

CHILD AND ADULT CARE FOOD PROGRAM MANAGEMENT PLAN

Instructions: Complete the management plan and attach the required support documentation. Return one copy to OSPI and retain one copy for your files. Renewing sponsors must complete the management plan on-line. Renewing sponsors must send copies of all required attachments. **Do not send a manual. Send the individual policy.**

PART I: FINANCIAL VIABILITY

A. Description of Need/Recruitment

1. In the chart below, list the number of active providers you have in each county of your service area. Attach additional pages as needed.

County Name	Number of Providers by County

2. Describe how you render services to providers residing in counties more than 50 miles from the county of sponsor residence.
3. Describe how outreach will be accomplished. (Note: Outreach materials developed for use this federal fiscal year must be available on site to OSPI staff at time of the program review.)
4. Describe the incentives your organization utilizes to recruit new providers. Identify how your organization will cover these costs.
5. Identify who is responsible for recruitment.
6. List the goals for enrollment of new providers during the year. Include the location/area that you will target.
7. Were the goals for new providers met? Specify which ones you met.
8. Justify the reason for expanding into a new area or an area currently being served by existing sponsors.
9. New applicants only: Expansion of the program to unserved day care home providers must be shown by the applicant.
 - a. New sponsors must attach a list of providers you intend to recruit who are not served by current sponsors in the county(ies) in which the organization plans to operate. For each provider listed, indicate whether the provider is currently licensed by the Department of Social and Health Services (DSHS), Department of Defense, or a tribal authority, or will get licensed in order to participate.

b. Provide a copy of each provider's current license.

NOTE: The initial claim submitted by a new sponsor must be accompanied by a list of providers included in the claim. Any providers on this list who do not appear on the list mentioned above will be eligible for reimbursement **only** if they were added in compliance with all applicable provider addition and transfer policies. The state agency will review the list to ensure compliance.

B. Fiscal Resources and Financial History

1. Describe the history of your organization and the length of time it has been in operation.
2. Describe any non-CACFP services provided by your organization and how these costs are covered (i.e., child care referrals). You may not use CACFP funds for non-CACFP services.
3. In the chart below, list the total revenue of your organization broken down by source, frequency, type (earned income, grants, donations) function or purpose, and amount. Also indicate whether you expect the level, function, or nature of the funding to change in the upcoming fiscal year. If so, describe what impact this will have on your agency. Community action councils or city government may substitute the most recent audit report. Military organizations are exempt.

Source	Frequency	Type	Purpose	Amount	Anticipated Changes? If yes, describe impact.

4. List all other resources available to your organization including human resources, fixed assets, professional services, and consultants.
5. List the publicly funded programs (federal, state, or local) in which your organization, its principals or members of the governing board have participated during the past seven years. Attach a separate page as necessary. List only the major programs.

Name of Organization	Name of Program	Year
1.		
2.		
3.		
4.		
5.		
6.		

6. Has this organization and/or its principals ever been terminated or declared ineligible for violating program requirements of any federal, state, or community program within the last seven years? If yes, explain. (Program, dates, circumstances, etc.)

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

8. Has the institution or any of its principals been convicted of any business related crime during the past seven years that indicated a lack of business integrity. If yes, explain. A principal means any individual who holds a management position within, or is an officer of, an institution including all members of the institution's board of directors. 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.

9. Sponsoring organizations are occasionally required to return administrative and/or meal overclaims to the state agency. Describe your organization's plan for repayment of fiscal overclaims, should they occur. Include what funds will be used.

10. Send a copy of the IRS Form 990 or 990EZ from the prior year. Churches, military organizations, and city governments do not need to submit this form.

C. Administrative Budget

Send a copy of the board approved budget for the upcoming fiscal year.

PART II: ORGANIZATIONAL CAPABILITY

A. Organizational Mission and Structure

1. Attach a current organizational chart of the sponsoring organization.

2. Does your organization operate a USDA Child Nutrition Program in any other state(s)? If yes, specify.

3. Attach or describe your organization's mission statement.

4. Does your organization have bylaws that are available to the state agency upon request?
 Yes No

B. CACFP Staffing Plan

1. Attach a current organizational chart of the CACFP program, if different from above.

2. Attach job descriptions and qualifications of CACFP staff. Resumes may be substituted for qualifications. Job descriptions must include percent of time devoted to monitoring activities, if any, and geographical area covered.

3. If you anticipate adding new providers or losing providers during the fiscal year, address how you will meet staffing needs.
4. The sponsoring organization must maintain adequate staff to administer the program and ensure program integrity. Typically, sponsors' staff includes individuals with experience in or knowledge of accounting/bookkeeping, early childhood education, and food and nutrition. The state agency may evaluate education, experience, and skills in order to determine if the organization has staff appropriate to the functions they will perform.

Describe the program director's qualifications or attach a resume.

5. Attach your organization's written Outside Employment Policy. This policy restricts employees with responsibilities and duties for the CACFP from obtaining outside employment within or outside 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.

PART III: INTERNAL CONTROLS

A. Governing Boards

If government or military, you can skip this section.

1. In the chart below, list board member names, title, area of expertise brought to the board, mailing address, phone number, and familial relationship to other board members or employees of your organization. You may attach a separate page.

Name of Board Member and Title	Area of Expertise	Mailing Address	Phone Number	Relationship

2. Does your organization's governing board have policies and procedures that are available to the state agency upon request? If no, explain.

Yes No

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

3. Attach the dates of scheduled meetings of your organization's governing board for the upcoming fiscal year.
4. Attach a copy of the minutes of the last meeting of your governing board and the minutes of the board approved budget. Budgets must be for the current fiscal year.

B. Fiscal Accountability

1. Does your organization use a paper ledger or accounting software?
2. If the organization uses accounting software, please specify.
3. What back-up system does the organization use in the event the accounting system is not available (theft, property damage, system crash, etc.)?
4. What type of accounting system does the organization use: cash, accrual, or modified accrual system? Please specify.
5. If you use an accrual or a modified accrual system, how do you make year-end adjustments?
6. How many bank accounts will the organization use for CACFP monies?
7. Describe how your organization will track food reimbursements separately from administrative funds.
8. Describe how your organization will track CACFP funds separately from other organizational funds.
9. Describe how you will manage administrative advance funds to ensure they will be returned to the state agency upon voluntary or involuntary program closure.
10. Does your organization have policies and procedures on file for financial management that include:
 - Purchasing, requisition, and the bid process. Yes No
 - Income and expense accounting. Yes No
 - Processing invoices, including payments from petty cash. Yes No
 - Payment authorization procedures, including approval of CACFP expenditures and persons authorized to approve expenditures. Yes No
 - Wage compensation. Yes No
 - Holiday compensation. Yes No

If no to any item, explain.

11. Does your organization have a procedure for maintaining inventory and disposing of old and/or depreciating equipment over \$5,000? Yes No
12. Describe or attach a copy of your organization's system for regularly tracking and comparing actual costs and administrative earnings with the approved budget. Include frequency of conducting tracking and comparisons.

13. Describe the process used to amend the budget. The process must consider year-to-date expenditures, anticipated expenses, and anticipated revenue sources.
14. Describe the internal controls that exist to regulate this process.
15. Describe how meal counts are consolidated: Manually Automated Combination
16. Describe how you inform a provider of the reason(s) meals are disallowed.
17. Describe how and when menus are reviewed for compliance.
18. Describe the process used to verify the eligibility of providers, participants, meal service times, and meal types before claims are processed for payment.
19. Describe procedures for disbursing accurate payments to providers within regulatory time frames.
20. Describe what edit checks are in place to ensure the accuracy of sponsors' claims to the state agency.

C. Operations (I. Training Plan; II. Monitoring; III. Record Keeping; IV. Eligibility Procedures; V. Civil Rights)

I. Training Plan (Provider Training Plan and Staff Training Plan)

Provider Training Plan for Current Fiscal Year:

1. In the chart below, record the topic and dates for each training. Also include presenters and targeted staff or providers.

Topic/Curriculum	Dates	Presenters	Target Audience

2. Describe your organization's system for documenting provider training on CACFP regulations. **(You must provide training to all family day care home providers at least once a year.)**
3. Describe how you will train providers who do not attend group training.
4. Describe how you will train and provide technical assistance materials to providers who do not speak English.
5. Describe the consequences for providers who do not attend training sessions.
6. Describe your plan for training new providers before they begin program operations.

CACFP Staff Training Plan for Current Fiscal Year:

1. In the chart below, record the topics, dates, and person responsible for each training. Also include staff assigned to attend. You must include more than OSPI training.

Topic	Date	Trainer	Target Audience

2. Describe your organization's procedure for training new staff.
3. Describe how your organization will train staff on the following content areas each fiscal year: CACFP meal pattern, meal counts, claim submission and review procedures, recordkeeping requirements, and reimbursement system. Training must be appropriate to the level of staff experience and duties.
4. Describe how the organization ensures the staff is sufficiently trained in CACFP policies and procedures.
5. Describe how your organization trains and communicates program changes and CACFP policies and procedures to monitors and other staff.
6. Describe staff performance appraisal methods for all staff (including directors).
7. Describe how often your organization does staff appraisals.

8. Describe how your organization uses staff appraisals to determine the need for continued training of existing staff.

II. Monitoring

1. All sponsoring organizations with 50 or more facilities must document and meet the requisite staffing ratios. Complete the table on page 2 of the budget.

2. Describe how each monitor's territory is determined.

3. What is the maximum amount of providers your organization will allow a monitor to manage?

4. Describe your organization's system for conducting announced and unannounced visits. Include: a) How you schedule, track, and document visits to ensure you meet regulatory time frames; and b) How you ensure monitoring visits are conducted during high claim meal times as well as evening, weekend, and holiday meals. **(You must make at least two of the required annual visits unannounced and at least two of the required annual visits during a meal service.)**

5. Describe how and when your organization will conduct follow-up visits. Review averaging is not allowed for new organizations.

6. Describe your organization's procedures for quality assurance and its oversight of monitoring functions (e.g., team monitoring, who reviews the completed monitor form, caseload rotation, etc.).

7. Attach a copy of the monitoring form used.

8. Describe your organization's meal disallowance policy.

9. Describe your organization's system for tracking meal disallowances based on findings made during monitoring visits. Include how your organization communicates overclaim information and how it is recorded by claims processing.

10. Describe your organization's corrective action policy for those providers found out of compliance. Include: a) How you develop and implement corrective action plans, and how you evaluate them for completion and effectiveness; and b) Your policy on terminating providers for cause and appeal procedure.

11. Describe your organization's policies and procedures for conducting parent surveys. For example: Do you conduct written or telephone surveys? **If you conduct routine surveys**, what percentage of providers do you select? What percentage of participants do you contact? How often do you conduct surveys? **If you do not conduct routine surveys**, what "red flags" trigger parental contacts? How do you conduct surveys of non-English speaking parents?

12. Describe your organization's policy for notifying Child Protective Services when you find providers are out of compliance with licensing.

III. Record Keeping System

1. Describe how your organization ensures each provider maintains the following records:

- Accurate daily attendance with arrival and departure times.
(Attendance must be recorded as children arrive and depart.)
- Accurate daily menus noting the components served to children.
- Accurate daily meal counts.

2. List the location of CACFP records:

Type of Record	Location		Retention Time	
	Administrative Files	Provider Files	Current year + 3 years	Permanent Record
CACFP state agency-sponsor agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider-sponsor agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board of Director minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiering information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus, meal counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Describe when and/or why your organization moves records to storage.

4. Your organization must retain CACFP records for at least three years, plus the current year. Indicate where prior year's documents will be stored.

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

5. Describe how your organization will maintain CACFP records for three years from the date the agreement is terminated by either party.

6. Do you store 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.	

7. Describe how your organization will ensure confidentiality of income eligibility records.

IV. Eligibility Procedures and Confidential Income Statements

1. Describe in detail or attach a copy of the procedure for making tiering determinations based on school, census, or income eligibility data. Include: a) how you will verify and maintain documentation of tiering determination; b) expected time frames; c) how you will notify providers of their status; and d) how you will follow up on providers who receive temporary Tier I eligibility (45 days when no income is reported).

2. Identify who is responsible for making Tier I and Tier II determination using school and census data. Include title/position.
3. Identify who will oversee/supervise this process. Include title/position.
4. Describe or attach a copy of the procedure for informing Tier II providers of their options for reimbursement. Include time frames for notification and documentation of provider's option.
5. For Tier II day care home providers who request it, attach a copy of the procedure for distributing to participants' families, collecting, reviewing, and approving income eligibility statements. Include time frames and title(s)/position(s) of the staff person(s) who make eligibility determinations.
6. Attach a copy of the procedure for following up on incomplete or incorrect income eligibility statements.
7. Describe or attach a copy of the procedure for informing Tier II providers of the number of income eligible children enrolled and for ensuring the confidentiality of these children.
8. Describe or attach a copy of your system for collecting, reviewing, and approving income eligibility statements for Tier I area providers applying to claim reimbursement for their **own** children. Include time frames for collection and approval of income eligibility statements.
9. Describe your system to track provider's tiering status for renewal purposes.

V. Civil Rights Procedure

1. Do you maintain racial/ethnic data for enrolled children? Yes No
2. Do you keep an estimate of the racial/ethnic makeup of the population (community) to be served?
 Yes No Source of data (i.e., census, school data, etc.) and the year_____
3. Describe the efforts that will be used to contact minority and grassroots organizations about program participation.
4. Describe the efforts that will be used to train providers on civil rights requirements.