




NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM


TECHNICAL ASSISTANCE FORMS

The Child and Adult Care Food Program is supplying the enclosed forms to help you meet CACFP requirements as efficiently as possible. Using these forms and the Schedule A to report program changes (see Worksheet Schedule A Instructions) should reduce or eliminate the need for creating some of the required documents and composing several letters to the CACFP. Each submission must be identified with the sponsor name, agreement number and a dated signature of the person reporting the information. The Technical Assistance Forms may be found on the CACFP website at: <http://www.nj.gov/agriculture/divisions/fn/childadult/food.html#6>.

SUBMIT
"At Risk" After
School Care
Program
Only



ATTENDANCE ZONE VERIFICATION LETTER

Each sponsoring organization operating an "At Risk" After School Program must document that the School Age Child Care site is located in an area served by a school in which at least 50 percent of enrolled children are eligible for free or reduced price school meals. Provide the attached sample letter to your local school official to prepare on the school's letterhead and submit with your Child and Adult Care Food Program application renewal package.

Copy
Complete &
Submit with
Program
Changes



CHECKLIST FOR REPORTING ADMINISTRATIVE AND PROGRAM CHANGES FORM

Each sponsor must continue to report any program changes from what is listed on your current Schedule A within 10 days of the change. This form may be used to report all program changes to the Child and Adult Care Food Program office to include the type of food service operation. The Schedule A must also be used to report Participating Program changes. All items will result in some type of response from your program specialist; either a request for additional forms (e.g. Item 7) or perhaps an invitation to a workshop (e.g. Item 4). It is the sponsor's responsibility to review the Schedule A revision to verify if the CACFP office approved the change(s) requested.

Maintain
on File


CIVIL RIGHTS DATA COLLECTION. PROCEDURES AND COMPLAINT FORMS


Sponsors must meet compliance with the Civil Rights Act of 1964, in that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under the program on the grounds of race, color, national origin, sex, age, or disability. **The authorized statements above cannot be modified** and must be used in full without revision, etc. The full nondiscrimination statement should be on all forms and outreach materials that mention our programs. The enclosed **Civil rights data must be collected annually** and maintained on file for review by the CACFP. A Civil Rights Self-Assessment form is enclosed for your use.

Please
Note!


In order to assist you in providing the annual civil rights training, you may access the **FNS-Instruction 113-1** publication and other CACFP information by entering the following WEB address into the address box of your WEB browser:

<http://www.state.nj.us/agriculture/divisions/fn/childadult/food.html>

A **Civil Rights Requirements Power Point Presentation** is available for download on the New Jersey Department of Agriculture's website under the Division of Food and Nutrition in the Guides and Resources section.

Please
Note!


FIELD TRIP POLICY (*Child Care-Yellow Attachment; Adult Care – Orange Attachment*)

The attached policy outlines the CACFP requirements for field trip meals. The Field Trip Certification is included on the Certification Page (*Page 6*) of the Sponsor Management Plan. This policy **MUST BE REVIEWED AND SIGNED BY ALL SPONSORS** to certify compliance with CACFP requirements when providing meals to enrolled participants on field trips, and claiming those meals for CACFP reimbursement. **Refer to highlighted areas for policy amendment regarding restaurants.**

The agency representative who signs the statement is certifying that the policy has been reviewed with staff and that staff have been sufficiently trained so that the requirements outlined in the policy will be met each time meals are served away from the facility as approved on the Schedule A.

TECHNICAL ASSISTANCE FORMS_(con't)

Implement &
Maintain on
File



HOUSEHOLD CONTACT POLICY

Section 226.6 (m) (5) of the Child and Adult Care Food Program (CACFP) regulations require sponsors of facilities to conduct household contacts for cause. Cause is defined as, but not limited to, the submission of false information, failure to maintain adequate attendance, meal count and enrollment records, parental complaints, repeated irregularities in meal count, attendance records and outdated enrollment forms. Household contacts must be documented. Surveys may be mailed or conducted by telephone. We are providing the English and Spanish translations of the sample household contact survey with procedures to assist you in effort to conduct these household contacts. *This directive is not required of Adult Day Care, "At-Risk", Emergency Shelters, and Outside-School-Hours-Care agencies.*

Implement &
Maintain on
File



MEAL COUNT RECORD (STANDARDIZED AND REQUIRED FORM)

State agencies shall consider claims for reimbursement not payable when an institution fails to comply with the record keeping requirements that pertain to records directly supporting claims for reimbursement. Meal counts records are the source documents, which must be maintained in order to claim meals for reimbursement. These records must not be confused with daily attendance records. Meal Counts Must Be Taken At The Point Of Meal Service on the attached required standardized meal count form designed by the state agency. Failure to maintain dated menus, attendance and meal counts are the equivalent to meals not served and will result in overclaim assessments.

Implement &
Maintain on
File



MEAL DURATION AND SERVICE TIMES POLICY

This policy applies when scheduling meal times and when approval is granted for meals claimed for reimbursement in all day care facilities participating in the Child and Adult Care Food Program (CACFP), including those facilities that may operate multiple sessions for different participant groups with distinct time periods, within the same facility; and only applies to those meals being claimed for CACFP reimbursement. Any meals claimed to the CACFP that do not comply with these limitations shall not be reimbursed and the agency must absorb the costs associated with the meal.

Reference: Time of meal service {226.20(k)}

State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration. In addition, 7 CFR 226.25 provides that State agencies may establish additional requirements, provided that any such additional requirements are not inconsistent with the CACFP regulations.

Implement &
Maintain on
File



MONITORING FORM, PRE-APPROVAL VISIT FORM AND SAMPLE MONITORING SCHEDULE FORM

Each sponsoring organization must ANNUALLY conduct the required number of monitoring visits for each site under its sponsorship. As part of its monitoring plan, a sponsoring organization must document that it will employ the equivalent of one full-time staff person for each 25 to 150 facilities it sponsors. § 226.15(d) requires sponsors to "devote adequate supervisory and operational personnel for management and monitoring of the Program" as a condition of sponsor eligibility and a key part of meeting compliance for "Administrative Capability." Note: an employee of a management company may not conduct monitoring visits. Reviews must be conducted at least 3 times a year for each facility with no more than 6 months apart. In addition, at least two of the three reviews must be unannounced and must include observation of a meal service. We are providing a sample CACFP Monitoring Schedule Form to assist in your efforts to implement this requirement.

Also, in accordance with § 226.16(d)(4)(i) and (ii), a reconciliation of meal counts for five consecutive days must be included as a part of each facility review (i.e., each review of a sponsored facility) conducted by a sponsor. The monitor should compare the facility's total enrollment to the daily attendance, to ensure that the number of children in attendance does not exceed the number of children enrolled or license capacity. If attendance does exceed enrollment, for any day or for any shift (if shift care is provided), the monitor

TECHNICAL ASSISTANCE FORMS *(con't)*

must determine the source of the error (e.g., inaccurate attendance records, missing enrollment forms) before a five-day reconciliation can be completed.

Next, the monitor must compare the facility's total attendance to its meal counts, for any day or any shift (if shift care is provided). The monitor must review the five consecutive days of aggregate meal counts for each approved meal type, to ensure that meal counts do not exceed the number of participants in attendance on any day, or for any shift.

If meal counts and attendance cannot be reconciled, regulations § 226.16(d)(4)(ii) require the reviewer to "determine whether the establishment of an overclaim is necessary". The Child and Adult Care Food Program Monitoring Form has been revised to assist in your efforts to implement this requirement.

Implement
&
Maintain
on File



REIMBURSEMENT OF INFANT MEALS IN THE CHILD NUTRITION PROGRAM / PARENT DECLINE POLICY

Section 226.20 specifies that when infants from birth through 11 months participate in the program, an "infant meal shall be offered." Child Care Facilities and Family Day Care Homes participating in CACFP must offer program meals to all eligible children who are enrolled for care in their facilities. This form will be used by parents to indicate whether they will continue supplying the breast milk or infant formula and other infant meal components or if they will accept the items provided by the facility. A completed form must be on file for each infant regardless of whether the childcare facility will claim the meals for reimbursement or not. This notification must be prepared on your agency letterhead, distributed for completion by the infant's parent, and maintained on file.

SUBMIT



OUTSIDE EMPLOYMENT POLICY

Each sponsoring organization is required to maintain an outside employment policy on file. The policy must restrict other employment by employees that interferes with an employee's performance of Program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest. A sample copy is enclosed for your use to ensure program compliance.

Maintain
on File



TRAINING DOCUMENTATION *(REQUIRED FORM)*

Sponsors are required to provide annual training for all staff involved with the Child and Adult Care Food Program. The trainings must be conducted after the receipt of the CACFP application and renewals. The attached form must be used. You may include or attach additional training documentation, but all training topics must be covered and the form must be completed to meet program compliance. Keep this completed form on file for review by the Child and Adult Care Food Program staff during administrative reviews.

SUBMIT



FEDERAL FINANCIAL ACCOUNTABILITY TRANSPARENCY ACT (FFATA)

This information is required for approval. Sponsors must provide a DUNS number and System for Award Management (SAM) in order to complete the application renewal package. REFER TO MEMO #09-8. Your organization may already have a DUNS number. To determine if this number is current, consult your agency's business office, chief financial officer, grant administrator or authorizing official.

Each organization must obtain System for Award Management (SAM), and maintain a **current** SAM registration at all times during which it receives federal funding. (Annual renewal of SAM registration is required to remain active.)

For detailed information on the SAM's and Step-by-step screen shots of the registration process, refer to the SAM or FAQs at: <https://www.sam.gov>, or contact:

Federal Service Desk (8am -8pm Eastern Time)

866-606-8220

DSN: 866-606-8220

TECHNICAL ASSISTANCE FORMS *(con't)*

SUBMIT
for each
For-Profit Center
ONLY



PROPRIETARY LETTER OF CERTIFICATION *(Sponsors Of Proprietary (For-Profit) Day Care Facilities Only)*

Sponsors of proprietary centers must demonstrate that each for-profit center participating in the Child and Adult Care Food Program:

1. provides nonresidential child care services for which it receives compensation from amounts granted to the States under title XX of the Social Security Act, and that
2. title XX child care beneficiaries constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less.

Therefore, the Child and Adult Care Food Program requires that sponsors of proprietary (for-profit) center(s) annually certify that each center is in compliance with program requirements.

Maintain
on File



CHILD AND ADULT CARE FOOD PROGRAM – PROGRAM APPLICATION

Each sponsor must submit a program application with supporting documentation when additional sites/programs are added to your sponsorship.

Maintain
on File



PERMANENT AGREEMENT BETWEEN SPONSORING ORGANIZATION AND THE DAY CARE FACILITY

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) provides for the use of permanent CACFP agreements between sponsoring organizations and a new facility added to its sponsorship that is legally distinct from the sponsoring organization, requesting to participate in the CACFP under the institution's sponsorship. In this arrangement, the sponsoring organization performs specified CACFP administrative tasks for the facility and assumes final administrative and financial responsibility with the New Jersey Department of Agriculture (NJDA) for CACFP operations at the facility. The agreement must be signed by the authorized representatives of the sponsoring organization and the facility.

“Facility” means the child care facility, adult day care facility, emergency shelter, outside-school-hours program or at-risk afterschool meal program facility that is legally separate from the Sponsoring Organization and enters into this agreement for the purpose of participating in CACFP under the auspices of the Sponsoring Organization. A public or private non-profit sponsoring organization may sponsor facilities that are public, private non-profit, or private for-profit. After both parties review and sign the agreement, the sponsoring organization and facility retain the original agreement on file. A private for-profit institution may not sponsor facilities that are legally distinct from the institution.

A facility is not required to participate in the CACFP under the sponsorship of another organization. A facility may apply directly to NJDA to participate in the CACFP as an independent facility that assumes final administrative and financial responsibility for CACFP operations.

Update and
Submit



CACFP PERFORMANCE STANDARDS AND PROGRAM ACCOUNTABILITY

The Board of Directors must ensure that the institution complies with CACFP Performance Standard (3) Program Accountability; institutions must have internal controls and other management systems in place to guarantee fiscal accountability and other CACFP requirements. All institutions must demonstrate they have internal controls in place and document they meet the required performance standards. For-profit institutions are not required to have a board, so the owner's ability to meet Performance Standard (3) must be documented. The attached handout briefly summarizes fiduciary duties that obligate all board members to serve the best interests of the institution.

Follow and
Submit as
Applicable



APPEAL PROCEDURES

The purpose of the Appeal Procedures is to provide institutions the opportunity to contest an adverse action taken by the State Agency.

(Copy onto School Letterhead)

**New Jersey Child and Adult Care Food Program
“AT-RISK” AFTER SCHOOL CARE PROGRAM**

“AT-RISK” ATTENDANCE ZONE VERIFICATION LETTER

Our program participates in the Child and Adult Care Food Program (CACFP), which provides federal funding for the meals served to our participants. The CACFP requires each sponsoring organization operating an “At-Risk” After School Program to submit verification that the program facility is located in the attendance zone of a public school where at least 50 percent or more of the students are eligible for free or reduced-priced meals. Our agency depends on these federal funds, and your support is most vital and appreciated by preparing the following letter on your School’s Letterhead completed with your signature.

Dear _____ :

The purpose of this letter is to verify the school attendance zone of the (NAME OF THE AFTERSCHOOL PROGRAM FACILITY).

I, (NAME OF SCHOOL OFFICIAL and TITLE OF SCHOOL OFFICIAL), certify that the (NAME OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) located at (FULL ADDRESS OF THE "AT-RISK" AFTER SCHOOL PROGRAM FACILITY) is within the school attendance zone of the FULL NAME AND FULL ADDRESS OF SCHOOL.

Sincerely,

(PRINT NAME OF SCHOOL OFFICIAL), (TITLE)

(SIGNATURE)

(NAME OF SCHOOL)

For assistance preparing this document or additional information regarding “At Risk” After School Program, contact our Child and Adult Care Food Care Program Child Nutrition Specialist at (609) 984-1250.

TDWJ/13-At-Risk Attendance Zone Verification



REMINDER !

***Report Administrative and Operational
Changes for the
Child and Adult Care Food Program***

within



days of the change.

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM CHECKLIST FOR REPORTING ADMINISTRATIVE AND PROGRAM CHANGES

(Make copies of this form to use when reporting changes during the Agreement Year. Note changes on your Schedule A in red ink and return with this form.)

(Date)

(Sponsor Name)

(Agreement #)

Dear Child Nutrition Specialist:

In accordance with the Child and Adult Care Food Program Agreement each sponsor is required to report administrative and operational changes for the food program within 10 days of the change. Attached is a copy of our Schedule A, which reports how our food service program will change effective as indicated below.

(Note: Each sponsor must submit the revision on the most current Schedule A on file in your day care center office):

I would like to report the following:

- 1. Sponsor/Program **name change**:
- 2. Sponsor/Program **address change**:
- 3. Sponsor **telephone number change**:
- 4. **Person responsible** for the Child and Adult Care Food Program change:
- 5. **Meal type(s) served** will change beginning:
- 6. Program **dates of operation** will change beginning:
(Date)
- 7. We will **add program(s)** to the Child and Adult Care Food Program beginning:
(Date)
- 8. We will **delete program(s)** to the Child and Adult Care Food Program beginning:
(Date)
- 9. The location(s) where children will be fed will change.
(License and Program Application forms must be submitted.)
- 10. Our Food Service operation will change **From:** Self-Prep / Vended **To:** Self-Prep / Vended
(Circle One) (Circle One)

Please check (✓):

- I have signed, dated and indicated the necessary changes on my most current Schedule A to complete the revision process for item(s) 5-10. Please send any additional forms that must be completed in order to make these changes. I understand that the Child and Adult Care Food Program will send a revised Schedule A or letter to acknowledge approval of these changes.**

(Name and Title of Sponsor/Representative)

(Signature of Sponsor/Representative)

TDWJ/cml:8/Chklist. for Report.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

Civil Rights

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability must be processed in the manner prescribed in this instruction. The purpose of this form is to assist you in establishing procedures for filing a complaint of discrimination. If grievance concerns a discriminatory action due to race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA, complaints must be specific, and provide full details concerning the occurrence. The information listed below must be included in all complaints of discrimination.

Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances, this time limit may be extended.
2. **Acceptance:** All complaints, written or verbal, shall be accepted. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.
3. **Verbal Complaints:** In the event that a complainant makes his allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
 - A. Name, address and telephone number or other means of contacting the complainant.
 - B. The specific location name of the sponsor/district delivering the program service or benefit.
 - C. The nature of the incident(s) or action(s) that led the complainant to feel discrimination was a factor.
 - D. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability, gender identity, religion, reprisal, political beliefs, marital status, familial or parental status, sexual orientation, etc.).



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

- E. The names, titles and addresses of persons who may have knowledge of the discriminatory action(s).
- F. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: **(1)** mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; **(2)** fax: (202) 690-7442; or **(3)** email: program.intake@usda.gov. This institution is an equal opportunity provider.

2017 CHILD AND ADULT CARE FOOD PROGRAM CIVIL RIGHTS DATA COLLECTION FORM

1. Compile the following data each agreement year and retain for five years along with other program documents. *Do not send this form to the Child and Adult Care Food Program; keep the completed form on file for review.*
2. Use the following USDA Nondiscrimination Statement on each form that is necessary for a participant to enroll in the Child and Adult Care Food Program. (This includes all forms and flyers that parents or the general public use and/or see.)

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

This statement should be in a prominent place in each publication, i.e., leaflets, brochures, bulletins, and newspaper announcements.

3. Radio and television announcements about the Child and Adult Care Food Program should state:

"CACFP is an Equal Opportunity Program."
4. If using photographs and other graphics on printed information or on television, they must convey the message of equal opportunity by picturing participants of different minority groups.
5. The non-discriminatory poster "...And Justice for All" must be displayed in a prominent place.
6. If applicable, provide appropriate translation of information such as application materials, eligibility criteria, benefits available, and other program information, upon request, to non-English speaking potential participants.

TOTAL	ETHNICITY:				
	Hispanic or Latino	Not Hispanic or Latino			
ENROLLED PARTICIPANTS					
POTENTIAL PARTICIPANTS					
TOTAL	RACE:				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
ENROLLED PARTICIPANTS					
POTENTIAL PARTICIPANTS					

Spanish, Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malasia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

The source(s) of this data (e.g. city census data, county census data, etc.) is:

1. Enrolled Participants _____
2. Potential Participants _____

The data collected for CACFP fiscal year _____ by: _____ (Institution Representative) _____ Date _____

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

Civil Rights Complaint Form

Name	<input type="text"/>	Sponsor/District	<input type="text"/>
Address	<input type="text"/>	<i>(Alleged complaint is against:)</i>	
Phone #	<input type="text"/>	<input type="text"/>	
Date(s) of Alleged Discriminatory Action:	<input type="text"/>		

Nature of Complaint:

Witness(es) {Person(s) Having Knowledge of the Discriminatory Action}:

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>

Basis of Complaint:

Race	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Reprisal	<input type="checkbox"/>
Color	<input type="checkbox"/>	Sex	<input type="checkbox"/>	Political Beliefs	<input type="checkbox"/>
National Origin	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>
Age	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Familial/Parental Status	<input type="checkbox"/>
Income derived from public assistance	<input type="checkbox"/>		<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>
Protected genetic information in employment	<input type="checkbox"/>		<input type="checkbox"/>		

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

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution

**New Jersey Department of Agriculture
Division of Food and Nutrition
Child and Adult Care Food Program**

CACFP CIVIL RIGHTS COMPLIANCE SELF-ASSESSMENT

CIVIL RIGHTS COMPLIANCE REQUIREMENTS	YES	NO	COMMENTS & IF NO, INCLUDE DATE AND PLAN TO COMPLETE COMPLIANCE.
1. Have staff members receive the required annual training on the approved civil rights and complaint procedures?			
2. Does your institution have documentation of civil rights training?			
3. Is the current "...AND JUSTICE FOR ALL" poster displayed prominently in all service areas (sites and applicable administrative offices)?			
4. Is the current official version of the USDA nondiscrimination policy statement included on all organization materials (parent handbooks, brochures, fliers, promotional materials, menus) that mention USDA or the CACFP?			
5. Does your institution provide written materials and translations of written materials, and/or translators of interpretive services, as needed to convey CACFP benefits to all participants and potential participants and family without regard to 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?			
6. Are civil rights complaint forms available at all sites and applicable administrative offices?			
7. Does your institution have an established written procedure to receive complaints alleging discrimination?			
8. Is a civil rights complaint log maintained at all sites or a procedure in place to document complaints at a central location?			

Printed Name of Person Completing Assessment: _____

Signature: _____ Date: _____



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

**CHILD AND ADULT CARE FOOD PROGRAM
CHILD CARE FIELD TRIP POLICY**

7 CFR Part 226.19 of the Child and Adult Care Food Program (CACFP) regulations requires that operational personnel ensure that meals served are consumed on the premises of the centers; that accurate records are maintained; and the number of meals are prepared or ordered is promptly adjusted on the basis of participation trends.

The purpose of this instruction is to provide you with the state agency policy regarding meals served away from licensed facilities. Sponsors must review this policy in all staff and provider trainings. Failure to meet USDA meal requirements and to maintain the required records is grounds for the denial of reimbursement.

As part of a center's comprehensive program, an agency may take the participants on field trips. When necessary and appropriate, meals meeting USDA requirements may be served to participants on these outings. Field trip requests to restaurants are not allowed. "Restaurants" include all eateries including traditional full service dining establishments, "fast food"- type eating places, cafeterias, dining halls, buffets and snack bars. When field trip meals are claimed for reimbursement, operational personnel must ensure the following:

1. The meals served contain all of the required components, including milk, and are consumed under the supervision of appropriate program staff.
2. All transported meals are maintained and served under proper temperatures and sanitary conditions as established by the New Jersey Department of Health and Senior Services.
3. Meal counts are recorded for enrolled participants and program staff.
4. Meals served to other participants along on the outings but not enrolled are "non-program meals" and may not be claimed for reimbursement.
5. When our child nutrition specialist schedules an administrative review, we will notify our specialist if a field trip is scheduled for the day of the review.

The Field Trip Certification contained in the CACFP Sponsor Management Plan must be signed by all sponsors who will be providing meals to enrolled participants on field trips. A copy of this policy must be maintained on file for review by the Child and Adult Care Food Program, auditors or other interested persons.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

**CHILD AND ADULT CARE FOOD PROGRAM
ADULT DAY CARE FIELD TRIP POLICY**

7 CFR Part 226.19 of the Child and Adult Care Food Program (CACFP) regulations requires that operational personnel ensure that meals served are consumed on the premises of the centers; that accurate records are maintained; and the number of meals are prepared or ordered is promptly adjusted on the basis of participation trends.

The purpose of this instruction is to provide you with the state agency policy regarding meals served away from licensed facilities. Sponsors must review this policy in all staff and provider trainings. Failure to meet USDA meal requirements and to maintain the required records is grounds for the denial of reimbursement.

As part of a center's comprehensive program, an agency may take the participants on field trips. When necessary and appropriate, meals meeting USDA requirements may be served to participants on these outings. **Field trip requests to restaurants are not allowed.** "Restaurants" include all eateries including traditional full service dining establishments, "fast food"- type eating places, cafeterias, dining halls, buffets and snack bars. When field trip meals are claimed for reimbursement, operational personnel must ensure the following:

1. The meals served contain all of the required components.
2. All transported meals are maintained and served under proper temperatures and sanitary conditions as established by the New Jersey Department of Health and Senior Services.
3. Meal counts are recorded "at the point of meal service" for enrolled participants and program staff.
4. Meals served to other participants along on the outings but not enrolled are "non-program meals" and may not be claimed for reimbursement.
5. When the CACFP office schedules an administrative review, we will inform our specialist if a field trip is scheduled for the day of the review.

The Field Trip Certification contained in the CACFP Sponsor Management Plan must be signed by all sponsors who will be providing meals to enrolled participants on field trips. A copy of this policy must be maintained on file for review by the Child and Adult Care Food Program, auditors or other interested persons.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

**Child and Adult Care Food Program
Household Contact Procedure
CACFP Sponsoring Organizations**

PURPOSE

The interim rule entitled “Child and Adult Care Food Program: Improving Management and Program Integrity set forth some new requirements for the Child and Adult Care Food Program. This interim rule requires that state agencies establish a household contact system for use by sponsors in their review of facilities, and by state agencies in its review of facilities as part of a sponsoring organization review. The purpose of this policy is to identify minimum requirements for conducting household contacts.

7 CFR 226.2 defines a **facility** as a sponsored center or a sponsored family day care home. This procedure applies to the state agency and sponsors of centers and family day care homes.

A household contact is one of many tools available to state agencies and sponsors when it becomes necessary to question an onsite monitoring review or a review of a claim. A single instance of an unsuccessful household contact does not automatically result in declaring the facility seriously deficient. Other “red flags” are usually identified and evident of serious deficiencies when reviewing claims and/or files.

Household contacts must be conducted when a facility displays actions that may be cause for “red flags” to include, but not limited, to the following:

1. Submission of false information.
2. Failure to maintain adequate records.
3. Claiming excess meals.
4. Claiming meals over license capacity.
5. Claiming meals on holidays.
6. Claiming unapproved meal types.
7. Claiming unapproved meals on weekends.
8. Parent complaints.
9. Review findings identified by the sponsor and/or the state agency.
10. Facility is implementing corrective action due to serious deficiency(ies).
11. FDC Provider is consistently unavailable.

Child and Adult Care Food Program Household Contact Procedure CACFP Sponsoring Organizations

PROCEDURE

Household contacts must be documented. Surveys may be mailed or conducted by telephone. If serving households that do not speak English, ensure translators are available to assist with the survey. Any necessary action must be made based on the results of the survey. This action may include, but is not limited to the following:

1. If responses indicate that child(ren) reported in care are not in attendance or other discrepancies are noted in the report, notify the facility and initiate the corrective action process.
2. If you are not able to contact the household by telephone, and the mailed surveys are not returned, further follow-up is necessary. This may require an on-site visit to the household, as this may indicate a serious deficiency and corrective action must begin.
3. If the results of the survey indicate that the claims submitted are legitimate, no further action is required.

(Page 2 of 2)

17 - CACFP HOUSEHOLD CONTACT PROCEDURE

ISSUED: JUNE 2017

Child and Adult Care Food Program
Sample Household Contact
Letter/Script and Survey Form

Date

Parent/Guardian Name
Address
City, NJ Zip Code

Dear (parent/guardian name):

Hello, I represent (agency) _____. Your child care provider, (name here) _____, receives reimbursement from the New Jersey Child and Adult Care Food Program (CACFP) for the meals served to your child(ren)'s. In order to ensure program integrity, we will occasionally conduct a household survey to verify your child(ren)'s attendance. Your participation in this survey will help us in maintaining the integrity of the CACFP.

Your child will not be denied benefits if you decide not to participate in this survey.

Should you have questions regarding this survey, you may contact (sponsor contact person) _____ at (telephone number of sponsor contact person) _____.

Thank you in advance for helping us complete this survey and verify your child(ren)'s participation in the CACFP.

CHILD AND ADULT CARE FOOD PROGRAM

Household Contact Survey Form

Sponsoring Agency _____

Child(ren) Name(s) _____

Parent /Guardian Name: _____

Provider/Center Name: _____

Relationship to Child: _____

Date _____

Check (✓) one

	Yes	No
1. Are you aware that your provider/center participates in the USDA, CACFP?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the child(ren) still in care at the provider/center noted above?	<input type="checkbox"/>	<input type="checkbox"/>
3. If yes, how many days in the month of _____ was your child(ren) in attendance? _____.		
4. If no longer attending, what was the last day/month for day care? _____		
5. Name(s) and age(s) of child(ren) in care. _____ _____		
6. Is the child(ren) related to provider/staff? If yes, what is the relationship? _____	<input type="checkbox"/>	<input type="checkbox"/>
7. What is the regular school schedule (hours) for the child(ren)? _____		
8. Was your child(ren) in attendance during the month(s) of _____?	<input type="checkbox"/>	<input type="checkbox"/>
9. Were there any days your child(ren) was not in care due to illness, vacation, appointments, etc., during the month of _____? If yes, describe. _____	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your child(ren) in care on weekends? OR: Was your child in care during weekends for the month of _____?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is your child(ren) in care on holidays? OR: Was your child in care during the holidays?	<input type="checkbox"/>	<input type="checkbox"/>
12. What hour(s) is your child(ren) usually in care? _____		
13. What meal(s) are usually serve to your child(ren)? _____ _____		
14. Do you provide either food or money for any meals while your child(ren) is in child care?	<input type="checkbox"/>	<input type="checkbox"/>
15. In general, do you feel your child(ren) benefits from the CACFP?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Thank you for your cooperation. If you have any questions, please feel free to call _____ at _____.

Parent Signature: _____

Date: _____

After completion, please return to: (agency name and address)

SPANISH TRANSLATION

SAMPLE HOUSEHOLD CONTACT SURVEY - CHILD CARE CENTER SPONSORS

ALL HIGHLIGHTED PARTS NEED TO BE FILLED IN BY THE SPONSOR OFFICE BEFORE SENDING OUT SURVEY!!!

(Refer to Attachment A for Months in Spanish)

Date

Parent/Guardian Name

Address

City, New Jersey Zip Code

Estimado Padre/Guardián:

Esta oficina administra el Programa de Nutrición para Adultos y Niños (CACFP sigla en Inglés) del USDA, en New Jersey. Yo represento <Insert agency name>. Su proveedor del programa de nutrición del cuidado de niños, <Insert name of provider> recibe reembolso del CACFP de New Jersey para las comidas que se les sirven a su(s) niño(s). Para mantener la integridad del programa CACFP, de vez en cuando realizamos las inspecciones para verificar la asistencia de su(s) niño(s) en la facilidad del proveedor. La participación en esta inspección nos ayudará mantener la integridad del CACFP. No se le negarán beneficios a su(s) niño(s) si usted decide no participar en esta inspección. Por favor complete las preguntas abajo para verificar la participación de su(s) niño(s) en el CACFP.

Inspección de Contacto de Casa

El (Los) nombre(s) y apellido(s) de su niño(s): _____

El nombre de su Proveedor: _____

El nombre del Padre/Guardián: _____

La relación al niño(s): _____

La fecha de hoy: _____

Ponga una "X" en la caja corecta

	Sí	No
1. ¿Sabe que su Proveedor del Cuidado de Niños participa en el CACFP del USDA?	<input type="checkbox"/>	<input type="checkbox"/>
2. ¿Está(n) su(s) niño(s) todavía en el cuidado del proveedor notado más arriba?	<input type="checkbox"/>	<input type="checkbox"/>
3. Si respondió "Sí", ¿cuántos días atendió en el mes de <See attachment A and insert corresponding month>? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Si su(s) niño(s) no está(n) en el cuidado de este proveedor ahora, ¿Cuál fue su último día? _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Liste los nombres y las edades de los niños. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

6. ¿Es su niño familia de algún empleado de este proveedor?		
7. Si respondió, "Sí", ¿cuál es la relación? _____		
8. ¿Qué es el horario normal de la escuela para el (los) niño(s)? De _____ Hasta _____		
	Sí	No
9. ¿Este proveedor cuidó a su(s) niño(s) durante el mes de <See Attachment A and insert corresponding month>?		
10. ¿Estuvo(ieron) su(s) niño(s) ausente(s) debido a la enfermedad, vacaciones, citas, etcétera, durante el mes de <See Attachment A and insert corresponding month>?		
11. Si respondió, "Sí", por favor describe. _____ _____ _____		
12. ¿Este proveedor cuida su(s) niño(s) durante los fines de semana? O ¿Este proveedor cuidó su(s) niño(s) durante los fines de semana durante el mes de <See Attachment A and insert corresponding month>?		
13. ¿Atiende(n) su(s) niño(s) la facilidad de este proveedor durante los días de fiesta? O ¿Estuvo su(s) niño(s) en la facilidad de este proveedor durante los días de fiesta?		
14. ¿Cuál es el horario normal en que su(s) niño(s) atiende(n) el centro del proveedor? De _____ Hasta _____		
15. ¿Qué comidas les sirven regularmente a su(s) niño(s) mientras esta (n) en la facilidad del proveedor? _____		
16. ¿Proporciona usted comida o dinero para algún alimento mientras el (los) niño(s) está(n) en la facilidad del proveedor?		
17. ¿En general, siente usted que su(s) niño(s) beneficia(n) del CACFP?		

Comentarios: _____

Firma del Padre/Guardián: _____ Fecha de Hoy: _____

Después de completar esta inspección, mándela en el sobre proporcionado a:

<Insert agency name and address>

Gracias por su cooperación. Si tiene preguntas, por favor lláme al USDA, Unidad del CACFP al (609) 259-5072.

ATTACHMENT A
(Months In Spanish)

Month in English	Month in Spanish
January	Enero
February	Febrero
March	Marzo
April	Abril
May	Mayo
June	Junio
July	Julio
August	Agosto
September	Septiembre
October	Octubre
November	Noviembre
December	Diciembre

CHILD AND ADULT FOOD PROGRAM MONTHLY MEAL COUNT RECORD

SPONSOR NAME _____ MEAL SERVICE LOCATION _____ MONTH _____ # OF OPERATING DAYS _____

NAME OF ENROLLED PARTICIPANT	This form is designed for programs serving one meal type only. <i>Checks must be recorded at the point of meal service.</i>																																
	DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1.																																	
2.																																	
3.																																	
4.																																	
5.																																	
6.																																	
7.																																	
8.																																	
9.																																	
10.																																	
11.																																	
12.																																	
13.																																	
14.																																	
15.																																	
16.																																	
17.																																	
18.																																	
19.																																	
20.																																	
21.																																	
22.																																	
23.																																	
24.																																	
25.																																	
26.																																	
27.																																	
28.																																	
29.																																	
30.																																	
31.																																	
32.																																	
33.																																	
34.																																	
35.																																	
36.																																	
37.																																	
38.																																	
39.																																	
40.																																	
41.																																	
42.																																	
43.																																	
44.																																	
45.																																	
TOTAL																																	

MEAL COUNT AND TALLY INSTRUCTIONS	ENTER NAME OF MEAL TYPE:	I hereby CERTIFY that all information is true and correct. I further understand that this information is being given in connection with the receipt of federal funds, the Department officials may, for causes, verify information and that deliberate misinformation may subject me to prosecution or civil action under applicable state and criminal statute. The program must be available to all eligible participants regardless of age, sex, disability, retaliation, race, color, or national origin. Signature _____	
1. Complete the name of the sponsor, center, month and the number of operating days. 2. Complete the first and last name of the enrolled participant. 3. Record a check (✓) for each meal served to each participant per day at the point of each meal service 4. Total the checks in each column for each day a meal was served to each participant. Enter the number on the total line.	FOR OFFICE USE ONLY		AT "RISK"
	FREE		
	REDUCED		
	PAID		



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

(Page 1 of 4)

CACFP POLICY: MEAL DURATION AND SERVICE TIMES

MEMO#: AFP # 08-05; CCFP # 08-07; FDC # 08-09
ISSUE DATE: JULY 2008

This policy applies when scheduling meal times and when approval is granted for meals claimed for reimbursement in all day care facilities participating in the Child and Adult Care Food Program (CACFP), including those facilities that may operate multiple sessions for different participant groups with distinct time periods, within the same facility; and only applies to those meals being claimed for CACFP reimbursement. Any meals claimed to the CACFP that do not comply with these limitations shall not be reimbursed and the agency must absorb the costs associated with the meal. **Meal service times for infants (birth until the first birthday) are not restricted by this policy. Infants should be served “on demand” as needed.**

Reference: Time of meal service {226.20(k)}

State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration. In addition, 7 CFR 226.25 provides that State agencies may establish additional requirements, provided that any such additional requirements are not inconsistent with the CACFP regulations.

Reimbursement for meals will only be made for meals served during the facility’s approved meal times as listed and approved on the Program Application. Meal times or occasional exceptions may be considered for the day care operation within the requirements of this policy by submitting a written request for approval from the CACFP office.

Note: In order for a meal to be claimed, it should be served at a time traditionally considered as the normal serving time for such a meal.

Approved Meals

The meals approved for reimbursement will be based on the facility’s hours of actual operation within the licensed hours. This also applies to license exempt facilities. Claims for reimbursement for meals served are limited to a maximum of three meals per day per participant; specifically, two meals and one snack **or** two snacks and one meal when the participant is in attendance with the objective of providing only one meal per participant/meal service, regardless of the length of time in care provided for participants.

Shelters only, may serve each participant up to three reimbursable meals (breakfast, lunch and supper), each day.

“At-Risk” Afterschool care centers may claim a maximum of one meal and one snack per day to eligible participants. Under CACFP, “At-Risk” Afterschool snacks/meals may not be reimbursed during summer vacation. “At-Risk” Afterschool Care Programs that wish to operate programs during the summer when school is not in session may apply for meals and snack reimbursement through the Summer Food Service Program.

To be eligible for CACFP, agencies must provide supervision to ensure that meals and snacks are served and consumed in a congregate meal setting, that the meals meet the meal pattern requirements, and that records to justify its claims for reimbursement are maintained.

Meal Time Duration

Meal service may be scheduled no earlier than 2 hours after the completion of the previous meal or snack.

The duration of the meal service shall be limited to 2 hours for lunches and supper and 1 hour for other meals per session/group.

Three hours shall elapse between the beginning of one meal service and the beginning of another, except that 4 hours shall elapse between the service of a lunch and supper when no supplement is served between lunch and supper.

Example:

MEAL TYPE	MEAL SERVICE TIME	MAXIMUM DURATION	3HRS. LAPSE FROM BEGINNING OF PREVIOUS MEAL OR SNACK
Breakfast	6:00	1 HOUR	9:00
AM Snack	9:00	1 HOUR	12:00
Lunch	12:00	2 HOURS	3:00
PM Snack	3:00	1 HOUR	6:00
Dinner	5:00	2 HOURS	8:00
*Evening Snack	8:00	1 HOUR	-

Meal Type Limitation - 3 Meals / day / participant. Meal Service Times must meet compliance for each group/session/participant.

In situations of half or part time day care sessions: meals served to the same participant(s) may only be claimed when there is at least 2 hours after the completion of the previous meal or snack.

Reference: 7 CFR 226.20(k) *Time of meal service.*

State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration. In addition, 7 CFR 226.25 provides that State agencies may establish additional requirements, provided that any such additional requirements are not inconsistent with the CACFP regulations.

When scheduling meal times, the following guidelines will be used for approval:

Breakfast

The duration of the breakfast meal service may take no more than one hour from start to finish per session per group.

Breakfast service must end by 10:00 AM.

Snack

A snack may be approved for midmorning, afternoon and evening.

An *Evening Snack may only be approved for institutions licensed for evening care, night care and/or regularly operating over 15 hours per day. Evening snacks may not be approved for service before 8:00 PM.

The duration of the snack service may take no more than one hour from start to finish per session per group.

Lunch

Four hours shall elapse between the service of a lunch and supper when no supplement is served between lunch and supper.

The duration of the lunch meal service may take no more than 2 hours from start to finish per session per group.

The service of a lunch may not be scheduled to start before 11:00 AM and shall begin no later than 1:30 PM.

Supper

A supper may not be approved for facilities where the licensed approved operating hours end at or before 6:30 PM, or where licensed for evening care, but not actually operating for evening/night care hours.

The duration of the supper meal service may take no more than 2 hours from start to finish.

The service of a supper may not be scheduled to start before 5:00 PM and shall begin no later than 7 p.m. and end no later than 8 p.m.

Meals served outside of these guidelines are not eligible for CACFP reimbursement and the agency must absorb the costs associated with the meal.

AT-RISK MEAL SERVICE TIME POLICY

Reference: 7 CFR 226.20(k) *Time of meal service.*

State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration. In addition, 7 CFR 226.25 provides that State agencies may establish additional requirements, provided that any such additional requirements are not inconsistent with the CACFP regulations.

The following meal service time policy applies to *At-Risk Meals and Snacks only*:

At-Risk Breakfast Meals may only be claimed during school holidays or weekends during the school year. Breakfast meal service may be no more than two hours in duration;

At-Risk Afterschool Lunch Meals may only be claimed during school holidays or weekends during the school year, except that lunch meals may be claimed for those participants who only attend school half-day, such as pre-school. Lunch meal service may be no more than two hours in duration;

At-Risk Afterschool Supper Meals may be claimed while school is in session, during school holidays and weekends during the school year and must begin no earlier than the end of the normal school day. Supper meal service may be no more than two hours in duration.

At-Risk Afterschool Snack service may be no more than one hour in duration and two hours must elapse between the beginning of a meal service and the beginning of a snack service.

Meals served outside of these guidelines are not eligible for CACFP reimbursement and the agency must absorb the costs associated with the meal.

Sponsoring Organization Agreement # _____ - _____ - _____

CACFP PRE-APPROVAL VISIT FORM FOR CENTERS

1. Center Name:					
Address:					
Telephone:					
2. Licensed Capacity:		Age(s):		Expiration Date:	
3. Total Number of Participants Enrolled:				Number in Attendance:	
4. TYPE OF MEAL SERVICE:	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SUPPLEMENT <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SUPPLEMENT <input type="checkbox"/> DINNER				
MEAL SERVICE TIME:	_____ : _____ _____ : _____ _____ : _____ _____ : _____				
5. Average Number of Meals Served:					
6. What food preparation and service equipment is available?					
7. Is this equipment adequate to prepare, store and serve the necessary meals?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain:					
8. Have record keeping requirements been explained to and discussed with the center personnel?		Check (4) <input type="checkbox"/> Record Keeping <input type="checkbox"/> Meal Service <input type="checkbox"/> Sanitation <input type="checkbox"/> USDA Meal Requirements			
If no, explain:					
9. Is the center staff willing to and able to maintain the required records daily?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain:					

Signature of Center Official

Date

Signature of Sponsoring Organization Representative

Date

TDWJ/09 CACFP Pre-Approv. Visit Fm.

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM

Sponsoring Organization _____

Agreement # _____ - _____ - _____

Facility/Program/Class _____

REQUIRED DOCUMENT
(SPONSORING ORGANIZATIONS ONLY)

2017 CHILD AND ADULT CARE FOOD PROGRAM MONITORING FORM

DATE		<input type="checkbox"/> ANNOUNCED VISIT
PROGRAM NAME		<input type="checkbox"/> UNANNOUNCED VISIT
ADDRESS		APPROVED MEAL SERVICE TIME LISTED ON SCHEDULE A: _____
PERSON CONTACTED AT FACILITY		

Observed Meal: <i>(Circle One)</i> BREAKFAST AM SUPP. LUNCH PMSUPP. DINNER Time Meal Served: _____	YES	NO	If no, note discrepancy and prescribe corrective action.
1. Do meal(s) observed meet all USDA <u>component requirements</u> as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do meal(s) observed meet all USDA <u>portion size</u> requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do infant meals meet all USDA component and <u>portion size</u> requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are meal counts taken <u>at the point of meal service</u> for all meals served to enrolled participants on the CACFP Standardized Meal Count Form?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are meal counts taken <u>at the point of meal service</u> for all program staff?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there a dated menu available for the meal observed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are attendance records available for all enrolled participants?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the Child And Adult Care Food Program Eligibility Application on file for each participant?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the facility currently licensed?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the facility have a current health and sanitation certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the facility have a current fire and building inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have facility personnel been trained in the following CACFP requirements? CACFP Eligibility Requirement Monitoring Enrollment/Eligibility USDA Component Requirements USDA Portion Size Requirements Attendance Procedures Meal Count Procedures Meal Service Procedures → Civil Rights Procedures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

13. List the additional training area(s) that facility personnel need:

2017 CACFP PROGRAM MONITORING FORM

Agreement # ____ - ____ - ____

Sponsoring Organization _____

Date: _____

Facility/Program/Class -----

14. List the components of the observed meal:

Required Components	Breakfast	Lunch / Dinner	AM / PM
Milk			
Juice, Fruit or Vegetable			
Bread / Bread Alternate			
Fruit or Vegetable			
Meat / Meat Alternate			

15. Does the observed meal meet the minimum USDA requirements as specified in the Child and Adult Care Food Program, Schedule B? YES NO

Does the facility serve meals to infants? YES NO

Complete the following chart, and list food items provided by the facility and/or parent:

Required Components (Refer to Schedule B for Infants)	Components Provided by Facility	Components Provided by Parents
Formula or Breast Milk		
Infant Cereal		
Infant Meat or Meat Alternate		
Infant Fruit or Vegetable		

16. 5-Day Reconciliation and Meal Count Variation Review

Review the five (5) previous days for the SAME MEAL SERVICE and list the total meal counts, attendance and enrollment figures.

DATES					
MEAL COUNT					
ATTENDANCE					
ELIGIBILITY/ENROLLMENT					
If Vended, List # Meals Delivered					

Do the attendance and enrollment/eligibility records support the meal counts? Yes____ No____

Do the meal counts show variation for the 5-day period? Yes____ No____

If No, continue to review 10 additional days (for a total of 15 consecutive days) for THE SAME MEAL SERVICE, and list the total meal counts, attendance and enrollment figures.

List the total meal counts, attendance and enrollment figures for 10 additional consecutive days.

DATES									
MEAL COUNT									
ATTENDANCE									
ELIGIBILITY/ENROLLMENT									
If Vended, List # Meals Delivered									

Are the number of meals claimed for one or more meal types (Breakfast, Lunch, Am/Pm Supplements, Dinner) identical for 15 consecutive days within the claiming period? Yes____ No____

Does it appear that meal counts are based solely on attendance? If yes, explain. Yes____ No____

List Findings Identified during Last Review.

Current Findings:

Technical Assistance Provided / Corrective Action(s):

Additional Comments:

TDWJ/CACFP-14-CACFP Monit. Form.

Signature of Facility Official

Date

Signature of Monitoring Official

Date

SAMPLE CACFP MONITORING SCHEDULE FORM
 (Requirement For Sponsors Of One Or More Centers in Different Location(s) Only)

OPTIONAL - Use this form or design your own

YEAR	COUNTY	NUMBER

NAME OF SPONSOR _____

AGREEMENT #:

PLAN AND COMPLETE YOUR MONITORING SCHEDULE FOR THE NEW AGREEMENT YEAR BEGINNING OCTOBER 1.

Each sponsoring organization must **ANNUALLY** conduct the required number of monitoring visits for each site under its sponsorship. As part of its monitoring plan, a sponsoring organization must document that it will employ the equivalent of one full-time staff person for each 25 to 150 centers it sponsors. § 226.15(d) requires sponsors to "devote adequate supervisory and operational personnel for management and monitoring of the Program" as a condition of sponsor eligibility and a key part of meeting compliance for "Administrative Capability." Note: an employee of a management company may not conduct monitoring visits.

- Reviews must be conducted at least 3 times a year for each center with no more than 6 months apart.
- At least two of the three reviews must be unannounced and must include observation of a meal service.
- Timing of reviews must not predictable to your facilities.

PROGRAM LOC # <small>(See CACFP Schedule A)</small>	ADDRESS	DATE 1 ST VISIT		DATE FOLLOW-UP VISIT		DATE 2 ND VISIT		DATE FOLLOW-UP VISIT		DATE 3 RD VISIT		DATE FOLLOW-UP VISIT		COMMENTS
		ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	
Old Church Day Care Ctr.	123 Oak Lane, Anywhere, NJ		11/00/00			01/00/00					06/00/00			TA provided. Revisit to verify meal requirements.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														
18.														
19.														
20.														

*CODES: A – RECORD KEEPING

B – MEAL SERVICE C- SANITATION

D - USDA MEAL REQUIREMENTS

E – NUTRITON EDUCATION

F - MONITORING



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

REIMBURSEMENT OF INFANT MEALS IN THE CHILD NUTRITION PROGRAMS

This policy establishes the guidelines for programs to use in claiming reimbursement for meals and snacks served to infants.

Section 226.20 specifies that when infants from birth through 11 months participate in the program, an “infant meal shall be offered.” Child Care Centers and Family Day Care Homes participating in CACFP must offer program meals to all eligible children who are enrolled for care in their facilities. Under the infant meal pattern, infant formula is a required component. In order for a child care facility or home to obtain reimbursement under the CACFP, the facility must purchase and offer infant formula, unless breast milk is provided by the infant’s mother and is served in its place.

When an infant reaches the development stage that requires more than one component for a CACFP reimbursable meal, the child care facility may only claim meals containing breast milk or parent-provided formula, “which meets program requirements,” when at least one other meal component is supplied by the child care facility.

We recommend that the day center, or day care home offer the type of formula that the infant’s health care provider has suggested to the infant’s parent (or guardian). If the child care facility offers a different type of formula, the infant’s parent may choose to decline the offered formula, and supply another type. You may refer to the list of **Iron-fortified Infant Formulas That Do Not Require Medical Statements** at the website listed below. This list is updated as new information becomes available.

<http://www.fns.usda.gov/cnd/Care/Regs-Policy/InfantMeals/FormulaList.htm#top>

Required Documentation

To ensure that parents are aware of your agency’s obligation to offer meals to infants and to meet program compliance, parents of infants must complete the enclosed notification. This form will be used by parents to indicate whether they will continue supplying the breast milk or infant formula and other infant meal components or if they will accept the items provided by the center. A completed form must be on file for each infant enrolled for childcare regardless of whether the childcare facility will claim the meals for reimbursement or not. This notification must be prepared on your agency letterhead, distributed for completion by the infant’s parent, and maintained on file.

As situations change, such as a medical authority changing the infant’s formula, a new form should be completed. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula. For definitions and more information regarding the required guidelines for the CACFP Infant meal pattern, refer to the back of this sheet.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Required Guidelines for CACFP Infant Meal Pattern

Definition of Infant. Any child less than 12 months of age; any child up to their first birthday.

Definition of Infant Formula. Infant formula defined by USDA is “any iron-fortified infant formula intended for dietary use as a sole source of food for normal healthy infants served in liquid state at manufacturer’s recommended dilution.” A medical statement is required in order for a Sponsor to serve/claim an infant formula that does not meet this definition.

Definition of Enrolled Child. A child whose parent or guardian has submitted to an institution a signed document which indicates that the child is enrolled for child care. All infants and children who are considered enrolled in a child care center or home must be included in the total number of enrolled participants, whether or not their meals are being claimed for reimbursement.

Obligation to Provide Infant Meals. All Sponsors participating in the Child and Adult Care Food Program, and licensed to care for infants, must provide all infant foods required by the Infant Meal Pattern including at least one infant formula that meets the definition of infant formula. Sponsors are strongly encouraged to select an infant formula that satisfies the needs of all or most infants in their care.

Breast-fed Infants. Infant meals or snacks, including human breast milk as the milk source, are reimbursable in the CACFP if the Sponsor bottle-feeds the infant his/her mother's breast milk. This is to provide the incentive for day care centers to encourage breast-feeding, as the center is still providing a "service" by preparing the bottle and feeding the infant, and the breast-fed infant receives improved nutritional benefits during their first year of life.

Parent Providing Infant Formula/Breast Milk. The decision regarding which infant formula to feed an infant is one for the infant’s physician and parents/guardian to make together. Therefore, parents/guardians may elect to decline the infant formula provided by the center and supply their own formula or breast milk.

Formula Notification Letter – Parent Decline Form. Sponsors must inform parents that an iron-fortified infant formula, including the specific name of the formula, iron-fortified infant cereal, and other semi-solid foods listed under the CACFP Infant Meal Pattern are provided by their Sponsorship. Parents/Guardians who choose to provide their own formula and/or other foods must complete the *Infant Meal Notification Letter –Parent Decline Form*. This documentation must be kept on file.

Reimbursement for Infant Meals.

- (A) An infant meal, containing only breast milk or infant formula that meets CACFP Program requirements may be claimed for reimbursement, regardless of whom supplies the formula, if proper documentation is maintained on file.
- (B) When the infant is developmentally ready for solid food items, reimbursement can be claimed for the infant’s meal only when:
1. the agency maintains proper documentation;
 2. another food component(s) is provided by the agency according to the CACFP meal pattern; and
 3. the required meal components, when the infant is developmentally ready, are provided in accordance with the age-specific CACFP Infant Meal Pattern requirements.

The decision to offer an infant other meal component(s) should be made by the infant’s physician and parents/guardians.

(Use Agency Letterhead)

CACFP Infant Meal Notification Letter

Dear Parent,

Our center participates in the **Child and Adult Care Food Program (CACFP)**, which is a federally funded program. Child care centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods* to enrolled infants until they turn one year of age. The center will claim reimbursement for your infant's meals when a meal contains only breast milk or iron-fortified infant formula regardless of who supplies it. **The iron-fortified infant formula this center offers is/are:**

Please note that the center will also introduce semi-solid foods to your infant according to the decisions made by you and your infant's physician. *Other infant foods provided by this center include: iron-fortified infant cereal, enriched snack crackers, fruit and vegetables, meat/meat alternates and 100% full strength juice. An infant menu is also developed jointly between parents and center, based on each individual infant's needs. A copy of the CACFP Infant Meal Pattern is printed on the back of this letter for your information. **Please complete, sign and return the form to help our center meet compliance and receive maximum reimbursement.**

(Name of Day Care Center)

(Signature of Day Care Center Representative)

PARENT, PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk (check one)

I want the center to provide formula for my infant.

I will provide formula for my infant.

Note: I understand that I will need to submit a Special Diet Statement if I provide a low-iron infant formula or other special formula for my infant.

I will provide breast milk for my infant.

Solid Food: (check one)

I want the center to provide solid food for my infant when he/she is developmentally ready.

I will provide my own choice of infant cereal and/or other foods instead of accepting the iron-fortified infant cereal and /or other foods provided by this center. If my child is not developmentally ready to transition to the children's menu at the age of 12 months I will provide documentation from my infant's physician.

Please complete, sign and return the form to help our center meet compliance and receive maximum reimbursement.

Infant's Name _____

Birthdate _____

Parent's/Guardian's Signature _____

Date _____

CACFP Infant Meal Pattern

The infant meal pattern must contain, at a minimum, each of the following components in the amounts indicated for the specific age group. The minimum quantity of food must be provided to the infant in order to qualify for reimbursement, but may be served during a span of time consistent with the infant's eating habits.

Birth Through 3 Months	4 Through 7 Months	8 Months through 11 Months
BREAKFAST		
4- 6 fl. oz. formula ¹ or breast milk ^{5,6}	4 - 8 fl. oz. formula ¹ or breast milk ^{5,6} 0 - 3 T. infant cereal ^{2,7}	6 - 8 fl. oz. formula ¹ or breast milk ^{5,6} 2 - 4 T. infant cereal ² 1 - 4 T. fruit and/or vegetable
LUNCH OR SUPPER		
4 - 6 fl. oz. formula ¹ or breast milk ^{5,6}	4 - 8 fl. oz. formula ¹ or breast milk ^{5,6} 0 - 3 T. infant cereal ^{2,7} 0 - 3 T. fruit and/or vegetable ⁷	6 - 8 fl. oz. formula ¹ or breast milk ^{5,6} 2 - 4 T. infant cereal ² and/or 1 - 4 T. meat, fish, poultry, egg yolk, or cooked dry beans or peas, or 1/2-2 oz. cheese or 1-4 oz. cottage cheese, cheese food, or cheese spread 1 - 4 T. fruit and/or vegetable
SUPPLEMENT		
4 - 6 fl. oz. formula ¹ or breast milk ^{5,6}	4 – 6 fl. oz. formula ¹ or breast milk ^{5,6}	2 - 4 fl. oz. formula ¹ , breast milk ^{5,6} , or fruit juice ³ 0 -1/2 bread ^{4,7} or 0 - 2 crackers ^{4,7}

1 Must be iron-fortified infant formula.

2 Must be iron-fortified dry infant cereal.

3 Must be full strength fruit juice.

4 Must be from whole-grain or enriched meal or flour.

5 It is recommended that breast milk be served in place of formula from birth to 1st birthday.

6 For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

7 A serving of this component is required when the infant is developmentally ready to accept it.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

NEW JERSEY CHILD AND ADULT CARE FOOD PROGRAM

**INTERIM REGULATION
CACFP: IMPLEMENTING LEGISLATIVE REFORMS TO STRENGTHEN PROGRAM INTEGRITY
67 FR 124: JUNE 27, 2002**

Outside Employment Policy

Section 226.16(b)(7): Each sponsoring organization is required to submit to the Child and Adult Care Food Program office all information required for its approval and the approval of all child care and adult day care facilities under its jurisdiction, including a copy of their outside employment policy. The policy must restrict other employment by employees that interferes with an employee's performance of Program-related duties and responsibilities, including outside employment that constitutes a real or apparent conflict of interest.

SUBMIT A COPY OF YOUR AGENCY'S OUTSIDE EMPLOYMENT POLICY.

Attached are prototype forms to assist your agency in meeting this requirement.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

CACFP SAMPLE OUTSIDE EMPLOYMENT POLICY

(NAME OF AGENCY)

OUTSIDE EMPLOYMENT P O L I C Y

Subject: OUTSIDE EMPLOYMENT	Page: 1 of 2
Approval:	Effective Date:

I PURPOSE

To establish guidelines governing outside employment by employees of _____ (Name of Agency)

II AUTHORITY

A. Employee Pamphlet

III RESPONSIBILITY

Employees are responsible for good faith compliance with this policy. Each employee must obtain approval from the Director in order to hold outside employment, to include an interest* in a firm, association, partnership or corporation, or to hold another office or position. Each new employee must report to the Director any office or position held, or any outside employment held. Directors are responsible for implementing this policy.

IV DEFINITION

Outside employment - The holding of outside employment, to include an interest in a firm, association, partnership or corporation, or the holding of another office or position by an employee of this agency.

Interest - Means the ownership or control of more than 10% of the profits or assets of a business; or the ownership or control of more than 1% of the profits or stock in any business.

IV POLICY

- A. No employee of the agency shall hold outside employment, to include an interest* in a firm, association, partnership or corporation or hold another or position without the prior approval of the Director and the concurrence of the Board. (*See definition of interest.)
- B. Outside employment may be authorized by the Director and the concurrence of the Board if it will not:
 - 1. Constitute a conflict of interest of the agency or the agency's Employee Code of Ethics.

P O L I C Y

Subject: Outside Employment

Page: 2 of 2

2. Interface with or infringe on the employee's working hours.
 3. Interfere with or detract from the employee's performance or efficiency in the position.
- C. Outside employment initially determined not in conflict with the employee's position of employment with the agency is exempt from future annual disclosure requirements. Whenever the conditions under which the outside employment was initially approved have changed (i.e., outside employment was terminated, employee wants to seek other outside employment, or employee's job has changed, etc.) the employee must notify the Director.
- D. Willful violations of this policy shall be cause for disciplinary action. Such actions include fines, prison terms, removal or suspension from office, ineligibility for future employment, and disciplinary action by the agency.

VI PROCEDURE

- A. Each employee seeking approval for outside employment must complete an Outside Employment or Business Approval Request form (Exhibit A) and submit it to the Director for approval.
- B. After the Director has reviewed, acted upon, and signed the Request, it will be forwarded to the Ethics Officer for review.
- C. After review (within one week), the Ethics Officer will transmit copies of all requests to the Board, the Director, and the employee.
- D. Employees whose outside employment is approved by the Department may proceed on the basis of the agency determination unless authorization is later overturned by the Board.
- E. The Director will advise new employees of the policy on outside employment, and as appropriate, have employees complete a Outside Employment or Business Approval Request form. The employee will submit it to the Division Director for approval.
- F. Each employee whose outside employment has terminated must notify the director. Each employee who wants to change outside employment (i.e. another job or promotion, or change of responsibilities, etc.) must acquire prior approval by completing a new Outside Employment Approval Request.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

CACFP SAMPLE OUTSIDE ACTIVITY APPROVAL REQUEST
(Name of Agency)

Name of Employee (Last, First, MI):		Mailing Address	Division:
Address of Official Work Station:			Telephone:
Job Duties:			
1. Are you currently engaged or plan to engage in any business, trade, profession and/or part-time or full-time employment outside of, or in addition to your employment with the day care? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, you must answer question 2)			
2. Name of Outside Employer(s) or Business(es). Please indicate if you are an owner, partner or corporate officer:			
Address:		Describe Responsibilities:	
Outside Employment (Please specify) Days Worked per Week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su		Work Hours Evenings: Weekends:	<input type="checkbox"/> Indefinite <input type="checkbox"/> Temporary Job Start/Date Job End/Date
Is your employment or business being performed for or with any other day care employee or official? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of employee or official and title:			
Does your outside employment or business require/cause you to have contacts with NJ State agencies, vendors, consultants or casino license holders? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
3. Do you hold a license issued by a State agency that entitles you to engage in a particular business, profession, trade or occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of license: When was license issued? Active or inactive?			
4. Do you currently hold or plan to hold outside voluntary position(s) which could, under certain circumstances, present a possible conflict with your official duties? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			
5. Are you an officer in any professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:			

6. Are you serving in any public office, or considering appointment or becoming a candidate for any public office?
 Yes No If "Yes" term expiration date:
 What is the nature of elective/appointive position?
 What are your duties?
 Days worked per week in elective/appointive activity M Tu W Th F S Su
 Work Hours: Evenings: Weekends:

7. Are any members of your immediate family employed by or, through partnership or corporate office, hold an interest in any firm performing any service for the State of New Jersey or directly or indirectly receiving funding from the State?
 Yes No
 Family Member's Name: Relationship:
 Nature of Employment:
 Duration: Permanent Temporary

I certify that this request contains no willful misstatement of fact or omission of material act and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

9. Signature of employee: _____ Date: _____

Agency Recommendations and Approvals

Division Director

Will Outside Employment or business interfere with employee's work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain below	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature: _____ Date: _____
---	---

If "Disapproval," explain below



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

CACFP ANNUAL STAFF TRAINING DOCUMENTATION

(Staff Training and Documentation Must Be Completed Annually For CACFP Compliance)

SPONSORS ARE REQUIRED TO PROVIDE ANNUAL TRAINING FOR ALL STAFF INVOLVED WITH THE CHILD AND ADULT CARE FOOD PROGRAM (INCLUDING BOARD MEMBERS). BOARD MEMBERS MUST HAVE ADEQUATE OVERSIGHT OF THE PROGRAM, WHEREBY IT PERIODICALLY ASSESSES PROGRAM MANAGEMENT AND KNOWS OF ANY COMPLIANCE ISSUES RESULTING FROM CACFP REVIEWS OR AUDITS. AGENCIES ARE REQUIRED TO MAINTAIN A ROSTER OF BOARD MEMBERS, AND MINUTES OF BOARD MEETINGS, TO DOCUMENT THAT THE BOARD EXISTS, MEETS ON A REGULAR BASIS, AND PERFORMS ITS REQUIRED FUNCTIONS.

THESE TRAININGS MUST BE CONDUCTED AFTER THE RECEIPT OF THE CACFP APPLICATION AND ANNUAL RENEWALS. THIS FORM MUST BE USED. **YOU MAY INCLUDE OR ATTACH ADDITIONAL SHEETS OR TRAINING DOCUMENTATION**, BUT ALL TRAINING TOPICS MUST BE COVERED AND THIS FORM MUST BE COMPLETED TO MEET PROGRAM COMPLIANCE. KEEP THIS COMPLETED FORM ON FILE FOR REVIEW BY THE CHILD AND ADULT CARE FOOD PROGRAM DURING ADMINISTRATIVE REVIEWS.

CACFP SPONSOR NAME:		
CACFP SPONSOR AGREEMENT #		
DATE OF TRAINING SESSION:		
TIME OF TRAINING SESSION:		
NAME AND TITLE OR POSITION OF TRAINER:		
TOPICS DISCUSSED: <i>(Check (✓) the box for each topic discussed during the session.)</i>	Meal Pattern Requirements	<input type="checkbox"/>
	Menus	<input type="checkbox"/>
	Meal Count Procedures	<input type="checkbox"/>
	Enrollment Statements	<input type="checkbox"/>
	Income Eligibility Classifications	<input type="checkbox"/>
	Record Keeping Procedures	<input type="checkbox"/>
	Itemized Receipts	<input type="checkbox"/>
	Time and Attendance Logs	<input type="checkbox"/>
	Training Requirements	<input type="checkbox"/>
	Monitoring Requirements <i>(If your agency has programs on Schedule A, located at a different address.)</i>	<input type="checkbox"/>
	Claim Completion and Submission Procedures	<input type="checkbox"/>
	Daily Attendance Records	<input type="checkbox"/>
	Sanitation	<input type="checkbox"/>
Serious Deficient Process for Facilities	<input type="checkbox"/>	
Block Claiming/Household Contact	<input type="checkbox"/>	
Civil Rights Requirements	<input type="checkbox"/>	
Other		<input type="checkbox"/>

STAFF

NAME	TITLE OR POSITION

CACFP REMINDER!

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

2017 CACFP Participation will be denied if the System for Award Management (SAM) is not Current.

Each organization must maintain a current SAM registration at all times during which it receives federal funding. ***Annual renewal of SAM Registration is required to remain active. If you are unsure that this information has been updated, consult your organization's business office, chief financial officer, grant administrator or authorizing official.***

[HTTP://WWW.SAM.GOV](http://www.sam.gov)

We strongly recommend that you ACT NOW in order to meet compliance for 2017 CACFP Participation!

ACT NOW, GO ONLINE TODAY!



ADDITIONAL REQUIRED DOCUMENT
(PROPRIETARY (FOR-PROFIT) ORGANIZATIONS ONLY)

Please Type or Print
Retain Yellow Copy for Your Records

State of New Jersey

DEPARTMENT OF AGRICULTURE
Division of Food & Nutrition
PO Box 334
TRENTON NJ 08625-0334

CHRIS CHRISTIE
Governor

DOUGLAS H. FISHER
Secretary

KIM GUADAGNO
Lt. Governor

CHILD AND ADULT CARE FOOD PROGRAM PROPRIETARY LETTER OF CERTIFICATION SPONSORS OF PROPRIETARY (FOR-PROFIT) DAY CARE CENTERS ONLY

Sponsors of proprietary centers must demonstrate that each for-profit center participating in the Child and Adult Care Food Program is in compliance with the following:

1. Provides nonresidential child care services for which it receives compensation from amounts granted to the States under Title XIX / XX of the Social Security Act, and that
2. Title XIX / XX child care beneficiaries constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less.

Therefore, the Child and Adult Care Food Program requires that sponsors of proprietary (for-profit) center(s) annually certify that each center is in compliance with program requirements.

NOTE: Sponsors may not combine the number of participants receiving Title XX support with the number participants within the free or reduced price eligibility criteria in order to meet the 25 percent threshold. If the percentage is less than 25 percent for any given reporting month, you must contact the Child and Adult Care Food Program for further guidance.

COMPLETE THE FORM WITH INFORMATION FOR THE MOST RECENT MONTH, SIGNATURE, AND DATE. BE SURE TO MAINTAIN A COMPLETED COPY FOR YOUR FILES.

LEGAL NAME OF AGENCY: _____ **AGREEMENT #** ____ - ____ - ____

Dear Program Specialist:

*This letter is to report that Title XIX / XX day care beneficiaries in the center(s) listed below constitute no less than 25 percent of enrolled eligible participants or licensed capacity, whichever is less for month of _____, _____.
(Month) (Year)*

The figures below support this percentage:

Name of Center / Facility	# Participants (Free/Reduced) (TANF) (Title XX/XIX)	÷	Total Enrollment	=	Eligibility Percentage
1. _____	_____	÷	_____	=	_____ %
2. _____	_____	÷	_____	=	_____ %
3. _____	_____	÷	_____	=	_____ %
4. _____	_____	÷	_____	=	_____ %
5. _____	_____	÷	_____	=	_____ %

By signing below, I certify that the above information is true and correct and may be verified by the required CACFP supportive documents on file at this center. We also certify that our agency will operate in accordance with the CACFP Agreement and all provisions of 7CFR Part 226. I also understand that this 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 Legal Agency's Executive Director)

(Date)

Tj::PROP. LETTER OF CERTIF.

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
	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).

- 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 center 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 _____



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

CACFP Agreement between the Sponsoring Organization and the Day Care Center

The agreement specifies the rights and responsibilities of the Sponsoring Organization and the Center as participants in Child and Adult Care Food Program (CACFP) for the purpose of providing nutritious meals to participants in licensed day care centers. The CACFP Agreement between the Sponsoring Organization and the Day Care Center has been revised and converted to a permanent agreement as part of the renewal process effective September 30, 2012. The “permanent” agreement does **not** guarantee a center/program the right to participate in CACFP in perpetuity; it simply relieves the Sponsor and center/program from the paperwork burden of including an agreement renewal for annual renewal to participate. Be sure to review the following Rights and Responsibilities of the Sponsoring Organization and the Day Care Center as part of your annual training requirements.

THE SPONSORING ORGANIZATION AGREES TO:

1. **Inform centers of CACFP eligibility to become an independent sponsor free of charge by accepting full administrative and financial responsibilities for activities related to the Child and Adult Care Food Program by contacting (609) 984-1250.**
2. In accordance with Child and Adult Care Food Program regulations,
 - a. Accept final financial and administrative responsibility for program operations in all centers under its jurisdiction.
 - b. Train and maintain written documentation of training in program requirements before centers begin participating in the Child and Adult Care Food Program and serve as Liaison with the Child and Adult Care Food Program office.
 - c. Offer additional training sessions and respond to a center’s request for technical assistance scheduled at a time and place convenient to center administrators.
 - d. Provide Child and Adult Care Food Program record keeping forms (including the *Justice For All* poster) to the center.
 - e. (**When Applicable**) - Distribute an advance to the center within 5 working days after receiving advance funds from the Child Care Food Program. If reimbursement is owed to the center in addition to the advance payment, the sponsoring organization will pay the center, the remainder of the food service rate for each meal served to enrolled participants 5 days after the sponsoring organization has received payment from the Child Care Food Program (Center administrator and the CACFP office must be notified in writing of any fee for service and/or changes in fees charged to centers related to the Child and Adult Care Food Program).
 - f. Ensure that all meals claimed for reimbursement are served **free of charge** to enrolled participants without regard to race, color, national origin, sex, age or disability and that all meals claimed meet the meal requirements in the Child Care Food Program regulations.
 - g. Ensure that enrolled participants meet the age requirement of persons, age birth to 12, migrant children birth up to 16, and disabled children.
 - h. Maintain family size and income data for each participant enrolled for care.
3. Conduct and maintain written documentation of pre-approval visits for prospective new centers and review new programs within four weeks of operation.
4. Monitor day care centers a minimum of 3 reviews per year to review meal services, program records, and procedures during the hours of care. These visits may be announce or unannounced. A copy of each monitoring report will be forwarded to the executive director upon completion of each review.
5. Notify centers of any changes in program regulations applicable to the Child and Adult Care Food Program. (Note: the sponsor reserves the right to make changes to this agreement subject to changes in program requirements and regulations).
6. The sponsoring organization will establish a procedure to provide an appeal process for the center. The hearing officer must be independent of the immediate sponsoring organization staff.

THE CENTER AGREES TO:

1. Maintain required current certificates, licenses, permits, approvals and to maintain Child and Adult Care Food Program records of:
 - a. **Posted Pre-planned Dated Menu** - What is served to the day care children at each meal service each day.
 - b. **Meal Count Records** – An accurate count of meals served to participants at the point of each meal service.
 - c. **Daily Attendance** - The number of enrolled participants who are present each day (Not to exceed the maximum license capacity at any given time for each age group).

- d. **Delivery Receipts** (Vended Programs) – The list of each menu component, portion size and number of portions delivered for each approved meal.
 - e. **Medical Documentation** – (*When Applicable*) Written statement from a recognized medical authority for menu substitutions because of medical needs to include recommended alternate foods.
2. Claim approved meals only served to enrolled participants. Only one meal per participant may be claimed at each meal service. A total of 3 meals may be claimed for each participant each day; these may be any combination of meal types except breakfast, lunch, and dinner.
 3. Attend training sessions required by the sponsoring organization.
 4. Submit annually, days when centers will be closed for holidays and summer. Emergency closings must be reported per occurrence.
 5. Allow representatives (*with photo identification*) from the Sponsoring Organization, State agency, the Department, and other State or Federal officials to come into the center during normal hours of day care operations for the purpose of reviewing the food program operations and required records as needed. These visits may be announce or unannounced. All CACFP records must be retained for a period of 5 years after the date of the final month of operation.
 6. Notify sponsoring organization, without delay, the names of any participant added to or dropped from the enrollment for day care, or if there are any changes in the center's license status.
 7. Submit eligibility application for each enrolled participant, meal count, menu records, and attendance records to the sponsoring organization by a specific day of each month, as established by the Sponsoring Organization. Failure to do so may result in an interruption of meal service.
 8. Serve meals that meet the Child Care Food Program requirements for the ages of participants being served.
 9. Provide meals **free of charge** to all enrolled participants without regard to race, color, national origin, sex, age, or disability.
 10. Display the Justice For All poster in a prominent location accessible to parents and participants.
 11. Receive prior approval from sponsoring organization when meals claimed are served away from the facility.

BOTH THE SPONSOR AND CENTER AGREE TO:

The right of either to terminate this Agreement for cause or convenience.

- a. The sponsor agrees to give the center prior written notice of termination actions specifying when said action shall take place. Prior to termination, the sponsor will give the center administrator verbal warning and two written warnings specifying the reason for the action. A copy of written warnings will be forwarded to board president and the Child and Adult Care Food Program office upon issuance.
- b. The center agrees to give the sponsor at least two weeks written notice of withdrawal when said action shall take place.
- c. Termination of a center for cause shall be documented and maintained in the sponsor's file and sponsor will notify State Agency.
- d. Any appeal by the center of program actions is to be decided between the center and sponsor.



**NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM**

**POLICY: CACFP Agreement between the Sponsoring
Organization and Unaffiliated Day Care Center(s)**

The agreement specifies the rights and responsibilities of the Sponsoring Organization and the Center as participants in Child and Adult Care Food Program (CACFP) for the purpose of providing nutritious meals to participants in licensed day care centers. The CACFP Agreement between the Sponsoring Organization and the Day Care Center has been converted to a permanent agreement as part of the renewal process effective September 30, 2012. Therefore, **BE SURE TO REVIEW AND MOVE THE 2012 SPONSOR/CENTER AGREEMENTS FORWARD WITH YOUR CURRENT CACFP FILES.** The “permanent” agreement does not guarantee a center/program the right to participate in CACFP in perpetuity; it simply relieves the Sponsor and center/program from the paperwork burden of submitting an agreement every year for the annual renewal process. Any changes in approval criteria will be communicated via a copy of an updated addendum and/or Schedule A. Such updated or other required documents shall be considered a modification for the duration of this agreement.

Be sure to review the following Rights and Responsibilities of the Sponsoring Organization and the Day Care Center as part of your annual training requirements.

THE SPONSORING ORGANIZATION AGREES TO:

1. **Inform centers of CACFP eligibility to become an independent sponsor free of charge by accepting full administrative and financial responsibilities for activities related to the Child and Adult Care Food Program by contacting (609) 984-1250.**
2. In accordance with Child and Adult Care Food Program regulations,
 - a. Accept final financial and administrative responsibility for program operations in all centers under its jurisdiction.
 - b. Train and maintain written documentation of training in program requirements before centers begin participating in the Child and Adult Care Food Program and serve as Liaison with the Child and Adult Care Food Program office.
 - c. Offer additional training sessions and respond to a center’s request for technical assistance scheduled at a time and place convenient to center administrators.
 - d. Provide Child and Adult Care Food Program record keeping forms (including the *Justice For All* poster) to the center.
 - e. (**When Applicable**) - Distribute an advance to the center within 5 working days after receiving advance funds from the Child Care Food Program. If reimbursement is owed to the center in addition to the advance payment, the sponsoring organization will pay the center, the remainder of the food service rate for each meal served to enrolled participants 5 days after the sponsoring organization has received payment from the Child Care Food Program (Center administrator and the CACFP office must be notified in writing of any fee for service and/or changes in fees charged to centers related to the Child and Adult Care Food Program).
 - f. Ensure that all meals claimed for reimbursement are served **free of charge** to enrolled participants without regard to race, color, national origin, sex, age or disability and that all meals claimed meet the meal requirements in the Child Care Food Program regulations.
 - g. Ensure that enrolled participants meet the age requirement of persons, age birth to 12, migrant children birth up to 16, and disabled children.
 - h. Maintain family size and income data for each participant enrolled for care.
3. Conduct and maintain written documentation of pre-approval visits for prospective new centers and review new programs within four weeks of operation.
4. Monitor day care centers a minimum of 3 reviews per year to review meal services, program records, and procedures during the hours of care. **These visits may be announce or unannounced.** A copy of each monitoring report will be forwarded to the executive director upon completion of each review.
5. Notify centers of any changes in program regulations applicable to the Child and Adult Care Food Program. (**Note:** the sponsor reserves the right to make changes to this agreement subject to changes in program requirements and regulations).
6. The sponsoring organization will establish a procedure to provide an appeal process for the center. The hearing officer must be independent of the immediate sponsoring organization staff.

THE CENTER AGREES TO:

1. Maintain required current certificates, licenses, permits, approvals and to maintain Child and Adult Care Food Program records of:
 - a. **Posted Pre-planned Dated Menu** - What is served to the day care children at each meal service each day.

- b. **Meal Count Records** – An accurate count of meals served to participants at the point of each meal service.
 - c. **Daily Attendance** - The number of enrolled participants who are present each day (Not to exceed the maximum license capacity at any given time for each age group).
 - d. **Delivery Receipts** (Vended Programs) – The list of each menu component, portion size and number of portions delivered for each approved meal.
 - e. **Medical Documentation** – (*When Applicable*) Written statement from a recognized medical authority for menu substitutions because of medical needs to include recommended alternate foods.
2. Claim approved meals only served to enrolled participants. Only one meal per participant may be claimed at each meal service. A total of 3 meals may be claimed for each participant each day; these may be any combination of meal types except breakfast, lunch, and dinner.
 3. Attend training sessions required by the sponsoring organization.
 4. Submit annually, days when centers will be closed for holidays and summer. Emergency closings must be reported per occurrence.
 5. Allow representatives (*with photo identification*) from the Sponsoring Organization, State agency, the Department, and other State or Federal officials to come into the center during normal hours of day care operations for the purpose of reviewing the food program operations and required records as needed. These visits may be announce or unannounced. All CACFP records must be retained for a period of 5 years after the date of the final month of operation.
 6. Notify sponsoring organization, without delay, the names of any participant added to or dropped from the enrollment for day care, or if there are any changes in the center's license status.
 7. Submit eligibility application for each enrolled participant, meal count, menu records, and attendance records to the sponsoring organization by _____ day of each month. Failure to do so may result in an interruption of meal service.
 8. Serve meals that meet the Child Care Food Program requirements for the ages of participants being served.
 9. Provide meals **free of charge** to all enrolled participants without regard to race, color, national origin, sex, age, or disability.
 10. Display the *Justice For All* poster in a prominent location accessible to parents and participants.
 11. Receive prior approval from sponsoring organization when meals claimed are served away from the facility.

BOTH THE SPONSOR AND CENTER AGREE TO:

The right of either to terminate this Agreement for cause or convenience.

- a. The sponsor agrees to give the center prior written notice of termination actions specifying when said action shall take place. Prior to termination, the sponsor will give the center administrator verbal warning and two written warnings specifying the reason for the action. A copy of written warnings will be forwarded to board president and the Child and Adult Care Food Program office upon issuance.
- b. The center agrees to give the sponsor at least two weeks written notice of withdrawal when said action shall take place.
- c. Termination of a center for cause shall be documented and maintained in the sponsor's file and sponsor will notify State Agency.
- d. Any appeal by the center of program actions is to be decided between the center and sponsor.

CHILD AND ADULT CARE FOOD PROGRAM
PERMANENT AGREEMENT BETWEEN
THE SPONSORING ORGANIZATION
And
THE DAY CARE CENTER

Sponsor Name _____
 Street Address _____
 City _____ Zip _____
 Agreement # _____ Program # _____

INSTRUCTIONS: This Agreement must be read, completed and signed by the day care center and the sponsoring organization.
DISTRIBUTION OF COPIES: ORIGINAL—CACFP OFFICE COPY 1—SPONSORING ORGANIZATION COPY 2—CENTER ADMINISTRATOR

This agreement is made and entered into this _____ (day) of _____ (month/year), by and between _____, of _____ (Sponsoring Organization), and _____ (Center Name), of _____ (Center Address).

This agreement specifies the rights and responsibilities of the Sponsoring Organization and the Center as participants in Child and Adult Care Food Program (CACFP) for the purpose of providing nutritious meals to participants in licensed day care centers.

RIGHTS AND RESPONSIBILITIES OF THE SPONSORING ORGANIZATION

THE SPONSORING ORGANIZATION AGREES TO:

1. Inform centers of CACFP eligibility to become an independent sponsor free of charge by accepting full administrative and financial responsibilities for activities related to the Child and Adult Care Food Program by contacting (609) 984-1250.
2. In accordance with Child and Adult Care Food Program regulations,
 - a. Accept final financial and administrative responsibility for program operations in all centers under its jurisdiction.
 - b. Train and maintain written documentation of training in program requirements before centers begin participating in the Child and Adult Care Food Program and serve as Liaison with the Child and Adult Care Food Program office.
 - c. Offer additional training sessions and respond to a center's request for technical assistance scheduled at a time and place convenient to center administrators.
 - d. Provide Child and Adult Care Food Program record keeping forms (including the *Justice For All* poster) to the center.
 - e. (When Applicable) - Distribute an advance to the center within 5 working days after receiving advance funds from the Child Care Food Program. If reimbursement is owed to the center in addition to the advance payment, the sponsoring organization will pay the center, the remainder of the food service rate for each meal served to enrolled participants 5 days after the sponsoring organization has received payment from the Child Care Food Program (Center administrator and the CACFP office must be notified in writing of any fee for service and/or changes in fees charged to centers related to the Child and Adult Care Food Program).
 - f. Ensure that all meals claimed for reimbursement are served **free of charge** to enrolled participants without regard to race, color, national origin, sex, age or disability and that all meals claimed meet the meal requirements in the Child Care Food Program regulations.
 - g. Ensure that enrolled participants meet the age requirement of persons, age birth to 12, migrant children birth up to 16, and disabled children.
 - h. Maintain family size and income data for each participant enrolled for care.
3. Conduct and maintain written documentation of pre-approval visits for prospective new centers and review new programs within four weeks of operation.
4. Monitor day care centers a minimum of 3 reviews per year to review meal services, program records, and procedures during the hours of care. These visits may be announce or unannounced. A copy of each monitoring report will be forwarded to the executive director upon completion of each review.
5. Notify centers of any changes in program regulations applicable to the Child and Adult Care Food Program. (Note: the sponsor reserves the right to make changes to this agreement subject to changes in program requirements and regulations).
6. The sponsoring organization will establish a procedure to provide an appeal process for the center. The hearing officer must be independent of the immediate sponsoring organization staff.

RIGHTS AND RESPONSIBILITIES OF THE DAY CARE CENTER

THE CENTER AGREES TO:

1. Maintain required current certificates, licenses, permits, approvals and to maintain Child and Adult Care Food Program records of:
 - a. **Posted Pre-planned Dated Menu** - What is served to the day care children at each meal service each day.
 - b. **Meal Count Records** - An accurate count of meals served to participants at the point of each meal service.
 - c. **Daily Attendance** - The number of enrolled participants who are present each day (Not to exceed the maximum license capacity at any given time for each age group).
 - d. **Delivery Receipts** (Vended Programs) - The list of each menu component, portion size and number of portions delivered for each approved meal.
 - e. **Medical Documentation** - (When Applicable) Written statement from a recognized medical authority for menu substitutions because of medical needs to include recommended alternate foods.
2. Claim approved meals only served to enrolled participants. Only one meal per participant may be claimed at each meal service. A total of 3 meals may be claimed for each participant each day; these may be any combination of meal types except breakfast, lunch, and dinner.
3. Attend training sessions required by the sponsoring organization.
4. Submit annually, days when centers will be closed for holidays and summer. Emergency closings must be reported per occurrence.
5. Allow representatives (with photo identification) from the Sponsoring Organization, State agency, the Department, and other State or Federal officials to come into the center during normal hours of day care operations for the purpose of reviewing the food program operations and required records as needed. These visits may be announce or unannounced. All CACFP records must be retained for a period of 5 years after the date of the final month of operation.
6. Notify sponsoring organization, without delay, the names of any participant added to or dropped from the enrollment for day care, or if there are any changes in the center's license status.
7. Submit eligibility application for each enrolled participant, meal count, menu records, and attendance records to the sponsoring organization by _____ day of each month. Failure to do so may result in an interruption of meal service.
8. Serve meals that meet the Child Care Food Program requirements for the ages of participants being served.
9. Provide meals **free of charge** to all enrolled participants without regard to race, color, national origin, sex, age, or disability.
10. Display the *Justice For All* poster in a prominent location accessible to parents and participants.
11. Receive prior approval from sponsoring organization when meals claimed are served away from the facility.

RIGHTS AND RESPONSIBILITIES OF THE SPONSORING ORGANIZATION AND DAY CARE CENTER

BOTH THE SPONSOR AND CENTER AGREE TO:

The right of either to terminate this Agreement for cause or convenience.

- a. The sponsor agrees to give the center prior written notice of termination actions specifying when said action shall take place. Prior to termination, the sponsor will give the center administrator verbal warning and two written warnings specifying the reason for the action. A copy of written warnings will be forwarded to board president and the Child and Adult Care Food Program office upon issuance.
- b. The center agrees to give the sponsor at least two weeks written notice of withdrawal when said action shall take place.
- c. Termination of a center for cause shall be documented and maintained in the sponsor's file and sponsor will notify State Agency.
- d. Any appeal by the center of program actions is to be decided between the center and sponsor.

***If a participating center operating under the auspices of your organization has a different name (see the center license) from the legal name of the sponsor, you must prepare and submit the Sponsoring organization letter(s). This document does not apply to Head Start Sponsors.**

TO BE COMPLETED BY SPONSORING ORGANIZATION

This day care center has been approved to serve the following meals up to _____ enrolled participants per day starting on _____ (DATE).

BREAKFAST A.M. SNACK LUNCH P.M. SNACK DINNER EVENING SNACK
 TIME: _____

WE CERTIFY that the center is not participating in the Child and Adult Care Food Program under any other sponsoring organization. WE FURTHER CERTIFY that all of the above information is true and correct to the best of our knowledge, and that we will comply with the rights and responsibilities outlined in this Agreement. We understand that this information is being given in connection with the receipt of Federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution or civil action under applicable State and Federal criminal or civil statutes. We further certify that if the center is found in Serious Deficiency and terminated from CACFP that this will result in placement on the National disqualified list and will not be allowed to participate in any Federal Programs. We further certify that the center has not previously been terminated from CACFP participation for cause in New Jersey or any other state.

DATE	SIGNATURE OF REPRESENTATIVE OF SPONSORING ORGANIZATION	FEE	SIGNATURE OF CENTER ADMINISTRATOR
------	--	-----	-----------------------------------

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (Voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



NEW JERSEY DEPARTMENT OF AGRICULTURE DIVISION OF FOOD AND NUTRITION CHILD AND ADULT CARE FOOD PROGRAM

CACFP POLICY REQUIREMENTS - INDEPENDENT BOARD OF DIRECTORS

CACFP sponsoring organizations are required to have an “independent governing board of directors:” 7 CFR 226.6(b)(1)(xviii)(C)(1) and 226.6(b)(2)(vii)(C)(1):

Governing board of directors. Has adequate oversight of the Program by an independent governing board of directors as defined at § 226.2.

Independent governing board of directors means, in the case of a nonprofit organization, or in the case of a for-profit institution required to have a board of directors, a governing board which meets regularly and has the authority to hire and fire the institution’s executive director (i.e. the board must be independent of the executive director’s control).

In 2011, the United States Department of Agriculture (USDA) issued OIG Audit Report No. 2760-0012-SF, Review of Management Controls. In that Report, the USDA provided guidance on the requirements for an **independent** board. The USDA stated that sponsoring organizations’ boards must “be composed of a majority of members of the community who are not personally financially interested in its activities, or related to its personnel or to each other.” The USDA further stated that “to adhere to less-than-arms-length requirements, board members must recuse themselves from votes on decisions relating to their own compensation and that of immediate family members and financially related parties.” The USDA also requires sponsors to sign an annual disclosure of potential conflicts of interest, including the specific identification of any dealing with “less-than-arms-length” entities and any relationships between officers, board members and employees.

Based on program regulations and guidance from the USDA, boards should not include the CACFP director, other sponsor officials, and/or members of their families. One of the critical hallmarks of a board’s independence – the board’s ability to hire and fire the organization’s executive director – is limited when sponsor officials or their families serve on the board. State agencies are required to ensure that institutions have such boards in place, and that this requirement is met in full.

A governing board of directors of a nonprofit organization does not meet the program requirement for an independent board when **officials** of the sponsoring organization, or **members of an official’s family**, serve as members of the board. The director, and other sponsor officials, as needed, are expected to attend and participate in board meetings as requested by the board.

Sponsor Officials: All employees of a sponsoring organization are considered to be sponsor officials for this purpose. Employees may not be voting members on the organization’s board of directors.

Family Members: Family members of sponsor officials who may not be considered as voting members of the organization's board of directors include the sponsor official's spouse, parent, child, spouse of a child, brother, sister, or spouse of a brother or sister. This list does not mean that other relatives of sponsor officials are presumed to have the required independence. The relationship of any board member must be disclosed to the CACFP and updated as needed. As a general rule, relatives of sponsor officials should rarely serve in a voting capacity on a sponsoring organization's board of directors.

In a nonprofit organization the board of directors, as a single body, has a fiduciary responsibility for the assets of that organization. Nonprofit boards must make decisions on a regular basis that directly affect the rights and wellbeing of the organization's key stakeholders, including donors, partner's program participants/beneficiaries and the public.

The board of directors must ensure that the institution complies with CACFP Performance Standard (3) - Program Accountability; institutions must have internal controls and other management systems in place to guarantee fiscal accountability and other CACFP requirements. All institutions must demonstrate they have internal controls in place and document they meet the required performance standards. **For-profit institutions are not required to have a board, so the owner's ability to meet Performance Standard (3) must be documented.**

The attached handout briefly summarizes fiduciary duties that obligate all board members to serve the best interests of the institution.

Child and Adult Care Food Program (CACFP) Institutions Boards of Directors

Under the principles of corporation law, a board member must meet certain standards of conduct in carrying out his/her responsibilities to the organization. These standards are known as Fiduciary Duties and are usually described as the duty of care, the duty of loyalty, and the duty of obedience. These duties apply to board members through State corporation statutes for both profit-making and nonprofit corporations. A breach of these duties may lead to personal liability for the board member, the withdrawal of the corporation's charter by the State, or a change in status, including the loss of tax-exempt status for nonprofit corporations.

Duty of Care: The duty of care describes the level of competence that is expected of the board member.

Duty of Loyalty: The duty of loyalty is a standard of faithfulness; a board member must give undivided allegiance when making decisions affecting the organization. This means that a board must act in the best interests of the organization and avoid conflicts of interest.

Duty of Obedience: The duty of obedience requires board members to be faithful to the organization's mission.¹

The lists that follow describe the basic responsibilities of the nonprofit corporation Boards of Directors and individual board members.

The ten basic responsibilities of the Boards of Directors

1. Determine the mission and purpose of the organization and keep them clearly in focus.
2. Select the executive.
3. Support the executive and review his/her performance.
4. Ensure effective organizational planning.
5. Ensure adequate resources for the organization to fulfill its mission.
6. Manage resources effectively.
7. Determine and monitor the organization's programs and services.
8. Enhance the organization's public image to garner support from the community.
9. Serve as a court of appeal in personnel matters.

(Over)

¹ From *The Legal Obligations of Nonprofit Boards: A Guidebook for Board Members*. Washington, DC: National Center for Nonprofit Boards, 1997

10. Assess its own performance by recognizing its achievements and evaluating its needs for improvement.²

Responsibilities of an Individual Board Member

- Attend all board and committee meetings and functions.
- Be informed about the organization's mission, services, policies, and programs.
- Review agenda and supporting materials prior to board and committee meetings.
- Serve on committees and offer to take on special assignments.
- Inform other about the organization.
- Suggest possible nominees to the board who can make significant contributions to the work of the board and the organization.
- Keep up-to-date on developments in the organization's field.
- Follow conflict of interest and confidentiality policies.
- Refrain from making special requests of the staff.
- Assist the board in carrying out its fiduciary responsibilities, such as reviewing the organization's annual financial statements.³

Additional Information:

National Center for Nonprofit Boards
2000 L Street, N.W., Suite 510
Washington, DC 20036-4907
(202) 452-6262.
Web address: www.ncnb.org

National Council of Nonprofit Associations
1900 L Street, Suite 650
Washington, DC 20036
(202) 467-6261
Web address: www.ncna.org

In most States, the Secretary of State's office can provide information on State corporation statutes. Additionally, many States have statutes available through the State web page.

² From *Ten Basic Responsibilities of Nonprofit Boards*. Washington, DC: National Center for Nonprofit Boards, Revised 1996.

³ From *Six Keys to Recruiting, Orienting, and Involving Nonprofit Board Members*. Washington, DC: National Center for Nonprofit Boards, 1995.

BOARD OF DIRECTORS

Sponsor Name _____

Board Chair or Owner		Length of time on board _____		
Salutation	First Name	Last Name		
Date of Birth	Email Address			
Phone	Ext	Fax		
Occupation	Current Employer			
Employer Address 1	Address 2	City	State	Zip
Home Address 1	Address 2	City	State	Zip

Is this member related to another board member or staff of this organization? Yes No
If Yes, please specify name and position held: _____

Executive Director				
Salutation	First Name	Last Name		
Date of Birth	Email Address			
Phone	Ext	Fax		
Occupation	Current Employer			
Employer Address 1	Address 2	City	State	Zip
Home Address 1	Address 2	City	State	Zip

Is this member related to another board member or staff of this organization? Yes No
If Yes, please specify name and position held: _____

Board Member	Title _____	Length of time on board _____		
Salutation	First Name	Last Name		
Date of Birth	Email Address			
Phone	Ext	Fax		
Occupation	Current Employer			
Employer Address 1	Address 2	City	State	Zip
Home Address 1	Address 2	City	State	Zip

Is this member related to another board member or staff of this organization? Yes No
If Yes, please specify name and position held: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](http://www.ascr.usda.gov/complaint_filing_cust.html) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail at U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 by fax (202) 690-7442 or email at program.intake@usda.gov. This institution is an equal opportunity provider.

Board Member	Title _____	Length of time on board _____
---------------------	--------------------	--------------------------------------

Salutation	First Name	Last Name
------------	------------	-----------

Date of Birth	Email Address
---------------	---------------

Phone	Ext	Fax
-------	-----	-----

Occupation	Current Employer
------------	------------------

Employer Address 1	Address 2	City	State	Zip
--------------------	-----------	------	-------	-----

Home Address 1	Address 2	City	State	Zip
----------------	-----------	------	-------	-----

Is this member related to another board member or staff of this organization? Yes No
 If **Yes**, please specify name and position held: _____

Board Member	Title _____	Length of time on board _____
---------------------	--------------------	--------------------------------------

Salutation	First Name	Last Name
------------	------------	-----------

Date of Birth	Email Address
---------------	---------------

Phone	Ext	Fax
-------	-----	-----

Occupation	Current Employer
------------	------------------

Employer Address 1	Address 2	City	State	Zip
--------------------	-----------	------	-------	-----

Home Address 1	Address 2	City	State	Zip
----------------	-----------	------	-------	-----

Is this member related to another board member or staff of this organization? Yes No
 If **Yes**, please specify name and position held: _____

Board Member	Title _____	Length of time on board _____
---------------------	--------------------	--------------------------------------

Salutation	First Name	Last Name
------------	------------	-----------

Date of Birth	Email Address
---------------	---------------

Phone	Ext	Fax
-------	-----	-----

Occupation	Current Employer
------------	------------------

Employer Address 1	Address 2	City	State	Zip
--------------------	-----------	------	-------	-----

Home Address 1	Address 2	City	State	Zip
----------------	-----------	------	-------	-----

Is this member related to another board member or staff of this organization? Yes No
 If **Yes**, please specify name and position held: _____

--

FOR STATE USE ONLY
 ND/EPL Date _____



State of New Jersey

DEPARTMENT OF AGRICULTURE
Division of Food & Nutrition
PO Box 334
TRENTON NJ 08625-0334

APPEAL PROCEDURE

PURPOSE: TO ALLOW ANY APPLICANT/PARTICIPATING INSTITUTION IN THE CHILD AND ADULT CARE FOOD PROGRAM (STATE AGENCY) AN AVENUE OF APPEAL WHEN:

1. The institution's application for participation is denied;

Denial of a new or renewing institution's application for participation (see paragraph (b) of this section, on State agency review of an institution's application; and paragraphs (c)(1) and (c)(2) of this section, on State agency denial of a new or renewing institution's application);

2. An application for participation submitted by a sponsoring organization, on behalf of a facility is denied;

3. The State Agency is proposing to terminate a sponsor's participation in the program.

Notice of proposed termination. Proposed termination of an institution's agreement (see paragraphs (c)(2)(iii)(C), (c)(3)(iii)(C), and (c)(5)(i)(B) of this section, dealing with proposed termination of agreements with renewing institutions, participating institutions, and participating institutions suspended for health or safety violations);

Notice of proposed disqualification of a responsible principal or responsible individual. Proposed disqualification of a responsible principal or responsible individual (see paragraphs (c)(1)(iii)(C), (c)(2)(iii)(C), (c)(3)(iii)(C), and (c)(5)(i)(B) of this section, dealing with proposed disqualification of responsible principals or responsible individuals in new, renewing, and participating institutions, and participating institutions suspended for health or safety violations);

Start-up or expansion funds denial. Denial of an institution's application for start-up or expansion payments (see § 226.7(h));

4. The institution's agreement is suspended;

Suspension of an institution's participation (see paragraphs (c)(5)(i)(B) and (c)(5)(ii)(D) of this section, dealing with suspension for health or safety reasons or submission of a false or fraudulent claim);

5. All or part of the institution's claim for reimbursement or an upward adjustment to a claim is denied;

Denial of all or a part of an institution's claim for reimbursement (except for a denial based on a late submission under § 226.10(e)) (see §§ 226.10(f) and 226.14(a));

6. Demand for remittance of an overclaim or overpayment;

7. Any other action of the State Agency affecting the participation of an institution in the program or the institution's claim for reimbursement.

ACTIONS NOT SUBJECT TO ADMINISTRATIVE REVIEW

1. FNS decisions on claim deadline exceptions;

2. Determination of serious deficiency. A determination that an institution is seriously deficient (see paragraphs (c)(1)(iii)(A), (c)(2)(iii)(A), (c)(3)(iii)(A), and (c)(5)(i)(B) of this section, dealing with proposed disqualification of responsible principals or responsible individuals in new, renewing, and participating institutions, and participating institutions suspended for health or safety violations);

3. State agency determination that corrective action is inadequate (see paragraph (k)(3) of this section);

4. State agency or FNS decision regarding removal from the National disqualified list (see paragraph (k)(3) of this section); or

5. State agency's refusal to consider an application submitted by an institution or facility on the National disqualified list (see paragraph (k)(3) of this section).

6. Disqualification and placement on State agency list and National disqualified list. Disqualification of an institution or a responsible principal or responsible individual, and the subsequent placement on the State agency list and the National disqualified list (see paragraphs (c)(1)(iii)(E), (c)(2)(iii)(E), (c)(3)(iii)(E), and (c)(5)(i)(C) of this section, dealing with proposals to disqualify related to new, renewing, and participating institutions, and in institutions suspended for health or safety violations); or
7. Termination. Termination of a participating institution's agreement, including termination of a participating institution's agreement based on the disqualification of the institution by another State agency or FNS (see paragraphs (c)(3)(i) and (c)(7)(ii) of this section).

PROCEDURE: NOTIFICATION OF DENIAL, PROPOSED TERMINATION, OR REQUEST FOR REMITTANCE

1. Whenever the Bureau of Child Nutrition Programs takes such action, which may affect the participation of an institution in the program, or notifies a sponsor that program funds must be remitted (see above), the Bureau will inform the sponsor in writing. The institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals will receive the notice of action and the grounds upon which the Bureau based its final determination. State agency adverse action notifications are faxed and mailed, via overnight delivery, to the last known addresses filed by the institution. Notices sent by fax are considered received on the date they are sent. If a notice is undeliverable, it is considered to have been received 5 days after it was sent to the last known mailing address or fax number filed with the state agency.
2. Upon receipt of the Bureau's letter of final determination, the appellant must ensure the written request for a hearing is received by the Department no later than 15 calendar days from the date the notice of action was received. Written correspondence must clearly indicate if both the institution and the listed responsible principals/individuals are included in the request for appeal; if the institution or responsible principals/individuals will be represented by another person, or retain legal counsel; or if the listed responsible principals/individuals will exercise their right to self-representation. All listed responsible principals/individuals must be noted as copied on the request for appeal in accordance with the definition of "notice " requirements in 7 CFR 226.2. If any party decides to appeal the proposed actions, make sure the appeal procedures are followed exactly because the failure to do so could result in the denial of the request for an appeal.

The request for a hearing must be sent directly to the hearing officer, via certified mail, with a carbon copy sent to the Director, Division of Food and Nutrition.

ALL REQUESTS FOR APPEALS MUST BE SENT VIA CERTIFIED MAIL TO:

LEGAL SPECIALIST
 NEW JERSEY STATE DEPARTMENT OF AGRICULTURE
 JOHN FITCH PLAZA
 MARKET AND NEW WARREN STREETS
 P.O. BOX 330
 TRENTON, NJ 08625-0330

ALL COPIES OF REQUESTS FOR APPEALS MUST BE SENT TO:

DIRECTOR
 DIVISION OF FOOD AND NUTRITION
 NEW JERSEY STATE DEPARTMENT OF AGRICULTURE
 P.O. BOX 334
 TRENTON, NJ 08625-0334

OVERNIGHT DELIVERY ADDRESS:
 DIRECTOR
 DIVISION OF FOOD AND NUTRITION
 22 S. CLINTON AVE., BLDG 4, 3RD FLOOR
 TRENTON, NEW JERSEY 08625-0334

3. The hearing officer will acknowledge the receipt of the appeal request within 10 calendar days; the appellant will be provided with at least 10 calendar days advance written notice of the time and place of the hearing. The notice will be sent certified mail, return receipt requested.
4. The appellant may refute the charges in person and/or by written documentation to the hearing officer. In order to be considered, written documentation must be filed with the hearing officer not later than the scheduled hearing date, or 30 calendar days after the notice of action was received, whichever is first.
5. The appellant may retain legal counsel or may be represented by another person.

Any information on which the State Agency's action was based will be available to the appellant for inspection from the date of receipt of the request for appeal.

Review of record. Any information on which the State agency's action was based must be available to the institution and the responsible principals and responsible individuals for inspection from the date of receipt of the request for an appeal.

Opposition. The institution and the responsible principals and responsible individuals may refute the findings contained in the notice of action in person or by submitting written documentation to the hearing official. In order to be considered, written documentation must be submitted to the hearing official no later than 30 days after receipt of the notice of action.

IMPORTANT NOTE: The request must include the name, address, title and signature of the person requesting the appeal and should include telephone and fax numbers; a copy of the State Agency letter in which the action being appealed is described; the date the letter was received; a specific request for a face to face hearing if one is desired, (otherwise, a review of the records will be conducted); and a statement of the relief being requested.

If your request is determined to be timely (within the 15 day period), you will receive acknowledgment of that fact from the Hearing Official. If your request is determined not to be filed timely, you will be notified that no review will be conducted and that the original determination is final.

FINAL

DETERMINATION

The New Jersey Department of Agriculture has appointed an impartial and independent hearing officer who will be solely responsible for making a final determination. The hearing official must not have been involved in the action that is the subject of the appeal, or have a direct personal or financial interest in the outcome of the administrative review. The institution and the responsible principals and responsible individuals may contact the administrative review official directly if they so desire.

If the institution's representative, or the responsible principals or responsible individuals or their representative, fail to appear at a scheduled hearing, they waive the right to a personal appearance before the hearing official, unless the official agrees to reschedule the hearing. A representative of the State agency is allowed, but not required, to attend the hearing to respond to the testimony of the institution, the responsible principals, and the responsible individuals, and to answer questions posed by the hearing official. If a hearing is requested, the institution, the responsible principals and responsible individuals, and the State agency will be provided with at least 10 days advance notice of the time and place of the hearing.

Basis for decision. The hearing official will make a determination based solely on the information provided by the State agency, the institution, and the responsible principals and responsible individuals based on Federal and State laws, regulations, policies, and procedures governing the Program.

Within 60 days of the hearing, the hearing officer will make a determination based on information provided by the State Agency and the appellant, and on program regulations. The Bureau of Child Nutrition and the institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals will be notified in writing of the hearing officer's final determination.

Final decision. The determination made by the administrative review official is the final administrative determination to be afforded the institution and the responsible principals and responsible individuals.

RECORD OF

RESULT OF APPEAL

THE STATE AGENCY MUST MAINTAIN SEARCHABLE RECORDS OF ALL ADMINISTRATIVE REVIEWS AND THEIR DISPOSITION.

Combined hearings for responsible principals and responsible individuals. The State agency will conduct the hearing of the proposed disqualification of the responsible principals and responsible individuals as part of the appeal of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the hearing official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

Abbreviated Appeal. The State agency will limit the appeal to a review of written submissions concerning the accuracy of the State agency's determination if the application was denied or the State agency proposes to terminate the institution's agreement because:

the information submitted on the application was false (see paragraphs (c)(1)(ii)(A), (c)(2)(ii)(A), and (c)(3)(ii)(A) of this section);

the institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is on the National Disqualified List (see paragraph (b)(12) of this section);

the institution, one of its sponsored facilities, or one of the principals of the institution or its facilities is ineligible to participate in any other publicly funded program by reason of violation of the requirements of the Program (see paragraph (b)(13) and (c)(3)(ii)(S) of this section); or

the institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity (see paragraphs (b)(14) and (c)(3)(ii)(T) of this section).

**EFFECT OF
STATE AGENCY
ACTION:**

The State agency's action will remain in effect during the administrative review. The effect of this requirement on particular State agency actions is as follows:

Overpayment demand. During the period of the administrative review, the State agency is prohibited from taking action to collect or offset the overpayment. However, the State agency must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the State agency's action.

Program payments. The availability of Program payments during the appeal process for the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of this section.