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

Agreement #: 328-02-895-8

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SPONSOR PROCEDURE
EDIT CHECKS

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(b). Prior to submitting its consolidated monthly claim to the State Agency, each sponsoring organization must conduct reasonable edit checks on the sponsored centers' meal claims, which at a minimum, must include those edit checks specified in Reference Regulation 226.10.

Reference Regulation 226.10. In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim.

(1)Verify that each facility has been approved to serve the types of meals claimed; and
(2) Compare the number of children enrolled for care at each facility, multiplied by the number of days on which the facility is approved to serve meals, to the total number of meals claimed by the facility for that month. Discrepancies between the facility's meal claim and its enrollment must be subjected to more thorough review to determine if the claim is accurate.

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 edit checks will be conducted to validate that meals are accurately claimed for reimbursement on the Monthly Claim for Reimbursement.

- Meals served that are claimed for reimbursement for each site/center will include only those meal service types that have been approved by the Pennsylvania Department of Education (PDE) on the Child Nutrition Program Electronic Application and Reimbursement System (CN PEARS) Site Application.

- Meals served that are claimed for reimbursement will include only those meals that are served within the meal service time approved by PDE on the CN PEARS Site Application.

- Meals served that are claimed for reimbursement will include only those meals served at a site/center that is listed as an approved site/center on the CN PEARS Sponsor Application.

- The number of participants in care at each facility will be multiplied by the number of operating days in which the facility is approved to serve meals and will be compared to the total number of meals claimed by the facility for that month. Discrepancies will be subjected to a more thorough review to determine if the claim is accurate.

- Where applicable, edit checks will also include the calculation of the number of free, reduced, and paid enrolled categories times the number of operating days. Meals by meal type and category that exceed the number of free, reduced, or paid enrolled participants times the number of operating days, will not be claimed for reimbursement.

- Meals claimed for reimbursement will include only one meal per participant at each meal service.

- Dated, daily menus are maintained and reviewed to ensure only reimbursable meals with all required food components are claimed.

- Meals will be correctly documented for those participants who may move from one classroom to another during the week/month to ensure that meals are not double claimed for a participant in two different classrooms on two different Meal Count Rosters.

- Daily attendance will be documented for all enrolled participants.

- Where applicable, meals for any meal service type that exceed the facility's licensed capacity will not be included on the Monthly Claim for Reimbursement.

- Meals served that are claimed for reimbursement will include only those meals that are served during shifts that have been approved by PDE on the CN PEARS Site Application.

- Where applicable, meals for any meal service type that are served in shifts and exceed the facility's licensed capacity will not be included on the Monthly Claim for Reimbursement.

Check all that apply based on approved program types:

Child and Adult Care:

☑ Meals served and claimed for each enrolled participant will not exceed either, two meals (breakfast, lunch, supper) and a snack (AM, PM, evening) **OR** one meal (breakfast, lunch, supper) and two snacks (AM, PM, evening). **(Traditional Child Care, Head Start, Early Head Start, Pre-K Counts, Outside School Hours Care, and Adult Day Care)**

☑ Meals recorded on classroom and/or center Meal Count Rosters will be compared to the daily attendance records to ensure that meals are claimed only for participants who are in attendance. **(Traditional Child Care, Head Start, Early Head Start, Pre-K Counts, Outside School Hours Care, and Adult Day Care)**

☑ The daily meal count, by meal service type, will be compared to the licensed capacity for each site/center to ensure that the number of meals claimed for each meal service do not exceed licensed capacity. **(Traditional Child Care and Adult Day Care)**

☑ Meals will be claimed only for participants that have a current and complete Enrollment Form. **(Traditional Child Care, Pre-K Counts, and Adult Day Care)**

☑ Meals will only be claimed in the free or reduced-price category for participants that have a current and complete Income Eligibility Form (IEF). **(Traditional Child Care, Pre-K Counts, Outside School Hours Care, and Adult Day Care)**

At-Risk:

☑ Meals served and claimed for each participant will not exceed one snack and one meal (or two snacks with State Agency approval). **(At-Risk Afterschool Program)**

☑ Breakfast and lunch will only be claimed when school is closed or there is a holiday and when it is approved by PDE on the CN PEARS Site Application. **(At-Risk Afterschool Program)**

☑ Meals will only be claimed on days in which the follow information has been documented: attendance via rosters or sign-in sheets, number of meals prepared or delivered for each meal service, number of meals served to participants at each meal service, and the number of meals served to adults involved with the food service. **(At-Risk Afterschool Program)**

☑ Daily meal counts will be compared to daily meals available and daily meals served, leftover, and discarded to ensure that the number of meals claimed do not exceed total number of meals available. **(At-Risk Afterschool Program)**

Emergency Shelter:

☐ Daily meal counts will be compared to daily attendance records to ensure that the number of meals claimed do not exceed total number of participants in attendance. **(At-Risk Afterschool Program and Emergency Shelter)**

☐ Meals served and claimed for each participant will not exceed either three meals (breakfast, lunch, supper) **OR** two meals and one snack **OR** one meal and two snacks. **(Emergency Shelter)**

Other - Provide a **detailed** description of any additional edit checks that will be implemented. Attach as an addendum if necessary.

Check all that apply *only* if sites are approved for shift service:

☐ Meal count rosters will be separated by shift and each shift will be specifically identified on each roster.

☐ Paper time-in and time-out sheets will be utilized and include participants' first and last names.

☑ An electronic sign-in and sign-out system will be utilized to record the time each participant was dropped off and picked up by a parent or guardian.

WHO?
Who by **position title** (i.e., owner, director, administrative assistant, classroom teacher) will conduct these required edit checks to ensure that meals are accurately claimed prior to submitting the monthly Claim for Reimbursement? If more than one person will conduct these edit checks, list all applicable position titles.

Identify the title of the position: Sprouts Director

Identify the title of the position: Director of Operations

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: Sprouts Director

***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.

☑ A checklist will be developed and used to track that all required edit checks were completed prior to submitting the monthly claim for reimbursement. The checklist will be maintained along with all monthly documentation to support the claim.

☐ An edit check reminder will be added to the monthly calendar of the center director.

☑ Sponsor administrator will train staff responsible for edit checks. Re-training will occur no less than annually.

☑ Edit checks will be conducted by no less than two different staff members to ensure compliance.

☐ Other - Provide a **detailed** description. Attach as an addendum if necessary.

WHEN?
Date this procedure was implemented: 7/15/26

Frequency that edit checks will be conducted. Check all that apply.

☐ Daily

☐ Weekly

☑ Each month prior to submitting claim for reimbursement.

☐ Other - Provide **detailed** description. Attach as an addendum if necessary.

WHERE?
All documentation supporting edit checks 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:

☑ Sponsoring organization administrative office
Address: 1036 Brookline Blvd 15226

☑ Other – Provide a **detailed** description. Attach as an addendum if necessary.
Address:

The information will be kept electronically in the USDA/Meal Programs drive in Google Drive, as a shared drive owned by ToL, in a folder with other monthly submission data.

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: 

Date: 6/29/26

Position: Sprouts Director