

**CHILD AND ADULT CARE FOOD PROGRAM
FAMILY DAY CARE HOME SPONSOR REVIEW FORM**

<input type="checkbox"/> <i>Initial-4 week review</i>	<input type="checkbox"/> <i>Unannounced review</i>	<input type="checkbox"/> <i>Follow-up Visit:</i> _____ <i>(DATE & INITIAL)</i>
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1. Name of Sponsor:	2. Agreement Number:
3. Address:	4. Telephone Number:
5. Name of Person Interviewed:	6. Title:
7. Review Month	8. Number of Homes/ Sample Size:

<i>COMPLETE DOCUMENTS ON FILE</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>COMMENTS</i>
9. Application				
10. Agreement				
11. Approved Free and Reduced Price Policy Statement <i>(State Agency Only)</i>				
12. News Media Release <i>(State Agency Only)</i>				
13. Contracts Management Plan (including Budget)				
14. Provider Applications (for each provider)				
15. Sponsor/Provider Agreement (for each provider)				
16. Monitoring Documentation				
17. Household Contact Documentation				
18. Training Documentation				
19. Attendance/Meal Count Documentation				
20. Monthly Claims for Reimbursement				
21. State Agency Administrative/Policy Memorandum				
22. The sponsor maintains all records for FIVE years following the end of the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed.				
23. Non-Profit Documentation				
24. Procurement Documentation				
25. Reconciliation Report				

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PROVIDERS' FILES (SAMPLE SIZE CONFIGURATION)					
26. Determine the minimal sample size of provider files that must be reviewed: a. If the sponsoring organization has 1 to 100 providers, then review the files for at least 10 percent of the total number of providers under the sponsorship. b. If the sponsoring organization has more than 100 providers, then review the files for at least 5 percent of the first 1,000 providers and 2.5 percent of the providers in excess of 1,000.	*Please note that this is the MINIMAL sample size. Should time permit, a larger sample size should be used.				
	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Total Number of Providers for Review Month (A)</th> <th style="width: 50%;">Percentage (circle one using guidance 26A or 26B (B))</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Total Number of Providers for Review Month (A)	Percentage (circle one using guidance 26A or 26B (B))		
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PARTICIPATION DATA AND ELIGIBILITY	Y	N	N/A	COMMENTS
27. The sponsor only claimed reimbursement for approved providers. If "NO," list the providers who were claimed but not approved. Record required corrective action.				
28. Enrollment records are on file to support all children whose meals are claimed by the providers. If "NO," list the providers who claimed children who are not supported by enrollment records.				
29. Children enrolled are within the regulatory age limits. If "NO," list the providers who claimed children who are not within the regulatory age limits.				
30. The sponsor uses the current income eligibility application and parent/guardian letter approved by the State agency. If "NO," explain.				

TIERING POLICY AND DATA	Y	N	N/A	COMMENTS
31. The sponsor consistently implements the systems described in their management plan for identifying and determining Tier I and Tier II homes. List the number of homes by Tier and Sub-Category: Tier I A _____ (school data) Tier I B _____ (census data) Tier I C _____ (provider income) Tier II _____ Tier II Mixed _____				<u>Verified</u> Tier I A _____ (school data) Tier I B _____ (census data) Tier I C _____ (provider income) Tier II _____ Tier II Mixed _____
32. The sponsor has a policy in place for re-evaluating the tiering status of homes and making re-determinations.				
33. Indicate incorrect tier determinations on the worksheet on The following page:				

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TIER II DATA	Y	N	N/A	COMMENTS
40. The sponsor has informed Tier II providers of the option of identifying income eligible children in their care.				
41. The sponsor makes income eligibility forms available to households of children enrolled in Tier II homes at the provider's request.				
42. Completed income eligibility forms are sent directly from the households to the sponsor.				
43. The sponsor maintains the confidentiality of income eligibility information.				
44. Income eligibility forms are on file and correctly approved for each child claimed for Tier I reimbursement rates in a Tier II home.				
PROVIDER'S OWN				COMMENTS
45. Indicate the number of approved providers submitting claims for their own children: <i>Number of providers:</i>				
46. Indicate the number of free or reduced-price applications on file for these children: <i>Number of applications:</i>				
47. Indicate the total number of providers' children approved for free and reduced price meals: <i>Number of children approved:</i>				
48. Indicate the number of free and reduced price applications for these children incorrectly classified: <i>Number incorrectly classified:</i>				
	Y	N	N/A	COMMENTS
49. Free or reduced-price applications were on file for each provider's child claimed during the review month. If "NO," list the providers who claimed their own children without an approved application in Item #51.				
50. The sponsor correctly approved each free or reduced-price application. If "NO," list the providers whose applications were incorrectly approved in Item #51.				
51. Providers own children were only claimed when other enrolled day care children were present and claimed for the same meal. If "NO," list the providers who claimed their own children when other day care children were not present and claimed in Item #51.				

Comments:

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52. WORKSHEET FOR PROVIDER'S OWN

<i>Provider</i>	<i>Child's Name</i>	<i>App. on File</i>	<i>Eligible/ Ineligible</i>	<i>Corrected Determination</i>	<i>Deficiency: e.g. claimed/others not present; outdated income sale</i>

CLAIM FOR REIMBURSEMENT VERIFICATION

<i>MENUS</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>COMMENTS</i>
53. Daily, dated menus are on file for all meals claimed. If "NO," list the providers who claimed meals that were not supported by daily, dated menus.				
54. The sponsor reviews provider menus and accurately verifies menus for meal pattern requirements. If "NO," explain.				
55. The sponsor provides ongoing assistance to all providers on the principles of menu planning, nutrition, dietary guidelines, etc. If "NO," explain.				
<i>MEAL COUNTS</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>COMMENTS</i>
56. Daily meal count records are maintained for each enrolled child for each serving day of the month. If "NO," list the providers who lacked complete meal count records.				
57. The sponsor implements procedures that insure accurate meal counts. If "NO," explain.				
58. The sponsor correctly totaled daily meal counts by meal type and reimbursement rates (Tier I and Tier II) for all providers. If "NO," explain.				
59. The sponsor correctly consolidated the total meal counts and submitted an accurate Claim for Reimbursement. If "NO," explain and record in Item #59 (Meal Count Adjustment by Tier).				

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60. A) 5-Day Reconciliation

- a. List the meal count totals, and attendance totals for the observed meal for the previous five (5) days and compare to enrollment records. Is there evidence of meal count verification in the five-day reconciliation? *If yes, document the meal counts, attendance, and enrollment for an additional 10 consecutive days and determine if a follow-up visit and/or parental contacts are necessary.*

<i>Date</i>															
<i>Meal Count</i>															
<i>Attendance</i>															
<i>Enrollment</i>															

- b. Do the meals claimed support both the attendance and enrollment records?

- c. Explain any differences.

61. B) Summary of Meal Count Adjustments (optional)

Provider Name	Tier Status	Meal Count Verification		Breakfast		Lunch		Supper		Snacks (circle one)	
		Problem(s)	# of Children	Reported	Verified	Reported	Verified	Reported	Verified	Reported	Verified
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE
										AM / PM / EVE	AM / PM / EVE

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62. C) Meal Count Totals/Adjustments by Tier:

<i>Month: _____</i>				
	<i>Per Claim</i>	<i>Per Review</i>	<i>Overclaimed Underclaimed</i>	<i>Meals</i>
<i>Tier I</i>				
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Eve Snacks				
<i>Tier II High</i>				
	<i>Per Claim</i>	<i>Per Review</i>	<i>Overclaimed Underclaimed</i>	<i>Meals</i>
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Eve Snacks				
<i>Tier II Low</i>				
	<i>Per Claim</i>	<i>Per Review</i>	<i>Overclaimed Underclaimed</i>	<i>Meals</i>
Breakfast				
AM Snack				
Lunch				
PM Snack				
Dinner				
Eve Snacks				

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63. A) ADMINISTRATIVE COSTS			
<i>Budget Line Items:</i>	<i>Pages FNS Instructions 796-2</i>	<i>Approved Annual Budgeted Amount</i>	<i>Amount Claimed for Month</i>
Administrative Labor - Salaries (attach staffing chart and organization chart)	42-58	\$	\$
Administrative Labor - Benefits and Other Compensation Employer Tax Withholding: Health Insurance: Life Insurance: Retirement: Incentive Payments and Awards: Other (Specify):	42-58	\$	\$
Rental and Lease Costs (space and equipment): attach copies of all lease agreements Office Space (Main): Office Space (Sub-offices): Business Use of a Home: Equipment: Computer: Other (specify):	68-75	\$	\$
Depreciation/Use Allowance (space and equipment): attach depreciation schedules Depreciation of building owned by agency: Depreciation of Equipment:	29-31	\$	\$
Equipment - Direct Expensing (acquisition cost in excess of \$5,000): Itemize and attach procurement documentation	33-34	\$	\$
Travel Costs Facility Monitoring: Local Travel: Out of Town Travel (excluding conferences):	76-79	\$	\$
Communications Expense: Telephone-Local: Telephone-Long Distance: Fax: Cell Phones: Pagers: Internet Access: Postage:	23	\$	\$
Materials and Supplies Office Supplies Durable Supplies (i.e. equipment acquisition cost less than \$5000): Computer Software:	62	\$	\$

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60. B) ADMINISTRATIVE COSTS (continued)			
Budget Line Items:	Pages FNS Instructions 796-2	Approved Annual Budgeted Amount	Amount Claimed for Month
Publication, Printing and Reproduction Outside Printing: Photocopying: Newsletter:	67	\$	\$
Advertising and Public Relations Costs Procurement: Personnel Recruitment: Outreach:	20-21	\$	\$
Participant Training and Other Participant Support Costs Provider Training: Outside Speakers: Refreshments: Training Materials: Calendar Keepers: Nutrition Education Materials: Appeal Costs:	64-66	\$	\$
Meetings and Conferences (include travel cost) Annual VA FDC Training Conference: The Sponsors Association Conference: FRAC Legislative Conference: The Sponsor's Forum Conference: Minute Menus Annual Training: Society for Nutrition Education: American Dietetic Association: Other (specify):	62-63	\$	\$
Membership, Subscriptions, and Professional Organization Activities VA Sponsors Association: The Sponsors Forum: The Sponsors Association: TLC Newsletter: Other (specify):	63-64	\$	\$
Insurance (attach copies of policies) General Liability Workman's Compensation	36-38	\$	\$
Audit	21	\$	\$
Day Care Home Licensing Standards Costs	27-29	\$	\$
Records Retention Costs Off-site Storage:	68	\$	\$
Legal Expenses and Other Professional Services	58	\$	\$

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60. C) ADMINISTRATIVE COSTS (continued)			
Budget Line Items:	Pages FNS Instructions 796-2	Approved Annual Budgeted Amount	Amount Claimed for Month
Purchased Services - Other Equipment Maintenance: Payroll: Computer Hardware/Software Support:	67-68	\$	\$
Membership, Subscriptions, and Professional Organization Activities NJ Sponsor Association The Sponsor Forum The Sponsor Association TLC Newsletter Other: _____	63 - 64		
Participant Training and Other Participant Support Costs Provider Training Outside Speakers Refreshments Training Materials Calendar Keepers Nutrition Education Materials Appeal Cost	64 - 66	\$	\$
Indirect Cost	12 – 13	\$	\$
Other			
Accounting	19	\$	\$
Administrative Appeal Costs	19-20	\$	\$
Bonding Cost	22 – 23	\$	\$
Contribution and Donation Cost	24	\$	\$
Criminal and Civil Proceedings, Claims, and Appeals	24 – 27	\$	\$
Employee Morale, Health and Welfare Cost and Credit	31 – 33	\$	\$
Facilities and Space Cost (Including utilities and maintenance) Gas Electric Oil Janitorial Trash Removal Snow Removal	34 – 36	\$	\$
Interest, Fund Raising, and Other Financial Cost	38 - 41	\$	\$
Management Studies	61	\$	\$

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<i>Other: (continued)</i>				
Proposal Costs	66 – 67			
Taxes (excluding employee withholding taxes)	66 – 67			
Property Taxes	74 – 75			
Termination Cost	75 – 76			
Other: _____				
Other: _____				
64. Describe and/or explain any administrative cost discrepancies noted by the reviewer.				
65. Administrative costs are recorded in the sponsor’s accounting records and reported on the claim for reimbursement on an accrual basis.			Yes _____ No _____	
66. a. Amount of administrative (cost) reimbursement received: b. Amount of labor cost reported: \$ _____ c. Amount of non-labor cost reported: \$ _____			\$ _____	
67. Identify the other sources of income available to the sponsor to meet financial liabilities incurred in excess of reimbursement if it appears that costs exceed reimbursement over an extended period.				
<i>FISCAL INTEGRITY</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>COMMENTS</i>
68. 62. The sponsor compares actual expenditures to approved budget on an on-going basis.				
69. The sponsor reconciles food service payments periodically (Y/N). Indicate Frequency (i.e. monthly, quarterly, etc.) _____				
70. The sponsor completes an evaluation, analysis and reconciliation of the FY’s financial transactions at the end of the FY.				
71. The sponsor submits any FY end adjusted claims no later than Dec 31 each year.				
72. The sponsor receives advance administrative funds.				
73. The sponsor disburses the full amount of reimbursement due to the provider. If “NO,” explain.				

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TRAINING				COMMENTS
74. The sponsor gives training specifically related to the CACFP requirements to each new provider. If “NO,” explain.				
75. The sponsor has documentation (attendance sheet) to verify that annual training was provided to each provider. If “NO,” explain.				
76. The sponsor has copies of annual training agendas. If “NO,” explain.				
77. The training topics facilitate meeting the goals of the provider practices. If “NO,” explain.				
78. The sponsor has incorporated provider recommendations for future training topics. If “NO,” explain.				
79. The sponsor has conducted and documented the required annual training for its administrative staff. If “NO,” explain.				
80. Describe the actions taken by the sponsor to ensure all providers attend training.				
81. Does sponsor have suggestions for future State Agency training?				
MONITORING	Y	N	N/A	COMMENTS
82. The sponsor used the review form required/approved by the State agency. If “NO,” explain.				
83. Documents are on file to support sponsor’s monitoring efforts. If “NO,” explain and record in Item #92 (Documented Monitoring).				
84. The sponsor has conducted all required reviews during the last 12 months. If “NO,” explain on				
85. The sponsor has implemented the monitoring schedule as described in the management plan for the program year. If “NO,” explain.				
86. The sponsor maintains complete and accurate records of corrective actions taken. If “NO,” explain.				
87. Do monitors adequately document the review of the home?				
88. The sponsor conducted follow-up reviews when necessary. If “NO” explain.				
89. Describe how the sponsor ensures that effective corrective action occurs.				
90. Describe procedures implemented by the sponsor for dealing with providers with ongoing noncompliance.				
91. Has NJ household contact policy been implemented? Does it comply with requirements? Review documentation of case examples.				
CURRENT ISSUES				
92. Describe innovations, new projects, current concerns or other issues specific to the sponsor (<i>optional</i>):				

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<i>Civil Rights Data</i>	Y	N	N/A	COMMENTS
103. The sponsor/institution collects racial/ethnic data for enrolled children at each center annually and keeps this information on file for the required time period.				
104. The sponsor/institution announces publicly that admission is open to all regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.				
105. The sponsor/institution allows equal access to its program, regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.				
106. The sponsor/institution collects the number of potential eligible participants by racial/ethnic category for the area served each year.				
107. All publications and other forms of communication, such as radio and TV announcements used to inform the general public, parents of beneficiaries and potential beneficiaries, about the program, include the required nondiscrimination statement and the procedure for filing a complaint. (Note: Radio or TV announcements 30 seconds or less may use the phrase, "This is an equal opportunity program.")				
108. The nondiscrimination poster "...AND JUSTICE FOR ALL" is posted in a conspicuous place.				
109. Informational materials are provided in the appropriate translation concerning the availability and nutritional benefits of the program, as needed.				
110. The sponsor/institution makes CACFP information available to the public upon request.				
111. Materials provided by the sponsor/institution, which explain the CACFP to parents, include the nondiscrimination statement and the procedure for filing a complaint.				

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112. Did the sponsor/institution conduct the required Civil Rights Training?				
113. Actual current attendance by ethnicity and racial/ethnic group (leave boxes blank for those not included): Complete chart below.				

a. Please **select one** of the following:

a. Ethnicity –

Hispanic or Latino	Not Hispanic or Latino

b. Please **select one or more** of the following:

b. Race

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

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The process used by a family day care home sponsor to determine the amount of reimbursement earned by a family day care home provider involves several edits.

<i>Optional: Check the item listed below that the sponsor has implemented.</i>				
<i>EDITS/Checklist</i>	Y	N	N/A	COMMENTS
114. A provider application is on file with the sponsor.				
115. A current Sponsor/Provider Agreement is on file with the sponsor.				
116. A current income eligibility form is on file with the sponsor for providers claiming their own children.				
117. If applicable, the income eligibility form is correctly approved/denied by the sponsor.				
118. The provider is currently licensed, registered or alternately approved.				
119. Current enrollment record/form is on file to support each child whose meals are claimed for reimbursement.				
120. The provider only claims meals/snacks for which they have been approved.				
121. Complete names of children are listed on meal count records.				
122. The sponsor counts the total number of meals/snacks reimbursed correctly.				
123. If applicable, menus recorded on review forms are the same as on the recorded menu.				
124. If applicable, meal attendance recorded on review forms are the same as the recorded meal count records.				
125. Meals/snacks claimed meet the meal/snack pattern requirements.				
126. Children claimed are within the regulatory age limits.				
127. Provider's children are only claimed when other enrolled day care children are present and claimed.				
128. Written verification is on file for meals/snacks claimed on weekends and/or holidays.				
129. Only the allowable number of meals/snacks is claimed per child per day.				
130. The provider is at/within capacity.				
131. The provider is at/within ratio.				
132. A maximum of 28 days are claimed in February, 30 days for September, April, June and November.				
133. Meal count verification of meal types (attendance patterns are noted; few or no absences).				
134. Parent surveys are initiated to verify hours in care/meals received especially for claiming on weekends, holidays or evenings.				
135. Has the sponsoring organization implemented the seriously deficient process?				

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137. Summary of Findings

Federal regulations for the Bureau of Child Nutrition and the Child and Adult Care Food Program Agreement require that each sponsor follow all procedures described therein. The administrative review evaluated the overall operation of the food program. This section summarizes the overall findings of the administrative review and lists the program deficiencies noted as well as the corresponding corrective actions necessary for program compliance. Failure to comply could result in an overclaim or seriously deficient determination to your sponsorship.

<i>Item #</i>	<i>Description of Finding</i>	<i>Corrective Action (C.A.) Needed</i>	<i>C.A. Due Date</i>	<i>Follow-up Visit Date</i>	<i>Date Corrected</i>
1)	<p>Determinations of Individual Household Eligibility for all enrolled participants classified either in the Tier I or Tier II categories and enrollment forms were examined. (Refer to the Sponsor Review Form - Participation Data and Eligibility section, page 2.)</p> <p><input type="checkbox"/> Tiering Verification Data (Sponsor Review Form, Pages 2- 4) Family Day Care Food Program regulations require sponsors to maintain income eligibility applications and the source of information used to verify the provider’s household income or categorical eligibility. At the time of the review, the source data tiering information on file was incomplete</p> <p>Incomplete Family Day Care Food Program records result in reduced reimbursement. _____ were incomplete, _____ were outdated and _____ were missing. Refer to page(s) _____ for details.</p> <p><input type="checkbox"/> Enrollment Data (Sponsor Review Form, Pages 2- 4) Family Day Care Food Program regulations require sponsors to maintain enrollment and eligibility data on all participants claimed for reimbursement. At the time of the review, enrollment forms were not on file for enrolled participants. Refer to page (s) _____ for details.</p> <p><input type="checkbox"/> Problems were identified with the following:</p> <p><input type="checkbox"/> Current Agreement b/w Sponsor & Provider</p> <p><input type="checkbox"/> Current Provider application w/ Tiering Information</p>	<p><input type="checkbox"/> <i>Submit a corrective action plan explaining the procedure your agency will follow to ensure that all program documents pertaining to the Child and Adult Care Food Program will be complete, current, properly determined, and maintained on file. In your explanation, be specific about who will collect these documents, the procedure they will use and how often this information will be collected and maintained. In addition, submit a copy of the corrected or missing documents.</i></p> <p><input type="checkbox"/> Item(s) _____ is/are repeated finding from the _____ Administrative Review.</p>			

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Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p>Determinations of Individual Household Eligibility for all enrolled participants classified either in the Tier I or Tier II categories Enrollment Forms, and Provider’s Own requirements were examined. (Refer to the Sponsor Review Form - Participation Data and Eligibility section, pages 2 - 4.) (continued)</p> <p><input type="checkbox"/> Provider’s Own (Sponsor Review Form, Pages 4) Family Day Care Food Program regulations indicate that only Tier I Day Care Homes providers are eligible to receive reimbursement for their own children. At the time of the review,</p> <p><input type="checkbox"/> Meals were claimed for the child of a Tier II Day Care Home provider. Tier II Day Care Home providers are not allowed to claim their own children.</p> <p><input type="checkbox"/> Meals were claimed when non-residential children were not present during the meal service.</p> <p>Therefore, meals claimed for this (these) child(ren) was/were disallowed, which resulted in an overclaim as illustrated on Attachment A.</p> <p>2. Examination of program costs, meal count records, attendance records, and dated menus were made for the month of _____. (Refer to the Sponsor Review Form - Reimbursement Verification section, pages 6 -10.)</p> <p><input type="checkbox"/> Program Cost (Sponsor Review Form, Pages 8 - 10) CACFP Administrative Reimbursement (labor & non-labor) for sponsors of homes is based on the number of homes operating by the home rate. The Provider Reimbursement is the sum of the total number of meals served multiplied by the appropriate tier rate of reimbursement for each meal type. At the time of the review,:</p> <p><input type="checkbox"/> Administrative cost was based on a pre-existing dollar amount not the actual eligible labor/non-labor costs that was incurred during the month.</p> <p><input type="checkbox"/> Administrative costs are claimed in the indirect cost and direct cost categories. Sponsor must utilize only one category.</p> <p><input type="checkbox"/> Administrative cost was not claimed.</p>	<p><input type="checkbox"/> <i>Submit a corrective action plan fully explaining the process you will use to ensure that only eligible meals are claimed for reimbursement. In your explanation, be specific about who will collect these documents, the procedure they will use and how often this information will be collected and maintained.</i></p> <p><input type="checkbox"/> <i>Submit a corrective action plan explaining the procedure your agency will follow to ensure that administrative cost is properly reported on the reimbursement voucher. In your explanation, be specific about who will collect these documents, the procedure they will use and how often this information will be collected and maintained.</i></p> <p><input type="checkbox"/> Item(s) _____ is/are repeated finding from the _____ Administrative Review.</p>			

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Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p>Examination of program costs, meal count records, attendance records, and dated menus were made for the review month. (Refer to the Sponsor Review Form - Reimbursement Verification section, pages 5-10.) (continued)</p> <p><input type="checkbox"/> Attendance/Meal Count Records (Sponsor Review Form, Pages 5 - 7) Each sponsor is required to collect and maintain daily records indicating the names of enrolled participants in attendance. At the time of the review, daily attendance and/or meal count records were not in compliance with USDA regulations. Refer to page _____ for details.</p> <p><input type="checkbox"/> In addition, several children were claimed for unauthorized meal types. Therefore, those meals were disallowed as illustrated on page _____.</p> <p><input type="checkbox"/> Daily Dated Menus (Sponsor Review Form, Page 5) All meals claimed for reimbursement must meet minimum USDA nutritional requirements as listed on the Family Day Care Food Program "Agreement Schedule B." The following discrepancies were cited on daily dated menus reviewed for the month of _____.</p> <p><input type="checkbox"/> Medical documentation was not on file for children with food restrictions.</p> <p><input type="checkbox"/> Menus were not available.</p> <p><input type="checkbox"/> Menus had missing components or specification problems.</p> <p><input type="checkbox"/> Menus were not pre-planned, dated, and posted in prominent areas.</p>	<p><input type="checkbox"/> Submit a written Corrective Action Plan fully explaining your process in which you will ensure that menus, attendance records, meal count records, and/or meal count verification will be reviewed for accuracy in accordance with USDA regulations.</p> <p><input type="checkbox"/> In addition, submit a copy of your procedure that your agency will follow to ensure that all obsolete program documents are purged or consolidated from each provider's files, as well as the sponsoring organization's file.</p> <p><input type="checkbox"/> Also, submit copies of Household Contacts and Monitoring Forms to ensure compliance with the Meal count verification procedures.</p> <p><input type="checkbox"/> Include copies of medical documentation for those participants identified on page five.</p> <p><input type="checkbox"/> Item(s) _____ is/are repeated finding from the _____ Administrative Review.</p>			

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Item #	Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected
	<p>3. License/Registration certificates, training, monitoring, household contacts, and contracts were checked for enrolled homes and at the sponsor level to ensure that approval is current and properly documented. (Refer to the Sponsor Review Form-Training/Monitoring/Edits/ Checklist on pages 11 & 13). The checked <input checked="" type="checkbox"/> items were not on file.</p> <p><input type="checkbox"/> Current License/Registration Certificate (Sponsor Review Form, Page 13) Each sponsoring organization must demonstrate that each provider's name has a current valid New Jersey Registration Certification or adheres to the provisions of the appropriate military regulations. At the time of the review, registration certificates were missing, outdated, or altered.</p> <p><input type="checkbox"/> Provider Capacity and Ratio Each sponsor is required to adhere to regulations governing both the Family Day Care Food Program and The Bureau of Licensing. At the time of the review, several homes were identified as over ratio. Although meals were disallowed, each provider must comply with all regulations regarding their day care home operation.</p> <p><input type="checkbox"/> Training (Sponsor Review Form, Page 11) Each Sponsoring Organization is required to conduct annual training sessions in the areas of record keeping, meal service, sanitation and USDA meal requirements. At the time of the review, training documentation was <u>not</u> available to verify that the provider attended these training sessions as required.</p> <p><input type="checkbox"/> Monitoring (Sponsor Review Form, Page 11) Each sponsor must have a system for administering and monitoring program participation and growth. Monitoring of each home is required at least three times annually and these reviews may not be more than six months apart. At the time of the review, the sponsor was not in compliance for the current fiscal year for some providers. Visits lack variation in meals reviewed or visits were conducted in a perfunctory manner, whereby deficiencies are not cited.</p> <p>In addition, sponsors are required to implement a Provider Call-in Policy, whereby providers must telephone the sponsoring organization on any day they are not providing care or when taking the children on a field trip outside the home.</p>	<p><input type="checkbox"/> <i>Submit a written Corrective Action Plan explaining how you will ensure that the required Child and Adult Care Food Program registration requirement, annual training session, monitoring visits, and household contacts will be conducted and maintained</i></p> <p><input type="checkbox"/> <i>Submit copies of current license/ registration certificates for those providers listed on page 13.</i></p> <p><input type="checkbox"/> <i>Explain your procedure for identifying, correcting, and maintaining proper ratio in accordance with the Family Day Care Food Program and The Bureau of Licensing.</i></p> <p><input type="checkbox"/> <i>In your explanation, be specific about who will facilitate the training, collect and maintain these documents, and the date in which the training will be conducted.</i></p> <p><input type="checkbox"/> <i>In addition, in your plan explain how these requirements for each home under your sponsorship will be monitored for the remaining of the _____ agreement year.</i></p> <p><input type="checkbox"/> <i>Item(s) _____ is/are repeated finding from the _____ Administrative Review.</i></p>			

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	<p>License/Registration certificates, training, monitoring, household contacts, and contracts were checked for enrolled homes and at the sponsor level to ensure that approval is current and properly documented. (continued)</p> <p><input type="checkbox"/> Household Contact (Sponsor Review Form, Pages 11 & 13) Each sponsoring organization must implement a household contact system. (Refer to the Reimbursement Agreement for the definition of Household Contact.). At the time of the review, this system was not implemented.</p> <p>Civil Rights Data was checked for program compliance. (Refer to the Sponsor Review Form, Page 14.) In the operation of the Child and Adult Care Food Program, no participant will be discriminated against because of race, color, national origin, sex, age or disability. Any person who believes he or she has been discriminated against in any USDA-related activity should write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (202) 720-5964 (voice and TDD).</p> <p>At the time of the review,</p> <p><input type="checkbox"/> The sponsor/institution did not collect the racial/ethnic data for enrolled children at each center annually.</p> <p><input type="checkbox"/> Building for the Future Magnet or Flyer was/were missing in the homes.</p> <p><input type="checkbox"/> The nondiscrimination poster "...AND JUSTICE FOR ALL" was not posted in a conspicuous place.</p> <p><input type="checkbox"/> The nondiscrimination statement was not included on all publication and other forms of communication used to inform the general public about the program.</p> <p><input type="checkbox"/> The sponsor/institution did not conduct the annual Civil Rights training. The Power Point Presentation can be found at http://www.nj.gov/agriculture/divisions/fn/childadult/food.htm 1#4</p>	<p><input type="checkbox"/> Submit copies of the household contacts for all participants identified as "meal count verification."</p> <p><input type="checkbox"/> <i>Submit a written Corrective Action Plan that explains how you will ensure that the required Child and Adult Food Care Program documents will be maintained on file. In this CAP, include who is responsible for these documents and where they will be maintained.</i></p> <p><input type="checkbox"/> <i>In addition, submit a copy of the racial/ethnic data form.</i></p> <p><input type="checkbox"/> <i>In your explanation, be specific about who will facilitate the training, collect and maintain these documents, and the date in which the training will be conducted.</i></p> <p><input type="checkbox"/> Item(s) _____ is/are repeated finding from the _____ Administrative Review.</p>			

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The program deficiencies listed above require immediate corrective action. Your response must be received on _____ no later than 4 p.m. Failure to comply will result in a Seriously Deficient determination.

Send the necessary documentation to:

Carrie I. Freeman-Wright
Department of Agriculture
Division of Food and Nutrition Services
Bureau of Child Nutrition Programs
Child and Adult Care Food Program
P.O. Box 334
Trenton, NJ 08625-0334

Based on the findings of this review, an overclaim has been assessed. However, our office opted not to take an overclaim at this time.

Based on the findings of this review, an overclaim has been assessed. However, the amount and explanation of the overclaim will be sent separately. Upon receipt of the overclaim assessment, you must remit a check to the address above, to the attention of *Mr. Robert Gibson*, payable to: Treasurer, State of New Jersey.

Note, if payment is not in full by the corrective action date listed above, interest will be charged on the unpaid balance, beginning with the date of this letter.

You have a right to appeal the determination of an overclaim. A copy of the appeal procedures is attached. If you elect to exercise your right to appeal, please ensure that you follow the appeal procedures exactly, since a failure to do so could result in the loss of your appeal rights.

If you appeal the overclaim, we will stop collection activities until after the hearing officer issues a decision on your appeal. However, interest will continue to accrue. If the hearing officer upholds our overclaim assessment, you will owe \$_____ in addition to the interest that has accrued.

If the hearing officer does not sustain our decision or reduces the amount of the overclaim, any interest that has accrued on that portion will be waived.

You are being notified of these deficiencies so that you reevaluate your submissions and/or collection procedures. Corrective actions must be submitted to the State Agency within _____ days of the date of this notification. Repeated deficiencies, incomplete or missing information could result in an overclaim or seriously deficient determination in the operation of your Family Day Care Food Program. These records will be reviewed for program compliance during an unannounced follow-up visit or future Administrative Reviews.

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We certify that the above deficiencies were discussed during the exit conference and are true. Verification of the corrective actions will be on file at the State Agency, Sponsoring Organization and/or Provider's home within the prescribe timeline. I also understand that corrective actions must be permanently completed and failure to do so could result in a seriously deficient determination, which is not appealable.

If you have any questions concerning this matter, please contact me at (609) 292-4498.

Signature of Reviewer Date

Signature of Reviewer Date

Signature of Sponsor Representative Date

Signature of Sponsor Representative Date