



Monitoring Compliance in Family Day Care Homes Quick Guide



Health and Nutrition Services
Arizona Department of Education

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Introduction

WHAT IS A QUICK GUIDE?

Quick Guides are an abbreviated resource developed by the Arizona Department of Education (ADE) Health and Nutrition Services (HNS) Division. This quick guide is intended to complement ADE's Provider Recordkeeping & Review Preparations Checklist.

INTENDED AUDIENCE

This resource is intended for Family Day Care Home (FDCH) sponsoring organizations and day care home providers operating the Child and Adult Care Food Program (CACFP).

PURPOSE OF THIS QUICK GUIDE

The purpose of this quick guide is to help operators of the CACFP successfully self-assess their daycare home operations for compliance, as well as aid sponsoring organizations in training employees or daycare home providers that are new to the organization.

Required Postings

The ADE requires that all daycare home providers have a posted copy of the *Building for the Future with CACFP* poster for public view.

Providers can find a copy of the poster by visiting

<https://www.azed.gov/hns/cacfp/fdch/programformsfdch>.




Name of the Sponsoring Organization, CACFP official, address and phone number.


Sponsor: _____
CACFP Official: _____
Address: _____
Phone No: _____

Required Postings

The ADE requires that all daycare home providers have the current Woman Infants and Children (WIC) flyer posted for public view. WIC income guidelines are updated on an annual basis. Providers can find a copy of the annually updated flyer by visiting <https://www.azed.gov/hns/cacfp/fdch/programformsfdch>.



**Healthy Food.
Healthy Kid.
Happy Mom.**



What is WIC?

- Free Nutrition and Breastfeeding Program
- Experts in nutrition for pregnancy, breastfeeding, infants, toddlers and preschoolers
- Personalized nutrition tips and support for parents and caregivers
- Breastfeeding information, support and resources
- Referrals to other community resources
- Healthy foods


Who is WIC for?

- Infants
- Children up to five years of age
- Pregnant women
- Breastfeeding women, until their infant's first birthday
- Women whose pregnancy ended <6 months ago

Arizona WIC is here for you!

Visit www.azwic.gov or call 1 (800) 2525-WIC to find the nearest clinic.

To download the free EzWIC App, go to the App Store or Google Play and search for EzWIC.



Effective Date:
June 1, 2020

WIC Eligibility is based solely on your gross income, this chart can help determine your eligibility

Number of Family Members	Income every Two Weeks
*2	\$1,227
3	\$1,546
4	\$1,865
5	\$2,183
6	\$2,502
7	\$2,821
8	\$3,140
Each Additional Member	\$319


*A pregnant woman is considered a family of 2

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (SD-1027) found online at http://www.ascr.usda.gov/complaint_filing.asp, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 858-0846. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 696-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.





**Alimentos Saludables.
Niño Sano.
Mamá Feliz.**



¿Qué es WIC?

- Un programa gratuito de nutrición y lactancia
- Con expertos en nutrición durante el embarazo, lactancia, bebés, niños pequeños y de preescolar
- Consejos individuales de nutrición y apoyo para padres y encargados del cuidado de niños
- Información, apoyo y recursos para la lactancia
- Recomendaciones para otros recursos comunitarios
- Alimentos saludables

En vigencia:
1 de Junio de 2020

La elegibilidad para WIC se basa sólo en su ingreso bruto, esta tabla le puede ayudar a determinar su elegibilidad

Número de miembros de la familia	Ingreso cada Dos Semanas	Ingreso Mensual
*2	\$1,227	\$2,658
3	\$1,546	\$3,349
4	\$1,865	\$4,040
5	\$2,183	\$4,730
6	\$2,502	\$5,421
7	\$2,821	\$6,112
8	\$3,140	\$6,802
Cada miembro adicional	\$319	\$691

*Una mujer embarazada se considera una familia de 2

¿Para quién es WIC?

- Bebés
- Niños hasta los cinco años de edad
- Mujeres embarazadas
- Mujeres que están lactando, hasta el primer año de su niño
- Mujeres cuyo embarazo terminó hace menos de 6 meses

iWIC Arizona está aquí para usted!

Visite www.azwic.gov o llame al 1 (800) 2525-WIC para encontrar la clínica más cercana.

Para descargar la aplicación gratuita, vaya a: App Store o Google Play y busque EzWIC.



De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA), por sus agencias, oficinas, y empleados, y las instituciones que participan en o administran programas del USDA, se prohíbe la discriminación basada en raza, color, origen nacional, sexo, discapacidad, edad, o en recepción o negación de beneficios por actividades pasadas de derechos civiles en algún programa o actividad realizada o financiada por el USDA.

Las personas con discapacidades que necesitan medios alternativos para la información del programa (por ejemplo, Braille, letra grande, lenguaje de señas, etc.), deben contactar con la oficina local del USDA o con el 800-877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA (SD-1027) que está disponible en línea en http://www.ascr.usda.gov/complaint_filing.asp, y envíelo al USDA o llame al 800-877-8339. También puede escribir una carta al USDA. Para solicitar una copia del formulario de denuncia, llame al (800) 858-0846. Ruego llegar un formulario llenado a correo al USDA por: (1) correo U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 696-7442; o (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.



Enrollment

The ADE requires providers to keep Child Enrollment Forms on file for all children in care in the provider's home and claimed for meals in the CACFP. All children, including drop-ins, need a Child Enrollment Form on file. Provider's own children also need a Child Enrollment Form. The enrollment form must be updated annually and kept up to date. Any changes made to the enrollment form by the parent or guardian must be initialed and dated.

Enrollment Form

Each child's full legal name (and any other names the participant may go by) and date of birth

Indicate whether the childcare is for compensation or not for compensation and if child is provider's own child or residential

Each child's normal days and hours of care and the meals normally received while in care

Parent/Guardian's signature, current phone number, address, and date of signature

CHILD ENROLLMENT APPLICATION FOR THE CHILD AND ADULT CARE FOOD PROGRAM FY 20__			
Your 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 _____ (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, including infants. 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. All enrolled participants are served the same meals at no separate charge, regardless of race, color, national origin, sex, age or disability.			
Verification procedures may be conducted to ensure 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:			
<u>CHILD(REN'S) FULL NAME</u>	<u>BIRTH DATE</u>	<u>NAME OF SCHOOL</u> (enter "none" if not applicable)	<u>SCHOOL HOURS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Is school year round? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the provider have permission to transport your children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are your children (check all that apply):		Type of formula offered: _____	
<input type="checkbox"/> Day Care Child	<input type="checkbox"/> Provider's Own Child/Residential	<input type="checkbox"/> Accept	
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Continuing Enrollment	<input type="checkbox"/> Decline (I will provide: _____)	
<input type="checkbox"/> For Compensation	<input type="checkbox"/> Not for Compensation	<input type="checkbox"/> Not Applicable	
Days child care will normally be needed: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Hours of care will normally be needed from: _____ AM / PM to _____ AM / PM			
Will days and/or hours of care vary at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain: _____			
Check meals served to your child while in day care: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack(s)			
Will holiday care be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, which holidays? <input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King Jr. Day <input type="checkbox"/> President's Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> July 4 th			
<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veteran's Day <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas Day <input type="checkbox"/> Other: _____			
PARENT SIGNATURE	WORK PHONE #	HOME PHONE	CELL PHONE
_____	_____	_____	_____
ADDRESS	CITY	ZIP	DATE
_____	_____	_____	_____
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 in no way affect consideration of your application. We are authorized to ask for this information under Title VII of the Civil Rights Act of 1964. Collection of this information is strictly for statistical reporting requirements and will be treated confidentially. Please circle correct category below (if willing):			
Mark one ethnic identity:	Mark one or more racial identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Black or African American		
Arizona Department of Education · Health & Nutrition Services · 602-542-8700			
This institution is an equal opportunity provider.			
1:\Health_and_Nutrition\CACFP\FDC Homes\Applications and Renewals\Renewal Packet\2020 Renewal Packet			

Enrollment

The ADE requires providers to keep sign-in and out sheets on file for all children claimed for meals in the CACFP. The sign-in and out sheets must be kept up to date. All children, including drop-ins, must have a sign-in and out sheet on file. Providers must keep individual sign-in and out sheets for each child present in the provider's home. Provider's own children do not need a sign-in and out sheet. Sign-in and out sheets are used to make sure that the child was present during the meal service. If a child does not have a complete sign-in and out sheet, the Program representative will be unable to find out if the child was on-site during the meal service. This will result in meals being taken away and may result in the provider returning money to the ADE.

Sign-in and Out Sheet

The diagram shows the 'SIGN-IN/SIGN-OUT RECORD' form from the Arizona Department of Economic Security. Callouts identify key fields: 'The child care provider's name' points to the 'Child Care Provider's Name' field; 'The child's full legal name' points to the 'Child's Name' field; 'Month and year of child's attendance' points to the 'Month and Year' field; 'The date and time of daily arrival and departure, including multiple arrivals or departures' points to the 'Date' and 'Time In AM' columns; and 'A valid and complete signature' points to the 'Signature' columns.



FORMA (10-19)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
SIGN-IN/SIGN-OUT RECORD

ATTENTION WARNING: By signing this document the parent, guardian, or other authorized person verifies, under penalty of perjury, that the times recorded are the actual times the child was in attendance.

Child Care Provider's Name		Child's Name		Parent/Guardian's Name		Month and Year			
Date	Time In AM	Signature	Time Out AM	Signature	Time In PM	Signature	Time Out PM	Signature	Unit of Care
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Sign-in and Out Record Tips:

-  Place each individual sign-in and out sheet on a single clipboard.
-  Have all clipboards by the entry door and hand the corresponding child's clipboard to the parents as they come in and out of your home to drop off/pick up their child.

Enrollment

In some cases, a Meal Benefit Income Eligibility Form needs to be filled out by the provider. The employee of the sponsor will let the provider know if, and how often, the form needs to be filled out. The form needs to be available to Program representatives.

Provider Meal Benefit Income Eligibility

The first and last name of every child in the household

Indicate if the child is Foster, if applicable

Name and case number for the person who receives benefits OR names, income, and income frequency

The last four digits of Social Security Number or check "No SSN" if provider does not have a SS#

Signature of Parent/Guardian and signature date

CHILD AND ADULT CARE FOOD PROGRAM
MEAL BENEFIT INCOME ELIGIBILITY FORM (Family Day Care Home-Provider)
FISCAL YEAR 2021

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

Part 1. All Household Members - including Residential Children. Request additional sheet if necessary.

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT). * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM	CHE N INC
Adult Household Member #1:		
Adult Household Member #2:		
Adult Household Member #3:		
Child #1:		
Child #2:		
Child #3:		
Child #4:		

Part 2. Benefits: If any member of your household received [DES Food Stamps], [FDPIR], or [DES Cash Assistance], provide the name and case number for the person who receives benefits and skip to Part 4. If no one receives these benefits, skip to part 3.

NAME: _____ CASE NUMBER: _____

Part 3. Total Household Gross Income—You must tell us how much and how often:

A. Name (List only household members with income)	B. Gross income and how often it was received: identify weekly, every other week, monthly, yearly....			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	how much/how often	how much/how often	how much/how often	how much/how often
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 4. Signature and Last Four Digits of Social Security Number: An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * * - _____ If no SSN, write the word "NONE"

Part 5. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school, homeless liaison, migrant coordinator. Homeless ☐ Migrant ☐ Runaway ☐

Part 6. Participant's ethnic and racial identities (optional):

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only:

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Eligibility: Tier I _____ Tier II _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

FY 2021 - CACFP Meal Benefit Income Eligibility Form Family Day Care Home-Provider

Menu Self Assessment

All organizations participating in the CACFP must maintain a menu that meets the meal pattern requirements. Give yourself peace of mind by completing this self-assessment. Place a checkmark next to each true statement. If any boxes remain unchecked, menu changes are needed.

Creditable Foods

- ☐ The menu is free from grain-based desserts (including breakfast bars)
- ☐ Breakfast cereal does not have more than 6 grams of sugar per dry ounce
- ☐ Yogurt does not have more than 23 grams of sugar per 6 ounces
- ☐ Menu items are not deep-fat fried on-site
- ☐ The correct type of milk is served to all participants
 - ☐ If flavored milk is served, it is only served to participants 6 years and older

Daily Requirements

- ☐ One or more grain per day is whole grain-rich
- ☐ Juice is served no more than one time per day
- ☐ All extras and spreads are listed on the menu
- ☐ Every **snack** contains at least two different components
- ☐ Every **breakfast** contains fluid milk, grain, and a fruit and/or vegetable
 - ☐ A meat/meat alternate is served in place of a grain at breakfast 3 times or less per week
- ☐ Every **lunch** and **supper** contains fluid milk, grain, fruit, vegetable, and meat/meat alternate
 - ☐ If a vegetable is served instead of a fruit, two different kinds of vegetables are served

Available Flexibilities for Adult Centers

- A serving of fluid milk is optional for suppers served to adult participants
- Yogurt can be served in place of fluid milk no more than one time per day
- If yogurt is served in place of milk, yogurt cannot be a meat alternative in the same meal

Required Statements

- ☐ Nondiscrimination statement "This institution is an equal opportunity provider."
- ☐ Milk type for served age groups "Whole milk is served to children 12-23 months. Children 24 months and older are served low fat or fat-free milk."
 - ☐ Adult Centers: "All participants are served low fat or fat-free milk."
- ☐ Ingredients in mixed or multi-component items (e.g., "Fruit cocktail=pineapple, cherry, peach, pear" or "Turkey Wrap= turkey breast, cheese, tortilla")

Menu Binder

The following documentation must be kept on file in order to credit foods towards the meal pattern.

- ☐ Nutrition Facts labels for whole-grain rich items
- ☐ Nutrition Facts labels for ready-to-eat cereals
- ☐ Nutrition Facts labels for yogurt
- ☐ Child Nutrition (CN) label or Product Formulation Statement (PFS) for commercially processed foods
- ☐ Standardized recipes for homemade items

Recommended Best Practices

- ☐ All homemade items are labeled "HM"
- ☐ All processed meat/grain items are labeled "CN" or "PFS"
- ☐ All whole grain-rich items are labeled "WGR"
- ☐ Description of how water is made available throughout the day.
- ☐ If serving Juice: "All juices served are 100% juice."

Meal Service

Meal and snack times provide unique opportunities to create positive experiences with food. Serving meals and snacks in a family-style setting lays the foundation for a lifetime of happy, healthy eating.

Daycare home requirements during meal service:



Children wash hands before every meal served.



All meal components are served at the same time.



All meal components meet the required serving size per age group.



Meal is served within approved meal times.



REQUIRED: Include **all 4** aspects at every meal and snack.

REGULATION REQUIRES PROVIDERS TO:



MASTER THE MEAL SERVICE

- ▶ Ensure all children in care are signed-in and out.
- ▶ Record meal counts before the end of the business day.
- ▶ Keep menu modification forms on file for children whose meals deviate from the meal pattern.

BEST PRACTICE ENCOURAGES PROVIDERS TO:

**BE
PRESENT**



- Turn off all screens (television, videos, phones).
- Invite families to observe or participate in meal or snack time.
- Record meal counts at the point of service.

LET GO



- Allow children to follow their own hunger and fullness cues.
- Provide learning opportunities during accidents and spills.

Home Safety Tips

All daycare home providers participating in the CACFP must meet state or local health and safety standards.

Food Safety & Compliance

Kitchen

Refrigerator needs to be 41 degrees or below and freezer is 0 degrees or below

Ensure garbage can has a lid at all times

Cleanliness (Refrigerator clean and sanitary)

Remember to keep all appliances, counter tops, and floors clean and clutter free

*All stored dried foods, refrigerated foods, and frozen foods must be labeled and dated including leftovers



Health & Safety

In-Home

Please remember to remove any obvious hazards (ex. dangling cords, uncapped outlets, and knives out on counter)

Make sure that all cleaning supplies and toxic materials are safely stored

Carbon Monoxide Detector (If applicable for providers with gas utilities)

All dog(s) must have vaccines & permit (If applicable)

Drivers license, auto insurance and vehicle registration (If transporting children)

Permission to transport (Caregiver permission slips, if transporting children)

Home Safety Tips

Labeling



ITEM: _____

NAME: _____ QTY: _____

DATE: _____ ☐ AM ☐ PM

USE BY: _____ ☐ AM ☐ PM

Permanent Files

The CACFP needs the provider to keep a copy of the Provider and Sponsor Agreement at home. Each sponsor has their own agreement. A sample agreement is included below.

Provider/Sponsor Agreement

The Provider's
full legal name

PERMANENT AGREEMENT BETWEEN SPONSORING ORGANIZATION AND DAY CARE HOME PROVIDER

The agreement is entered into this _____ day of _____, 20____ by and between:

Sponsor's Name _____ **Sponsor's Address** _____

and _____

It specifies the rights and responsibilities of the Sponsoring Organization (SO) and the Provider as a participant in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP).

RIGHTS AND RESPONSIBILITIES OF THE SPONSORING ORGANIZATION:

- 1 This agreement contract is permanently binding until the Provider leaves or is terminated and if any amendments are made the SO agrees to notify the provider. The SO will train provider before s/he begins participation in the CACFP.
- 2 The SO will provide additional program training sessions. SO will verify the provider has received a minimum of two (2) hours of training on CACFP requirements annually.
- 3 The SO agrees to respond to provider's request for technical assistance.
- 4 The SO agrees to provide CACFP recordkeeping forms, including menu and enrollment forms, to the provider.
- 5 The SO agrees to disburse reimbursement payments to the provider within five (5) working days after receiving the CACFP funds from the Arizona Department of Education.
- 6 The SO agrees not to charge a fee to the provider for CACFP Program services, including workshops, nutrition education and CACFP co-sponsored activities.
- 7 The SO will visit family or group day care homes three times per fiscal year during their hours of child care operations to review and observe their meal service and the meal records. Two of these visits will be unannounced.
- 8 The SO will review the enrollment applications for accuracy and update the enrollment forms as needed.
- 9 The SO will determine if the provider is a Tier I or Tier II home.
- 10 The SO will train Tier II providers on the three options for receiving reimbursement from which s/he may select. These options include: electing to have the sponsoring organization attempt to identify all income eligible children enrolled in the day care home, through collection of free and reduced price applications and/or possession by sponsoring organization or day care home of other proof of a child or household's participation in a categorically eligible program, and receiving tier I rates of reimbursement for the meals served to identified income-eligible children; electing to have the sponsoring organization identify only those children for whom the sponsoring organization or day care homes possess documentation of the child or household's participation in a categorically eligible program, under the extended categorical eligibility provision contained in § 226-23(a)(1); and receiving tier I rates of reimbursement for

Provider's Signature

Date

Signature of Sponsoring Organization Representative

Date

Agreement Revised 7/23/2018

This institution is an equal opportunity provider.

Provider's
signature and
date of signature

Permanent Files

The CACFP requires the provider to have a copy of the KidKare Provider Agreement if keeping electronic records. A copy needs to be kept at home. It needs to be available to all Program representatives.

KidKare Provider Agreement

Acknowledgements and Certification

This Provider KidKare Recordkeeping Agreement is being made between:

_____ and _____
(Print Provider Name) (Print Sponsoring Organization Name)

I understand that I must record my daily meals and attendance online before midnight each day. I acknowledge that the meals and attendance information in the KidKare system must be made available immediately during unannounced reviews by the Sponsoring Organization, Arizona Department of Education (ADE) reviewers, state of Arizona auditors, and the United States Department of Agriculture. I certify that the information entered into the KidKare system will be absolutely accurate and correct; if completed by an Assistant/Helper, I understand that I am responsible for accuracy of the information and claims submitted. I also understand that the information I have entered into the KidKare system is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

I have read and understand the requirements above. I will ensure that information for my monthly reimbursement claim is true and correct to the best of my knowledge. I am signing this KidKare Recordkeeping Provider Agreement with the understanding that I am receiving a copy of the agreement and must keep it on file with my CACFP Permanent Agreement.

I will notify the Sponsoring Organization, in writing, if I choose to stop using the KidKare system as my claiming source.

Provider's Signature: _____
Date: _____

Permanent File | September 2021 | Arizona Department of Education | This institute is an equal opportunity provider.

The Provider's
full legal name

Provider's
signature
and date of
signature

Licensing

All daycare home providers participating in the CACFP are licensed by the State of Arizona or Alternately Approved by the ADE. Give yourself peace of mind by completing this assessment. Place a checkmark next to each true statement. If any boxes remain not checked, contact the appropriate licensing entity.

Licensing Requirements:

☐

Alternately Approved Home

☐

Child Care Standards

☐

Health Inspection

☐

Finger Print Card

☐

Fire Inspection

☐

DES Approved Home

☐

DES Certificate

☐

Finger Print Card

☐

DHS Small Group Home

☐

DHS License

☐

Finger Print Card

☐

Military Home

☐

Military License/Certificate

☐

Tribal Home

☐

Tribal License/Certificate

☐

Health Inspection *

☐

Child Care Standards *

☐

Fire Inspection *

Additional Required Documents During Visit

All providers need to keep the Provider Application on file. The form must be completed at least every two years. It must be filed and kept at the home of the provider, kept current, and available to Program representatives. A copy of the Provider Application form must be submitted to the provider's Sponsor.

Provider Application

Child and Adult Care Food Program (CACFP) Child Care Home Provider Application FY 20

Application Type: ☐ New Provider ☐ Renewing/Continuing Provider ☐ Change of Address ☐ Provider Transfer

PLEASE PRINT CLEARLY

Provider's Name: _____ Last 4 digits of SSN: _____ Date of Birth: _____ Cell Phone: _____

Physical Address: _____ City: _____ Zip: _____

Home Phone: _____ Providers email address: _____

Anything that restricts access to the property (i.e. gated community, locked entry, loose dogs, etc.): _____

Name of Backup Provider: _____ Exp. Date of Backup Fingerprint card: _____

Provider Home is: ☐ Alternately Approved (Private) ☐ DES Certified ☐ DHS Certified ☐ Military Certified ☐ Tribal Certified

Days and hours child care will **regularly** be provided: _____

Explain any variations in days or hours of care: _____

Federal holidays provided? ☐ Yes ☐ No

Check all that apply: ☐ New Year's Day ☐ Memorial Day ☐ July 4th ☐ Labor Day ☐ Thanksgiving Day ☐ Christmas Day ☐ MLK Day ☐ Columbus Day ☐ Presidents Day ☐ Veterans Day ☐ Other _____

Below, list meals that will be **regularly** claimed and times meals will be served: _____

Provider claims own children? ☐ Yes ☐ No If Yes, how many: _____

Meals Claimed	Meal Times	Second Shift (if applicable)	How often? (select all that apply)
Breakfast	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____
AM Snack	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____
Lunch	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____
PM Snack	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____
Supper	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____
Eve Snack	_____ to _____	_____ to _____	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays/school breaks <input type="checkbox"/> Rarely <input type="checkbox"/> Other _____

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

Was **NEW** provider checked against the **NDL**: _____ Did provider receive licensing assistance? ☐ YES ☐ NO

Provider's Signature _____ Date _____

Representative _____ Date _____

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*Each day care home participating in the program shall serve the meal types specified in its approved application in accordance with the meal pattern requirements specified in 7 CFR 226.20. Revised 07/25/2019

Typical days and hours of care

Indicate if the provider wants to include non-routine days, i.e., holidays

Meal types and times the provider regularly serves and wishes to claim meals

A valid and complete signature and date of signature

Additional Required Documents During Visit

The CACFP requires the provider to keep the Provider Tiering Documentation Form at home. The employee of the sponsor will let the provider know how often the form needs to be filled out. The form needs to be available to Program representatives.

Tiering Determination


Only section filled out by provider: Name and Address

Provider Tiering Determination	
Name of Provider: _____	
Address: _____	
FOR SPONSOR USE ONLY	
Provider is determined to be a:	
<input type="checkbox"/> Tier I home based on:	
<input type="checkbox"/> School (5 Years)	
School District _____ Assigned Elem School _____ F/R% _____	
<input type="checkbox"/> Census (5 Years)	
<input type="checkbox"/> Income eligibility (1 Year)	
<input type="checkbox"/> Tier II High	
<input type="checkbox"/> Tier II Low	
<input type="checkbox"/> Tier II Mixed	
Sponsoring Organization Representative: _____ Determination Date: _____	
Tier II - Provider Election of Reimbursement	
If provider is determined to be Tier II, the provider elects the following:	
<input type="checkbox"/> 1) Sponsoring organization will distribute income applications to the households of all enrolled children in the home.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 3) Provider elects to receive Tier II reimbursement for meals served to all children enrolled in the home, regardless of income.	
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Revised 07/25/2019	

Additional Required Documents During Visit

The sponsor will let the provider know if the Provider Application Change Form is needed and will also fill out this form. A copy of the Provider Application Change Form, if applicable, must be kept by the provider. There are some cases where a full application is needed. The sponsor will advise the provider as to which form is required.

Provider Application Change Form


Provider Application Change Form

Instructions: Complete only the applicable fields on this document to make changes to an existing approved application. If the provider is moving, changing approval types, requesting a name change or transferring, a full application is required with all required supporting documents.

Name of Sponsoring Organization: _____

REQUIRED- Please Print Clearly- Complete Provider's Name and Address:

Provider's Name: _____ Provider's DOB: _____

Physical Address: _____ City: _____ Zip Code: _____

Please identify changes being made to the initial application for any of the sections below.

Section 1- Provider Details

Field Name	Updated Information	Field Name	Updated Information
Phone:		Email Address:	

Backup Providers: For all new backup providers, include fingerprint card or application as a separate attachment.

Backup Provider Name	FPC Expiration Date	New Backup Provider		Remove Backup Provider	
		Yes	No	Yes	No
		Yes	No	Yes	No

Section 2- Provider Application Changes:

Day of week	New Hours of Care- Start Time	New Hours of Care- End Time	Day of Week	New Hours of Care- Start Time	New Hours of Care- End Time
Monday			Saturday		
Tuesday			Sunday		
Wednesday			Explain variations in days or hours of care.		
Thursday					
Friday					

May 2023 | Health and Nutrition Services | Arizona Department of Education | This institution is an equal opportunity provider.

Additional Required Documents During Visit



Provider needs to keep the last five days of operating records, sign-in and out sheets, menus, and meal counts on-site and available to Program representatives.



In addition, the last 12 months of program records must also be kept.



Finally, all program records must be kept for five years.

Resources

The ADE provides resources to providers located at:

<https://www.azed.gov/hns/cacfp/fdch/programformsfdch>.

Required Postings

- Building for the Future Flyer
- Current WIC Flyer (English) (Spanish)

Menu Resources

- Child and Adult Meal Pattern Requirements
- Minute Menu Provider Agreement (English) (Spanish)
- Menu Modifications Form (English) (Spanish - Coming Soon!)
- ADE Sample Menu
- Sample Menus
- Team Nutrition Training Worksheets
 - Identifying Whole Grain-Rich Foods For the CACFP
 - Choose Breakfast Cereals That Are Lower in Sugar
 - Choose Yogurts That Are Lower in Sugar
 - Grain-Based Desserts in the CACFP
- ADE Shopping Guides
 - Yogurt
 - Cereal
- Recipes
 - Team Nutrition Recipes
 - Recipes for Healthy Kids (6 servings) (25 servings) (50-100 servings)
 - National CACFP Sponsors Association Recipes
 - Child Nutrition Recipe Box
- American Academy of Pediatrics – Choking Prevention

Recordkeeping Resources

- Provider Recordkeeping & Review Preparation Checklist
- FDCH Provider Supporting Documentation Form

Thank you!

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:

1. mail:

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

2.fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

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