



# State of New Jersey

## DEPARTMENT OF AGRICULTURE

DIVISION OF FOOD AND NUTRITION SERVICES

### *CHILD AND ADULT CARE FOOD PROGRAM*

33 West State Street 4th Floor

PO BOX 334

TRENTON NJ 08625-0334

*CHRIS CHRISTIE*

Governor

*DOUGLAS H. FISHER*

Secretary of Agriculture



# AGENDA

- **Welcome & Introductions**
- **Child and Adult Care Food Program – Overview**
- **VAC Principals**
- **Sponsor Management Plan**
- **Lunch**
- **Civil Rights**
- **Approval Packet & Next Steps**
- **Q & A**

# CHILD AND ADULT CARE FOOD PROGRAM COUNTY ASSIGNMENTS AND CODES

COORDINATOR: TANYA D.W. JOHNSON

ASSISTANT COORDINATOR - CHILD CARE FOOD PROGRAM: TRACII BUTLER-PROCTOR  
 ASSISTANT COORDINATOR - FAMILY DAY CARE FOOD PROGRAM: CARRIE FREEMAN-WRIGHT

Office Phone: 609-984-1250

ROBIN WILSON			MICHAEL SMITH			STEPHANIE SUTTON-PAGE			ELIZABETH VUKOVIC GARTLAN		
CCFP	AFP		CCFP	AFP		CCFP	AFP		CCFP	AFP	
COUNTY	COUNTY		COUNTY	COUNTY		COUNTY	COUNTY				
CODE	CODE		CODE	CODE		CODE	CODE				
05	06	BURLINGTON	17	18	HUDSON	03	04	BERGEN	01	02	ATLANTIC
19	20	HUNTERDON	27	28	MORRIS	13	14	ESSEX	07	08	CAMDEN
21	22	MERCER	29	30	OCEAN	23	24	MIDDLESEX	09	10	CAPE MAY
25	26	MONMOUTH							11	12	CUMBERLAND
35	36	SOMERSET							15	16	GLOUCESTER
37	38	SUSSEX							31	32	PASSAIC
39	40	UNION							33	34	SALEM
41	42	WARREN									

CCFP = Child Care Food Program  
 AFP = Adult Food Program

REMINDER: In order to better assist you, please make your Sponsor Name and Agreement # available when calling or corresponding with our office.



# CHILD AND ADULT CARE FOOD PROGRAM

## ■ What is CACFP?

- The Child and Adult Care Food Program is a federal program of the Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA). It is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, age, or disability.

# THE GOAL OF THE CACFP

Our goal is to improve the diet of children and adults ranging from infancy to the elderly. Nutrition is an essential part of a good health. Through the provision of reimbursement for meals, your clients will be assured to receive balanced, nutritious and wholesome meals.



# EFFECTIVENESS

- Study comparing two child care centers 1 mile apart showed that children at centers participating in CAFP had a higher intake of vitamin A, riboflavin, and calcium
- Consumed significantly more servings of vegetables
- Consumed significantly fewer servings of fats and sweets
- Fewer days of illness (6.5 vs. 10.5 days) among children participating in program

# SPONSOR REQUIREMENTS

- Meet all program requirements
- Fully capable of operating independently
- Do not charge for meals
- Commitment to helping your participants develop nutritional eating habits



# WHO IS ELIGIBLE TO PARTICIPATE?





# TYPES OF FACILITIES IN CACFP

- Child Care Centers
- Outside School Hour Programs (OSH)
- Family Day Care
- Adult Day Care Centers
- “At Risk” After School Care Programs
- Emergency Shelters



*For more information, Program Fact Sheets are included in your packet*

# TAX STATUS

## Nonprofit (PNP)

- Requires 501(c) 3 documentation proving tax exempt status

## For Profit (FPR/PXIX)

- Requires Certificate of Incorporation/Ownership
- 25% Title XX/XIX

# CHILD CARE CENTERS

- Public and Private nonprofit licensed or approved nonresidential day care facility.
- Private for-profit centers receiving Title XX funding for at least 25% of enrolled participants.
- Centers can operate independently or under the auspices of a sponsoring organization.
- May claim two meals and a snack
- *Note, a for-profit agency cannot sponsor another agency.*

# CHILD CARE CENTERS

- Eligibility
  - Children 12 years of age or younger
  - Children 15 and under from families of migrant workers if enrolled in a center that serves mostly persons 18 years of age or younger.
  - *Certain* disabled people regardless of age if enrolled in a center that serves mostly persons 18 years of age or younger.

# OUTSIDE SCHOOL HOURS CARE PROGRAM (OSH)

- Licensed
- Ages 6 to 12
- Academic/Enrichment
- May provide a main meal or a pm supplement
- Operate year round



# FAMILY DAY CARE

## *Sponsor*

Eligibility  
Requirements:

- Public or  
Private Non-  
Profit  
Agencies:  
501(c) 3  
Certificate



# FAMILY DAY CARE HOMES

## *Provider* Eligibility Requirements:

- Family day care home providers must sign an agreement with a sponsoring organization to participate in CACFP.
- License/Registration Certificates for Homes
- Reimbursement:
  - Tier I rates (higher reimbursement)
  - Tier II rates (lower reimbursement)

# ADULT DAY CARE

- Public and private medical day care centers
  - Social day care centers
  - Partial care centers
  - Alzheimer's programs
  - State-operated centers





# ADULT DAY CARE

## ■ Eligibility

- Adults who are functionally impaired or 60 years of age or older
- Licensed or approved by state or local government agencies
- Structured, comprehensive programs (individual care plans)
- Proprietary centers receiving Title XIX (Medicaid) for at least 25% of enrolled participants.



# ADULT DAY CARE

## “Ineligible” Adult Facilities:

- Residential institutions (nursing homes, residential health care facilities, and state institutions).
- Centers claiming Title III Funding for *all* participants.

# “AT RISK” AFTER SCHOOL CARE

- Eligibility:
  - Regularly scheduled activities in an organized, structured, and supervised program
  - Educational or enrichment activities
  - Located in a geographic area of a school serving 50% of students eligible for free/reduced priced meals



# “AT RISK” AFTER SCHOOL CARE

- Reimbursable meal types:
  - One Meal Type and One Snack per day
  - Claimed during the school year only
- Free Rate of Reimbursement
- No Means Testing (Eligibility Applications)
  - Attendance Zone Verification Letter





# “AT RISK” AFTER SCHOOL CARE



## Verification Letter must Certify:

- At-Risk After School Care Facility is Located within Attendance Zone of the School
- Signature of School Official



# **“AT RISK” AFTER SCHOOL CARE**

**Additional required documents:**

- **Sanitation Certificate**
- **Fire Inspection Certificate**
- **Certificate of Occupancy**

# “AT RISK” AFTER SCHOOL CARE

- Age Restrictions
  - School Age Through 18 Years
  - Any Individuals, Regardless of Age, Determined by the State Agency to Be Mentally or Physically Disabled



# “AT-RISK” AFTER SCHOOL CARE

## Exclusions:

- ∅ Organized Athletic Programs engaged only in Interscholastic Sports
- ∅ Community Level Sports Leagues





# EMERGENCY SHELTERS

- Facilities that provide temporary housing for children and their parents or guardians.
- Must be a residential facility for children and their parents or guardians.
- May claim reimbursement for residential children only.



# EMERGENCY SHELTERS

- Facilities must comply with local and state requirements for health and safety certifications.
- Facilities must meet CACFP meal pattern requirements. (Example: Milk must be served at each main meal)
- Program provides reimbursement for meals served to infants through age 18.
- May claim reimbursement for up to 3 main meals (breakfast, lunch, and supper) or 2 meals and 1 snack for each child each day.
- All meals are reimbursed at the CACFP free eligible rate.



# EMERGENCY SHELTERS

- Must be a congregate meal service
  - *Exception:* Sponsors may supply food for infants (0 through 11 months) to be fed in family quarters and claim reimbursement based on records of food supplied.
- Site personnel must ensure meal pattern requirements are met.
  - Shelter residents often plan and cook the residents' meals - Sponsor is responsible for ensuring that meals claimed for reimbursement meet meal pattern requirements.
- Meal counting procedures must ensure that only meals served to eligible children are claimed for reimbursement.

# VAC PERFORMANCE STANDARDS

- Financially  
**Viable**
- Organizationally  
**Accountable**
- Administratively  
**Capable**



# PERFORMANCE STANDARD #1: FINANCIAL VIABILITY

- All institutions must:
  - Have adequate resources to operate the program
  - Document their viability through audits and/or financial statements
  - Submit budgets in which costs are reasonable, necessary and allowable

**P.L. 106-224**



# FINANCIAL VIABILITY

- Facility is able to operate food service program independently of CACFP funds
- Institution makes proper expenditures
  - Nonprofit food service funds restricted to allowable CACFP costs
- Employees with financial management responsibilities are aware of fiscal procedures

# FINANCIAL VIABILITY

## ■ Other Financial Resources – Required:

- Program Reimbursements
- Grants and Loans
- Donations
- Other Federal Funds if permitted
- For-Profit Subsidiary



**DO NOT RELY ON CACFP AS PRIMARY FUNDING SOURCE**



# PERFORMANCE STANDARD #2: ORGANIZATIONAL ACCOUNTABILITY

- All institutions must:
  - Have adequate oversight by Board of Directors (nonprofit)
  - Have financial management systems in place
  - Implement appropriate recordkeeping practices
  - Ensure facility compliance with regulatory requirements





# ACCOUNTABILITY CONTROLS

- Staff training on yearly basis and as needed for new employees
- Monitoring
- Compliance with Administrative Cost Limit
- Program Requirements
- Meal Pattern Compliance

# PERFORMANCE STANDARD #3: ADMINISTRATIVE CAPABILITY

- Adequate, qualified staff
- Policies and procedures in place and documented:
  - Job descriptions
  - Budget/Management Plan
  - Staffing standards for monitoring





# **COMPLETING THE SPONSOR MANAGEMENT PLAN**

Your guide  
to a  
successful  
program!

# SPONSOR MANAGEMENT PLAN

## SPONSOR INFORMATION:

**Legal** Name of Agency: Apple Core Day Care Center Agreement # XX\_-21\_-999\_

Location 33 West State Street, 4<sup>th</sup> Floor\_\_\_\_\_

**Mailing Address** (if different) P.O. Box 334\_\_\_\_\_

City, State Trenton, NJ\_\_ Zip Code 08625 - EXT [REDACTED] County Mercer\_\_

Federal Identification 221336789\_\_ Agency Tel.# No: 609\_-984\_-1250\_\_

**Fax:** 609\_-984\_-0878\_ **E-mail Address:** applecore@wantsreimbursementnow\_\_

Telephone No. of **Person Responsible:** 609-984-1250

Federal ID #: 22100070012 NJ Vendor ID#: \_\_\_\_\_ DUNS #: 7348599812

AGENCY'S FISCAL YEAR END DATE: \_\_\_\_\_



APPLE CORE  
DAY CARE CENTER

## Federal ID Letter

### FEDERAL IDENTIFICATION NUMBERS FOR SPONSORS OF THE CHILD CARE FOOD PROGRAM

Each sponsoring organization of the Child Care Food Program must provide documentation as verification of their official name, address and federal identification number.

This information will be used to process all payments for the Child Care Food Programs, therefore, you are required to use the following sample letter on your agency's letterhead:

Dear Program Specialist:

The purpose of this letter is to provide you with our official name, address and federal ID number:

APPLE DAY CARE CENTER  
33 WEST STATE STREET  
TRENTON, NJ 08625

Our federal ID number is: E 0 221468357

If the name and address of your agency changes we will notify the Child Care Food Program in writing within ten days of the change.

Sincerely,

Frederick C. Cammus  
Executive Director

If you have any questions concerning your federal ID number, contact your Program Specialist at (609) 984-1250.

(609) 530-4324  
Apple Core Day Care Center  
1676 North Olden Avenue  
Trenton, NJ 08625

# DUNS NUMBER

## Federal Funding Accountability and Transparency Act (**FFATA**):

- **REQUIRED** – all recipients and sub-recipients of federal funding assistance are required to report funding data to publicly accessible federal website:  
[www.usaspending.gov](http://www.usaspending.gov)
- **OBTAIN** - DUNS Number (Dun and Bradstreet Data Universal Numbering System) at <http://fedgov.dnb.com/webform>
- **REPORT** – Sponsor Management Plan and Schedule A



# SYSTEMS FOR AWARD MANAGEMENT (SAM)

- Formerly the *Central Contractor Registration (CCR) Database*
  - collects, validates, stores and disseminates data for procurement purposes
- What you need to register :
  - DUNS Number, Tax Identification Number (TIN) and Taxpayer Name, Statistical Information about your business
- Note: New registrations may take several weeks or months to complete

# SAM REGISTRATION

- **OBTAIN** - [www.sam.gov](http://www.sam.gov)
- **RENEW**- Annually
- **REPORT** – Provide SAM registration number and confirmation of SAM registration in your approval packet



# CONGRESSIONAL DISTRICT

- **12** Congressional Districts representing NJ in the United States House of Representatives
- **LOCATE** – [www.house.gov](http://www.house.gov)
- **REPORT** at approval meeting in Trenton. This will be placed on Schedule A form.

# TAX EXEMPTION?

- **Tax Exempt under the Internal Revenue Code of 1954**
  - Must Attach a copy of your IRS Letter of Determination
  
- **For-Profit (Proprietary): Title XIX\_\_ Title XX\_\_ Expanded Provision\_\_**
  - Attach a signed copy of your Incorporation papers/Disclosure of Ownership with supportive documentation for the program(s) under your sponsorship.
  
- **Government Agency \_\_\_\_\_ (specify)**
  
- **Church (Affiliation) \_\_\_\_\_**
  - Attach Sponsoring organization letter(s)



# MULTI-STATE OR MULTI-PURPOSE?

- Is this a Multi-State agency?
  - (Do you operate in more than one state besides New Jersey?)
- Is this agency a multi-purpose organization?

# CACFP ADMINISTRATIVE STAFF

AGENCY REPRESENTATIVE	NAME	DATE OF BIRTH	ADDRESS	TELEPHONE
Exec. Director / Department Head / County Exec./Owner Person				
Person Responsible for CACFP Records				
Substitute Person Responsible for CACFP Records				

*(Address and Telephone Number Must be Different from Agency Information)*

# BOARD OF DIRECTORS -OR- OWNER/SOLE PROPRIETOR

BOARD OFFICERS	NAME	DATE OF BIRTH	ADDRESS	TELEPHONE
Board Chair/Owner/Sole Proprietor/Military-Installation Commander/Public Agency-Department Head				
Board Vice Chair				
Secretary				
Treasurer				

***(Address and Telephone Number Must be Different from Agency Information)***

# NEWS RELEASE

- Provide information to media serving the area from which the agency draws its attendance.
- Meals are available without regard to **race, color, national origin, sex, age or disability.**
- Include **Income Eligibility Guidelines** for free and reduced priced meals in your news release

**Sent To:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

**(Attach a copy of the news release with proof of submittal)**

# STAFF TRAINING

REQUIRED TOPICS	TRAINING DATE(S)	TRAINER(S)
Record Keeping		
Meal Service		
Sanitation		
USDA Meal Requirements		
Civil Rights		

**Note:** Training dates should occur after you have submitted your application.

# ELIGIBILITY RECORDS

<b>PROCEDURES FOR COLLECTING ELIGIBILITY INFORMATION</b>	<b>TITLE OF PERSON RESPONSIBLE</b>
Collect and evaluate	
Make determination	
Summarize eligibility on eligibility record	
Monitor new enrollments and withdrawals and reports summary on voucher	



# CACFP PROGRAM RECORDS

REQUIRED RECORD	MUST BE UPDATED	LIST PERSON RESPONSIBLE
Dated Menus	Monthly (at a minimum)	
Meal Counts	Taken At The Point Of Service For Each Meal	
Attendance	Daily	

# ARE YOU A SPONSORING ORGANIZATION?

## Apple Core Day Care



**Apples &  
Bananas  
Child Care**



**Carrots &  
Raisins  
Child Care**





# SPONSORING ORGANIZATION?

- Do you have:
  - Two or more day care facilities at different addresses?
  - A day care facility that is a legally distinct entity from your organization?
  - A day care facility that is located at an address away from the administrative office?



# SPONSORING ORGANIZATIONS

- **Sponsoring organizations are responsible for:**
  - **Monitoring of sites (3 per year)**
  - **Maintenance of all records**
  - **Integrity of program in all sites**
    - **VAC Performance Standards**
    - **Appeal Procedures**
    - **Hearing Official**



# SPONSOR REIMBURSEMENT

## Cash-in-Lieu

- Monthly reimbursement for meals served

## Commodities

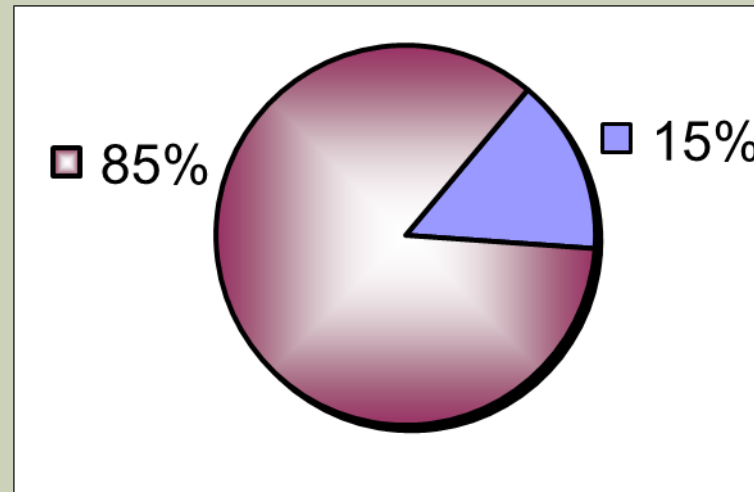
- Local and federal commodities provided for your self-prep kitchen
- Distributed at warehouses in Newark and Vineland

# ESTIMATING MAXIMUM CACFP REIMBURSEMENT

## Best Practice Model

### Food Service Costs:

Food,  
Labor,  
Non-Food  
Supplies



### Administrative Costs:

Admin. Labor,  
Office Supplies, etc.



# ELIGIBILITY CLASSIFICATIONS

- **Three categories based on income of families:**
  - Free
  - Reduced
  - Paid
  
- **Facilities receive reimbursement based on the number of participants falling into each category**

# PROJECTED REIMBURSEMENT

Number of days you will serve meals

X

Rate of reimbursement for free/reduced/paid categories

X

Average number of meals per day

Meal Type	Total # of Days	x	Current Rate	x	Average # Meals/ Day	=	Estimated Reimbursement
Breakfast	240	x	<b>F</b> <b>1.51</b>	x	42	=	\$15,220.80
	240	x	<b>R</b> <b>1.21</b>	x	2	=	\$580.80
	240	x	<b>P</b> <b>.27</b>	x	1	=	\$64.80



# WHAT IS YOUR AGENCY'S COST PER MEAL?

Lunch/Dinner Meal Pattern – 5 components

- Bread/Bread Alternate
- Fruit
- Vegetable
- Meat/Meal Alternate
- Milk

Apple Core's Sample Lunch:

- Brown Rice
- Red Grapes
- Stir-fried Broccoli & Carrots
- 1.5 ounce chicken
- 1% Milk



# APPLE CORE'S COST PER MEAL-

## SAMPLE LUNCH COSTS

### Bread/Bread Alternate:

■ Brown Rice:	3 pounds @ \$1.70/pound	\$5.10
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### Vegetables:

■ Broccoli:	5 pounds @ \$1.30/pound	\$6.50
■ Carrots:	3 pounds @ \$.80/pound	\$2.40

### Fruits:

■ Red Grapes:	8 pounds @ \$1.15/pound	\$9.20
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### Meat/Meat Alternate:

■ Chicken:	12 pounds @ \$1.40/pound	\$16.80
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### Milk:

■ 1% Milk	5 Gallons @ 3.29/gallon	\$16.45
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### Misc:

■ Olive Oil	3 pounds @ \$8.99/pound	\$26.97
■ Low Sodium Soy Sauce	2 bottles @ \$6.00/bottle	\$12.00
■ Herbs		\$ 5.00

**Total: \$130.42**

# COST PER SAMPLE MEAL (LUNCH)

Total Cost for Lunch Meal = \$130.42

Average number of meals per day = 50

Cost per Individual Meal:

$\$130.42 / 50 =$  \$2.61

# ESTIMATING FOOD COSTS

Average cost of each meal

X

Average number of meals per day

X

Number of days meal is offered

Meal Type	Average Cost / Meal	X	Average # Of Meals/ Day	X	# Days per Year	=	Total
Breakfast	1.90	x	45	X	240	=	20,520
Lunch	2.61	x	50	X	240	=	31,320
PM Supplement	1.05	x	100	X	240	=	25,200
<b>Line B: Total Estimated Costs for the Year:</b>							<b>77,040</b>

# ESTIMATING FOOD SERVICE LABOR

$$\begin{aligned}
 & \# \text{ Staff working on CACFP} \\
 & \quad \times \\
 & \# \text{ Hours / Day involved with food service labor} \\
 & \quad \times \\
 & \text{Hourly Wage} \\
 & \quad \times \\
 & \# \text{ Days / Year}
 \end{aligned}$$

Food Service Staff	Number of Persons	X	Hours/Day	X	Hourly Wage	X	#Days/Year	=	Total
Cook	1	x	8	X	\$10.00	x	240	=	19,200
Food Service Worker	1	x	4	X	\$8.50	x	240	=	8,160

**Line B: Total Estimated Food Service Labor Costs for the Year:** 27,360

# ESTIMATING ADMINISTRATIVE LABOR

$$\begin{aligned}
 & \# \text{ Administrative Staff working on CACFP} \\
 & \quad \times \\
 & \# \text{ Hours /Day involved with CACFP admin} \\
 & \quad \times \\
 & \text{Hourly Wage} \\
 & \quad \times \\
 & \# \text{ Days/Year}
 \end{aligned}$$

Administrative Staff	Number of Persons	X	Hours/Day	X	Hourly Wage	X	#Days/Year	=	Labor Cost
Monitor	1	x	2	X	\$13.00	x	120	=	3,120
Program Coordinator	1	x	2	X	\$16.00	x	120	=	3,840
Line B: Total Estimated Administrative Costs for the Year:									\$6,960

# FINANCIAL VIABILITY & MANAGEMENT SUMMARY

**Total Estimated Reimbursement: \$66,204.00**

**Estimate of Food Costs: \$77,040**

**Estimate of Food Service Labor Costs: \$27,360**

**Estimate of Food Service (other) costs: \$ 600**

**Total Estimate of Food Service Cost: \$105,000**

**Estimate of Administrative Labor Cost: \$6,960**

**Estimate of Administrative Other: \$ 300**

**Total Estimate of Administrative Costs: \$7,260**



# FINANCIAL VIABILITY & MANAGEMENT SUMMARY

Total Estimated CACFP Cost: \$112,260

Total Estimated Reimbursement: \$66,204

Difference: \$47,436

Question: How will you account for this difference?



# PROGRAM COST RECORDS

<b>Required Record</b>	<b>Type of Documentation</b>
<b>Food Purchases</b>	<i>Receipts</i>
<b>Non-Food Supplies</b>	<i>Receipts</i>
<b>Food Service Equipment</b>	<i>Invoices</i>
<b>Part Time Food Service Labor</b>	<i>Timesheets</i>
<b>Part Time Administrative Labor</b>	<i>Payroll</i>
<b>Purchased Services</b>	<i>Invoices</i>
<b>Other/Administrative</b>	<i>Receipts</i>



# CERTIFICATIONS

- Sponsoring Organization
- Business Integrity
- Board Member
- Outside Employment
- Field Trip
- VAC Performance Standards

# CIVIL RIGHTS

And  
Justice  
for All

# CIVIL RIGHTS GOALS

- Equal treatment for all participants and beneficiaries under the law
- Knowledge of Rights & Responsibilities
- Elimination of illegal barriers that prevent or deter people from receiving benefits
- Dignity and Respect for All





# CIVIL RIGHTS LAWS

- Title VI of the Civil Rights Act of 1964 - Race, Color, National origin
- Title IX of Education Amendments of 1972 - Sex
- Section 504 of Rehab. Act of 1973 - Disability
- Age Discrimination Act of 1975 - Age
- Civil Rights Restoration Act of 1987



# HEART OF TITLE VI

No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial Assistance.

42 U.S.C. s 2000d



# WHAT IS DISCRIMINATION?

**Discrimination** is defined as different treatment which makes a distinction of one person or a group of persons from others; either intentionally, by neglect, or by the actions or lack of actions based on....



# 6 PROTECTED CLASSES

- Race
- Color
- Sex
- Age
- National Origin
- Disability





# POSSIBLE EXAMPLES OF DISCRIMINATION IN THE FOOD PROGRAM

- Separating boys and girls during meal service time
- Failing to provide participants with special needs accommodating meals
- Providing different food to different classrooms or participants within the same classroom
- Providing specific information only to those participants/parents who speak the same language



# 7 AREAS OF CIVIL RIGHTS COMPLIANCE

- **Public Notification System**
- **Data Collection**
- **Training**
- **Compliance Reviews**
- **Civil Rights Complaints**
- **Assurances**
- **Limited English Proficiency**

# PUBLIC NOTIFICATION SYSTEM

All CACFP institutions must display the “And Justice For All”, nondiscrimination poster in a prominent place



# PUBLIC NOTIFICATION SYSTEM

All CACFP institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the CACFP.





# DATA COLLECTION & MAINTENANCE

- Each CACFP institution must ensure that **Racial/Ethnic Data** are collected and maintained on file for **5 years** for **each facility it sponsors**.
- This data must include the number of children *actually* participating and the *estimated* number of potential eligible children by racial/ethnic category.



# CIVIL RIGHTS TRAINING

- **All Staff should receive Training on all aspects of Civil Rights Compliance.**
- **Staff should be able to identify a civil rights complaint if received.**
- **Civil Rights Training Power Point Presentation available at NJCACFP website:**

<http://www.state.nj.us/agriculture/divisions/fn/childadult/cacfpcivilrights.ppt>

# CIVIL RIGHTS COMPLAINT HANDLING

- **Right to file a complaint:** Any person alleging discrimination has a right to file a complaint within 180 days of the alleged discriminatory action.
- **Acceptance:** All civil rights complaints, written or verbal, shall be accepted and forwarded to the Civil Rights Division of the USDA Food and Nutrition Service.
- **Complaints** can be written or verbal, or anonymous.



# CIVIL RIGHTS

**What do you think?**



**WHEN IN DOUBT...**

**Call your specialist!!!!**



# PREPARING FOR YOUR APPROVAL MEETING

Downtown  
Trenton, NJ



# APPLICATION CHECKLIST

- 1. Sponsor Management Plan**
- 2. Outside Employment Policy**
- 3. SAM and DUNS Registration Confirmation**



# APPLICATION CHECKLIST

## 4. Sponsoring Organizations:

1.) Monitoring Schedule

2.) Pre-Approval Form

3.) Job Description for staff involved  
with CACFP



# APPLICATION CHECKLIST

**5. Pink & White Agreements**

**6. Federal ID Letter on Letterhead**

**7. 501(c) 3 (Nonprofit)**

**8. Disclosure of Ownership & Certificate of Incorporation (For Profit)**



# APPLICATION CHECKLIST

**9.** W-9 Form

**10.** a. Eligibility Applications  
b. Eligibility Record(s)

**11.** News Release

**12.** Procurement Standards



# APPLICATION CHECKLIST

**13.**Pre-Award Civil Rights

**14.**Application Checklist

**15.**Program Application(s)

# PROGRAM APPLICATION

## CHILD AND ADULT CARE FOOD PROGRAM – PROGRAM APPLICATION

*(COMPLETE ONE FORM PER PROGRAM)*

### 1. PROGRAM INFORMATION

Agreement # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Program Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Person at Site Responsible for CACFP \_\_\_\_\_

### 2. TYPE OF TAX EXEMPTION:

- Program shares Sponsor's Tax-exempt status. (Attach a letter from Sponsoring Organization.)
- Program has individual tax exemption. (Attach a copy of IRS Letter of Determination.)
- Public (Specify Government Agency) \_\_\_\_\_ (Attach a letter from Gov't. Agency.)
- Proprietary Title XIX / XX Center. (Provide certification to demonstrate that at least 25% of enrolled participants were either Title XIX beneficiaries or Title XX beneficiaries during the most recent calendar month.)

### 3. DAY CARE APPROVAL LETTERS AND CERTIFICATES: (Attach a copy of your License Approval Letter to this form)

Check the type of program and list the certification expiration date, age group, capacity and hours of care for the program.

*(Complete Only One Line Per Form)*

TYPE OF PROGRAM	*CERTIFICATE	LICENSE CAPACITY	EXP. DATE	LICENSE AGE RANGE		HOURS OF CARE	
				From	To	From	To
<input checked="" type="checkbox"/> Infant 0-2(1/2)	NJCC Center License						
Preschool 2(1/2)-5	NJCC Center License						
Outside School 6-12	NJCC Center License						
Military 0-12	Commander Approval Letter						
Adult Day Care 60-Up	License/Gov't Approval Letter						
At-Risk* School Age - 18	Health & Sanitation & Fire/Bldg. Cert.						
Emergency Shelter 0-12	Health & Sanitation & Fire/Bldg. Cert.						

#### ADULT DAY CARE CENTERS ONLY. Must complete this section ( a. - e. )

Attach copy of current license or letter of approval. Document must be current and include approved level of service (client capacity) to functionally impaired adults.

- a. Name of the federal, state, or local government agency that has licensed or approved the program to provide day care services to functionally impaired adults: \_\_\_\_\_
- b. Does this program have an individual plan of care for all functionally impaired participants?  YES  NO
- c. Does this program provide a structured, comprehensive health program, social & related support services?  YES  NO
- d. Does this program receive Title III funds for any meals served?  YES  NO
- e. List the effective date of the health and sanitation certificate for this site? \_\_\_\_/\_\_\_\_/\_\_\_\_ (Attach a copy)

### 4. PROGRAM ENROLLMENT/ELIGIBILITY DATA:

a. Does this program have complete CACFP eligibility applications on file for all participants?

YES  NO

b.

#Enrolled	#Free	#Reduced	#Paid

### 5. TYPE OF FOOD SERVICE:

#### a. Self Preparation

- On-Site
- Satellite from Central Kitchen\*
- Central Kitchen Address: \_\_\_\_\_

\*Attach a copy of the central kitchen sanitation report.

#### b. Vended\*

- Bid - \$10,000 & over (proprietary agency)
- Bid - \$100,000 & over (not-for-profit agency)\*
- Small Purchases (under \$10,000 or \$100,000)\*
- School Food Service Contract
- (Attach a copy of the contract to this form)

### 6. MEAL PATTERNS:

a. Check each meal type which is served on a regular basis for which you are claiming reimbursement in the CACFP.

BREAKFAST  A.M. SUPPLEMENT  LUNCH  P.M. SUPPLEMENT  DINNER

Meal Service Time: \_\_\_\_\_

b. REGULAR MEAL SERVICE DAYS:  MON  TUES  WED  THURS  FRI  SAT  SUN

c. SPECIAL MEALS: Is a different meal pattern served during holidays, summer or school closings?  YES  NO

If Yes, Check:  BREAKFAST  A.M. SUPPLEMENT  LUNCH  P.M. SUPPLEMENT  DINNER

Meal Service Time: \_\_\_\_\_

### 7. DATES OF OPERATION: First date of meal service: \_\_\_\_/\_\_\_\_/\_\_\_\_. Will this program close during the year? YES NO

If yes, list the dates when this program will be closed for 2 or more weeks: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that this information is being given in connection with the receipt of Federal funds; that Department officials, may for cause, verify information; that the information provided on this form is true to the best of my knowledge and that deliberate misrepresentation may subject me to prosecution or civil action under applicable State and Federal criminal or civil statutes.

Signature of Authorized Program Representative \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

TDW3 by CACFP PROGRAM APP





# PROGRAM APPLICATION

**Section 1: Program Information**

**Section 2: Tax Exemption & Accompanying Documents**

# PROGRAM APPLICATION

## 3. Determining number of programs

- Age classification
  - Infant: 0 – 2 ½
  - Preschool: 2 ½- 6
  - Outside School: 6 – 12
  - Adult Day Care: 60 and Up
  - At Risk After School: School Age – 18
  - Emergency Shelter: 0-18

## 4. Program Enrollment/Eligibility Data

***Note, any variation requires an individual program application.***



# TYPES OF MEAL SERVICE

## **Self Preparation**

- Requires local health department inspection
- Post sanitation certificate in visible location

## **Vended Food Service**

- Requires CACFP Food Contract
- Renew on yearly basis

# FOOD SERVICE CONTRACTS

Use a “small” food service contract IF:

- Your annual food service costs are less than \$150,000.00
- You will contract with a local school or hospital

When entering into an agreement with a vendor:

- Ensure that the vendor is agreeing on a price according to the sample menu your facility has created
- Provide the vendor’s sanitation certificate with your approval package
- Provide updated contract to the CACFP office on an annual basis



# FOOD SERVICE CONTRACTS

Go out to “bid” IF:

- Your annual food service costs are more than \$150,000.00

When going to bid:

- Place advertisement in the newspaper
- Create a sample menu for vendors to base their price upon
- Complete contract to provide to potential vendors
- Provide proof of the vendor’s sanitation certificate in approval package
- Provide a minimum of two BIDs to the CACFP office for approval
- May use a one page “addendum” after one year
- Go out to bid again after three years




# PROGRAM APPLICATION

**6. Meal Patterns**

**7. Dates of Operation**

**8. Signature**



**16.Sponsoring Organizations:** if the facility you are sponsoring is a separate legal entity from yours, please include:

- a. Sponsor Center Agreement
- b. Program's Federal Tax Status
- c. Sponsoring Organization Letter



# APPLICATION CHECKLIST

## 17. “At-Risk” After School Programs:

- Attendance Zone Verification
- Fire Inspection Certificate
- Certificate of Occupancy





# APPLICATION CHECKLIST

**18.** Proprietary Letter of Certification

**19.** License or Letter of Approval

**20.** Food Service Contract if using a vendor

a. If you went out to bid, bring:

- Newspaper Advertisement placed

- Copies of bids submitted by

- vendors (both accepted and declined)



# APPLICATION CHECKLIST

**22.** Sanitation Certificate from Vendor

**23.** Sanitation Certificate from Facility

**24.** Sample Dated Menu

- Include Facility Name on top

- 30 Day Format Recommended

- Include all meals for which you are seeking reimbursement

# NEW SPONSOR APPROVAL

- Trenton Office Approval Appointment
  - Call your Specialist for Assistance
- Bring all documents required and provided in envelope
- Ensure all names and addresses are consistent on each document
- Arrive on time
- Must be **APPROVED** by 90 days from the last day of New Sponsor Training

**QUESTIONS?**

**THANK YOU!**

Contact us at:  
**609.984.1250**

Fax:  
**609.984.0878**