the CACFP responsibilities and duties may not constitute a real or apparent conflict of interest with the CACFP.

 10. How is information for disallowances based on observations made during visits transferred to claims processing?

 11. If corrective action is necessary at a facility, how will you follow-up to ensure compliances?

**III. Record Keeping**

1. Location of CACFP Records:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Record** | **Central Office** | **Site** | **Not Applicable** |
| Enrollment/Income eligibility statements |  |  |  |
| Enrollment forms |  |  |  |
| Records of meals and supplements served |  |  |  |
| Monthly claims for reimbursement worksheets |  |  |  |
| Claims for reimbursement |  |  |  |
| Receipts/invoices of expenditures |  |  |  |
| Menus  |  |  |  |
| Time-in and time-out records/roster/Sign-in sheets |  |  |  |
| Completed site review forms |  |  |  |
| Time certification documentation for labor |  |  |  |

1. Your organization must retain CACFP records for at least three years, plus the current year. Indicate where prior years documents will be housed.

|  |  |
| --- | --- |
| **Records Location****(home, office, garage, rental unit, etc.)** | **Records Address****(address, city, state, zip, etc.)** |
|  |  |
|  |  |

Yes No

[ ]  [ ]  3. Our organization understands that if we no longer participate in the CACFP we must still maintain records for three years plus the current year. In an audit is being conducted, we will maintain the records as necessary.

[ ]  [ ]  4. Do you store your records off site? If yes, you must provide the names and phone numbers of two individuals with immediate access to the CACFP records.

|  |  |
| --- | --- |
| **Name** | **Phone Number** |
| 1. |  |
| 2. |  |

[ ]  [ ]  5. **For At-Risk Meal Programs only:** Do you take meal counts to ensure no more than one at-risk meal and one at-risk snack per day is claimed for each participant in your at-risk meal program? If no, please explain.

[ ]  [ ]  6. **For Homeless / Emergency Shelters:** Do you take meal counts to ensure no more than three meals or two meals and one snack to two snacks and one meal per day are claimed for each participant in your shelter? The purpose of the Homeless / Emergency Shelter is to provide temporary residential and food services to homeless children and their families, in accordance with 7 CFR 226.2 and CACFP

 Memo 11-2007.

[ ]  [ ]  7. **Adult Day Care Center:** Do you take meal counts to ensure no more than two meals and one snack or two snacks and one meal per day are claimed for each participant. Please submit a written statement on how the institution maintains records which demonstrate that each enrolled person under the age of 60 meets the functional impairment eligibility requirements, that being chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one’s grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently, per 7 CFR 226.19a(b)

**Sample Notification Letter**

**TO GRASSROOTS ORGANIZAITONS**

**Instructions:** Civil Rights Requirement – Enter the correct information found in parenthesis and in the chart below. Provide this information to grassroots organizations that interact directly with individuals who may benefit from your services. Grassroots organizations include advocacy organizations, community action programs, civic organizations, migrant groups, religious organizations, neighborhood councils, or other similar groups. This information can be communicated by Internet, newspaper article, radio and television announcements, letters, leaflets, brochures, or bulletins.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grassroots Organization’s Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Organization’s Address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Zip Code)

Dear Sir or Madam:

This is to notify your organization that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of CACFP Institute and Complete Address)

plans to participate in the Child and Adult Care Food Program (CACFP). CACFP is a Federal Program that provides monetary reimbursement to facilities so they can offer healthier meals and snacks to children. CACFP plays a vital role in providing for the nutritional needs of children.

We plan to offer CACFP beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in a:

 (Anticipated Begin Date) (Time Open – Time Close)

\_\_\_\_ Licensed child care center, Head Start, or Pre-K program

\_\_\_\_ Adult Day Care Center

\_\_\_\_ Supervised before and/or after-school program

\_\_\_\_ Homeless/Emergency Shelter

Name and Addresses of Facilities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Please share this information with staff and parents associated with your organization. For further information regarding this program, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Staff Member)

(Telephone – include Are Code)

 Sincerely,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title of Authorized Representative

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_