

**DEEP FORK COMMUNITY ACTION FOUNDATION (DF)  
CHILD ADULT CARE FOOD PROGRAM (CACFP)  
Family Day Care Home (FDCH)  
SPONSOR POLICIES  
Fiscal Year 12  
(October 1, 2011 to September 30, 2012)**

*Revised August 2011*

**Deep Fork Community Action Sponsor Policies** in addition to the **CACFP Permanent Agreement** and the **CACFP Provider Application** are a collaborative **legal and binding acceptance** of the CACFP requirements which is entered into by this agency and a licensed family day care home provider. Failure to comply with these sponsor policies outlined herein and the above-mentioned agreements could potentially result in suspension of participation and or the termination of eligibility for program reimbursement. In some cases, legal action to recover any funds paid to the provider due to fraud or error on the part of the FDCH provider may be taken. The following policies are in addition to the State Agency (SDE) and federal policies and should be followed and adhered to without exception. If you have substitute and or second caregivers, you must inform them of your food program obligations, how to maintain records and prepare them for visits from federal and state officials in addition to Deep Fork program monitors.

**Major changes in your business operation**

***You must notify the sponsor office immediately when the following occur:***

- *You move your family day care home to a new location*
- *Your hours of operation change*
- *You have a change in your DHS or tribal license such as capacity*
- *You add or delete a day of the week that you care for children*
- *You change your meal service times*
- *You change contact information such as a new phone number or a name change*
- *If enrolled children's parent/guardian contact information changes*
- *You set up an email account or change your current email address*
- *You close your business*
- *You become an "inactive" provider with DHS or a tribal entity*
- *Your licensing agency revokes your license OR you sign a cease care agreement with DHS*

## **Daily changes in your business operation**

Providers must notify the sponsor office if you are away from your business during an approved meal service time *OR* you choose to close your day care business for part of the day or the entire day. In addition, you must notify the sponsor office of all holidays that you will be closed for business and not caring for children.

We cannot assume that you are closed due to some parents/guardians having occupations that require them to have child care on major holidays.

## **Licensing Requirements**

Program regulations require providers to be licensed as a family day care home by The Department of Human Services (DHS) or an eligible tribal entity. You must be in compliance with licensing to participate in the CACFP. Notify our sponsor office immediately if you are placed in “inactive” status with your licensing unit. In addition, you must notify us immediately if you sign a “Cease Care” agreement with your licensing unit.

## **Reimbursement Claims**

Claims must be received in the sponsor office by the **3<sup>rd</sup> Day of the Month** following the “*claim period*”. Claim forms include: **Weekly Meals Served** form and the **Daily Attendance / Meal Count Record**. In addition, if infants are enrolled and being included in the claim, the completed **Infant Meals Served** form is required for each infant claimed. The method of delivery of reimbursement claims may include fax, mail, email or in-person delivery. Any claims submitted that are not legible are subject to delay in payment. Our office will attempt, if time permits, to contact you in order to obtain original claim forms or needed clarification. DF will comply with the edit and claim processing methods required by the SDE. It is of the utmost importance that the due date for claims be honored for proper processing and for participant reimbursement monies be paid in a timely manner.

## **Reimbursement Claims for providers claiming own children**

A provider approved income eligible to claim their own children’s meals (*under age 13, participating and eating with other enrolled children*) must indicate arrival and departure times (*in and out times*) on the

**Daily Attendance / Meal Count Record.**

## **Providers approved for weekend meals:**

Providers approved for weekend meals must be available for monitoring. If a parent/guardian has a work or school schedule that varies and you provide sporadic care on weekends, you are required to report which weekends you intend to claim meals. *Any weekend meals claimed without prior notification will be disallowed.*

## **Meal Counts recorded on “Daily Attendance /Meal Count Record form**

Providers that are approved to serve a meal(s) in shifts, must record a “1”, in place of a checkmark, indicating that the child was served a meal during the first shift mealtime. Record a “2” in place of a checkmark, indicating when a child is served a meal during the second shift mealtime. For providers that do not serve meals in approved shifts, a meal count indicated by an “X” indicating which meals are being claimed is sufficient. An “X” would need to be marked in the column that applies, i.e. B=Breakfast, A=AM Snack, L=Lunch, P=PM Snack, S=Supper and E= Evening Snack.

## **Arrival and departure times recorded on “Daily Attendance /Meal Count Record form**

Providers must record actual “in and out” times (*arrival and departure times*) not a “general time of day” that a child arrives and departs. If a child arrives and leaves the day care twice (*in the same day*) as might occur with school age children, *TWO* “in and out” times must be recorded. This includes providers own children.

## **Weekly Meals Served**

The **Weekly Meals Served** form is a part of the claim for reimbursement. This form is to be used to report meals served. You must be specific including food item details/descriptions that will facilitate the edit process in order to determine if the meal met meal pattern requirements. If an item is a CN-labeled product, you must note “CN” next to the food item. If an item served might otherwise require a CN label but is “homemade”, note “HM” next to the food item. Providers making substitutions must indicate so by noting the word “sub”. You must indicate all items served to meet the required components. It is not permissible to write the word “same” or “ditto marks” when repeating meals served.

## CACFP Enrollment Forms

As stated in your CACFP PERMANENT AGREEMENT, you must submit enrollment forms (*completed and signed by parents*) for each child that you intend to include in your claim for reimbursement. It is necessary that you submit the enrollment form(s) immediately once a parent /guardian has completed the form. Waiting to send notification of a newly enrolled child along with your submission of a claim delays processing your claim.

*Procedures to follow regarding CACFP enrollment forms:*

- *All enrollment documents must include the required information listed on the form including a signature from the parent/guardian.*
- *If a parent/guardian's work or school schedule varies frequently and child care needs change often, advise the parent to indicate the situation on the enrollment form.*
- *When a parent/guardian's work or school schedule changes unexpectedly, a new updated enrollment form is required to reflect the child's new hours of attendance, potential meals of participation. Please mark "REVISED" at the top of the new enrollment form. Submit the white copy to the sponsor office and retain the yellow copy with your program records.*

## Cycle Menu

A provider must **DEVELOP AND FOLLOW** an approved 14-day cycle menu **for each main meal and snack** approved for potential reimbursement. The cycle menus must be developed and submitted to the sponsor office for approval. It is not acceptable to write the word "same" or "ditto marks" when repeating meals served. If an item is a CN-labeled product, you must note "CN" next to the food item. If an item served might otherwise require a CN label but is "homemade", note "HM" next to the food item. Each meal will be evaluated for requirement compliance, errors will be noted, and the planned cycle menu may be returned to the provider for corrections. Alternatively, you may receive a phone call to clarify any questions regarding your menus. You will receive notice of approval if your cycle appears to meet meal pattern requirements via phone call, mail, fax or email.

## **Field Trips / Outings away from the facility**

When field trips or “outings” away from the family day care home occur during meal service hours; notification, to the sponsor office, ***at least 2 hours*** must be given prior to the. The location of the “outing” and timeline of the trip must be communicated to the sponsor office in order for potential monitoring visits at the “off-site” event.

## **Child Nutrition Labels (CN Labels)**

CN labels must be available for pre-processed/combo food items in which ingredients or quantities are not identifiable. Some commercially prepared food items may be CN-labeled and contribute to the CACFP meal pattern. The provider must follow the crediting information contained within the label. A copy of the CN label must be forwarded to the sponsor for the provider file. A copy of the CN Label must be available for review at the providers home. The information on the label is designed to assist the provider in determining how to portion the item for each child according to the meal pattern age groups.

## **Record Keeping via Minute Menu**

If a provider opts to use the software program Minute Menu to maintain CACFP records and to submit monthly claims, an agreement must be signed for “internet filing” and submitted to the sponsor. Minute Menu users must keep records up-to-date just as those providers do that maintain “paper records”. In a monitoring review situation, providers will be asked to verify records are up-to-date by allowing the monitor to view data entries in the Minute Menu computer program. If an “off-site” computer is used to maintain records, the sponsor office will access attendance and meal data entered by the provider to verify records are being maintained. Claims must be submitted via Minute Menu by the **3<sup>rd</sup> Day of the Month** following the “*claim period*” .

## **Monitoring Visits**

As required by federal regulations, our agency staff are required to conduct three reviews of your program operations to assess compliance with meal patterns, record keeping, and other requirements. Two reviews must be unannounced and one *MAY BE* announced. Monitors will have ID badges in order to validate their identity.

Be aware that CACFP records must be available which include, but are not limited to: **Daily Attendance / Meal Count Record**, **Weekly Meals Served**, and **Infant Meals Served**. Current monthly records must be up-to-date through the end of business prior to the day of the monitoring review. Additional records that *MUST* be available include enrollment forms for all currently enrolled children, current approved menu cycle, Child Nutrition (CN) labels, if applicable, exceptions for special dietary needs information, if applicable and / or Milk Substitution Request.

### **Serious Deficiencies**

A “Serious Deficiency” occurs when a FDCH is operating in a manner that fails to meet state and federal program regulations in addition to sponsor policies.

*The Following Items Constitute a Serious Deficiency:*

- *Submission of false information on the application/agreement.*
- *Submission of false claims for reimbursement.*
- *Simultaneous participation under more than one sponsor.*
- *Noncompliance with the program meal pattern.*
- *Failure to keep required records.*
- *Conduct or conditions that threaten the health or safety of a child in care or the public health or safety.*
- *A determination that the FDCH has been convicted of any activity that indicated a lack of business integrity. A lack of business integrity involves fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business conviction.*
- *Any other circumstance related to nonperformance under the sponsor application/agreement, as specified by the sponsor or the SDE.*

The sponsor must initiate action to propose termination of the application/agreement of an FDCH for cause if the sponsor determines the FDCH has committed one or more serious deficiencies. Notification will be sent to the provider via certified mail. Providers are give appeal rights and procedures.

***If terminated, this termination will be in effect for all food programs within throughout the United States.***

Sponsors must notify the SDE and in turn they will inform the United States Department of Agriculture, the federal funding agency for the CACFP. The provider will be placed on the “National Disqualified List”.

***Terminated providers will not be eligible for any programs for 7 years.***

### **Deep Fork (DF) Appeal Procedures**

1. DF Community Action Program must offer an appeal to family day care homes only when the sponsor proposes to terminate the provider’s agreement for cause or non-compliance with program requirements.
2. A provider will be notified in writing by certified mail, return receipt requested, of the grounds upon which the DF based its action. The notice will inform the provider of its rights to appeal. Two types of appeals are authorized. The provider may request a review of the records. Upon receipt of such a request, the agency will appoint a review official to conduct the review.
3. The provider must file the written request of the review to records or for a hearing no later than 15 calendar days from the date the provider receives the notice of action. The 15 days shall begin on the day the notice of action was received. A hearing will be held by the review official in addition to, or in lieu of, a review of written information submitted by the provider’s only if the provider so specifies in the letter requesting the appeal. Therefore, the written request must specify which type of appeal is requested. Deep Fork will acknowledge the receipt of the request for appeal within 10 calendar days.
4. The provider may refuse the information contained in the notice of action in person or by written documentation presented to the review official. The provider must have the opportunity to review the record on which the sponsor’s action was based. In order to be considered, written documentation must be filed with review on the day the notice of action was received. Legal counsel or another person may represent the provider.

***The Following Applies to the Two Types of Appeals:***

**Review of Records:** Upon receipt of an appeal requesting a review of records, the review official will notify the provider and sponsor officials of the timelines for submission of documents. Failure to submit written documentation to refute the action taken by the sponsor within the 30-day time period will constitute the provider waiving rights to refute related actions further.

5. DF documents and information relating to the provider and the action taken will be available for inspection and copying pursuant to the Open Records Fee Schedule at the office the DF.
6. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.
7. The review official will make a determination based on information provided by the DF, the provider, and the laws and regulations governing the Child Nutrition Program.
8. Within 60 calendar days of receipt of the request for appeal, the review official's determination must be delivered to the provider and the DF.
9. Participation providers may continue to operate under the program during an appeal of proposed termination unless the action is based on imminent danger to the health or welfare of participants.
10. The determination by the review official is the final administrative determination to be afforded to the provider.
11. Pursuant to the federal regulation, appeals will not be allowed on decisions made by the USDA Food and Nutrition Services (FNS).

## **Audits**

In the case of an audit conducted by a federal, state or local over-site agency and an overpayment is determined, the provider would be required to repay the monies to the sponsor and these funds would be, in turn be forwarded to the state funding agency (SDE). Providers owing federal funds will need to send or deliver funds to the sponsor by check or money order. Providers owing funds due to the above stated situation will need to identify the payment by agreement number and send payment to: DF CACFP, P.O. Box 480, Morris, OK 74445.

**Nondiscrimination Statement:** "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. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call toll free 866-632-9992 (Voice). Individuals who are hearing-impaired or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish). USDA is an equal opportunity provider and employer."



***RETURN THIS PAGE TO YOUR SPONSOR  
KEEP SPONSOR POLICIES FOR YOUR RECORDS***



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**Provider Name:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_

**Signed Statement of Agreement:**

By signing below, I acknowledge that I have received a copy, read, understand and agree to comply with all Deep Fork Sponsor Policies in the course of my family day care home operations.

Further, I understand that:

1. Any meals or snacks served which fail to comply with the regulations governing this program will not be reimbursed, and
2. That Deep Fork Community Action Foundation CACFP Program has the right to seek repayment for any meals incorrectly claimed and paid, whether intentional or by error.
3. Any required or necessary changes or addendums to Sponsor Policies will be sent to me via US mail in the form of an “Administrative Memo” and will include an effective date that I agree to comply with.

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Provider Signature

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Date