Authority
7 CFR 226.6(m)(5)
7 CFR 226.10(c)
7 CFR 226.15(f)
7 CFR 226.16
7 CFR 226.16(d)(2)
7 CFR 226.16(d)(4)(i)
7 CFR 226.16(e)
7 CFR 226.22
7 CFR 226.16(l)(4)
7 CFR 226.16(d)(3)

601. Suspension

Upon a family child care home being cited for serious health and/or safety violations, the home must be suspended from the CACFP program by the sponsoring organization. Note: Agencies such as DHS, DES, CPS or the Police may cite a child care home for health and/or safety violations.

If the family child care home is licensed, the home will be suspended before any action to revoke the home's license is taken. If the sponsoring organization determines that there is an imminent threat to the health or safety of participants at a family child care home or that the family child care home has engaged in activities that threaten the public health or safety and the licensing agency cannot make an immediate onsite visit, the sponsoring organization must immediately notify the appropriate State or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities.

Sponsors must provide written notice of the suspension, serious deficiency and proposed termination to the provider. The notice must:

a. Specify the serious deficiency found and the child care home's opportunity for an administrative review of the proposed termination.

b. State that participation will remain suspended until the administrative review is concluded.

c. Inform the child care home that if the administrative review official overturns the suspension, the child care home may claim reimbursement for all eligible meals served during the suspension.

d. Inform the child care home that termination of the child care home' agreement will result in placement on the national disqualified list.

e. State that if the child care home seeks to voluntarily terminate, the home will be terminated for cause and disqualified.

The sponsor must immediately terminate its agreement and disqualify the home when the administrative review official upholds the sponsoring organization's proposed termination or the appeal time has expired. A sponsor is prohibited from making any payment to a child care home that's been suspended until any administrative review of the proposed termination has been completed.

602. Recordkeeping Requirements

Sponsoring organizations are required to maintain records to support the monthly claim for reimbursement and compliance to program regulations. All sponsoring organizations must have a written policy pertaining to their recordkeeping procedures. All records shall be retained for a period of five years after the date of submission of the final claim for the fiscal year to which they pertain. In addition, sponsors shall have their hours of operation documented for review by CACFP specialists. If audit findings have not been resolved, the records shall be retained beyond the end of the five year period for as long as it may be required for the resolution of the issues raised by the audit or review. The following records will be maintained by the sponsoring organization:

- Enrollment
- Meal Counts
- Menus
- Administrative Cost Records
- Income Applications
- Home Provider Application
- Training Records (Provider and Staff)
- Monitoring Records
- Provider Disbursement Records
- Tiering Information
- Sponsor/Provider Agreement
- Fire and Health Inspections
- Fingerprint Cards
- Copy of License or Certification

Note: Sponsors are not allowed to establish "grace periods" for new providers. A meal(s) must be disallowed for any meal not meeting the meal component or anything that would constitute an ineligible meal (i.e., child not signed in).

1. Enrollment

   Every child the provider cares for must have an up-to-date enrollment form (See Exhibit I). When performing monitoring visits, every child that is present will have a current enrollment form.

2. Meal Counts

   Sponsors are responsible for having meal counts from the providers to support monthly reimbursement claims.

3. Menus

   Sponsors must have menus from the provider for the months being claimed. Sponsors will review menus to ensure all meal components are being served in accordance with CACFP guidelines.

4. Administrative Cost Records

   Sponsors will have documentation on hand to support figures submitted on monthly claims for the following items:

   - Labor
   - Benefits
   - Materials and Supplies
   - Publishing, Printing and Reproduction
   - Facilities and Rental Space
   - Utilities
   - Insurance and Bonding
   - Contracted Services
   - Equipment Rental or Lease
   - Communications
   - Advertising/Public Relations
   - Membership, Subscriptions and Professional Activities
   - Child Care Home Licensing Expenses

- Travel for Program Operations
- Meetings, Conferences and Staff Training
- Participant Training and other Support
- Other Administrative Costs

5. Income Applications

Providers claiming their own child must have an up to date income application (See Exhibit II).

6. Home Provider Application

Every provider must have a current application on file (See Exhibit III). Provider applications will list information regarding the provider. In addition, information on what meals the provider will be serving, times and what days child care services will be provided. Provider applications must be completed every two year. If any of the provider's information has changed, the provider will be responsible for completing a new provider application. Provider applications must have the following statement:

I verify that the information listed on the application is current and has not changed.

_____ _____
Initial *Date*

7. Training Records (Provider and Staff)

A. Provider

Documentation of training must be on file and should include:

- Training date
- Location
- Topics
- List of individuals in attendance

B. Staff

The sponsoring organization must keep documentation of any training held for their staff and must be available upon request.

8. Monitoring Records

Sponsors must conduct an average of three monitoring visits annually and documentation of this must kept in the provider's file. Additionally, monitors will leave a copy of the completed monitoring visit form with the provider for the provider's files.

9. Provider Disbursement Records

Documentation must be kept on file indicating the amount reimbursed to the provider and the date the reimbursement was forwarded to the provider.

10. Tiering Information

Documentation pertaining to tiering determination must be on file.

11. Sponsor/Provider Agreement

Each provider will have a sponsor/provider agreement in their file. This permanent agreement between the sponsor and the provider is a contract between both parties for participation on the CACFP program. Although this is a permanent agreement, the sponsor may terminate a family or group home for cause or convenience. In addition, a provider still has the right to transfer in accordance with program regulations.

12. Fire and Health Inspections

Current documentation of fire and health inspections must be kept in each provider's file. Fire and health inspection reports must contain a legible name of the person conducting the inspection and the inspector must sign and date the form. Inspection forms with a signature stamp, date stamp or cursive font from a computer are not acceptable.

13. Fingerprint Cards

Sponsors will ensure that a photocopy of the provider's (and backup provider) fingerprint card or fingerprint application is in the provider's file for all alternately approved (AA) homes.

14. License or Certification

A copy of the provider's license or certification will be maintained in the provider's file.

603. Training

Sponsoring organizations are required to provide training to their providers. Training must be conducted on an annual basis and documentation must be kept on file. Training will cover meal patterns, meal counts, menus, civil rights and any regulation or State agency changes to the program.

Key staff must receive training on an annual basis. At a minimum, trainings must include instruction appropriate to the staff experience and duties. Applicable staff must receive training on meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements, reimbursement system and civil rights.

604. Monitoring

Sponsors are required to conduct at a minimum, three monitoring visits per provider per fiscal year. Two of the three visits must be conducted during a meal service. In addition, two visits must be unannounced and at least one unannounced monitoring visit must be completed during mealtime. Monitoring visits must be conducted during the first four weeks of program operation for a new provider. There can never be no more than six months between monitoring visits. If a sponsor finds a serious deficiency during a monitoring visit, the next monitoring visit must be unannounced.

Monitors will leave a copy of the completed monitoring visit form with the provider for the provider's files. Sponsors may develop and utilize a system that averages the required monitoring visits. If a sponsor conducts two successful unannounced reviews of a home and finds no serious deficiencies, the sponsoring organization may choose not to conduct a third review of the home that year, provided that the sponsoring organization conducts an average of three reviews of all its homes during the year. Monitoring frequency of homes that receive two visits cannot be longer than nine months between visits. Homes that have submitted a block claim can not be monitored less than three times per year.

1. Review Items

When a sponsoring organization conducts a monitoring visit, the monitor will review the following items:

A. Safety and Sanitation

A provider's home shall be clean, free of insects and rodents and also provide a safe environment. This would include cleaning supplies locked and out of reach of children, kitchen knives properly put away, electrical outlets not being used should be plugged or covered up and all garbage cans need to have a lid on them.

B. Menus

Provider's menus will be reviewed to ensure all the meal components are being served. In addition, monitors should review menus to ensure providers are not serving more than two high sugar and/or two high fat items in a week.

Note: High sugar and high fat items will be counted on a per menu (breakfast, snack, lunch, etc.) basis and not a per child basis.

C. Meal Observation

When observing a meal service, monitors ensure that all children have washed their hands prior to the meal service, all meal components are being served together and review Child Nutrition (CN Labels) if applicable.

D. Ratio

At no time should a provider be over ratio in the number of children being cared for. Monitors will ensure providers are within ratio based on whether the provider is DHS, DES or AA.

E. License/Certification

Upon conducting a monitoring visit, monitors will ensure that the provider's license or certification is current and has not lapsed.

F. Sign In/Sign Out Sheets

All providers are required to have parents sign in and sign out their children. Monitors will review to ensure providers are not only using sign in/out sheets but they are current as of the time of the monitoring visit. Providers may sign a child into care for parent if the provider picks a child up from school. A provider may sign a child out of care when the provider drops a child off at school.

G. Meal Counts

Providers are to have their meal counts up to date as of the previous day. Meal counts have to be completed no later than the end of the business day.

H. Enrollment Forms

Providers will have an enrollment form for every child that is present at the time of monitoring visit.

I. Fingerprint Cards

Monitors of AA homes will ensure every AA provider has a current fingerprint card or application.

605. Provider Claims

Sponsoring organizations shall issue reimbursement payments within five working days from receipt from the State agency. Reimbursements are based on the number of meals served by each family child care home to enrolled children. Sponsors cannot withhold any portion of a valid claim. Sponsors may withhold

from the reimbursement any costs incurred by the sponsoring organization on behalf of the home and with the provider's written consent.

606. Civil Rights Information

Sponsoring organizations are required to determine the number of potential eligible children by racial/ethnic category for each area served by the organization on an annual basis. This information can be retrieved from the Census Bureau or public school enrollment. Sponsoring organizations shall:

- Post the "And Justice For All" poster where individuals can see it,
- Provide program materials in English and Spanish, and
- Include the non-discrimination statement and the procedures for filing a complaint on all published written information directed to the parents of potential enrolled children.

607. Parental Contacts

Household/parent contacts may be necessary when a Child Care Home Provider displays actions that may be cause for "red flags" (follow up) to include but not limited to the following:

- Block claiming by the site/provider;
- Submission of false information;
- Failure to maintain adequate records;
- Claiming meals over capacity;
- Claiming meals on holidays;
- Claiming supper meals;
- Claiming meals on weekends;
- Parent complaints;
- Provider is assigned corrective action due to serious deficiencies;
- Review findings by the sponsor and/or the state agency;
- Provider is consistently unavailable for monitoring visits;
- Child(ren) being claimed by more than one provider;
- Provider consistently claims its maximum capacity;

- Provider's number of enrolled children exceeds its maximum capacity;
- Provider claims the same number of meals for a specific meal service every day of the month open for business with no absences;
- Meal counts records exceed documented enrollment and/or attendance records on any given occasion;
- Foods observed at a visit did not match the foods on the claim;
- Children observed at visit did not match those on the claim and/or attendance record;
- Provider consistently claims shift meals. Monitor's attempt to observe the shift meal, at the scheduled mealtime, has been consistently unsuccessful or does not match the historical number of meals being claim for that shift;
- The in/out times on the attendance records do not match meals being claimed by provider;
- Meal attempted to be observed by monitor was not being served on the day of the monitoring visit but is historically consistently claimed by provider;
- Provider claiming child(ren) when it has previously reported the child(ren) dropped from child care; or
- Provider not home for attempted visit, but child(ren) were claimed for that meal;
- Parent signatures on enrollments are not valid.

CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM
FY 20_ _

Your child care provider, **Child Care Provider** (PROVIDER NAME) participates in the Child and Adult Care Food Program (CACFP). This program extends the benefits of the National School Lunch program to children in family child care homes. Your child care provider is sponsored on the CACFP by **All About the Kids** (SPONSOR).

Under the regulations of the Child and Adult Care Food Program **your provider** may not charge you separate fees for meals nor ask you to provide food for your child for those meals claimed under the program. A maximum of 2 meals and 1 snack or 2 snacks and 1 meal may be reimbursed per day for your child(ren) on the Child and Adult Care Food Program.

Verification procedures may be conducted to insure that your provider's claims for reimbursement are consistent with child care services provided. As the sponsor for your provider, we must verify that your child is enrolled in the home for child care. Please complete the following:

I wish to enroll the following children in the CACFP:

CHILD(REN'S) FULL NAME	BIRTH DATE	NAME OF SCHOOL (enter "none" if applicable)	SCHOOL HOURS
Kenny Barnes	10/1/03		
Little Kenny Barnes	7/17/05		

Are your children (check all that apply):

X Day Care Child
X For Compensation
___ New Enrollment
___ Grandchildren
___ Provider's Own Child
___ Not for Compensation
___ Continuing Enrollment

Check meals served to your child while in school:

X Breakfast
X Lunch
___ Supper
X Snack

PARENT SIGNATURE	WORK PHONE #		HOME/MESSAGE PHONE
Kenny Barnes	602-123-4567		
ADDRESS	**CITY**	**ZIP**	**DATE**
11.22423799 ½ Like it or Leave it Lane	Phoenix	80000	

Racial-Ethnic Heritage of **YOUR** child(ren):
Although you are not required to provide this information, your cooperation will help determine compliance with Federal Civil Rights Law. In no instance will this information be used in considering your application. If you decline to provide this information, it will no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements. Please circle correct category below (if willing):

Black-not of Hispanic Origin	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native	White-not of Hispanic Origin	Other

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

In Accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability

PROVIDER Child and Adult Care Food Program Income Application Fiscal Year 20_ _

To apply for reimbursement for meals served to your own children, carefully complete, sign and return this form to your sponsor.

Print Name_____

Address_____City_____Zip_____

Home Telephone #_____Work Telephone #_____

I hereby certify that all the below information is true and correct. I understand that this information is being given in connection with the receipt of Federal Funds; that the institution officials may verify this information; and deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

CONFIDENTIALALITY: The information you provide will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purpose.

_____	_____	_____
Signature	**Social Security Number**	**Date**

INCOME ELIGIBILITY

Complete this part for your children **NOT included in Food Stamps, Cash Assistance, or FDPIR.**

	Child's Name	**Age**	**Birthdate**
1.			
2.			
3.			
4.			

Please list **ALL NAMES** of other **HOUSEHOLD MEMBERS.** INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN. DO NOT INCLUDE CHILDREN LISTED ABOVE, UNLESS THEY RECEIVE A REGULAR INCOME. Write the amount of the monthly income and its source each person now receives on the same line as their name. List **GROSS** income BEFORE deductions for taxes, social security, etc.

	NAME	Monthly Earnings from work (Before Deductions)	Monthly Welfare Payments, Child Support, Cash Assistance & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from all other Income
1.					
2.					
3.					
4.					
5.					

CATEGORICAL ELIGIBILITY

Complete this part for your own children currently receiving benefits from any of the following programs.

Food Stamp Case No:_____ Cash Assistance Case No:_____ FDPIR Case No:_____

Child's Name	Age	Birthdate
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

FOSTER CHILDREN

Foster Children are eligible for reimbursable meals regardless of the income of the household in which they reside. If you have *foster children in your home*, please indicate their names here and the total income each child receives for personal use.

Child's Name	Age	Birthdate	Income
1._____	_____	_____	_____
2._____	_____	_____	_____

Income Eligibility Guidelines

Effective from July 1, 2005 to June 30, 2006

Household Size	Annual	Month	Week
1	$17,705	$1,476	$341
2	23,736	1,978	457
3	29,767	2,481	573
4	35,798	2,984	689
5	41,829	3,486	805
6	47,860	3,989	921
7	53,891	4,491	1,037
8	59,922	4,994	1,153
For each additional Family member add…	+6,031	+503	+116

I choose at this time not to complete the income application for consideration of income eligibility.

_____

Signature

_____

Date

Race/Ethnic Identity: You are not required to answer this question. Please circle correct category.

WHITE - not Hispanic Origin	BLACK, not of Hispanic Origin	HISPANIC	ASIAN or PACIFIC ISLANDER	AMERICAN INDIAN or ALASKA NATIVE

Section 9 of the National School Act requires that, unless your food stamp, child's Cash Assistance, or FDPIR case number is provided, you must include a social security number on the application. This may be either the social security number of the parent or household member signing the statement, or an indication that neither household member possesses a social security number. Provision of the social security number is not mandatory, but if a social security number is not provided or an indication of none is not made by the adult household member signing the application, the statement cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for eligible federally or state funded programs, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

For Sponsor Use Only

Approved by:_____	**Total Household Size_____**	**Children in each category**
Approval Date:_____	**Total Monthly Income_____**	**( ) Eligible**
		( ) Ineligible

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CHILD CARE HOME PROVIDER APPLICATION – FY 20_ _

Provider's Name:_____ Name of Sponsoring Organization & Address
S.S.#_____DOB_____Phone# _____
Address:_____
City/Zip:_____
Substitute Caregiver Name _____
Provider Information

School District: _____ Assigned Elementary School:_____

Hours open for care: From_____ To_____ Provider claims own children? Yes_____ No_____

Days child care provided **(please circle)** **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Holiday care: Yes _____ No_____. Age of youngest child in care: _____ oldest child: _____

		# Shifts	Start	End		# Shifts	Start	End
Meals that are claimed and times served:	**Breakfast**	o	**Time:**_____	to_____	**AM Snack**	o	**Time:**_____	to_____
	Lunch	o	**Time:**_____	to_____	**PM Snack**	o	**Time:**_____	to_____
	Supper	o	**Time:**_____	to_____	**Evening Snack**	o	**Time:**_____	to_____

Home is: **DES certified** o **DHS certified** o **Military certified** o **Tribal certified** o **Alternate Approved** o
Number of children approved for child care: _____

If previously participated in CACFP please explain, include name of prior sponsoring organization:_____

Provider Fingerprint Eligibility Card # (after 8/16/99)_____ Expiration date _____

Substitute Caregiver Fingerprint Eligibility Card # (after 8/16/99)_____ Expiration date _____

Tier II Provider Election of Reimbursement

If provider is determined Tier II, the Provider elects the following:

o 1) Sponsoring organization will distribute income applications to the households of all enrolled children in the home.

o 2) Sponsoring organization will identify only those children who are considered categorically eligible by virtue of their participation, or parent's participation, in a federally- or state-supported program with an income eligibility limit that does not exceed the standard for free or reduced price meals.

o 3) Provider elects to receive Tier II reimbursement for meals served to all children enrolled in the home, regardless of income.

Sec. 1211(b) of the Tax Reform Act of 1976 (Sec. 205(c)(2)(C)(i)) of the Social Security Act, 42 U.S.C. Sec. 405(c)(2)(C)(i) allows the Arizona Department of Education to obtain your social security number. Your social security number will be used solely by the Arizona Department of Education to verify program participation.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Arizona Department of Education officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

_____ _____
Date Signature of Provider

Tier Determination (For Sponsor Use Only)
1) Tier I home based on **o Elementary School Location** **o Provider Income** **o Census Data**

☐ **2) Tier II home**
Determination Date_____ Approved by_____