



# Reimbursement Food Program for Day Care Centers



## Who Qualifies

Licensed Day Care Centers  
Group Day Care Centers  
Adult Day Care Centers  
After School Program  
Homeless Shelters

## What is CACFP

The Child & Adult Care Food Program provides **"CASH"** Reimbursement for nutritious meals and snacks served to children in Child Care settings. This is a USDA funded program, available to ALL qualifying Centers...

## The CACFP Food Program

Provides Reimbursement for nutritious meals and snacks served to center participants in Daycare settings. This program is funded by the U.S. Department of Agriculture.

### Eligibility Requirements

- All programs must be licensed by the appropriate child care licensing authority or be legally exempt from such licensure.
- Programs must be 1) public or private nonprofit organizations, or 2) for-profit organizations whose enrollment or licensed capacity consists of at least 25% low-income children.
- The Child Care Food Program will reimburse up to two meals and one snack or two snacks and one meal per child, per day.
- Reimbursable meals and snacks may be served to eligible children 12 years of age and younger.
- Reimbursement is determined by the number of eligible enrolled participants who are served creditable meals
- Maximum reimbursement is up to \$1.84 for breakfast, \$3.65 for lunch and supper, and \$.94 for snack. **EFFECTIVE JULY 1, 2019 - JULY 1, 2020**

## Record Keeping Requirements

Programs must keep attendance records, daily meal counts, menus and cost documentation to qualify for reimbursement.

## Nutrition Requirements

Meals and snacks served to children must meet specific U.S. Department of Agriculture meal pattern requirements.

**To qualify for reimbursement, meals and snacks must include, at a minimum, food components in amounts specified by age. A breakfast MUST include at least three food components, Lunch/Supper MUST include all five components and Snack MUST include at least two different food components. The meal pattern food components are:**

Fluid milk

Vegetables

Fruits

Meat & meat alternates

Grains & breads,



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## Child Center Application Checklist

### Day Care Center:

### Contact Person:

- ☐ Copy of original IRS letter assigning Federal Employer Id (FEIN to entities legal business name: **(Call 1-800-829-4933 to have a copy faxed)**
- ☐ Copy of Certificate of Incorporation for Incorporated Centers
  - ☐ Certificate of Organization for Limited Liability Company
  - ☐ Certificate of Limited Partnership for partnerships
- ☐ Articles of Incorporation (For Incorporated Centers Only)
- ☐ Most current Registration filed on-line with the Secretary of State, indicating Corporation Officers. (Incorporated Centers Only)
- ☐ Non-Profit Child Care Center
  - ☐ Copy of official notice of nonprofit status, 501(C) 3 documentation on IRS letterhead
- ☐ **Deed or Lease** of Center Facility with legal name of business or owner's name referenced in the document. **Note: A signature is required for Lease Agreements**
- ☐ License issued by Bright From the Start, DECAL.  
Most Recent Inspection Report (within the last year)
- ☐ If Exempt from License please submit
  - ☐ License Exemption letter from Child Care Licensing
  - ☐ Certificate of Occupancy
  - ☐ Fire Inspection Report
- ☐ Roster of all participants/Include Legal Names & Date Of Birth
- ☐ Income Eligibility/Enrollment Form (Attached)  
**(One form is required for each child enrolled)**

Complete Center/Site Application **(Attached)**

- ☐ Racial Ethnic Data Form (Attached)
- ☐ Copy of termination letter for centers under current sponsorship or Voluntary Closure form for centers under direct agreement with Bright from the Start **(Only applicable for facilities currently participating in the CACFP)**

**CONGRATULATIONS! YOU ARE NOW READY TO SUBMIT YOUR APPLICATION.  
WELCOME ABOARD TO RISING PHOENIX NUTRITION PROGRAM!**



950 EAGLES LANDING PKWY SUITE 429 | STOCKBRIDGE, GA 30281 | (470) 488-0222 Fax: (678) 815-0959

## RPEP Nutrition Program

### DAYCARE CENTER

#### Requirements for Participating in "The RPEP Sponsored CACFP"

1. Please have an area in the Center equipped to prepare meals, to include at minimum
  - a. Stove, Oven/Heat Plate or Microwave Oven (**when preparing full meals**)
  - b. A Refrigerator/Freezer
  - c. Thermometers (in all refrigerator and freezers at the Center)
2. Provide a copy of Center License and any Annual updated documentation.
3. Agree to receive monitoring review visits three times yearly.
4. Attend Annual Mandatory CACFP Training sponsored by (RPEP Inc.)
5. Have a **computer** on site for daily/weekly meal documentation (Minute Menu Software)
6. Please have the basic office equipment, i.e. **fax machine/scanner, copier** for business transactions.
7. Have a **working Center telephone & email address** for communication & correspondences from RPEP Food Program.
8. Maintain a separate/exclusive Bank Account for the CACFP Food Program, and provide Bank Statements each month.
9. All participants enrolled at the centers are served the same meals **without separate charge** regardless of race, color, income, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or other legally protected class.
10. Please ensure to follow **ALL** of the policies and procedures set forth by USDA, Bright From the Start & RPEP Inc.

\*\*\*\*\*

Center Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## RPNP CACFP Center/Site Application

|                                   |  |
|-----------------------------------|--|
| Center's Legal Name               |  |
| Doing Business Name of Center     |  |
| Federal Employer Identification # |  |

### SECTION 1: SITE INFORMATION

1. Site Type (Check all that apply)

|                                                                                                                    | Free Enrollment | Reduced Enrollment | Paid Enrollment | Total Enrollment |
|--------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------|------------------|
| <input type="checkbox"/> Adult Care Center                                                                         |                 |                    |                 |                  |
| <input type="checkbox"/> Child Care Center Enrollment<br>Select type below:<br><input type="checkbox"/> Child Care |                 |                    |                 |                  |
| <input type="checkbox"/> Head Start Only                                                                           |                 |                    |                 |                  |
| <input type="checkbox"/> Outside School Hours                                                                      |                 |                    |                 |                  |
| <input type="checkbox"/> At-Risk Afterschool Care Center                                                           |                 |                    |                 |                  |
| <input type="checkbox"/> Homeless/Emergency Shelter                                                                |                 |                    |                 |                  |

Tax Status: ☐ For-Profit ☐ Private Non Profit ☐ Non Profit (Church) ☐ Public Non-Profit (School, Govt., etc.)

Tax Exempt Status Date: \_\_\_\_\_

If For-Profit, select all that apply (eligibility status) and provide enrollment:

☐ Title XIX/XX (Adult Care Center) Enrollment ☐ (Enrollment)  
☐ Title XX (Child Care Center) Enrollment ☐ (Enrollment) and/or Pre-K Category 1 ☐  
☐ Free and Reduced Meal Participant (Childcare Center) | Enrollment: Free ☐ Reduced ☐ Paid ☐

2. Will this site also participate in the summer Food Service Program? ☐ Yes ☐ No  
 2a. Is the center listed in this application owned (in part or whole) by the Institution who is currently participating in the CACFP and submitting this Center/Site Application for approval? ☐ Yes ☐ No **(If No, please select the appropriate ownership code below in item 2c.)**  
 2b. Ownership Code: ☐ Sole Owner ☐ Limited Liability Company ☐ Corporation ☐ Government ☐ Partnership ☐ Out of State Corporation  
 2c. Does the center charge a separate fee for meals? ☐ Yes ☐ No **(If Yes, submit Written Free & Reduced Policy Statement.)**

### SECTION 2: LICENSE / REGISTRATION INFORMATION

3. Licensed Type: \_\_\_\_\_
4. License Number: \_\_\_\_\_
5. License Effective Date: \_\_\_\_\_
6. License Capacity: \_\_\_\_\_
7. Building Capacity: \_\_\_\_\_
8. Average Daily Attendance: \_\_\_\_\_
9. Fire Inspection Date: \_\_\_\_\_
10. Food Inspection Date: \_\_\_\_\_
11. Do you provide child care for infants under 12 months old? ☐ Yes ☐ No

### SECTION 3: PHYSICAL ADDRESS

12. Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_
13. City: \_\_\_\_\_
14. State: \_\_\_\_\_ Zip: \_\_\_\_\_
15. County: \_\_\_\_\_

## RPNP CACFP Center/Site Application

### SECTION 4: MAILING ADDRESS

16. Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_  
 17. City: \_\_\_\_\_  
 18. State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION 5: DIRECTIONS

19. Enter driving directions to your site from Atlanta, GA:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SECTION 6: CENTER CONTACT – Person in charge of this center on a daily basis

20. Name: Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 21. Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 22. Email Address: \_\_\_\_\_  
 23. Facility Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
 24. Cell/Alt Phone: \_\_\_\_\_  
 25. Title: \_\_\_\_\_ Director: \_\_\_\_\_

### SECTION 7: SCHEDULE

26. A. Months of Operation (Check all that apply)  
 All: \_\_\_\_\_ Jan: \_\_\_\_\_ Feb: \_\_\_\_\_ Mar: \_\_\_\_\_ Apr: \_\_\_\_\_ May: \_\_\_\_\_ Jun: \_\_\_\_\_ Jul: \_\_\_\_\_ Aug: \_\_\_\_\_ Sep: \_\_\_\_\_ Oct: \_\_\_\_\_ Nov: \_\_\_\_\_ Dec: \_\_\_\_\_

- B. Days of Operation (Check all that apply)  
 Mon-Fri: \_\_\_\_\_ Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Regular Schedule

27. Normal Hours of Operations: Time Open: \_\_\_\_\_ Time Close: \_\_\_\_\_  
 28. Regular Meals

| Regular Meals    | First Shift |          | Second Shift (Optional) |          |
|------------------|-------------|----------|-------------------------|----------|
| Meals            | Start Time  | End Time | Start Time              | End Time |
| Breakfast        |             |          |                         |          |
| AM Snack         |             |          |                         |          |
| Lunch            |             |          |                         |          |
| PM Snack         |             |          |                         |          |
| Supper           |             |          |                         |          |
| Late Night Snack |             |          |                         |          |

29. At-Risk Meals

| At-Risk Meals    | Traditional School Day |          | Vacation/Holiday Shift (Optional) |          |
|------------------|------------------------|----------|-----------------------------------|----------|
| Meals            | Start Time             | End Time | Start Time                        | End Time |
| Breakfast        |                        |          |                                   |          |
| AM Snack         |                        |          |                                   |          |
| Lunch            |                        |          |                                   |          |
| PM Snack         |                        |          |                                   |          |
| Supper           |                        |          |                                   |          |
| Late Night Snack |                        |          |                                   |          |

Weekend Schedule

30. Weekend Hours of Operations: Time Open: \_\_\_\_\_ Time Close: \_\_\_\_\_  
 31. Additional Institution notes related to Meal Service:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## RPNP CACFP Center/Site Application

### SECTION 8: AT-RISK SITE ONLY

32. Select At-Risk activities that apply: ☐ Educational ☐ Enrichment  
 33. Please enter a description of the educational and/or enrichment program(s).

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34. Enter the elementary, middle, or high school a child would attend if he/she lived next door to this site:

School District: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Free and Reduced Meal Eligibility (%): \_\_\_\_\_  
 Eligibility – Start Year: \_\_\_\_\_  
 Eligibility – Expiration Year: \_\_\_\_\_  
 Is After School Program located in a Public School building? ☐ Yes ☐ No  
 Is the After School Program and Expanded Learning Time Program? ☐ Yes ☐ No  
 List the names and work hours for the staff that supervise the After School Program:  
 Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Name: \_\_\_\_\_ Work Hours: \_\_\_\_\_

### SECTION 9: FOOD SERVICE

35. How are the meals prepared? Prepared on site ☐ Prepared at Central Facility ☐ Contracted ☐ School Food Authority ☐ Other ☐  
 If Other, please explain: \_\_\_\_\_  
 36. How are meals served? Individual Meals ☐ Family Style ☐  
 37. Do you have a food service contract? Yes ☐ No ☐  
 38. Name of Food Service Vendor: \_\_\_\_\_  
 39. Contract Period: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 40. Which meal types does offer vs. serve apply? Breakfast ☐ Lunch ☐ Supper ☐ None ☐

### SECTION 10: Ethnicity Data

41. Select the name of a school in the zone in which the site is located. (All programs): \_\_\_\_\_  
 42. Provide the ethnic makeup of the participants served by the Institution's service area. (Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic17.pdf>)

| Geographic Area (enter percentages): | School % |
|--------------------------------------|----------|
| Hispanic or Latino:                  | ____%    |
| Non-Hispanic or Latino:              | ____%    |

Provide the ethnic makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

43. Participation Area (enter number of enrolled participants):  
 Hispanic or Latino: \_\_\_\_\_  
 Non-Hispanic or Latino: \_\_\_\_\_

## RPNP CACFP Center/Site Application

### SECTION 11: RACIAL DATA

44. Provide the racial makeup of the participants served by the Institution's service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic17.pdf>)**

45.

| Geographic Area (enter percentages): | School % |
|--------------------------------------|----------|
| American Indian or Alaskan Native:   | ____%    |
| Asian:                               | ____%    |
| Black or African American:           | ____%    |
| Native Hawaiian or Pacific Islander: | ____%    |
| White:                               | ____%    |

Provide the racial makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

|                                                               |
|---------------------------------------------------------------|
| Program Participants (enter number of enrolled participants): |
| American Indian or Alaskan Native: _____                      |
| Asian: _____                                                  |
| Black or African American: _____                              |
| Native Hawaiian or Pacific Islander: _____                    |
| White: _____                                                  |

### SECTION 12: COMMENTS FROM INSTITUTION

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## RPNP CACFP Center/Site Application

### ADDITIONAL CERTIFICATIONS:

Complete the certification section applicable to your program type. If the center is a child care center including Head Starts, Outside School Hours and At Risk Centers, check the Child Care Certification. If an Emergency Shelter, check the Emergency/Homeless Shelter Certification.

#### CHILD CARE CENTER CERTIFICATION

Each statement below must be true to qualify. All child care centers other than Emergency/Homeless Shelters must certify to each statement below. If a statement is left unchecked, the organization is indicating that it does not qualify for the program, and the application will be denied.

- ☐ I understand that child care centers must be providing DAY CARE, Pre-K, or Head/Early Start services to enrolled children, and I certify that the program for which this application is made qualifies.
- ☐ I understand that centers whose primary purpose is for substance abuse treatment or rehabilitation, and whose participant eligibility is based upon a substance abuse diagnosis are not eligible for the CACFP, and I certify that my program does not fall under this category.

#### EMERGENCY/HOMELESS SHELTER CERTIFICATION

- ☐ I understand that shelters eligible to participate may be serving children unaccompanied by their parents or guardians as a result of circumstance or be placed in the shelter temporarily by a State Authority (in State custody rather than parents).
- ☐ I understand that shelters serving homeless children and their families may participate but only meals for children up to the age of 18 may be claimed for reimbursement.

#### CHECK THE APPLICABLE STATEMENT BELOW:

- ☐ I understand that if my program is licensed as a Residential Child Care Institution (RCCI), the organization may participate in the CACFP as an emergency shelter only for service to a distinct group of homeless children who are not enrolled in the RCCI's regular program.
- ☐ I certify that the emergency/homeless shelter making an application is not licensed as a Residential Child Care Institution.

### SECTION 13: CERTIFICATIONS

I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently terminated, suspended, proposed for termination, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

**\*SIGNATURE of PRINCIPAL of ORGANIZATION MAKING THE APPLICATION:** \_\_\_\_\_

**PRINTED NAME of PRINCIPAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**\*The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. In many cases the director of the day care center will not be the principal unless the director also fulfills one of the roles listed earlier. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.**

## Child Care Center Roster of Food Program Participants

### Child and Adult Care Food Program

**Please check the type of program for this roster:**

- ☐ Child Care Center    ☐ Outside School Hours Center    ☐ Emergency/Homeless Shelter  
☐ Head Start    ☐ At-Risk Afterschool Care Center *(add participants at the end of roster)*

**Facility Name**\_\_\_\_\_

**Address**

**Instructions:** In preparation for the new fiscal year, which begins October 1<sup>st</sup> of each year, each facility must create a new roster. The names of participants on the initial roster for each fiscal year should be in alphabetical order by the last name for each participant enrolled for care as of the date that the roster is created. After the initial roster is created, newly enrolled participants should be added to the end of the roster. Each facility **MUST** maintain the roster by exiting participants when they disenroll and entering new participants as they enroll. The roster at a minimum **MUST** be updated at the first of every month prior to claim submission since the roster is used to establish the number of participants in each income category, and if a for profit facility, to establish if the facility qualifies to claim for the month. **Participants that are enrolled in the institution (parent provided signed documentation) but not in attendance/received at least one meal for a given claim month should not be included in the enrollment number and categories of eligibility for that claim month.** An “X” should be denoted in the last section below for the month(s) that the participant(s) was NOT in attendance.

[illegible]

<sup>1</sup> *For-profit centers* must maintain documentation for all children that receive Title XX funds.

<sup>2</sup> Children that qualify for Pre-K Category 1, but are not on DFCS Form 69 or 77.

<sup>3</sup> Resident children in Emergency Shelters and children enrolled in an eligible At-Risk Afterschool Meals Program are automatically in the "Free" eligibility category. A current and complete Income Eligibility Statement must be on file for all free/reduced participants listed on this roster.







[illegible]





## BRIGHT FROM THE START

Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334  
(404) 656-5957

### Child/Adult and Summer Food Programs Racial/Ethnic Data Collection Form

(Please Print)

|                                           |                      |
|-------------------------------------------|----------------------|
| Facility Name:                            | Date Data Collected: |
| Name and Title of Person completing form: | Total Enrollment:    |

#### Instructions for completion:

- 1) In Section I, input the number of participants based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
- 2) In Section II, input the number of participants by racial category based on the five categories listed.
- 3) **The total number of participants by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item F) must be equal.**
- 4) Visual identification may be used to determine a participant's racial and/or ethnic category. For collection purposes, a participant may be included in the group to which he or she appears to belong, identifies with, or is regarded as a member of the community. Program officials must use safeguards to prevent the data from being used for discriminatory purposes. Such safeguards include allowing access to this data only to authorized personnel.

#### Section I.

| Ethnic Category                                                                                                                                                                                                                       | Number of Participants |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>A) Hispanic or Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino") |                        |
| <b>B) Not Hispanic or Latino</b>                                                                                                                                                                                                      |                        |
| <b>C) TOTAL NUMBER OF PARTICIPANTS BY ETHNIC CATEGORY</b>                                                                                                                                                                             |                        |

#### Section II.

| Racial Category                                                                                                                                                                                                                                                                | Number of Participants |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>A) White</b> (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).                                                                                                                                                          |                        |
| <b>B) Black or African American</b> (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").                                                                                            |                        |
| <b>C) Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam). |                        |
| <b>D) Native Hawaiian or other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).                                                                                                                 |                        |
| <b>E) American Indian/Alaskan Native</b> (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo])                                 |                        |
| <b>F) TOTAL NUMBER OF PARTICIPANTS BY RACIAL CATEGORY</b>                                                                                                                                                                                                                      |                        |

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete.

Signature

Date

REVISED 9/25/2019

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## Compensation Plan "At Will" Work Agreement

Employment at \_\_\_\_\_ is on an "At Will" work agreement.  
Name of Child Care Center

This means that in the absence of a written contract of employment for a defined duration, an employer can terminate an employee for good cause, bad cause or no cause at all, so long as it is not an illegal cause. This employment is expressly for hours of service performed for meal service functions. Earned hours are defined as duties performed for the company in direct relation to functions approved by CACFP policies and FNS Instructions 796-2, Revision 3 as required for program functions.

The Director, in keeping with comparable wages outlined by the Bureau of Labor and Statistics, will assign appropriate pay scales to the staff commensurate with experience, job performance, the specific understanding of program related duties and other economical factors. The Director will determine the specific pay scales at the time of hire and may increase or decrease wage based on performance, increases/decreases in responsibility and or program expansion or contraction.

This plan will reflect the requirements of the United States Department of Labor Fair Labor Standards Act (FLSA) for all of its nonexempt employees.

**Cook, Food Preparers, Food Overseer/Servers** shall be compensated based on broad knowledge, skill level and specific program functions as related to the overall operation of the program. A Food Preparer is defined as a Cook or a Server, or any employee who handles food throughout the course of operations in a pay period. A Food Preparer may be permanently or temporarily assigned based on the duties of the day.

### **1. Pay Rates:**

a. **Types of Employees: Any of the Daycares Owner, Director, Cook, Food Preparers, Food Handlers, Teachers, Staff and any Employee of the Daycare Center.**

b. Rates of pay will be determined by the most recent Georgia State Occupational Employment and Wage Estimates provided by the US Department of Labor. **(Pay rate must be within the range of \$ 8.00-\$15.00 per hour.**

### **2. Hours of Work:**

a. The hours of operation are Day Care Center Hours of operation, with a lunch break up to one hour.

b. All Employees claimed for the CACFP program are required to complete the Time Sheet.

c. Time Distribution sheets will be used for ALL employees who has regular non-meal services duties, but for a specific meal must handle food; this includes owners, directors, teachers or any other non-cook employee.

### **3. Payment Schedules:**

- a. All employees will receive monetary compensation through salary/wages established at the time of hire.
- b. Wages will be annually reviewed and adjusted or not adjusted based on performance evaluations
- c. Wages are paid based on the regular payment schedule for the Day Care Center.
- d. Overtime must be approved, but will be paid at a rate of one and a half times regular rate of pay.
- e. The company will follow the federal banking system's Holiday Schedule.
- f. The company may provide up to two (3) weeks of paid time off annually.
- g. The company will issue forms W-4 and G-4 to each employee/
  - i. Based on these forms the company will withhold the appropriate federal, state or local taxes and distribute them to the corresponding agency in compliance with state and federal laws.
- h. The company does not offer holiday pay to hourly employees. Salaried employees are entitled to paid holidays at their usual compensation.
- i. Life and Disability, Health Benefits, Retirement and Severance are not offered to hourly employees at this time but the company reserves the right to change this policy at any time.

\*\*\*\*\*

**I certify that information contained in this Form for the Child and Adult Care Food Program is true and correct, and that all reimbursements received from Bright from the Start are reported under the Federal Employer Identification Number listed on this application.**

\_\_\_\_\_  
Signature of Principal of Center Sign this form

\_\_\_\_\_  
Date

## **Compensation Plan Instructions**

All Child Care Centers must keep accurate records of their operating and administrative costs to document the nonprofit status of their food service. In addition to specific forms system required by RPEP Inc./Bright from the Start Bright from the Start, the institution must maintain a financial management as discussed earlier in this chapter. CACFP

reimbursement may only be used to purchase items that are used in the operation of the food program. FNS Instruction 796-2 and/or staff at RPEP Inc./Bright from the Start should be consulted if there is doubt about whether a particular item can be paid for with CACFP reimbursement.

### **Records to Support Program Costs**

Operating costs are costs incurred by organizations for the preparation, service and clean up of meals. Allowable operating costs include, but are not limited to:

#### **Monthly Record of Operating Costs**

- food costs,
- food service labor costs,
- costs for certain nonfood supplies, and
- costs for purchased services.

All operating costs must be documented on the “**Monthly Record of Operating Costs**” form as well as documented in financial records. This form can be found on the RPEP Inc.’s web site. Documentation needed to support the costs is listed in the following sections.

#### **Food Costs**

Food costs are expenditures for the food used in all meals. The cost of the food may include the purchase price and charges for processing, transporting, storing, and handling purchased or donated food, including USDA commodities. These costs must be documented by items such as invoices, receipts, inventory records, and itemized bills.

If Program meals are purchased under a contract with a food service management company or commercial vendor, or under an agreement with a school food authority, the organization must maintain the vendor’s invoices for meals delivered to the organization.

#### **Food Cost Reconciliation**

Because FNS Instruction 796-2 Revision 3 indicates that only those food items used, not purchased, for CACFP operations are allowable, reconciliation of food purchased to food used must be conducted at least annually.

Bright from the Start does not require monthly food inventory, but recommends this practice in order to conduct the required yearly inventory. Refer to Exhibit B of the referenced FNS Instruction for more information on this procedure.

### **Records of Food Costs**

The following outline shows the types of records that must be maintained to support food costs:

| <b>Method of Purchasing Food</b>                                                                        | <b>Records to Keep</b>                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Central purchasing by organization (buys, stores and disburses food supplies directly to facilities) | 1. Itemized receipts and invoices for all food costs 2. Purchase/Inventory records for use in reporting the value of food used                                           |
| B. Contract purchasing through a school (SFA) or food service management company (FSMC)                 | 1. Procurement Records (for FSMC) 2. Copy of contract or school agreement 3. Itemized billings from SFA or FSMC 4. Daily count of number of meals served to participants |
| C. Direct purchasing                                                                                    | 1. Itemized receipts and invoices for all food purchased 2. Inventory records as required by RPEP Inc. /Bright from the Start                                            |

### **Food Service Labor Costs**

Organizations must document the cost of food service labor needed for the operation of the CACFP. This may include wages, salaries, employee benefits, and the share of taxes paid by the independent center or sponsoring organization necessary to perform the following tasks:

- Menu planning and purchasing;
- Meal preparation, serving, and clean-up of Program meals;
- Supervision of day-to-day food service operations, including supervision of children during the meal service; and
- On-site preparation of daily Program meal service records.

FNS Instruction 796-2 Rev. 3 requires that records to support labor costs include a compensation plan, payroll records, time and attendance reports, and time distribution reports. Refer to Bright from the Start Policy Memo dated May 23, 2005 for

more information on documentation that must be on file to support any labor costs charged to the Program. The value of volunteer labor may not be used to support Program costs under this or any other cost category.

For part-time food service staff, the cost of labor must be prorated so that CACFP costs are supported by work performed only in the center's food service. In addition, if a portion of a food service employee's salary is paid with funds from another government or private source, accurate records must be maintained to ensure that the same costs are not charged to both sources.

### **Costs of Nonfood Supplies**

Nonfood supplies include small kitchen equipment, paper goods (such as napkins and plates), and cleaning supplies used directly for the food service operation. Itemized receipts or invoices must be kept on file as documentation.

### **Costs of Purchased Services**

Purchased services are items such as utilities, equipment rental, rental of facilities, and minor repairs. The costs for all food service related rental and repair expenses must be documented. Costs for shared purchased services such as utilities, water, and gas must be prorated and documented. Bills along with any proration methods for costs not used exclusively by the food program must be maintained along with proof of payment.

### **Itemized Receipts/Invoices**

Receipts and invoices used to support the costs charged to the CACFP must contain the name of the items that were purchased and the cost of each item. The total cost of the transaction should also be listed as well as the date of the transaction and the contact information (i.e. name of person or store, address, phone#). It's recommended that copies of carbon receipts be copied, as they tend to fade over time.

### **Mandatory Compensation Plan**

Compensation Plan is Mandatory Compensation Plan Form, **MUST be on file with RPEP Inc.** Please completed, signed and forward the Compensation Plan Form to the RPEP Inc. Office.

# Addendum to Compensation Plan

## Positions/Titles and Job Descriptions

This information can be summarized and attached as a separate document or incorporated into the body of this plan (*this includes all staff working at the center*).

## B. Rates of Pay

Rates of pay will be determined by the most recent Georgia State Occupational Employment and Wage Estimates provided by the US Department of Labor.

### Functional Areas

### Salary Ranges: Annually/Hourly

|                        |                                         |
|------------------------|-----------------------------------------|
| Director               | \$31,000 to \$55,000/\$15.00 to \$25.00 |
| Lead Teachers          | \$20,000 to \$40,000/\$10.00 to \$33.29 |
| Teacher                | \$15,500 to \$25,000/\$7.50 to \$15.00  |
| Food Service           | \$15,500 to \$25,000/\$7.50 to \$15.00  |
| Administrative Support | \$15,500 to \$25,000/\$7.50 to \$15.00  |

## B. Hours of Work

The hours of operation are twelve (12) hours, between 6:00 a.m.-6:00 p.m. However, the hours of work are eight (8) hours, between 9:00-6:00 with a lunch break of one hour.

### Group of Employees Ranges of Hours

|                        |                       |
|------------------------|-----------------------|
| Program Administration | 6:00 a.m. – 6:00 p.m. |
| Teachers               | 6:00 a.m. – 6:00 p.m. |
| Food Service           | 6:00 a.m. – 6:00 p.m. |
| Administrative Support | 9:00 a.m. – 6:00 p.m. |

## C. Plan and Payment Schedule for Regular Compensation, Overtime, Compensatory Leave, Holiday Pay, Benefits, Awards, Severance Pay and Payroll Tax Withholding.

### Regular Compensation Plan and Schedule

- All employees will receive monetary compensation through salaries/wages established at the time of the offer of employment based on the market value for the similar job as represented in the DECAL Budget Guidance Manual or Georgia State Occupational Employment and Wage Estimates provided by the US Department of Labor. All salary/wage offers will be approved by the Owner and/or Board of Directors.

- Salaries and wages will be formally reviewed annually and adjusted based on the results of each employee's performance appraisals. Performance increases range between 1% and 10%, but cannot exceed the maximum salary or wage represented in the Georgia State Occupational Employment and Wage Estimates provided by the US Department of Labor for the similar job.
- New hires, terminations, pay rates changes; voluntary/court ordered payroll deductions will be approved by the Owner and/or Board of Directors.
- Regular compensation will be dispersed the 15th and the last business day of each month.

### **Overtime**

- Nonexempt employees will be paid overtime in accordance with Fair Labor Standards Act (FLSA) in which they will receive overtime pay for hours worked in excess of 40 in a workweek of one and a half times their regular rate of pay.
- Overtime hours will be approved by the Owner/Director prior to working.
- ABC, Inc. does not pay extra for weekend or night work or double pay.

### **Compensatory Time and Leave**

- ABC, Inc. does not provide compensatory time; employees are paid for hours worked. Nonexempt employees may not work in excess of 40 hours per workweek unless overtime is preapproved.

### **Travel Reimbursement**

- Employees who use their own vehicle will be reimbursed at the Federal mileage reimbursement rate for the current year.
- Overnight travel is only approved with prior approval; employees are reimbursed for lodging during official business travel.

### **Fringe Benefits**

#### **❖ Vacations**

- The vacation year begins October 1 and ends September 30. Fulltime employees with the following years of continuous employment with ABC, Inc. will be paid for the following number of vacation days at the normal rate of compensation.

#### **❖ Sick leave**

- Employee of ABC, Inc. will earn sick leave credit in the amount of ten days (10 days) per year. At the end of each year, any unused sick leave will be carried over to the next year up to a maximum of thirty days. Any unused sick leave in excess of thirty (30) days or upon termination will be converted to annual leave, at a rate of four sick days to one annual leave day

❖ **Holiday Pay**

ABC, Inc. will observe the following holidays:

New Year's Day  
Martin Luther King Day  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Thanksgiving Day  
Friday after Thanksgiving Day  
Christmas Eve  
Christmas Day

*NOTE: ABC, Inc. will be closed on the days listed above and therefore does not provide holiday pay to hourly employees. Salaried employees are entitled to paid holidays at their usual compensation.*

❖ **Life and disability Insurance**

- ABC, Inc. offers life and disability insurance for all employees, but only pays 98% of the share of life and health insurance.

❖ **Health Benefits**

- ABC, Inc. will pay the 50% of health insurance costs for the employee.

❖ **Retirement**

- ABC, Inc. does not offer retirement plans at this time

❖ **Awards**

- ABC, Inc. may recognize an employee that demonstrated superior performance during the year in the form of certificates, pins or other items of minimal value. No monetary awards are provided.

❖ **Severance Pay**

- ABC, Inc. does not provide severance pay.

❖ **Payroll Tax Withholding Plan and Schedule**

- New employees of ABC, Inc. will furnish and receive completed Forms W-4 and G-4 from each employee.

**Each payday**

- ABC, Inc. will withhold GA state taxes
- ABC, Inc. will withhold federal income tax
- ABC, Inc. will withhold employees' share of social security and Medicare taxes (both employees' and employer's share)

### **Monthly**

- ABC, Inc. will remit GA state taxes on or before the 15th day of the following month with Form GA-V
- ABC, Inc. will deposit federal income tax withheld, and both ABC, Inc.'s and its employees' social security and Medicare taxes using Form 8109 to an authorized financial depository.

### **Quarterly**

- ABC, Inc. will submit Form G-7 quarterly reconciliation return on or before the last day of the month following the end of the quarter.
- ABC, Inc. will pay state unemployment tax on or before the last day of the month following the end of the quarter.
- ABC, Inc. will file Copy A of all Forms W-2 with Form W-3 with the Social Security Administration by February 28.
- ABC, Inc. will deposit FUT A (if applicable) in an authorized financial institution using Form 8109 on or before the last day of the month following the end of the quarter.
- ABC, Inc. will file Form 941 on or before the last day of the month following the end of the quarter with the IRS.

### **Annually**

- ABC, Inc. will submit all W-2's, 1099's and other income statements with Form G-1003 by the February 28 to GA Department of Revenue.
- ABC, Inc. will file Copy A of all Forms W-2 with Form W-3 with the Social Security Administration by February 28.
- ABC, Inc. will file Form 940 by January 31 with the IRS.