

South Carolina Department of Social Services

**AT-RISK AFTERSCHOOL CARE PROGRAM/OUTSIDE SCHOOL HOURS CARE PROGRAM
APPLICATION FOR PARTICIPATION – SPONSOR ADDENDUM**

CACFP Agreement No.: _____ FEIN No.: _____

Sponsor Name: _____

1. Please verify that the following items are attached:

- Monitoring Form, DSS 1613-5 (Must have Staffing Plan for each monitor)
- Monitoring Schedule for the upcoming year, DSS 1613-4 (Please keep in mind that each center must be monitored at least three times per year with no more than 6 months between visits and that new centers are monitored within the first 4 weeks of operation. Remember, at least 2 visits must be unannounced.)
- Copy of Institution's corrective action plan policy
- Copy of Institution's policy for terminating facilities
- Copy of Institution's meal disallowance policy
- Copy of Institution's Five Day Reconciliation Procedures
- Outside Employment Policy
- Sponsor Training Plan, DSS 1613-3
- Center Training Plan, DSS 1633-3
- Verification of all CACFP training provided to each facility during the current program year
- Claim Processing Procedures, including process for compiling and reviewing data for submissions of claims
- Copy of Institution's mission statement
- Copy of Institution's organization chart

2. Management Plan-Monitoring

- A. Who is responsible for the development of the Monitoring Schedule? _____
- B. What is the maximum number of centers the sponsorship would allow a monitor to manage? _____
- C. What is the sponsor's back up plan in the event a monitor is out sick, on vacation, or leaves employment?

- D. When and how are centers notified of monitoring visit results? _____

- E. Identify the position(s) responsible for ensuring that corrective actions are taken: _____

- F. How and when are follow up visits conducted? _____

3. Training Administrative Staff

- A. How do you train new staff on CACFP requirements? _____

- B. What CACFP materials do you provide to your new administrative staff? _____

- C. How does the organization ensure that administrative staff is sufficiently trained in CACFP policies and procedures?

- D. How often is the administrative staff evaluated? _____

4. Training Facility Staff

A. Describe your method for developing training curriculum/agendas for facility staff: _____

B. In addition to the pre-approval visit, how do you train all new facilities before they begin program operations?

5. Record Keeping System

A. When are the facility's monthly CACFP records due in your office? _____

B. Describe the system in place for records retention and storage including: approval documentation, financial documents, monitoring reports and documentation, board of directors minutes (if applicable), menus, meal counts, attendance records, etc. State the place and address where CACFP administrative and center records will be maintained.

C. Describe the sponsor's plan for retention and maintenance of records for at least three years, even after ending CACFP operations. State the place and address where CACFP administrative and facility records will be maintained.

6. Claim Processing Procedures

A. How are facilities notified of meal disallowance? _____

B. How do you let a facility know the reason meals are disallowed? _____

C. How do you verify the participants of facilities before processing claims for reimbursement? (Applies to outside School Hours Program only)

D. What procedure(s) do you use to ensure accuracy when reviewing CACFP records?

E. Explain how you ensure payments are disbursed to facilities within regulatory time frames. (If all bills are paid from a central accounting office and no funds are distributed to the individual centers, please indicate this.)

7. Organizational Capability

A. How do you notify facilities of changes and/or updates of policies and procedures as it pertains to the CACFP?

CERTIFICATION STATEMENT

I CERTIFY that this organization has not been disqualified from participation in any other publicly funded program for violating that program's requirements. I understand that "Publicly-funded program" means any program or grant funded by Federal, State, or local government.

I CERTIFY that the information on this application, including all attachments, is true to the best of my knowledge; that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations at this facility and that reimbursement will be claimed only for meals served to enrolled participants; that the CACFP will be available to all eligible participants without regard to race, color, sex, national origin, age, or disability. I certify that this organization is capable of monitoring and managing the program as required by the Child and Adult Care Food Program. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Date	Name and Title of Authorized Representative	Signature of Authorized Representative
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