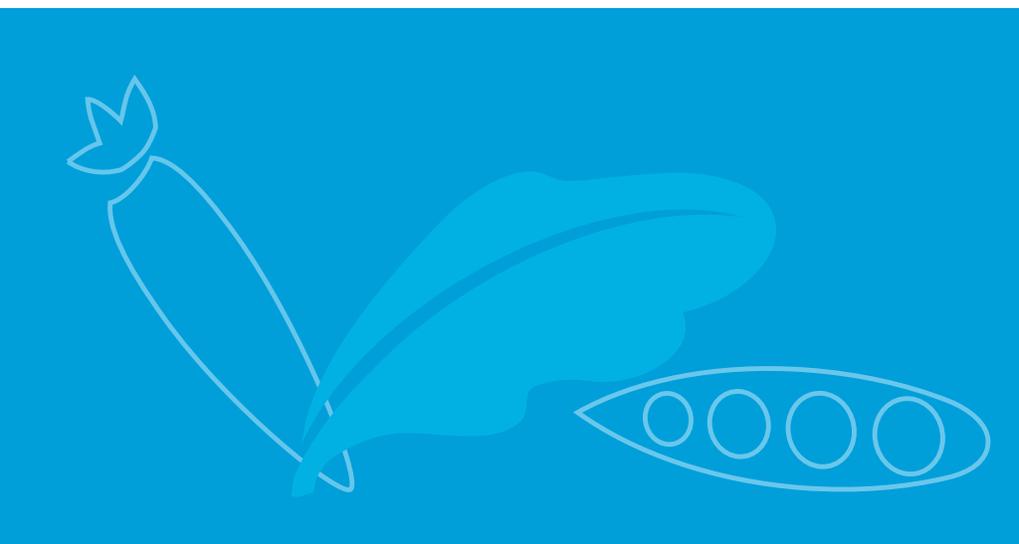




Family Day Care Homes Monitor Handbook

A Child and Adult Care Food Program Handbook



U.S. Department of Agriculture
Food and Nutrition Service
February 2012

USDA is an equal opportunity provider and employer.

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Food and Nutrition Service
February 2012

All meals served to participants under the Child and Adult Care Food Program are served at no separate charge regardless of race, color, sex, age, disability, or national origin.

There is no discrimination in admissions policy, meal service, or in the use of facilities.
Any complaints of discrimination should be submitted in writing to the Administrator,
Food and Nutrition Service, USDA, 3101 Park Center, Drive, Alexandria, Virginia 22302.

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Introduction

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides payments for eligible meals served to participants who meet age and income requirements. This handbook is for monitors of family day care homes (FDCHs). An FDCH is an organized nonresidential child care program for children, generally 12 years of age or younger, operated in a private home, and licensed or approved to provide care. In order to participate in CACFP, FDCHs must enter into an agreement with a sponsoring organization (“sponsor”).

The CACFP helps FDCH providers serve well-balanced, nutritious meals to the children in their care. Meals served by participating providers must meet minimum guidelines set by the U.S. Department of Agriculture (USDA). Serving nutritious meals helps improve and maintain the health and nutritional status of children in day care and can help young children develop good eating habits.

Who Administers the Program?

The USDA’s Food and Nutrition Service (FNS) administers CACFP at the national level. Within each State, the Program is administered by the State Department of Education or another agency designated by the State.

A sponsor prepares monthly meal reimbursement claims and oversees the operations of the homes under its sponsorship. Sponsors are required to monitor all homes under their sponsorship to ensure providers are in compliance with meal pattern, recordkeeping, and other Program requirements.

About this Guidance

In this handbook, you will find information on:

- how the CACFP is organized;
- your responsibilities as an FDCH monitor;
- the meal pattern requirements for meals being served; and
- the required regulatory review elements.

This guidance is meant to give you, an FDCH monitor, a general working knowledge of the CACFP and your duties and responsibilities as the sponsor’s representative.

CACFP is a Federal program that is administered by individual State agencies. This means that there might be differences in how the Program is run from State to State. There also might be differences in the forms that States and sponsors use, so the ones included in this handbook are samples only.

As noted above, CACFP is administered at the Federal level by FNS. FNS develops program regulations and policy that State agencies and Program participants are required to follow.

Program regulations are published in Title 7, Part 226 of the Code of Federal Regulations (CFR). Throughout the handbook, we have provided citations to the regulations, so that you know where the requirement came from. The regulations are available online at: <http://www.fns.usda.gov/cnd/care/Regs-Policy/Regulations.htm>.

We also have provided citations to policy memoranda that include additional guidance on Program requirements. The policy memoranda are also available online at: <http://www.fns.usda.gov/cnd/Care/Regs-Policy/PolicyMemoranda.htm>.

How FDCH Providers Join CACFP

To participate in CACFP, FDCH providers are required to work with a CACFP sponsor. Sponsors, in turn, have agreements with the State agency that administers the CACFP (for example, the State Department of Education or Department of Human Services). Sponsors accept all administrative and financial responsibility for operating the Program in the homes they sponsor. They also collect and maintain all necessary program records and prepare and submit a combined monthly reimbursement claim for all of their sponsored homes. Sponsors then receive monthly meal reimbursements from the State agency that they then pass to their sponsored homes to help pay for meals served to eligible children in care.

Sponsors also provide management guidance and oversee FDCH providers through a monitoring system. Sponsors have the responsibility to ensure that FDCH providers serve nutritious meals that meet the CACFP meal patterns and are in compliance with the regulations and policies of the Program and the sponsor. Sponsors rely on monitors to provide a first-hand accounting of the FDCH providers that they sponsor.

Your role as a CACFP monitor is especially important. You are an important link between the sponsor and the FDCH provider. As the sponsor's representative, you will have to develop and maintain open communications and cooperative relationships with providers and any staff they might employ, while at the same time identifying any areas of noncompliance. You also will work with the providers to help correct any problems and give additional training, or technical assistance, as necessary.

PRACTICE TIP

Although you should be friendly and courteous to the providers you monitor, you should not see your role as making a social visit. You are in a professional relationship, conducting a review of Program operations to monitor the provider's compliance with Program requirements.

Open communication with your supervisor is important so that she/he knows of any problems and what is being done to correct them. This communication will also provide opportunities for additional guidance you may need. The sponsor is financially responsible for any meals served incorrectly or served to ineligible children. This responsibility could result in the sponsor losing a large amount of money, or even termination from the Program, if problems are not corrected, making it even more important that problems be properly identified and corrected.

Part 1: Monitor Responsibilities and Training

Effective monitoring is necessary for many reasons. Monitoring ensures that homes operate according to Program guidelines and that accurate records are available to justify reimbursement for properly served meals. Just as important, monitoring ensures that children are receiving nutritious meals. To be an effective monitor, you will be required to spend enough time at each home to review the CACFP operations. It is important that you know the CACFP requirements so you can accurately identify problems and recommend effective solutions.

A. Responsibilities

As an official representative of the sponsor, you will be responsible for:

- planning and preparing for your assigned reviews;
- assessing whether the home has corrected problems noted in previous review(s);
- ensuring that providers maintain required documentation and records, including:
 - ✓ documentation of licensing or approval;
 - ✓ the number of meals served, by type;
 - ✓ menus;
 - ✓ attendance records; and
 - ✓ complete and current enrollment forms.
- reconciling any discrepancies in meal counts and attendance or enrollment records;
- conducting a reconciliation of the home's meal counts with enrollment and attendance records for a five-day period ;
- assigning corrective action for problems encountered;
- informing the sponsor about problems found in homes and ensuring that corrective action is completed and documented;
- preparing complete reports of reviews and ensuring that copies of the reports are included in an official file for each home;
- conducting training as necessary and ensuring that the provider has attended required training;
- ensuring compliance with basic health and safety requirements and immediately reporting to the appropriate authority any serious problems observed;
- ensuring compliance with child/staff ratio requirements and immediately reporting to the appropriate authority any violations observed;
- revisiting homes to conduct follow-up reviews as necessary; and

- ensuring that the meals claimed are served to enrolled children regardless of race, color, national origin, age, sex, or disability [7 CFR §226.16(d)(4)].

Some FDCH providers and staff may not be familiar with CACFP and its meal pattern requirements, or they may not know how to keep records. During your reviews, you might find it necessary to explain the importance of following the Program rules and discuss how a home's operations can be improved. This type of ongoing training is a basic responsibility of each monitor and it is important to document this provider training in your monitoring report.

B. Annual Training for Monitors

Sponsors are required to hold annual training sessions on Program duties for monitors and other sponsor personnel [7 CFR §226.15(e)(14)]. The topics covered may change depending on the needs of the sponsor, but the training will probably include information on the following areas:

- the CACFP requirements for participating FDCHs;
- monitor duties and responsibilities;
- monitor review forms and other records you may need to keep, such as mileage records;
- FDCH eligibility requirements;
- civil rights compliance and enforcement;
- how to monitor meal counts, conduct five-day reconciliations, and other review requirements; and
- how to schedule reviews and how monitors are assigned to facilities.

Part 2: Frequency and Types of Reviews

FDCH providers must be reviewed onsite at least three times per year. Even if you review a provider's records from your office, you still have to visit the home. Two of the three annual reviews must be unannounced, and must be conducted during the home's regular hours of day care operation. No more than six months may pass between reviews. An attempted review, such as when a provider is not home, does not count toward one of the three required reviews [7 CFR §226.16(d)(4)(iii)].

The timing of unannounced reviews must be varied and they may not follow a consistent, predictable pattern. For example, unannounced reviews for a particular home would not be varied and unpredictable if the provider knows that the monitor always comes during the third week of January, the third week of May, and the third week of September, or never comes during the first week of the month because the sponsor staff are busy processing claims. You are less likely to uncover problems and issues if providers can guess when their unannounced reviews are likely to occur [CACFP 16-2011, *Varied Timing of Unannounced Reviews in the Child and Adult Care Food Program*, April 7, 2011].

PRACTICE TIP

If, during a review, you ever feel that a child is in immediate danger, you must call the proper authorities immediately and stay at the site until authorities have arrived. See the Health and Safety section for more information.

A. Pre-approval Visits

Sponsors must make pre-approval visits to homes that wish to participate in the Program. During the pre-approval visit, the monitor must discuss Program benefits and requirements and make sure that the FDCH provider is capable of providing the proposed food service [7 CFR §226.16(d)(1)].

B. New Facilities

FDCHs that are new to CACFP must be reviewed at least once during the first four weeks of Program operations. During this review, you should go over the primary Program topics such as meal counts, recordkeeping, and the meal pattern requirements. This discussion helps lessen the possibility of critical errors that could result in meal disallowances [7 CFR §226.16(d)(4)(iii)(C)].

C. Meal Service Review

At least one of the unannounced reviews must include observation of a meal service (this is in addition to the completion of all Review Elements required by 7 CFR §226.16(d)(4)(i)). You need to make sure that the children are being fed nutritious meals in clean surroundings [7 CFR §226.16(d)(4)(iii)(B)].

During a meal service review, you should make sure:

- the food served matches the provider's menu;
- the meal meets the CACFP meal pattern requirements (see [Meal Pattern Requirements](http://www.fns.usda.gov/cnd/care/programbasics/meals/meal_patterns.htm) http://www.fns.usda.gov/cnd/care/programbasics/meals/meal_patterns.htm);
- any substitutions – foods that are not included on the original menu – are documented by the provider;
- portion sizes are appropriate for the age of the children; and
- the meal service begins and ends at the correct time.

Additionally, you should note whether or not the meals were prepared within the health and safety standards required by the sponsor and the local or State health authorities. If you do not observe an actual meal service, you should note the meal and the meal items the provider tells you were served.

D. Follow-up Review

If a provider is not following the Program rules, you will cite this as a finding. If, for example, a provider is not serving enough food, records are not up to date, or the meals served do not match the menus, a finding should be documented.

Not all findings are the same. Some will be more serious and will require you to declare the provider seriously deficient. For more information, see [Serious Deficiencies](#).

A corrective action plan is a written response by the provider that says how a finding(s) will be corrected. When you have documented a finding, the provider is required to take corrective action that tell you how the finding will be corrected and within what timeframe. You should make sure the provider understands what needs to be corrected to properly continue with the Program.

Follow-up reviews may be conducted to make sure that any problems found during a previous review have been permanently corrected. In the case of a finding that rises to the level of a serious deficiency, your follow-up review must be unannounced. Some deficiencies require a shorter return time to do a follow-up review than others and may require more than one visit. Usually, you will revisit a provider within a month to make sure the serious deficiencies have been corrected. If permanent corrections have not been made, you must document the repeat violation and the provider may not be able to stay on the Program [7 CFR §226.16(d)(4)(v)].



You also will have to follow through with any other actions, like disallowing meals, if necessary. During your visits, you might encounter situations where you have to disallow a meal(s). That means the provider will not be paid for those meals. Those situations are noted with a  in this handbook.

E. Questions and Answers

1. If an FDCH serves meals on weekends and holidays, is the sponsor required to monitor meals during those times, even if it is cost prohibitive to do so?

Yes. If a provider is approved to serve weekend, evening, or holiday meals the sponsor must monitor a “roughly proportional” number of those meal services. Sponsors that have limitations to the extent to which they can meet Program oversight requirements should not accept facilities that exceed their management capabilities [CACFP 04-2006, *Sponsor Monitoring of Facilities in the Child and Adult Care Food Program (CACFP)*, May, 23, 2006].

2. During a meal service observation, is a sponsor monitor required to be in the facility for the entire meal service period?

Not necessarily. If the monitor has completed all of the necessary review elements, the monitor may leave. If the monitor has come to review a home at a scheduled meal time and no one is present, the monitor can either wait for the entire meal service time to verify that the provider is missing the meal service or conduct a review at another nearby home and return before the end of the meal service, either to conduct the review or to verify that the provider missed the meal service.

3. Does overseeing “all meal services being claimed” mean that a sponsor’s facility reviews must be exactly proportional to the percentage of each meal type being claimed by its facilities?

No. Reviews do not have to be exactly proportional to the percentage of meals claimed, but should be roughly proportional to the percentage of each type of meal being claimed by its facilities overall. In addition to conducting facility reviews, a sponsor might also provide oversight by conducting household contacts in facilities serving breakfasts, suppers, or weekend meals, in order to have parents verify their children’s attendance at these meal services [CACFP 04-2006, *Sponsor Monitoring of Facilities in the Child and Adult Care Food Program (CACFP)*, May 23, 2006].

Part 3: Review Elements

During reviews of FDCHs, you must:

- check whether past problems noted on previous reviews have been corrected;
- compare meal counts with enrollment and attendance records for a consecutive five-day operating period during the current or previous claiming month; and
- complete an assessment of the home’s compliance with the following required review elements:
 - ✓ licensing/approval requirements,
 - ✓ training attendance,
 - ✓ annual updating and content of enrollment forms, and
 - ✓ menu, meal count records, and attendance records [7 CFR §226.16(d)(4)(i)].

PRACTICE TIP

You can use the pre-review preparation to begin—and in some cases complete—portions of your review of each required element. This way, you can identify any elements that might need extra attention during the onsite review. As you prepare to conduct a review, first check the records to see what is in the home’s file. Make sure to note if there were any problems during the last review. Then research as many of the required review elements as possible during your pre-review preparation. Look for inconsistencies in claiming patterns. For example, if the provider always claims five meals, but there are only three children present when you visit, ask the provider about it.

The five days of the 5-day reconciliation must be consecutive and they must be days the provider actually operated. If the FDCH was closed for an unexpected reason for example, weather or sickness, do not include that day in the reconciliation. If the FDCH is open on holidays and weekends, count those days in the reconciliation.

Before you leave the home, you should complete your forms and discuss any corrective action(s) that must be taken. This procedure is to make sure that both you and the provider have the same record of what occurred during the visit.

A. Required Notices

A sponsor can require providers to tell parents or guardians of children enrolled in CACFP facilities about the Program and its benefits [7 CFR §226.18(b)(16)]. If your sponsor has this requirement, you need to make sure that providers have the notice and are giving it to parents and guardians. An example of this type of notice is “Building for the Future.” It is available for download at: <http://www.fns.usda.gov/cnd/care/Publications/pdf/4Future.pdf>.

A Spanish version is available at:

<http://www.fns.usda.gov/cnd/care/Publications/pdf/Build4Future.pdf>.

B. Recordkeeping

For all reviews, providers are expected to have their CACFP paperwork up to date and readily available. Although the sponsor may keep copies of the records, you must make sure that each provider keeps the following original documentation onsite:

- Documentation of current license or approval;
- menus;
- each child's enrollment form;
- daily records of the number of children in attendance; and
- daily records of the number of meals, by type, served to enrolled children.

These records support actual claims, and must be kept for three years after the date of submission of the final claim for the fiscal year to which they pertain. Records can be kept in hard copy or electronic format, provided that they are readily available. For example, providers must keep the records for the fiscal year that ended September 30, 2011, until October 2014.

Providers may store the second and third past year records off-site, such as in storage, but they must be in the provider's control and the provider has to be able to get to them within a reasonable amount of time. Providers must keep records relating to the last 12 months plus the current month (for a total of 13 months) in their homes for review [CACFP 03-2009, *Record Maintenance Requirements for Family Day Care Home Providers in Child and Adult Care Food Program*, February 24, 2009].

Enrollment Forms

At the time of enrollment in the FDCH and before any child care is provided, a record (often called an enrollment form) for each child must be created, signed by the parent or guardian, and retained by the provider. Only the parent or guardian may sign the enrollment form; it may not be signed by you, the sponsor, or the provider. Enrollment forms verify that providers serve meals to children enrolled for care and prevent providers from claiming meals for children who do not exist or are not enrolled in the day care home [7 CFR §226.18(e)].

Children do not enroll in CACFP, but must be enrolled in the FDCH. Therefore, there is no requirement that providers use a "CACFP enrollment form." The sponsor may provide its own forms. However, the form must be signed annually by a parent or guardian of the child and must include the following information:

- the child's name and date of birth;
- the hours of the day and days of the week that child care is to be provided; and
- the meals that will be served to the child.

Other useful information that can be collected on the enrollment form, but is not required, includes:

- the child's address; and
- the place of employment, home telephone number, and work telephone number for each parent or guardian, including the telephone number at which the parent or guardian may be contacted, especially in an emergency, during hours of care.

When parents or guardians work swing or rotating shifts, they should note on the enrollment forms that they work multiple shifts and that their children will be in care for different hours on different days. Although their schedules may be unpredictable, parents or guardians should estimate the hours and days they expect that their children will most often be in care.

Enrollment forms are valid for an entire 12-month period. This means that enrollment forms that were filled out last October are good through October 31st of this year. If a provider has enrollment forms that are more than a year old, you have to require that the provider update them immediately.

PRACTICE TIP

The information on enrollment forms is helpful during an unannounced review, because it shows you how many children are normally expected to be in care at a particular time of day. You may also use sign in/out sheets. Some States require parents to sign their children in and out of the FDCH each day. If your State allows this, then you can use it to determine when children are normally in care.



You can use the attendance sheets to do the five-day reconciliation until the enrollment forms are updated for your review, but you will have to disallow the meals served between the last day of the month in which the enrollment forms expired and when they were renewed.

Some providers are approved to claim more than three meal *types* but not more than two meals and one snack per day, per child. An example of an approved FDCH that may claim more than three meal *types* is one that offers 24-hour or shift care.

Before you look at the enrollment forms, it may be helpful if you first review the attendance record or the meal count records (samples are provided below), and then list all of the children present during the review and their ages. Then make sure that each child listed has a current enrollment form (completed and signed within the past year) and that the form is signed by a parent or guardian. Make sure you know your State agency's policy on how long a child (a new child, for example) can attend an FDCH without having a current enrollment form on file.

If any of the children present are the provider's own children, list them too, along with their ages, and if they are enrolled as part of the provider's day care. A provider's own children are all children who live in the home and who are part of the economic unit of the provider's family. If any of the provider's own children participate in CACFP, they must be enrolled in the FDCH and have a current enrollment form on file. A provider's own children may be claimed only when at least one other non-residential enrolled child (a child who does not live with the provider) eats the same meal service [7 CFR §226.18(e)].

Attendance Records

Records supporting the daily attendance of the children receiving care must be kept and should record the time that the child is normally in care. In some States, the licensing agency requires actual sign-in/sign-out sheets to record time.



Accurate and dated records are important because they are verification of actual meals that were served in the home. If a provider does not have a past record of dated menus, meal counts, and attendance records up to and including the day of your review, you must disallow those meals.

SAMPLE: Provider FDCH Attendance Record							
Provider Name		Month/Year		Number of Operating Days/Week			
Licensed Capacity							
	Enrollment			Attendance			
Child Names:	Day(s) attended	Time	Day 1	Day 2	Day 3	Day 4	Day 5
#1							
#2							
#3							
#4							
#5							
#6							
#7							
#8							
Total							

Daily Meal Count Records

Daily meal count records must contain the number of meals served to enrolled children at each meal type – breakfast, lunch, supper, or snack [7 CFR §226.16(4)(ii)]. Point-of-service meal counts are records taken during the meal service. This type of count is usually done in day care centers and not homes, because there are more children to record. Point-of-service meal counts are not required for FDCHs, except as a corrective action, but meal counts must be recorded by the end of each day.

SAMPLE: Provider FDCH Meal Count Record																								
Provider Name		Month /Year		Number of Operating Days/Week																				
Meal Service Time																								
Breakfast:		AM Snack:				Lunch:				PM Snack:				Supper:				Evening Snack:						
Enrolled Children	Name				Age				Name				Age				Name				Age			
Date	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E			
1																								
2																								
3																								
4																								
5																								
Total																								
	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E			

A* = Attendance



Providers should not fill out meal count records before meals are served but must ensure counts are recorded before the end of the day. If, during your review, you find that meal count and/or attendance records have not been completed for any days prior to the day of the review, you must disallow reimbursement for those meals. If you find meal count records that have been completed in advance, this should be included as a finding.

Some providers are approved to claim more than three meal *types*, but they may never claim more than two meals and one snack per child, per day. An example of an approved FDCH that may claim more than three meals *types* is one that offers 24-hour or shift care.

Menu Records

Daily menu records must be kept for all children and infants who participate in the Program. The menus must:

- clearly list all food components, as required by CACFP regulations, for each type of meal to be served (breakfast, lunch, supper and snack); words like “bread, bread alternate, meat, meat alternate, vegetable, fruit or juice” without the specific description of the foods items to be served (such as banana slices) is not acceptable.;
- list the food items that are to be served, including any substitutions;
- clearly show the specific date of use, including the day, month, and year; and
- be available for all parents and guardians to see; and

C. Provider Classification

FDCHs participating in the CACFP are classified as tier I homes either by location of the home in an eligible area, or by the provider's income. After a home has been classified as tier I, all CACFP meals served to enrolled children are reimbursed at tier I rates regardless of the income of the enrolled child's household. However, if the tier I classification is based on area eligibility, the provider must still submit an income eligibility statement in order to receive reimbursement for meals served to her own children.

A tier II FDCH is one that does not meet the criteria for classifying an FDCH as tier I. That is, it is not located in an eligible area, nor is the provider's household income eligible. Tier II FDCHs (those that do not qualify to receive the higher tier I rates) may still receive tier I rates for those children enrolled in their care who are individually determined to be eligible for tier I reimbursement.

FDCHs that receive both tier I and tier II reimbursement rates for meals served to enrolled children are referred to as "mixed tier II" homes. The provider will receive tier I rates for meals served to children who have been determined to be eligible based on household size and income or who receive a benefit that makes them categorically eligible for CACFP. The provider will receive tier II rates for meals served to all other children [7 CFR §226.13(d)(3)(i)(ii)(iii) and CACFP Eligibility Guidance for Family Day Care Homes].

Parents or guardians can send income eligibility forms directly to the sponsor, or providers can collect them and send them to the sponsor. If the provider collects the forms, parents or

guardians need to complete a written consent form. Because a lot of the information on the forms is private, it is important that you check to make sure they were properly handled [CACFP 17-2011, *Transmission of Household Income Information by Tier II Family Day Care Homes in the Child and Adult Care Food Program*, April 7, 2011].

D. Licensing/Approval

In order to participate in the Program, FDCHs must be licensed or approved through their Federal, State or local authorities to provide child care [7 CFR §226.18(a)].

The provider must notify the sponsor immediately if there is any change in enrollment or licensing/approval status. On your reviews, make sure that the license/approval is current and that participation does not exceed the maximum allowable capacity.

Unless there is information (usually from the State agency) that it will not be renewed, if an FDCH's license/approval has expired and the provider is in the process of renewing it, the meals between the license/approval expiration date and the date of the new license/approval will be allowed [7 CFR §226.6(d)(1)(ii)].

Licensing requirements differ from State to State. In some States, if a provider's own children are in care, they will count as part of the total allowable capacity. In other States, a provider's own children do not count toward the licensed capacity. You should be aware of the policy in your State so that you can properly monitor your homes.

PRACTICE TIP

Although it is not required, you can record in your notes the provider's status, such as "licensed," "alternate approval," or "exempt," and the dates that the status applies. Your State might use other descriptions. This will help you ensure that the provider's status is current.



If a provider has more children in care than is allowed by the home's license, the home is over its capacity. If the provider served meals with the intent to claim all of them for reimbursement, the difference in meals served and the authorized capacity will be disallowed. In this situation, you will initiate the serious deficiency process. In addition, you or your sponsor should notify your State's licensing authorities if you review a home that is overcapacity.

E. Health and Safety

Make sure you are familiar with the health and safety standards your providers are required to follow. Although it is a basic responsibility of each FDCH to ensure meals are being safely prepared, it is your responsibility to monitor whether the correct steps are taken to make sure that foods are safe for children to eat. For example, utensils, counters, appliances, and the eating area should be clean, providers should wash their hands before they prepare the food, and there should be a place for trash [7 CFR §226.20(l)].

You may see a situation that, because of the provider's behavior or the surroundings, poses a threat to the health or safety of participating children or to the public. If you ever feel that a child is in **immediate danger**, you must call the proper authorities immediately and stay at the site until authorities have arrived. Examples of provider behavior that could be an imminent threat to

the health or safety of a child could include leaving children unattended or inflicting physical punishment. Examples of surroundings that can endanger safety include child play areas with easy access to busy streets or aggressive animals in the children’s area.

In both cases, you would document a finding. Additionally, you should immediately inform your supervisor of the situation so that they can determine whether additional steps must be taken.

F. Five-day Reconciliation

You will have to complete a five-day reconciliation during each of the three required annual reviews. Five-day reconciliations compare meal counts to attendance and enrollment records [7 CFR §226.16(d)(4)(ii)].

The initial step in conducting a five-day reconciliation is to determine whether the enrollment information and attendance records are current and accurate. When conducting the five-day reconciliation, you will usually review five operating days in a row during the current and/or last claiming period. You can review earlier months if necessary, such as if the FDCH was closed for vacation, or if there is a pattern you are trying to establish. If the provider claims meals for weekends and/or holidays, these count as operating days and must be included when reviewing five days in a row.

For FDCHs, the reconciliation is by the child. As illustrated in the example below, using one chart to collect information on enrollment and attendance and the other to collect meal counts, compare the number of meals served (Example Chart 2) to the number of children in attendance (Example Chart 1) for that meal. For example: on Day 2 and Day 5 (highlighted in Example Chart 2), the monitor can ask the provider why she/he claimed four breakfasts/snacks, but there were only three children in attendance at those times, etc.

EXAMPLE CHART 1: Provider FDCH Attendance Record							
Provider Name			Month/Year			Number of Operating Days/Week	
Licensed Capacity							
	Enrollment		Attendance				
Child Names:	Day(s) attended	Time	Day 1	Day 2	Day 3	Day 4	Day 5
#1 Lewis B	M-F	8am-5pm	1		1	1	1
#2 Sally L	M-F	8am-5pm	1	1	1		
#3 Leo M	M-F	8am-5pm	1	1	1	1	1
#4 Sam P	M-F	8am-5pm	1	1	1	1	1
#5 Betty P	M-F	noon-6pm		1	1	1	1
#6	M-F	noon-6pm		1	1	1	1
#7							
#8							
Total			4	5	6	5	5

EXAMPLE CHART 2: Meal Counts						
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Day 1	4	4	4			
Day 2	4	4	6		2	
Day 3	4	4	6		2	
Day 4	3	3	5		2	
Day 5	4	4	6		2	
Total	19	19	27	0	8	0

Your goal is to determine whether the meal counts are accurate by comparing them to the daily attendance for all meal types for the selected five-day operating period. If there are inconsistencies reflected by the comparison of enrollment to attendance to meal counts, then meals should be disallowed. For example, if there is no enrollment record for a child, then meals claimed for that child should be disallowed. Or, if on day one the attendance is six, but the meal count is ten, then four meals should be disallowed.



If there is an unusual pattern and/or significant difference between the attendance on the day of the review and past meal counts, you will have to determine if there is a valid reason for the difference and if any meal disallowances are necessary. Meals must be disallowed in all situations where the provider was overcapacity.

G. Household Contact

There are some findings that will require you to contact members of the child's family (usually after the review) to verify with the parent or guardian the attendance and enrollment of the child and the specific meal service(s) that the child routinely receives while in care. This is referred to as a household contact [7 CFR §226.16(d)(5)].

Household contacts can verify that a provider's attendance and meal records are accurate and help explain problems in recordkeeping and other situations that might cause you to question a claim. Examples include: fewer children that are present on the review day than are regularly claimed, records that look like they were completed in advance and situations where a provider is not at home when you arrive for a visit, but the provider claims the meal for reimbursement.

When you are onsite you should ensure that you have accurate household contact information in the event you need to contact a family. States may have different procedures of when and how household contacts should be used. You should be familiar with and follow your State agency's household contact procedures.

H. Training

Training is absolutely vital if the Program is to operate properly. Each sponsor must thoroughly train its FDCH providers on all Program duties and responsibilities before the CACFP becomes operational. This training stresses food service procedures and recordkeeping requirements.

Only those providers who understand Program rules and requirements will be able to operate the CACFP effectively [7 CFR §226.16(d)(2)].

Additionally, sponsors must provide training on the CACFP at least once a year for all FDCH providers to review current Program requirements. Specific training requirements, including the content of the provider training and the number of required training hours vary from by State [7 CFR §226.16(d)(3)].

Note on your review paperwork the date of the provider's last training so neither of you lose track of the due date for the next training. Use the reviews as a way to identify the provider's needs for training on the Program. Make sure they understand all of the requirements, tell them about any updates and changes in the Program, and ask if they are interested in a particular training or if they would like additional materials either for themselves or for the parents.

I. Questions and Answers

1. If a family has more than one child, may a provider use a combined sign in/out sheet?

No. Daily attendance records must be kept by child not by family.

2. When doing a five-day reconciliation, are meal counts reconciled with enrollment forms, attendance data, or both?

In all five-day reconciliations, meal counts must be compared to both enrollment and attendance records.

3. Why do providers have to keep copies of records if sponsors already have them?

The CACFP regulations require that each day care home keep records of each child's enrollment and daily records of the number of children in attendance and the number of meals, by type, served to enrolled children. While sponsors may keep duplicate records, maintaining records on site at the FDCH ensures that records are available for review when a monitor or auditor arrives at the home and helps the provider make sure that reimbursements from the provider are accurate.

Part 4: Monitoring the Meal Service

FDCH providers must keep daily records of menus, meal counts, and attendance to support meals claimed for reimbursement. A description of each of these records is discussed below.

A. Meal Pattern

The meal pattern requirement is a listing of food components that are required to be served to the children participating in CACFP. Only meals that meet meal pattern requirements and are served to enrolled children may be claimed for reimbursement [7 CFR §226.20].

As a monitor, you will check meals at homes to make sure that the meal pattern requirements are being met. These requirements assure well-balanced, nutritious meals that supply the kinds and amounts of foods that children require to meet their nutritional, developmental, and energy needs. You must make sure that meals served at your assigned FDCHs meet the meal pattern requirements that are included in this handbook.

There are four food components: milk, fruits/vegetables, grains/bread and meat/meat alternate. Compare the menus of the meals to be served with the meal pattern requirements and learn to recognize meal deficiencies. When you conduct a review during a meal service, make sure the provider is serving meals that are age appropriate (for example, foods that are not too spicy or hard to chew/swallow for young children), is providing all of the required components, and the serving sizes are appropriate.

Some providers will use cycle menus, which are menus that are repeated on a recurring basis, such as every four weeks. Providers are allowed to use cycle menus but you should make sure that the same foods are not served over and over within a cycle.

Remember that each meal must contain all the components required by the CACFP meal patterns (see chart below), and they must be served at the same time. The served quantity of each component also must meet the minimum portion size.



If meals are incomplete or if portions are too small, children are not getting a nutritious meal. If you determine that meals do not meet Program requirements, those meals must be disallowed.

When observing the meal service, note the number of meals prepared, the number of complete meals served and the number of non-reimbursable meals served, if any. FDCHs are allowed to complete their meal counts at the end of the day, but if a home chooses to record meal counts at the point of service or is required to do so as a corrective action, note whether or not they are being counted accurately.

PRACTICE TIP

There are no “grace periods” in CACFP. FDCHs claiming CACFP reimbursement must comply with all Program requirements, including meal pattern requirements, as soon as they start participating in the Program. This means that there is no “grace period” for providers that are not meeting meal pattern or other requirements. You must disallow all non-reimbursable meals, even when served by new providers.

Child Meal and Snack Requirements

Please Note: For snacks, 2 of the 4 components must be provided for a meal to qualify as reimbursable.

Food Components	Ages 1 – 2	Ages 3 – 5	Ages 6 – 12
1. Milk			
fluid milk (1% or skim)	½ cup	¾ cup	1 cup
2. Fruits/Vegetables			
two or more kinds of vegetables or fruit or full-strength juice or combination	¼ cup combined	½ cup combined	¾ cup combined
3. Bread/Bread Alternates			
bread, or	½ slice	½ slice	1 slice
cornbread, biscuit, roll, muffin, or	½ serving	½ serving	1 serving
cooked pasta or noodle products, or	¼ cup	¼ cup	½ cup
cooked cereal grains or an equivalent quantity of any combination of bread or bread alternates	¼ cup	¼ cup	½ cup
4. Meat/Meat Alternates			
lean meat, poultry, or fish, or	1 ounce	1½ ounces	2 ounces
alternate protein product, or	1 ounce	1½ ounces	2 ounces
cheese, or	1 ounce	1½ ounces	2 ounces
egg (large), or	½ egg	¾ egg	1 egg
cooked dry beans or peas, or	¼ cup	⅜ cup	½ cup
peanut butter, soybutter, or other nut or seed butter, or	2 Tbsp.	3 Tbsp.	4 Tbsp.
peanuts, soynuts, or tree nuts or seeds, or	½ ounce	¾ ounce	1 ounce
yogurt or an equivalent quantity of any combination of meat or meat alternates	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup

Infant requirements (0-11 months)

Infants who are enrolled for child care must have access to CACFP meals. Meals served to infants from birth up to seven months that contain only bottled breast milk provided by the parent or iron-fortified formula provided by the parent or caregiver, may be claimed for reimbursement if they are served by the provider. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal [7 CFR §226.20(b)(5)].

Cow's milk must **not** be served to infants who are less than one year old. Solid food can slowly be added to an infant's diet starting at four months. If, at four months, an infant is developmentally ready for one or more solid food items and the parent or guardian requests that the infant be served solid foods, the provider is responsible for purchasing, preparing, and serving them to the infant.

Providers must serve infants ages 8 through 11 months breast milk or formula **and** solid foods. ***All infant meals must be served by the provider to qualify as a reimbursable meal.***

Infant formula is reimbursable under the CACFP if it is:

- not an exempt formula;
- iron-fortified (the statement "Infant formula with iron" or a similar statement must be on the label); **and**
- marketed in the United States and thus regulated by the FDA.

PRACTICE TIP

An exempt formula is an infant formula labeled for use by infants who have inborn problems with metabolism, a low birth weight, or other unusual medical or dietary needs. Exempt infant formulas require a medical statement in order to be served and reimbursable under the CACFP.

If an infant requires a specific formula for medical reasons or personal preference, the parent/guardian can decline the infant formula provided by the FDCH and provide the appropriate formula. If the formula is an exempt infant formula (see Practice Tip), a medical statement must be submitted to the provider in order for the formula to be reimbursable [7 CFR §226.20(h)].

A meal served to an infant less than 12 months of age that contains some amount of breast milk and some amount of formula is reimbursable as long as the total number of ounces offered to the infant meets, or exceeds, the minimum amount for the milk component as specified in the CACFP infant meal pattern.

There is no reimbursement if a mother comes to a provider's home to breastfeed her child, since the provider did not feed the infant. However, a day care provider who nurses her own infant may claim reimbursement for the meal as long as she is otherwise eligible to claim reimbursement for meals and snacks served to her own child.

For a period of one month, when a child is 12 to 13 months and is weaning from infant formula to fluid milk, meals that contain infant formula may be reimbursable [*Issues Related to Feeding Infants in the Child and Adult Care Food Program (CACFP)*, April 20, 2000]. Infants have unique nutritional and developmental needs so the CACFP has a separate meal pattern for infants. Because of these differences, the State agency may require separate menus to be kept for infants and older children. If your State has this requirement, you should note them separately on your review forms as well.

Child and Adult Care Food Program Meal Pattern for Infants (0-11 months)			
	Breakfast	Lunch or Supper	Snack
Infants Birth through 3 months	4 to 6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4 to 6 fl oz breast milk ^{1,2} or formula ³	4 to 6 fl oz breast milk ^{1,2} or formula ³
Infants 4 months through 7 months	4 to 8 fl oz breast milk ^{1,2} or formula ³ 0 to 3 tablespoons (Tbsp) infant cereal ^{3,4}	4 to 8 fl oz breast milk ^{1,2} or formula ³ 0 to 3 Tbsp infant cereal ^{3,4} 0 to 3 Tbsp fruit and/or vegetable ⁴	4 to 6 fl oz breast milk ^{1,2} or formula ³
Infants 8 months through 11 months	6 to 8 fluid ounces (fl oz) breast milk ^{1,2} or formula ³ 2 to 4 tablespoons (Tbsp) infant cereal ^{3,4} 1 to 4 Tbsp fruit and/or vegetable	6 to 8 fl oz breast milk ^{1,2} or formula ³ 2 to 4 Tbsp infant cereal ³ ; and/or 1 to 4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2 to 2 oz cheese; or 1 to 4 oz cottage cheese, cheese food, or cheese spread; and 1 to 4 Tbsp fruit and/or vegetable	2 to 4 fl oz breast milk ^{1,2} or formula ³ or fruit juice ⁵ 0 to 1/2 slice bread ^{4,6} or 0 to 2 crackers ^{4,6}

¹ It is recommended that breast milk be served in place of formula from birth through 11 months.

² For some breastfed infants who regularly consume less than the minimum of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

³ Infant formula and dry infant cereal shall be iron-fortified.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

B. Service Styles

The two meal service styles that can be used in CACFP are pre-portioned and family style. Pre-portioned means that the minimal requirement (or more) of food for each required component is prepared by an adult and given to each child on a plate or tray.

Family style meal service means that the food is placed on each table for each child to help him/herself. Children may then select the foods they want and the amount of each food they

want. During your review, you must ensure that minimum portions (or more) of each required component for all children are available for the children at the table. During the meal, it is the responsibility of the provider to encourage each child to accept the full required portion for each food component of the meal pattern. For example, if a child does not want a food component, or does not want the full required portion of a meal component, the provider should offer the food component to the child again. If minimum portions are not available to each child, the meals would be disallowed [7 CFR §226.20(p) and FNS Instruction 783-9, Rev. 2].



If minimum portions are not available to each child during a family style meal service, the meals must be disallowed.

C. Meal Limitations

A maximum of two meals and one snack or two snacks and one meal may be reimbursed per child, per day. Three full meals (breakfast, lunch, and supper) may not be claimed for reimbursement for the same child on a given day [7 CFR §226.18(c)].

Your State will approve the types of meals that a sponsor may reimburse. Make sure that you know the meal service types and times that are approved by your State agency. The sponsor then approves the number and types of meals the provider will serve.

D. Substitutions

Providers may make food substitutions when one allowable food item from the planned menu is replaced by another food from the same food component category. For example, cottage cheese may replace hamburger or peaches replace citrus sections. These substitutions are permitted to meet a child's food preferences, food allergies, or other health concerns, or when a menu item is not available. Substitutions must be documented on menus when the provider decides to make the substitution [7 CFR §226.20(h)].

Providers are required to make substitutions to the meal patterns for children whose disability restricts their diet; they *may* make substitutions for other participants who are not disabled but are unable to eat regular meals because of medical or other special dietary needs. Only a licensed physician, or recognized medical authority, can determine whether or not a participant has a disability that restricts a child's diet. A licensed medical professional is someone who is recognized by the State licensing board where the provider lives and has the authority to issue medical orders.

A medical statement is required for all substitutions, except milk, and has to describe:

- the child's disability,
- how the disability limits the child's diet,
- the food(s) the child may not have, and;
- the food(s) that must be substituted.

Monitors must make sure providers understand the difference between food intolerance and a medical disability. Providers may make substitutions (except for milk) because of intolerance or preference (see below for exceptions regarding milk substitutions). Providers must make

substitutions because of a disability. Food intolerance is when there is a reaction to a food, such as a stomachache. A medical professional might recommend that the food is avoided, but does not order that the child cannot have it. A disability is condition where a medical professional finds that an impairment limits a life activity (such as breathing) to the extent that the food should not be eaten at all by the child, and orders it by addressing the above points.

Parents or guardians may ask for non-dairy milk substitutions without providing a medical statement. For example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the child's caretaker asking that soy milk be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child.

As part of your review, make sure appropriate documentation for all substitutions is on file.



If a provider is making substitutions for an enrolled child with a disability or intolerance, make a note of that on your review paperwork. If the provider does not have a proper medical note on file, you will have to disallow those meals that do not meet the meal pattern requirements.

E. Milk

With the exception of snack, fluid milk must be served at every meal. Fluid milk served to children two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.

Low-fat milk is typically identified as 1% or 1/2%. Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age.

Some children cannot drink fluid milk due to medical or other special dietary needs that are not considered a disability. In these cases, parents may request that providers serve non-dairy beverages instead of fluid milk. The non-dairy beverages must be nutritionally the same as milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk. Your State agency will decide which substitutions meet these requirements [CACFP 21-2011-REVISED, *Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers*, September 15, 2011].

PRACTICE TIP

Offering technical assistance to providers is an important part of a monitor's job. Providers may need to be reminded that the meal pattern requirements for milk have changed. Whole and reduced-fat (2%) milks may not be served to participants over two years of age because they contain high amounts of saturated fat.

Fat-free and low-fat (1/2%-1%) milk options have the same amount of calcium and important nutrients as whole and reduced-fat milks, but much less fat. Explaining these changes and the reasons behind them, as part of the technical assistance you provide, may help providers remember these important meal pattern requirements.



Meals that do not include the required amount of milk, do not include milk at all, or include 2 percent or whole milk for children 2-years-old or over must be disallowed.

F. Water

Throughout the day, including at meal times, water should be made available to children to drink upon their request, but it does not have to be available for children to self-serve [CACFP 20-2011, *Water Availability in the Child and Adult Care Food Program*, May 11, 2011].

Although drinking water must be made available to children during meal times, it is not part of the reimbursable meal and may not be served instead of fluid milk. Make sure providers do not serve young children too much water before and during meal times because it can reduce the amount of food and milk consumed by the children.

During your review, you should encourage providers to serve water with snacks when no other beverage is being served, and instead of other high calorie, sweetened beverages (juice drinks, soda, sports drinks, etc.) that are served outside of meal times. If you find that drinking water is not available to children, this would result in a finding.

PRACTICE TIP

Having water available at meal times is a new requirement. Providers may need to be reminded why it is important to have water available at meals and between meals. For example, drinking water can:

- keep children hydrated and healthy;
- help build and maintain strong teeth if water includes fluoride (included in most tap water, but not most bottled water);
- help rinse food from their teeth, and reduce acid in the mouth that contributes to dental cavities; and
- teach healthy eating habits they will use for life.

G. When Meals Are Served

In addition to making sure that meals served meet the meal pattern requirements, be aware of any time restrictions (how long meals may last and the time that has to elapse between meals) for the meal service established by your State [7 CFR §226.20(k)].

Infants do not have to be fed at the same time as older children. Providers should have flexibility in their schedules to feed infants as often as necessary. Even though they should feed infants according to the infants' own needs, providers may not claim more than two meals and one snack/per child/per day. For example, one meal for an infant is an 8 oz bottle. However, if the infant drinks only half of it at one sitting and then the other half in a few hours, it still should be counted as a single meal even though the bottle was fed at two different times.

Foods that are served during "field trips" are reimbursable if they meet meal pattern requirements. However, providers are required to tell the sponsor in advance when planning to be away from home with the children during the meal service period. This requirement helps you plan your unannounced reviews in the most effective manner possible.



If a provider does not tell the sponsor/monitor that they will not be home and an unannounced review is made during a scheduled meal time, meals claimed during the unannounced review must be disallowed.

H. Meals that MAY NOT be Claimed

Meals that may not be claimed for reimbursement are:

- ✓ meals served to any child who is not enrolled for care in the home;
- ✓ meals served in excess of the home's licensed or authorized capacity;
- ✓ meal types not approved in the home's agreement with the sponsoring organization;
- ✓ meals served that are in excess of two meals and a snack (or one meal and two snacks) claimed daily for each enrolled child;
- ✓ meals that do not meet the meal pattern requirements;
- ✓ meals claimed that are not supported by attendance, meal count, and menu records;
- ✓ meals served to the provider's own children unless they have been determined to be income eligible; and
- ✓ meals served to the provider's own children when no other enrolled children are participating.

I. Questions and Answers

1. **Does the requirement to oversee “all meal services being claimed” mean that, if a facility claims breakfast, lunch, and a PM snack, the sponsor’s three required reviews of that facility must occur during each of the different meal services being claimed?**

No. The requirement to oversee “all meal services being claimed” does not require a sponsor to annually conduct reviews of each of the meal services being claimed at each facility. As long as, in the total of all reviews it conducts for its sponsorship, the sponsor provides roughly proportional oversight of all types of meal services being claimed, the sponsor has met its responsibilities under 7 CFR §226.16(d).

2. **Does the CACFP meal pattern allow for variations to accommodate dietary needs, such as vegetarian?**

Yes. CACFP recognizes differences in individual diets and provides alternatives to meat within the child meal patterns. For example, the child's lunch/supper requirement includes a meat (defined as meat, poultry, or fish) or a meat alternate. Variations can be made here because meat alternates include cheese, egg, cooked dry beans or peas, peanut or other nut or seed butters, nuts and seeds, or yogurt.

3. **Does the CACFP meal pattern allow for variations to accommodate participants who cannot eat certain foods because of religious reasons?**

Yes. In many cases substitutions to accommodate religious dietary restrictions can be made within existing meal pattern requirements. In those cases, providers may make such adjustments as needed. If religious dietary restrictions need additional accommodation, sponsors may request that alternate meal patterns be allowed by submitting a letter to the State agency or to the FNS Regional office that administers the program [7 CFR §226.20(i)].

4. Is there a grace period for new day care homes that are not meeting meal pattern or other requirements in the early months of participation?

No. CACFP regulations do not provide for claiming grace periods to new (or existing) homes that fail to serve reimbursable meals. Although errors, such as serving meals with missing components, may not rise to the level of a serious deficiency, the ineligible meals must always be disallowed [CACFP 05-2009, *Meal Disallowance Policies for Family Day Care Homes in Child and Adult Care Food Program (CACFP)*, March 31, 2009].

5. Is an infant meal reimbursable if the iron-fortified infant formula is supplied by the parent or guardian?

Yes. Reimbursable meals for infants may contain either breast milk or iron-fortified infant formula, or both. Infant formula may be supplied by the caregiver or by the parent. However, the meal must be served and fed to the infant by the caregiver [CACFP 2003, *Reimbursement of Infant Meals in the Child Nutrition Programs*, April 28, 2003].

Part 5: FDCH Serious Deficiency Process

A serious deficiency is when an FDCH is non-compliant with one or more areas of CACFP (see below). If you determine that a FDCH provider has committed one or more serious deficiencies, you will document this and tell the sponsor. The sponsor will send written notice of the serious deficiency(ies) and offer the provider an opportunity to take corrective action [7 CFR §226.16(l)].

Not all serious deficiencies take the same amount of time to correct; some might take several days to correct, while some may take only a few hours. If the serious deficiencies are not corrected within the given time frame, an FDCH sponsor has to begin action to terminate the agreement with the FDCH.

When the serious deficiency constitutes an imminent threat to the health or safety of children, the sponsor must **immediately** suspend the provider's participation.

The sponsor must provide a copy of the notice of serious deficiency to the State agency at the time it is issued.

Note, that determinations of serious deficiency are not appealable.

A. Serious Deficiencies

An FDCH provider is seriously deficient if she/he:

- submitted false information on the application;
- submitted false claims for reimbursement;
- participated simultaneously under more than one sponsor;
- failed to comply with the CACFP meal pattern requirements for a significant number of meals;
- failed to keep required records;
- engaged in conduct or created conditions that threatened the health or safety of a child(ren) in care or the public health and safety;
- was convicted (or concealed a conviction) of any activity that occurred during the past seven years and that indicated a lack of business integrity (e.g., fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice),
- failed to participate in training; or
- participated in any other circumstance related to non-performance under the agreement with the sponsor [7 CFR §226.16(l)(1)].

B. Corrective Action

If a provider has committed one or more of the serious deficiencies listed above, the monitor issues the provider a notice of serious deficiency(ies) and the provider is given an opportunity to take corrective action. Some corrective action can be taken on-the-spot (correcting a filing

error), while the monitor is present; other corrective action measures may take a longer time to complete. A corrective action must clearly address the identified problems and outline the steps the provider will take to fully and permanently correct the deficiency. That is, the corrective action must address the following questions:

- ✓ Who will be responsible for making sure the deficiency is corrected?
- ✓ What will be done to correct the problem?
- ✓ How often will this be done – that is frequency: daily, weekly, monthly, etc.?
- ✓ When will this be done?
- ✓ How will the FDCH practices be revised to address the deficiency?

You will have to conduct an unannounced visit to verify corrective action and decide if it is adequate or not. If the sponsor determines that the provider has fully corrected the serious deficiency within the allotted time, the sponsor must notify the provider that the serious deficiency determination has been temporarily deferred [7 CFR §226.16(l)(3)(ii)].

Not all findings will rise to the level of a serious deficiency. It will often depend on the severity of the finding and how often it has occurred. However, if the provider does not fully and permanently correct the serious deficiency(ies) within the required time, the sponsor will issue a notice proposing to terminate the provider's agreement.

C. Suspension

The provider's main priority is to protect the health and safety of the children in care. If the monitor determines that there is an imminent threat to the health or safety of participants at a day care home, or that the day care home has engaged in activities that threaten the public health or safety, that provider will be suspended. This means that the provider will not receive payment until any Program-appeal activity is completed.

If there is an imminent threat to the health or safety of the children in care, the monitor must immediately notify the appropriate State or local child welfare, licensing, and health authorities and take action that is consistent with the recommendations and requirements of those authorities [7 CFR §226.16(l)(4)(viii)].

Additionally, if a sponsor finds out that a State or local health or licensing officials has cited a day care home for a serious health or safety violations, the sponsor must immediately suspend the home's CACFP participation. The sponsor may not wait for formal action on behalf state or local health and/or licensing officials before taking any formal action to revoke the home's licensure or approval.

The sponsor will notify the day care home that its participation has been suspended, that the day care home has been determined seriously deficient, and that the sponsor proposes to terminate the day care home's agreement for cause. The sponsor also must provide a copy of the notice to the State agency and follow the procedures outlined in Program regulations [7 CFR §226.16(l)(4)].

D. Appeals

If timely corrective action is not taken to fully and permanently correct the serious deficiency(ies) cited, the sponsor must issue a notice proposing to terminate the FDCH's agreement for cause. The notice must explain the FDCH's opportunity for an administrative review (appeal) of the proposed termination. A copy of the sponsor's appeal procedures must be in the notice of proposed termination. The sponsor must provide a copy of the notice to the State agency [7 CFR §226.6(l)(2)].

The sponsor must continue to pay any claims for reimbursement for eligible meals served until the serious deficiency(ies) is corrected or the day care home's agreement is terminated, including the period of any appeal.

E. Agreement Termination and Disqualification

The sponsor must immediately terminate the FDCH provider's agreement and disqualify the FDCH when the appeal official upholds the termination and disqualification, or when the FDCH provider's opportunity to request an appeal expires. At the same time the notice is issued, the sponsor must provide a copy of the termination and disqualification letter to the State agency [7 CFR §226.16(l)(3)(iii)].

F. Questions and Answers

- 1. During a review, the sponsor issues a finding that is not a serious deficiency, but that requires the home to take corrective action. Can the provider discontinue their participation in CACFP without any action by the sponsor?**

Yes, the home can terminate its agreement with the sponsor "for convenience" at any time, provided that the sponsor has not declared the provider seriously deficient.

- 2. During a review, the sponsor discovers conduct or conditions that pose an imminent threat to the health or safety of participating children or the public. Must the sponsor wait until local licensing or health authorities revoke a license or to take any specific action before a FDCH is suspended from participating in CACFP?**

No. If an imminent threat to the health or safety of participants at an FDCH has been cited, or if an FDCH has engaged in activities that threaten the public health or safety, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval.

- 3. Some of the reasons for declaring a home seriously deficient are broad, such as “non-compliance with the meal pattern.” Does that mean that any provider who makes a single error in menu planning must be declared seriously deficient?**

No. Monitors and sponsors should use discretion in determining whether a provider’s problems rise to the level of serious deficiency. However, “sponsor discretion” does not mean keeping providers in the Program at all cost. To appropriately use this discretion, monitors and sponsors must be able to distinguish between occasional errors and systemic errors, and between minor errors and major errors.

Part 6: Resources

Below is a list of available resources including regulations, required notices, rates, and meal service/planning guides.

Building for the Future Notice

This notice describes CACFP, its eligibility requirements and the types of meals that can be served.

English version: <http://www.fns.usda.gov/cnd/care/Publications/pdf/4Future.pdf>.

Spanish version: <http://www.fns.usda.gov/cnd/care/Publications/pdf/Build4Future.pdf>.

CACFP Required Meal Patterns

http://www.fns.usda.gov/cnd/care/programbasics/meals/meal_patterns.htm

Code of Federal Regulations

<http://www.gpoaccess.gov/cfr/>

Feeding Infants: A Guide for Use in the Child Nutrition Programs

http://www.fns.usda.gov/tn/Resources/feeding_infants.html

Food and Nutrition Service (FNS)

The Food and Nutrition Service administers the Child and Adult Care Food Program on the Federal level.

www.fns.usda.gov

National Food Service Management Institute

The National Food Service Management Institute (NFSMI), part of the School of Applied Science at The University of Mississippi, offers in-person training at little or no cost and free online courses designed to support the professional development of child nutrition program and child care personnel at all levels of responsibility. The Institute also delivers free training resources managers can use to train their staff.

www.nfsmi.org

Reimbursement Rates

www.fns.usda.gov/cnd/care/ProgramBasics/Rates/ReimbursementRates_Current.htm

State Agency Contact Information

www.fns.usda.gov/cnd/Contacts/StateDirectory.htm

Team Nutrition

Team Nutrition is an initiative of the USDA Food and Nutrition Service to support the Child Nutrition Programs through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. Users can download recipes, activity sheets and other nutrition related materials.

<http://teamnutrition.usda.gov/Default.htm>

Part 7: Glossary

Actual Count – The reimbursement method requiring meal count records by name and category for each meal claimed.

Children – For the purposes of family day care homes, persons 12 years of age and under, children of migrant workers 15 years of age and under, and mentally or physically disabled persons, as defined by the State, enrolled in an agency or a child care facility serving a majority of persons 18 years of age and younger.

Disability – The Americans With Disabilities Act (ADA) of 1990, including ADA Amendments Act of 2008 (P.L. 110-325), defines an individual with a disability as a person with a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, communicating, etc. A major life activity also includes the operation of a major bodily function, including, but not limited, to functions of the immune system, digestive system, bowel, bladder neurological system, etc.

Enrollment Form – A signed document indicating that a participant is enrolled for day care and includes the planned times of care and meal services that the participant is to receive on a regular basis.

Enrolled Participant – A child who is enrolled for care at a day care facility.

Family Day Care Home (FDCH) – A facility that is licensed or approved to provide non-residential child care services in a group or family home setting, or a facility that is approved to participate in the Child and Adult Care Food Program (CACFP) under the Alternate Approval Procedures at 7 CFR Part 226.6 (d) (3).

Family Style Meal Service – A type of meal service that allows children to serve themselves from common platters or bowls of food.

Food and Nutrition Service (FNS) – The agency within the U.S. Department of Agriculture that regulates the CACFP.

Food Intolerance – An adverse food-induced reaction that does not involve the body's immune system.

Food Allergy – An adverse immune system response to a food that the body mistakenly believes is harmful.

Infant – A child under 12 months of age.

Institution – A sponsoring organization, child care center, at-risk afterschool care center, outside-school hours care center, emergency shelter or adult day care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for Program operations.

Meal Count – A daily count of meals served to participants by meal type.

Menus – A dated list of food, by meal type, served to CACFP participants.

Participants – Children who are participating in the CACFP.

Provider – An individual who is licensed or approved to provide child care, and who enters into an agreement with a sponsoring organization.

Reimbursable Meals – Meals that are served to enrolled participants at a day care facility and that meet USDA nutritional requirements.

Reimbursement – Money paid to day care centers and FDCH providers through their sponsors for eligible meals served.

Sponsoring Organization (Sponsor) – Public or private non-profit organizations that are entirely responsible for the administration of the CACFP in sponsored facilities such as FDCHs.

Tier I Home – A daycare home that is operated by a provider whose household meets the income standards for free or reduced price meals, as determined by the sponsoring organization based on a completed free and reduced price application, and whose income is verified by the sponsoring organization of the home in accordance with 7 CFR 226.23(h)(6); or

A day care home that is located in an area served by a school enrolling elementary students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced price meals; or

A day care home that is located in a geographic area, as defined by FNS based on census data, in which at least 50 percent of the children residing in the area are members of households which meet the income standards for free or reduced price meals.

Tier II Home – A licensed or approved FDCH that does not meet the eligibility criteria for the Tier I classification. Tier II rates of reimbursement are lower than Tier I.

Tier II mixed home – A licensed or approved FDCH in which all or some of the children in care are certified eligible for free or reduced price meals.

USDA – United States Department of Agriculture.