South Carolina Department of Social Services
Child and Adult Care Food Program
INTERNAL CONTROLS

Institution: _____

Agreement No.: _____

Information Current as of: _____

Accounting System

1. Does the institution use a paper ledger or accounting software? ❑ Paper Ledger   ❑ Accounting Software

2. If accounting software is used, please list what type: _____

3. What back-up system is used in the event that the accounting system is not available (theft, property damage, system crash, etc.)?

   _____

   _____

4. Will the institution use a separate bank account for CACFP monies? ❑ Yes   ❑ No

5. How will CACFP funds be tracked separately from other institutional funds? (CACFP institutions are required to either use the Summary of Expense form or set up a CACFP fund account within the institutions's accounting system that will track both the revenue and expenses for the food service.)

   _____

   _____

6. What procedure(s) do you use to ensure accuracy when reviewing CACFP records?

   _____

   _____

   _____

   _____

7. If your organization participates in any other federally funded programs, please check the appropriate box(es) and specify the amount received per month in the space provided. If you check other, please specify program(s) name in the space provided.

   ❑ ABC $ _____   ❑ Medicaid $ _____

   ❑ Other $ _____   Program Name: _____

   ❑ Other $ _____   Program Name: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____ Date: _____

DSS Form 1613-1 (JUN 10)