



FDCH Sponsor Recordkeeping Policy and Review Checklist

_____ understands that organized recordkeeping contributes to the successful administration and operation of the Child and Adult Care Food Program (CACFP). This document describes what records must be on file and where they can be easily accessed at any time. All records must be immediately available to ADE, USDA, and other State and Federal officials upon request when they come out for review.

Sponsoring Organization Name: _____

Records for the current fiscal year are kept on site at: _____

Records for the previous four fiscal years are located: _____

Sponsor Postings	YES	NO
And Justice for All Poster	<input type="checkbox"/>	<input type="checkbox"/>

Sponsor Files	Sponsor Level Checklist					
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
Management Plan and Budget Application	□	□	□	□	□	□
Media Release	□	□	□	□	□	□
Provider call out sheets	□	□	□	□	□	□
Procurement Documentation	□	□	□	□	□	□
Outreach documentation	□	□	□	□	□	□
Serious Deficient providers	□	□	□	□	□	□
Free and reduced-price policy statement	□	□	□	□	□	□
Time distribution sheets	□	□	□	□	□	□
Travel forms	□	□	□	□	□	□
Monthly Expense Ledgers	□	□	□	□	□	□
Labor Costs Documentation	□	□	□	□	□	□
Benefit Costs Documentation	□	□	□	□	□	□
Reimbursement Reports	□	□	□	□	□	□
Non-Program Funds Documentation (donations)	□	□	□	□	□	□
Indirect Cost Documentation	□	□	□	□	□	□
Bank Statements	□	□	□	□	□	□
Receipts/invoices to support monthly claims	□	□	□	□	□	□
Civil Rights Racial/Ethnic Data	□	□	□	□	□	□
Civil Rights Pre-Award	□	□	□	□	□	□
Authorized Principal Letters	□	□	□	□	□	□
Monthly Claims	□	□	□	□	□	□
Current Guidance Manual	□	□	□	□	□	□
Board Minutes	□	□	□	□	□	□

Staff Training	Sponsor Level Checklist					
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
CACFP training agenda	□	□	□	□	□	□
Civil Rights training agenda	□	□	□	□	□	□

Permanent Files				Sponsor Level Checklist		
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
CACFP Permanent Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsoring organization's policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative review procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedures for Complaints for Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Files				Sponsor Level Checklist		
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
Provider Application/Change Form(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor/Provider Permanent Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Enrollment Application (for every child and care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Benefit Income Eligibility Forms (if required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiering Information and Documentation of Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Standards (if an AA home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingerprint Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Records and 5-day reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of DHS, DES, Military license (if not, AA home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider Corrective Action, SD, and Termination Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu Error/Disallowance Letters (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Training				Sponsor Level Checklist		
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
CACFP training agenda and sign-in/out sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Rights trainings agenda and sign-in/out sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Civil Rights				Sponsor Level Checklist		
Location	Monitor Office	Director Office	Online MP Application	YES	NO	N/A
Advertisements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other public information made by providers and/or SO (including the non-discrimination statement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a key is necessary to access any documents, the following people have access to the key: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;*

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.