Sponsor Name: Brookline Sprouts at Tree of Life Open Bible Church

Agreement #: 328-02-895-8

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEAL COUNTING AND CONSOLIDATION PROCEDURE

CACFP Performance Standard 2 – Administrative Capability. Institutions must have written policies and procedures that assign CACFP duties.

CACFP Performance Standard 3 – Program Accountability. Institutions must submit accurate claims for reimbursement.

Reference Regulation 226.11(c) Claims for reimbursement to each approved center must be based on actual time of service meal counts by meal type and, where applicable, eligibility status.

A written procedure must answer the following five questions:

1. **What** processes and procedures will be implemented to ensure compliance now and in the future?
2. **Who** by position title (i.e., owner, director, administrative assistant, classroom teacher) is responsible for conducting the processes and who by position title is ultimately responsible for ensuring the procedure is followed now and in the future?
3. **How** will the sponsor ensure that the processes and procedures are followed consistently to prevent issues of non-compliance?
4. **When and at what frequency** will the processes and procedures be implemented?
5. **Where** will the supporting documentation be maintained?

WHAT?

The following processes and procedures will be conducted to validate that meals are accurately counted and consolidated prior to submission in the Monthly Claim for Reimbursement.

- In order to accurately total and consolidate meals for reimbursement, the meal count rosters will include the first and last name of each enrolled participant and will be coded with the eligibility from the correctly determined Income Eligibility Form.

- The total number of meals by category and meal service type will be totaled and recorded on each page of the meal count roster.

- Meal count roster(s) for each classroom and/or center will then be consolidated, and documentation of the consolidation will be maintained via (check one of the following):

  ☑ A computerized spreadsheet will be utilized.

  OR

  ☐ A manual consolidation worksheet will be utilized.

- If meal count rosters are coded using colored highlighter (i.e., Yellow for Free, Blue for Reduced, and Green for Paid), the roster will be color coded in the "back of office" and will never be publicly visible to staff, parents, or participants.

- Meals claimed for reimbursement will match and be supported by the total of meals on each meal count roster and the consolidation of all meal count rosters.

- Annual CACFP training and new staff training will include instructions for recording meals on the meal count roster using symbols that are legible and clearly marked so that meals by category and type can be accurately totaled.

- All original source meal count rosters and documentation of consolidation (i.e., manual consolidation worksheet or electronic system spreadsheet) will be maintained for three (3) years plus the current year.

WHO?

Who by **position title** (i.e., owner, director, administrative assistant, classroom teacher) will initially total the meals by category and meal type on each page of the meal count roster? If more than one person will conduct this process, list all applicable position titles.

Identify the title of the position: Kitchen Manager

Identify the title of the position: Director

Who by **position title** (i.e., owner, director, administrative assistant, classroom teacher) will initially consolidate the meals by category and meal type on the meal count rosters? If more than one person will conduct this process, list all applicable position titles.

Identify the title of the position: Kitchen Manager

Identify the title of the position: Director

Who by **position title** (i.e., owner, director, administrative assistant, classroom teacher) will conduct a second check of the total number of meals by category and meal service type on each meal count roster and the documentation of consolidation to ensure accuracy prior to submitting the Monthly Claim for Reimbursement? If more than one person will conduct this process, list all applicable position titles.

Identify the title of the position: Kitchen Manager

Identify the title of the position: Director

Who by **position title** (i.e., owner, director, administrator, CEO) is ultimately responsible for validating the procedure is followed?

Identify the title of the position: Kitchen Manager

***NOTE*: All CACFP duties must be included in each applicable position description.**

HOW?
Provide a description of how the sponsor will ensure the processes and procedures are followed consistently to prevent issues of non-compliance? Check all that apply.

- [x] A checklist will be developed and used to track that all meal counting and consolidation were evaluated prior to submitting the monthly claim for reimbursement. The checklist will be maintained along with all monthly documentation to support the claim.
- [x] An edit check reminder will be added to the monthly calendar of the center director.
- [x] Sponsor administrator will train staff responsible for meal counting and consolidation. Re-training will occur no less than annually.
- [ ] Other – Provide a **detailed** description. Attach as an addendum if necessary.

WHEN?
Date this procedure was implemented: 4/1/24

Frequency that meal counting and consolidation will be conducted. Check all that apply.

- [ ] Daily
- [x] Weekly
- [x] Each month prior to submitting claim for reimbursement.
- [ ] Other – Provide **detailed** description. Attach as an addendum if necessary.

WHERE?
All documentation supporting meal counting and consolidation must be maintained for three (3) years plus the current year except if audit findings have not been resolved, then records shall be retained until the resolution of the issues raised by the audit. Documentation must be available for review by USDA or the State Agency at all times. Check all that apply.

- [ ] Center Director's Office
  Address:
- [x] Sponsoring organization administrative office
  Address: 1036 Brookline Blvd. Pittsburgh, PA 15226
- [ ] Other – Provide a **detailed** description. Attach as an addendum if necessary.
  Address:

I certify that the procedure described has been implemented and I will provide oversight and ensure that the procedure is properly implemented now and in the future. Whenever changes in regulations or procedures are disseminated by the State Agency, I will access and implement applicable revisions to this procedure based on USDA regulations and State Agency guidance as they apply to the Child and Adult Care Food Program.

A signed copy of this procedure will be maintained and will be available for review by USDA and the State Agency.

Signature: Cara Meschke

Date: 4/1/24

Position: Kitchen Manager