

B J Enterprises
Child Care Food Program

**Area Coordinator
Policy and Procedures
Manual**

Katie O'Neill

Administrative

Mission Statement

Agency Goals

Code of Ethics

Job Descriptions

Area Coordinator Performance Evaluation

Organizational Chart

Staff Telephone List

Staff Descriptions

Geographical Area Covered by Area Coordinators

Reports Due to *BJ Enterprises*

Outreach & Recruitment

Public Release

Expense Recap Sheets

Mileage Sheets

Time Sheet

Inquiry Packet Materials List

Office Procedures

Approving New Providers

Fingerprint Procedures

Fingerprint Office Procedures

Tiering Re-evaluation Procedures

Tiering Re-Evaluation Forms

Tiering Flow Chart

Reviews/Inspections/Certifications

Information Change Form

Information Change Form Procedures

B J Enterprises Child Care Food Program

Mission Statement

To promote quality child care and better nutrition in family childcare homes.

Agency Goals

1. To promote quality childcare within the community.
2. To promote better nutrition in family child care by enrolling providers in the Child and Adult Care Food Program.
3. To provide training and technical assistance to family child care providers in the community on the Child and Adult Care Food Program.
4. To provide nutrition education to family child care providers.
5. To promote integrity in the Child and Adult Care Food Program.

Overview of the Child Care Food Program

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. An FDCH is an organized nonresidential child care program for children, generally 12 years of age or younger, operated in a private home (AA), a DES (childcare subsidy home) or a licensed home (DHS). In order to participate in CACFP, FDCHs must enter into an agreement with a *BJ Enterprises*.

The CACFP helps FDCH providers serve well-balanced, nutritious meals to the children in their care. Meals served to participating providers must meet minimum guidelines by 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. The Arizona Department of Education (ADE) is administered at the state level. *BJ Enterprises* prepares monthly meal reimbursement claims and oversees the operations of the homes under our sponsorship. *BJ Enterprises* is required to monitor all homes under their sponsorship to ensure providers are in compliance with meal pattern, recordkeeping, and other CACFP requirements.

This manual will help you know your responsibilities as an area coordinator, know the meal pattern requirements for meals being served; review elements, how to complete a sign-up and how to follow-up on all requirements.

This *Area Coordinator Policy and Procedures Manual* is meant to give you, as an Area Coordinator, a general working knowledge of the CACFP and your duties and responsibility as a *BJ Enterprises* representative.

There may be differences between the *Family Day Care Homes Monitor Handbook (A Child and Adult Care Food Program Handbook)* by USDA, February 2012 is because of how the CACFP is run from State to State.

Always communicate with your supervisor and follow the *BJ Enterprises Area Coordinator Policy and Procedures*.

Job Description - BJ Enterprises

Position: CACFP Family Child Care Area Coordinator

Purpose: To recruit, enroll and monitor child care providers in all of the USDA Child and Adult Care Food Program requirements. To serve as a link between BJ Enterprises staff, family child care providers, and the community. Must understand and believe in family child care.

Principal Duties & Responsibilities: (As per our understanding of ADE & USDA regulations, including but not exclusive of and not limited to):

1. Learn CACFP requirements, including tiering information and basic nutrition concepts. Read and use *BJ Enterprises* Policy and Procedures manual.
2. Recruit and enroll providers; sign-up the providers and give initial training on USDA and *BJ Enterprise* requirements, as well as maintain providers as needed in assigned geographic area.
3. Monitor and review provider records through trimester reviews as per USDA regulations. This may require a substantial amount of travel.
4. Follow-up with needed corrective action as required by B J Enterprises Policies & Procedures.
5. Maintain accurate records, including: expense recap, mileage and time sheets, review forms, provider information, and other records required by *BJ Enterprises* and mail to office in a timely manner.
6. Provide technical assistance and information to providers through telephone calls and additional home visits if needed.
7. Do outreach, recruit new providers and maintain providers as needed in your assigned geographic area.
8. Read menus and meal count sheets between the first and the 9th of the month for your providers. Check enrollments against menus each month. Read with at least 90% accuracy.
8. To learn fire safety requirements and check on the providers during reviews, as necessary.
10. To learn health & safety requirements and check during reviews as necessary.
11. Attend annual staff training sessions, area workshops and work at the annual conference, if there is one. Must be able to be away from home overnight as needed.
12. To be trained in taking fingerprints and fingerprint with 90% accuracy those providers that need this service in your geographical area.
13. Adhere to the policies and procedures of *BJ Enterprises*.
14. Maintain standard of ethics and promote the agency's interests.

Qualifications:

Ability to work independently, keep accurate records, learn CACFP requirements and basic nutrition concepts, relate well to and train family child care providers. Experience with child care and CACFP preferred. Area Coordinators will be directly responsible to Assistant Director. She shall also be responsible for communicating on a regular basis with other office staff.

B J Enterprises Area Coordinator Annual Performance Evaluation

Agency goals:

- Promote quality child care within the community.
- Promote better nutrition in family childcare.
- Provide training and technical assistance to family child care providers.
- To promote integrity in the Child and Adult Care Food Program (CACFP).

Rating Scale

Area Coordinator: _____ **4 = excellent, 3 = good, 2 = fair, 1 = needs improvement**

	Area Coordinator	Supervisor
Overall Performance Rating		
Understand my job duties and know CACFP requirements, Including; tiering information and basic nutrition concepts.		
Understand the <i>Policy & Procedures Manual</i> .		
Maintain accurate records, including: expense recap, mileage and time sheets, provider information, and other records required.		
Submit paperwork in a timely manner.		
Contact and recruit potential providers in assigned area immediately and set up a visit.		
Maintain providers in your assigned geographic area.		
Sign-up the providers in a timely manner and give initial training on USDA /B J Enterprise requirements.		
Monitor and review providers through trimester reviews in a timely manner as per USDA regulations.		
Review forms are complete and accurate with problems noted.		
Perform follow-through on any deficiencies noted during review.		
Maintain communication with office, reporting corrective action serious deficiencies or concerns.		
Provide technical assistance and information to providers through telephone calls and additional home visits if needed.		
Read menus and meal count sheets with at least 90% accuracy. Send meal counts, as applicable, to office by the 8th of the month.		

Area Coordinator: _____

Check enrollments against menus each month and ensure that each child claimed has an enrollment form on file.

Ensure that fire and health inspections are completed in a timely manner and perform follow-through.

Complete tiering re-evaluations in a timely manner.

Attend annual staff training sessions and area workshops.

Roll fingerprints with accuracy to those providers that need this service in your geographical area.

Adhere to the policies and procedures of *BJ Enterprises* as specified in the *Policy and Procedures Manual* and memos.

Maintain standard of ethics and promote the agency's interests.

Improvement plan for the next year:

Goals for the next year:

- 1.
 - 2.
 - 3.
-

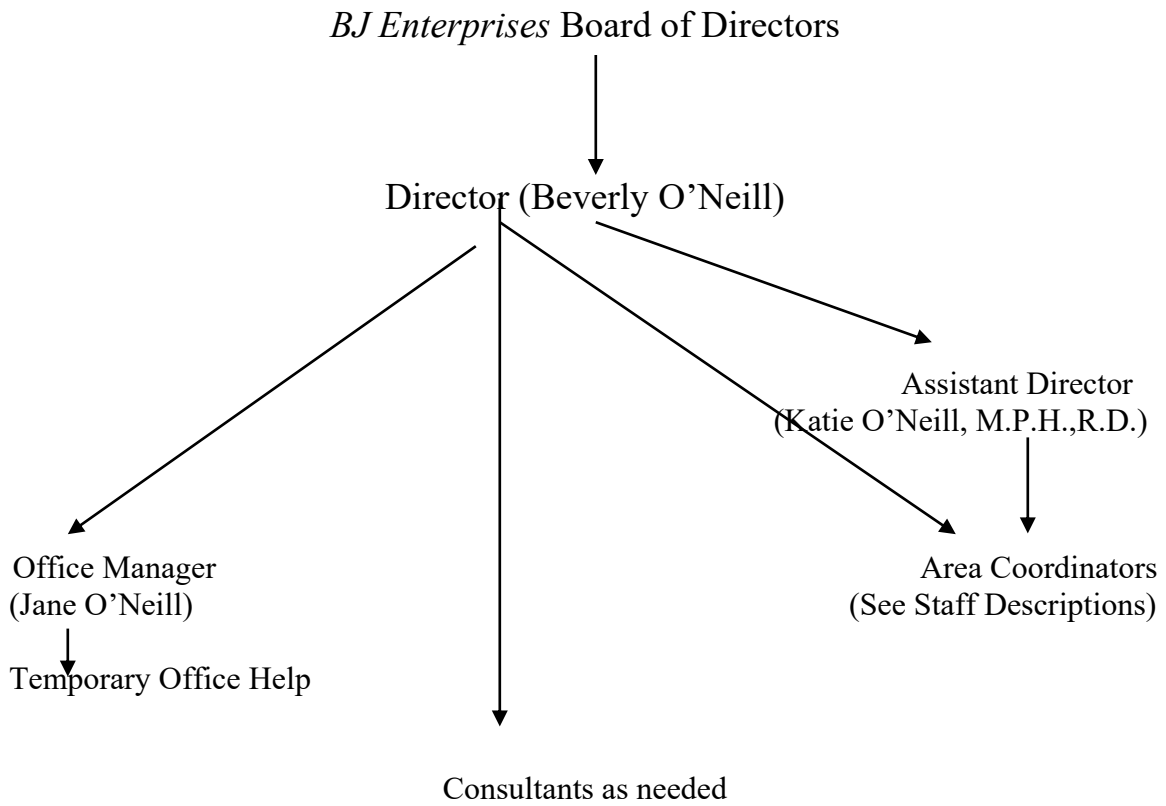
Area Coordinator's Comments:

Area Coordinator's Signature

Supervisor's Comments:

Supervisor's Signature

BJ Enterprises Organizational Chart



Add address list

Staffing Plan/ Employment

Beverly O'Neill, Director

B.S. in Business. Certificate in Women's Studies and Master's hours in Counseling. Knowledge of and 50 years experience in accounting and bookkeeping. Former family childcare provider and 32 years as Director of CACFP. Continuing education in early childhood education and accounting.

Katie O'Neill, Assistant Director. Responsible for 15 family child care homes.

B.S. in Dietetics. M.P.H. in Public Health Nutrition. 35 years of experience in teaching nutrition education and early childhood education to various groups of people.

Jane O'Neill, Office Manager.

32 years of experience in managing the Child and Adult Care Food Program paperwork.

Ruby Lane, Area Coordinator. Responsible for 15 rural family childcare homes in Gila County. Seventeen years experience in the Child and Adult Care Food Program.

Tammy Jones. Area Coordinator . Responsible for 20 rural family childcare homes in Mohave and La Paz counties. Former family childcare provider. Twenty-three years experience with CACFP. Continuing education in early childhood education and nutrition.

Valeda Shivers. Area Coordinator . Responsible for 75 family child care homes in the Phoenix Metropolitan area. Former family childcare provider. Thirty-two years experience with CACFP. Continuing education in early childhood education and nutrition.

Chauncie Kucera. Area Coordinator. Responsible for 90 family child care homes in the Phoenix Metropolitan area. Former family child care provider. Twenty-two years experience with CACFP. Continuing education in early childhood education and nutrition.

Carmen Anaya. Spanish Language Area Coordinator. Responsible for 80 Spanish only speaking providers in the Phoenix Metropolitan area. Former family childcare provider. Eight years experience with CACFP. Continuing education in early childhood education and nutrition.

Gabriela Sanchez. Area Coordinator. Responsible for 55 family childcare homes in the Phoenix Metropolitan area. Former family childcare provider. Ten years experience with CACFP. Continuing education in early childhood education and nutrition.

Christie Ross. Area Coordinator. Responsible for 40 family child care homes in Yavapai County. Two years experience with CACFP.

Nancy Hair. Area Coordinator. Responsible for 40 family childcare homes in Navajo County. Former provider and DES mentor provider. Fifteen years experience with CACFP.

Jenny Galvan. Area Coordinator. Responsible for 20 family childcare homes in Pinal County. In the process of being trained in CACFP.

B J Enterprises outside employment policy

Employees should notify the Director of any outside employment they maintain while an employee of *B J Enterprises*. They should notify the Director at the beginning of each fiscal year, or during the fiscal year if their status changes. The Director will coordinate the schedules. If *B J Enterprises* determines that your outside employment interferes or detracts from your ability to perform your *B J Enterprises* work duties, or if your outside employment either harms or has the potential to harm to *B J Enterprises*' reputation, then the employee may be required to terminate the outside employment in order to maintain their employment with *B J Enterprises*. *B J Enterprises* will not allow outside employment that constitutes a real or apparent conflict of interest. *B J Enterprises* will no longer employ current *B J Enterprises* day care providers as area coordinators. The area coordinators will sign an outside employment statement at the beginning of each fiscal year. The statement will be approved by the Director/Assistant Director. *See below.*

Staff Name: _____

Do you have employment other than *B J Enterprises*? _____ Yes _____ No

If you, describe

Do you feel that your outside employment interferes or detracts from your ability to perform your *B J Enterprises* work duties? _____ Yes _____ No

Do you feel that your outside employment constitutes a real or apparent conflict of interest? _____ Yes _____ No

Are you currently a day care provider with *B J Enterprises*? _____ Yes _____ No

Staff Signature: _____

Administrative Approval: _____

Geographical Area Covered Number of Monitors Name of Monitor

<u>Apache County</u>	<u>1</u>	
Alpine	1	Nancy
Eager	1	Nancy
Springerville	1	Nancy
St. John's	1	Nancy
<u>Gila County</u>	<u>2</u>	
Globe	1	Christie
Payson	1	Ruby
Pine	1	Ruby
Roosevelt	1	Ruby
<u>La Paz</u>	<u>1</u>	
Parker	1	Tammy
<u>Maricopa County</u>	<u>5</u>	
Anthem	1	Chauncie
Avondale	2	Gabriela/Valeda
Casa Grande	1	Jenny
Chandler	2	Chauncie/Valeda
Gilbert	1	Chauncie
Glendale	1	Chauncie
El Mirage	1	Chauncie
Maricopa	1	Jenny
Mesa	1	Chauncie
Peoria	1	Chauncie
Phoenix	4	Chauncie/Valeda/
Queen Creek	1	Chauncie/Jenny
SanTan Valley	2	Chauncie/Jenny
Scottsdale	1	Katie
Surprise	1	Chauncie
Tempe	2	Valeda/Carmen
Wickenburg	1	Chauncie
Spanish speaking(whole Valley)	2	Carmen/Gabriela
<u>Mohave County</u>	<u>1</u>	
Bullhead City	1	Tammy
Fort Mohave	1	Tammy
Lake Havasu	1	Tammy
Kingman	1	Tammy

Geographical Area Covered Number of Monitors Name of Monitor

<u>Navajo County</u>	<u>1</u>	
Claysprings	1	Nancy
Heber	1	Nancy
Holbrook	1	Nancy
Joseph City	1	Nancy
Lakeside	1	Nancy
Linden	1	Nancy
Pinedale	1	Nancy
Pinetop	1	Nancy
Overguaard	1	Nancy
ShowLow	1	Nancy
Snowflake	1	Nancy
Taylor	1	Nancy

<u>Yavapai</u>	<u>1</u>	
Camp Verde		
Clarkdale	1	Christie
Chino Valley	1	Christie
Cornville	1	Christie
Cottonwood	1	Christie
Humboldt	1	Christie
Lake Montezuma	1	Christie
Prescott	1	Christie
Prescott Valley	1	Christie
Rimrock	1	Christie
Sedona	1	Christie
Verde Valley	1	Christie

Reports Due to B J Enterprises

Report	When Due
Expense recap sheet, mileage, and Time sheet	Send the last day of the calendar month. Bev should have it by the 2 nd .
Provider review forms, fire & health Inspection forms & child care standards	Send in last day of month. Paper clip provider's papers together – alpha-sort .
Sign-ups, income application, & fingerprint Cards, with documentation as required.	As soon as they are completed or Within 7 days of sign-up.
Enrollments, Master List & drop slips	Have provider send them with 1 st menu
Information change forms	Immediately or with expense recap.
Information for monthly newsletter.	By the 10 th of the month.

Outreach

Outreach in regard to *B J Enterprises* CACFP consists of but is not limited to:

- Referrals from providers
- CACFP Brochures
- CACFP Flyers
- Inquiry Packets Delivered or Mailed to potential providers
- Business cards
- Calling Child Care Ads
- Notices at businesses
- Newspaper announcements
- Letters to school superintendents
- Visits to DES and WIC Offices
- Visits to Tier I schools to get day care lists
- Web Page

Recruitment

B J Enterprises agrees to recruit only those providers that are not currently under an agreement with another sponsor. Providers who are known to be on the program with another sponsor should not be contacted. If a contact is made unknowingly with a provider already participating, you should terminate the conversation at the point of determining the provider participation and commend the provider for her participation on CACFP.

Providers are recruited to be on the CACFP if they are day caring for no more than four children for compensation and/or a total of six children in their home and if they can pass the fire and health inspection and obtain at least a class two fingerprint clearance card or if they have a current DES or DHS certificate. Providers must, at a minimum, be in compliance with these

items. All Program staff is responsible for outreach and recruitment, during the entire year.

Public Release

Public Release was sent to the local newspapers in Apache, Gila, La Paz, Maricopa, Mohave, Navajo and Yavapai counties.

B J Enterprises Child Care Food Program located at 7538 E. McNight Ave. in Scottsdale announces the sponsorship of the USDA Child and Adult Care Food Program. Meals will be made available to enrolled children at no separate charge without regard to race, color, national origin, sex, age, or disability. Any person who believes that he/she has been discriminated against in any USDA related activity write immediately to: USDA, Director, Office of Civil Rights, Room 326 W, Whitten Building 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD).

OR

This provider is an equal opportunity employer or provider.

The Press Release was sent to The Arizona Republic, The Scottsdale Tribune, The Payson Roundup, The Verde Valley Independent, The White Mountain Independent, the Today's News Herald (Mohave County) and the Prescott Courier.

Name _____ Expense Recap for Month _____ Year _____

Hours Worked: # of Hours _____ X \$ _____ = \$ _____

(.0620) FICA _____

(.0145) MEDI _____

FED WH _____

ST WH _____

403 B _____

Total Deductions: _____

TOTAL PAYROLL \$ _____

Phone Bill (See attached): \$ _____

Copies: FAX; supplies (receipt attached) \$ _____

Postage _____ \$ _____

Licensing expenses \$ _____

Nutrition Education \$ _____

Mileage: # of miles _____ X \$ _____ \$ _____

(See attached mileage sheet for breakdown)

TOTAL DUE \$ _____

Authorized by: _____

Expense Recap Policy and Instructions

Employee Time Record/Mileage Record: (Must be mailed last day of month, cannot process faxed records)

There are eight columns; date, activities/destination, purpose, times worked, total hours, odometer start, odometer end, and total miles.

Write the date for each day you work. Each day, record what activities and/or the destination. List reviews by provider name, reading menus, filing, checking lists, phone, etc. Then record the hours worked (per 15 minute {.25 hr.} periods) in the "Times Worked" column. Be sure to deduct the times spent at lunch or doing personal errands.

Add up the total number of hours and record per 15 minute increments (i.e. 1.25 = 1 hour and 15 minutes, if it is less than that, round up). Record this in the "Total Hours" column for each day. Please record your outside employment. i.e. worked at school, 8-12:15 etc. This is now a federal requirement.

To get the total number of hours worked for the month, add up the "Hours Worked" column. Record this number on the Expense Recap Sheet. (Do not include hours worked at outside employment in the total).

Mileage Sheet Section of Record:

In the odometer column list the start and end odometer reading for each house you visit or group of visits if all work is CACFP. For the last column subtract the end odometer reading from the start odometer for the total miles claimed for each stop. Remember for Maricopa County area coordinators, you can't claim mileage to the office or the 1st visit.

Add the total miles on all the sheets and enter total miles on the bottom of the last sheet. Double check you work. Then put this on the Expense Recap Sheet for mileage and multiply it by the mileage rate for the current fiscal year.

Expense Recap Sheet:

List hours worked from the employee time record and multiply it times your pay rate to give you a total amount owed. Figure out FICA, MEDI, etc. and subtract that from the total amount above. The office will double-check it. Copies will be attached to checks.

If you have a phone bill, copies or supplies, postage, licensing or nutrition education supplies, write the amounts in the specified columns. We cannot pay you without a receipt. Highlight the long distance business phone calls on the copy of your phone bill for the receipt.

Area Coordinator to provider ratio.

BJ Enterprises director/assistant director monitors time and mileage according to the number of menus to read, number of providers to visit in any given month, extra work leads (phoning enrollments, parents verifications, etc.) and checks them against the reviews.

Paper clip the expense recap, mileage, time sheet with the receipts. Put them directly ahead of the other papers: the reviews, standards, health and fires. Please paper clip them together by provider & alphabetize.

Insert Employee Time Record/Mileage Record

Employee Time Record

Name: _____ Month: _____ Year _____

Signature: _____

Day	Total Hours	Times Worked	Activities/Include Names of Providers
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total Hours: _____ **Approved by:** _____ **Date:** _____

Inquiry Packet Materials

Tier I Packet - To be mailed out to people in Tier I school areas

Business Card

BJ Enterprises brochure

Inquiry Letter

Sample Health inspection report

Sample Fire safety survey

Fire escape plan sheet

Copy of Agreement

Sample Enrollment form

Sample menu

Current Pink Rates and Ratios letter (Tier I)

Current Pink CACFP Affidavit for Providers own Children

If we have:

Starting Your Own Family Day Care Business brochure

Red leaf Press brochure with Day Care Resources

Put in White Envelope

Tier II Packet - To anyone outside Tier I school area.

Business Card

BJ Enterprises brochure

Inquiry Letter

Sample Health inspection report

Sample Fire safety survey

Fire escape plan sheet

Copy of Agreement

Sample Enrollment form

Sample menu

Current Gold Rates and Ratios letter (Tier II)

Current Gold CACFP Affidavit for Providers Own Children with Cover Letter

Snacks for 16¢ handout

If we have:

Starting Your Own Family Day Care Business brochure

Redleaf Press brochure with Day Care Resources

Put in Gold Envelope

Approving New Providers ***BJ Enterprises Office Procedure***

Step I: Tiering the Provider (As per our understanding of ADE & USDA regulations.)

Get the school information at the time of the inquiry or when calling to set up the sign-up visit. All address locations are then verified using the Arizona Schools Website. Print a copy of the map from that website.

1. Look up the assigned school (it can be the elementary, middle, junior high or high school) on the current list of free and reduced price percentages and if the school is *over* 50%, mark Tier I by school on the application in "Tier Determination form" and sign it.

2. If the school doesn't qualify use the provider's address to find census determination if the school is between 40-49%, rural OR has no NSLP. Check the census information prior to scheduling the sign-up visit. If the provider qualifies by census, mark Tier I by census on the application and sign it. The web site to find the census determination is: <http://fairdata2010.com/CACFP/>.

Note: for school and census use a non-pricing income application (pink).

3. If they don't qualify by school or census, then the provider is considered to be in a Tier II area. The provider will receive a Tier II income application (gold), a Tier II reimbursement rate sheet (gold), and a "Tier Determination form."

4. If they think they are going to income qualify, use the Tier II income application (gold). They must submit documentation or verification of all the income they list. If they income qualify they can receive Tier I rates for all their day care children. Mark "Tier I by Income on the "Tier Determination form" and have them sign it.

- If waiting on income information put a copy of the application in the "incomplete tiering" file. If the necessary income information doesn't come into the office by the last day of the month, they default to Tier II rates for that month.

- Anytime a Profit/Loss Statement says it is an estimation, the application is put in the "incomplete tiering" folder and followed up on within 45 days of submission.

5. If they are Tier II and don't income qualify, they must complete the bottom part of the "Tier Determination form".

- If they choose "Tier II rates only", check "Tier II only" on Tier Determination form" have them sign it.

- If they choose "Tier II Mixed", you give them:

1. Mixed Tier letter, fully explaining their choices.

2. Green parent letters and parent income applications and return envelopes.

3. Put in the "incomplete tiering" file until we get the parent applications back.
4. Check "Tier II mixed" on the Tier Determination form" have them sign it.
5. Determine what their claimed percentage will be for their first menus or the first month they have Tier I families. Use the number of qualified enrolled claimed children over the total number of claimed enrolled children for the month. We will refigure the claimed percentages using either their first menus and thereafter their June menus for each mixed provider.
6. If the provider chooses to categorically qualify the families who participate in an eligible program listed on the application, they need only give the parent applications to qualifying families or have these families send a letter from the eligible program that they participate in, but if the provider chooses to "income qualify" the families, they are required to give all enrolled families income applications.
7. If no parent applications come in their first month they default to Tier II for the first month and can qualify for claimed percentage the first month we get parent applications.

Step II: Documents

Check to see if all documents are in, each provider's new file should include:

- o Day Care Home Provider Application • Signed, dated and tiered.
- o Agreement • Signed & dated; leave one with provider
- o Pre-approval Form • Signed & dated
- o Workshop Certification Form • Completed signed & dated
- o Child Care Food Program Standards • Signed & dated (AA only)
- o "Provider Tier Determination form". • Completed & signed.
- o Fingerprint Application • Completed & signed.
- o Fingerprint Clearance Card • After 90 days.
- o Copy of Fire Inspection and (AA only)
- o Copy of Health Inspection or (AA only)

- o If DES or DHS need a copy of current certificate.

Step III: Accounts Receivable

- Mark how much money the provider owes on accounts receivable from the new provider checklist.
- Check the health inspection amount on checklist.
- Check the fire inspection amount owed on checklist.
- All counties, check amount owed for the fingerprint clearance card on checklist. Mark down how much is still owed.

Step IV: Income qualifying

- o Income Application to Claim Provider's Own Children.
- Tier I income applications (pink) are needed for providers who live in a Tier I area (by school or census) to claim their own children.
- Tier II income application (gold) are needed to qualify for Tier I rates if the provider lives in a Tier II area. This requires copies of verification.
- If they don't income qualify, they should still complete the back of the application and sign it where it says: " They choose not to apply at this time." If they live in a Tier I area, they should sign a pink one, and if they live in a Tier II area, they should complete a gold one. **If they do not qualify they should not claim their own children.**

Step V: Provider Approval Form and Drop from State Lists

The office will send in the 8 sheets ADE requires for state approval; application, both sides of the standards, tiering determination form, health inspection form (with any corrective action), fire inspection form (with any corrective action), preapproval form and a copy of the fingerprint card or fingerprint application. The provider can start claiming the day ADE approves them.

Step VI: Set up the folders

Make two labels for each folder. Choose the color folder according to their county for their regular file. Put the other label on an enrollment folder.

Step VII: Input into computer

- Go to new provider file in computer. Fill out each section from the application and checklist.
- Expiration date should be their first to expire - the health or fire inspection.

- You must have their tiering status and income application completed in order to input. If the tiering status is incomplete, mark "inactive" until you complete the tiering process. Then follow instructions for taking people off of "hold".
- Key words should include: county, eligible or N/A and tiering status. (In computer use the key words: sch, cen, \$, mix or II)
- For mixed homes, the number of Tier I and Tier II children are needed.

Enter reviews:

- Enter the expiration date as the review for the trimester you are in.
- Enter the health and fire dates the same as the expiration date.
- Go 4 months from the expiration date and enter the next trimester.
- Go 4 months again for the last trimester OR
- Enter as area coordinator puts them on the checklist.

Put in 28-day file to wait for the 4-week visit review form.

•When the 28-day review is complete, glue the sheets on the folder and write in the date and file. Write in the start date on the sheet. Start date is not the sign-up date, but the first day the provider claims enrolled children. Area coordinators responsible for doing the 28-day review prior to the 28-day limit and must keep track of this time period and always do this first visit within the first 4 weeks the provider has day care kids **and no later**.

Notifying Providers

- Letter of confirmation will be sent to providers indicating their status and the rate of reimbursement to which they are entitled.
- Stress that classification is made based on information supplied by the provider. Provider must notify us immediately if there has been any error in reporting their school, family size, income, etc.

Tracking Tier Status

- All homes will be listed in the computer as either Tier I, Tier II or a mixed home. When claim is input, the computer will automatically calculate the proper reimbursement.
- Tier II mixed homes will be recalculated each June.
- Individual computer record for each provider has a field indicating the expiration of their tier status or their tiering reevaluation date.

Claims Process Procedures

Menus are read and counted in accordance with the "Reading Menu" section of the Policy and Procedures manual. They are then alphabetized. The meal counts are individually input into the "Minute Menu" computer software program, designed especially for the CACFP, either directly from the menus; from a summary sheet from the outlying counties or directly on-line. This customized program automatically multiplies the meal counts by the current rates for each Tier I, Tier II or a mixed home.

A "Meal Count Report" is generated for each of the four categories: Tier I, Tier II Low (straight Tier II), Tier II mixed and Tier II 100% mixed (where all families qualify for Tier I rates). These numbers are put on the claim form.

Number of homes are taken directly from these reports.

Average Daily Attendance is calculated by taking the highest meal count and dividing by the number of days in the month.

Number of Meals Served to Children: These four reports are used to transfer meal counts numbers to ADE Claim Form.

Tier I report is used for Tier I number for each separate, Tier II Mixed and Tier II 100% Mixed reports are used for the Tier I High Report and Tier II only reports and the Tier II mixed report are used to get the Tier II low Meal count. These are double checked by Director, Assistant Director and/or a Board Member.

The *Administrative Costs* are generated by the Quicken program for each category.

Verification of Eligibility

The *claims process* for *B J Enterprises* is computerized using a customized computer software program called the "Minute Menu."

Eligibility - All providers are entered in the "Minute Menu, as a Tier I or Tier II or a mixed home. No meal counts can be entered until the eligibility has been verified. We also generate a list of those eligible to claim their own which the menu readers use and double check this with the correct information on the "Master List" or in Minute Menu.

Participants - (By participants we think you mean the children of eligible families in a mixed claimed percentage home). *B J Enterprises* uses the "claimed percentage" method to calculate a mixed home's reimbursement. We divide the number of Tier I children into the total enrolled children. This "claimed percentage" is then used to separate meals served into Tier I and Tier II meals. For instance if a provider has a "claimed percentage" of 40% and serves 100 lunches, 40 lunches (100 x 40%) would be reimbursed at Tier I rates and 60 lunches (100 x 60%) would be reimbursed at Tier II rates. The "claimed

percentage” is calculated each June. In Minute Menu, the mixed home classifies each child as Tier I or Tier II and calculates the rate.

Meal service times - Providers should indicate on their application and on their annual Master List, to the best of their knowledge, at the time they are filling out the application, what the meals service times are in which they PLAN to serve meals. This will enable *B J Enterprises* to monitor the providers during actual meal service times. Meals should be served at conventional times: Breakfast served before 9:00 a.m., lunch between 11:00 a.m. and 1:00 p.m. and supper after 5:00 p.m. Snacks should be served between the main meals with at least two hours apart. U.S.D.A. states in published regulations that family child care is by it’s very essence flexible and that the meal times should vary according to the needs of the enrolled children as well as food safety issues.

Meal types: Providers are approved to serve the meal types specified on their application. If the situation changes, the provider should complete a new application. However only 2 meals and 1 snack or 2 snacks and one meal may be claimed for reimbursement per child per day.

Meal Service Times from the State Policy Manual

<i>Meal</i>	<i>Maximum duration of claimable food service</i>
Breakfast	1 ½ hours
AM Snack	1 hour
Lunch	2 hours
PM Snack	1 hour
Dinner	2 hours
Evening Snack	1 hour
<i>Meal</i>	<i>Customary Meal Times</i>
Breakfast	6 am – 9am
AM Snack	Between Breakfast and Lunch (at least 2 hours from the beginning of breakfast)
Lunch	11 am to 1 pm (2 hours from the beginning of AM snack)
PM Snack	Between Lunch and Dinner (2 hours from the beginning of Lunch)
Dinner	5 pm – 7 pm (2 hour from the beginning of PM snack)
Evening snack	After 7 pm (2 hours from the beginning of Dinner)

Be sure to have the providers mark their shift meal times on their application. For example, there may be early kids who come for breakfast and then go to school and then later kids arrive after the other ones go to school. List the two shifts of meal times. On Minute Menu on-line claiming, the shifts have to be marked on both the on-line application and each meal service time.

Fingerprint Procedures

Each new provider must have either a valid Class I Arizona Department of Public Safety (DPS) Fingerprint Clearance Card (FCC).

If they already have a Class I Fingerprint Clearance Card, all you need to do is obtain a copy of both back and front and submit the copy with your sign-up. If they don't have one we must go through the process with them to obtain a FCC.

To Obtain a Fingerprint Clearance Card, you must have the provider:

- 1.) Complete the *Applicant Fingerprint Clearance Card Application*. This is a three part sheet with a red number in the top right hand corner. We send the top copy to DPS, keep the yellow copy in the provider file and leave pink copy with provider.
- 2.) Rolled and completed DPS *Fingerprint Card*. Make sure it is filled out in black ink. Follow the instructions on the pink instruction sheet. This is sent with the application and \$67.00 to DPS.
- 3.) Write the \$67.00 check to *BJ Enterprises*. DPS will only accept a business check, not a personal check.
- 4.) Complete a *Criminal History Affidavit, Class I*. They must mark "yes" or "no" to each question. It must be notarized. This is kept in the provider file. Is needed if we do the fingerprinting, no if they have a FCC.
- 5.) A copy of their Fingerprint Clearance Card. We need a copy of the front and back side within 90 days of their application. **If we do not have the card they cannot claim after the 90 day limit.** This will be kept in the provider file and the number and expiration date must be on the provider application.

Send the fingerprint packet in as soon as possible with the entire sign-up. **We need those prints and application immediately so we can mail it to DPS within 7 days. This is very important.**

Denial and Suspension

If we haven't received the copy of the FCC by the 90th day after application or if they are going through the "good cause exception hearing" we have to suspend them from the food program until we receive the copy of a valid fingerprint clearance card. If the provider is not eligible for a good cause exception hearing or was denied, the provider will be dropped immediately. The provider will be reimbursed for meals up to the day of termination.

Monthly “Review List”

The due date of the “Fingerprint CC” will show up on your review lists. You need to call the provider and remind her to mail a copy of her new fingerprint clearance card if we haven’t received it within the 90 days or if it has expired. If we don’t get it she will be put on hold until we receive the copy.

Reprints

If they get a letter rejecting their fingerprints, you can retake them or send them to another place to have them rolled. We still have the option of having providers go to the police department at 620 West Washington to have the prints scanned instead of rolled, if they were too difficult to roll.

Remind Providers:

- To call if they get a letter rejecting the prints.
- Send in a copy of their Fingerprint Clearance Card

To Stay With Provider:

- *Instructions for completing Application Form*, white sheet on top of Application, (this has the phone number of DPS in case she has any questions).
- Pink copy of *Applicant Fingerprint Clearance Card Application*
- Fingerprint Clearance Card (within 90 days of application)

To Go To DPS:

- White copy of the *Fingerprint Clearance Card Application*
- Completed (black ink only) Fingerprint Card

To Go In Providers File In Office:

- Yellow copy of the Fingerprint Clearance Card Application
- Notarized *Criminal History Affidavit, Class I*.
- Copy of front and back of *Fingerprint Clearance Card* (within 90 days of application)

Fingerprint packets to be brought to new sign-ups include:

- *Applicant Fingerprint Clearance Card Application with instructions*
- *DPS Fingerprint Card*
- *Criminal History Affidavit (Class I)* if they need it.

Renewal of the Fingerprint Clearance Card

If the provider has a fingerprint clearance card but it is expiring, you need to treat them like a new provider and start over with a new application and follow the same procedures. Be sure to put the old number in the top right hand corner of the application and check that it is a renewal. Look at your review list and complete the fingerprints application in the trimester **before** the FCC expires.

Fingerprint Office Procedures

When to process:

The office will process the fingerprint application/cards as they are received. They will be submitted to DPS weekly.

How to process them for DPS:

The office will double check for:

- black ink
- completeness of card (write in “reason fingerprinted” = child care, ARS 46-321.)
- date card, if not dated
- completeness of application (make sure that Dept. of Ed. is checked, the \$67.00 is checked and it is dated same as the card.

Pull apart the application, put the white copy with the fingerprint card, fold it to fit in the envelope.

Count the number of applications/cards and request a check for the total for DPS. Mail that day in the given envelopes.

Put the yellow copy of the application in with the sign-up.

How to keep track:

Mark the dates on the “checklist” to enter into the computer. The date due for the review would be 3 months (90 days) from the day the application was submitted to DPS.

Fingerprints that are due are on the review lists. It is up to the area coordinator to get the application and card to the provider or to roll the fingerprints. If it is a renewal be sure to submit it 6 months before the previous one expires.

If they are resubmitted because the computer couldn't read the prints, the due date will be moved up to 90 days from the new submission date.

At each contact, the area coordinator will remind the new provider to send a copy of the card when she receives it, especially the first review after the 4-week visit. This is usually coincides with the FCC due date.

How to file:

When a copy of the FCC comes into the office, enter the new expiration date into the computer, and file it in the provider file.

Tiering Re-evaluation Procedures

The office prints “re-evaluation due” list before the beginning of each trimester (September, January and May). All providers who need re-evaluation during the trimester are to be re-evaluated before the trimester starts. For example, in September we would look at who is due Oct, Nov, Dec, and Jan. All those due those four months will be re-evaluated in September for October. Use the blue “Provider Tiering Determination” form to document this.

1. Map the address on the Arizona Schools Website (<http://arizona.hometownlocator.com/schools/>)
Type the address of the provider in the “Search AZ address” section. Check mark Primary, Middle and High schools. Then push the “GO” button.
2. Print a copy of the map. This means money.
3. If it is unclear on the map, call the school district and verify, using the form for verification. Be sure to write the date and the contact person you used at the school district.
4. Look up the school in the current “free and reduced price % list”. Write the school district name and the name of the school and the F/R % on the blue form.
5. Complete the tiering determination date (the day you’re filling it out) and the tiering re-evaluation date – 5 years from the determination date.
6. If the school is 50% or more then the provider would be in a Tier I area. Mark Tier I by location box. If the school is 49% or lower then they live in a Tier II school area bring it to Katie’s or Bev’s attention immediately.
7. The office will run a Census report on her.
8. Staple the blue form, the map and the F/R page together for input. Highlight the school name on the page of the F/R list.

All mixed and Tier II providers will be re-evaluated each time a new school list is mailed to us, usually in Oct. or Nov. and again when income applications are due.

10/14

Insert the Provider **Tiering Determination Form**

BJ Enterprises CACFP TIERING FLOW CHART

Reviews/Inspections/Certification BJ Enterprises Office Procedures

At the beginning of the fiscal year, the office runs a "Fiscal Year" review list for each area coordinator. Each area coordinator should check the review list against the provider list to ensure every provider is scheduled for each trimester. Once a list is run, it is outdated because of the constant changes, providers going off, providers going on hold and new providers. The area coordinators get a new trimester list at the beginning of each trimester and a monthly review list to use to schedule the provider monthly reviews. Each trimester the A.C. needs to compare the review list and make sure each provider is scheduled for a review. These review lists are constantly updated.

The monthly review list includes reviews and inspections that are due the next month. This includes fire inspections, fingerprint expirations and "Yet To Do" reviews (reviews not completed the previous month, providers on hold, "no kid" reviews, etc.). *The area coordinators check this against their master list of reviews as a double check so they didn't miss anyone.* The area coordinator can request this list anytime they want and have it sorted by name, due date or zip code.

The month prior to when the DES, DHS, health/fire inspections expire, the office runs a computer list called "Monthly Expirations". At this time the office sends a list of expirations to each area coordinator (with whom it was ordered by) as a reminder to complete the fire inspections, standards and collect fingerprint clearance cards with their trimester reviews. This again is a double check to make sure they have their fire inspections on the list.

The last day of the month, the area coordinators mail their paperwork to the office, including their expense recap sheet, the reviews, follow-up to the inspections and child care standard forms that were completed during the previous month. The office inputs the reviews and inspections into the computer. A "Yet To Do" list of reviews and inspections is then run. The office checks with each area coordinator monthly to see why the reviews were missed. These reviews are then added to next month's reviews.

After inputting reviews and inspections into the computer, the office or area coordinator compares the review form with what was claimed on the menu and meal count sheet. This is a quality control edit check. If there is a discrepancy, the meals will be disallowed.

The review and inspection forms are then filed in the provider file and the date is listed on the inside of the folder. The date of the review is recorded and a "U" written next to the date to designate an unannounced visit. The office double checks to make sure the review is done within the time frame allowed and at least two unannounced visits are completed per fiscal year. A physical file check is done at the end of each trimester to ensure these guidelines are followed.

INFORMATION CHANGE FORM

Provider Name _____ Date _____

ⒸChange of Address/Phone Number/Name

ⒸNew
Address _____
ⒸNew Phone # _____ ⒸNew Name _____
ⒸHealth Ordered Date _____ ⒸNew Fire
Date _____
ⒸDES Expiration Date _____ ⒸDHS Expiration
Date _____

ⒸRe-Tier When Moved

District _____ School _____ % Verified _____ Date _____
From: ⒸTier I by Ⓒsch Ⓒ\$ or Ⓒ Cen ⒸMixed ⒸTier
II
To New Status: ⒸTier I by Ⓒsch Ⓒ\$ or Ⓒ Cen ⒸMixed ⒸTier II
ⒸNeed Income Verification by

ⒸWaiting on census _____ ⒸWaiting on parent information (mixed)

ⒸChange of Status

From: ⒸDES ⒸDHS ⒸAA
To New Status: ⒸDES ⒸDHS ⒸAA
ⒸFingerprints taken: _____
ⒸNew Health Date: _____ ⒸNew Fire Date _____
ⒸNew Expiration Date _____ ⒸDES Expiration Date _____

ⒸChange of Active/Inactive

ⒸActive Date _____
ⒸInactive Date _____

ⒸChange of Schedule for Reviews and/or Fire

Ⓒ 28 Day Date _____
ⒸTri 1 Date _____
ⒸTri 2 Date _____
ⒸTri 3 Date _____

©Off Program Changes

©Off Program Date _____ Off State List Date: _____

*Note: Be sure to put in the provider's name, check the section above to designate the type of change, and fill in the date.

Each person who moves has to re- tiered before a new month's menus is processed.

Area Coordinator _____

White Copy = Office

Yellow Copy = Area Coordinator

10/14

BJ Enterprises Office Procedure Information Change Form

Anytime there is a change with the provider, you must complete a "Change of Information" form in duplicate. One copy is for the area coordinator and the other one to the office for input and the provider's file. This is very important because any change could affect their tiering status. We need to do this in a timely manner.

Change of Address or Phone Number.

If a provider moves, new fire/health inspections or a new certificate is required and they have to be approved by ADE prior to claiming at their new home. They need to be tiered at their new home. The office requests a new health and fire inspection (or the Area coordinator in the outlying counties). Complete this section also if a provider changes her name. A new application and standards is also required. If a person moves you need:

- to re-tier
- a new health inspection(AA) OR new certificate
- a new fire inspection (AA)
- a new application (AA)
- new child care standards (AA)
- change of reviews & new expiration date
- approval by ADE prior to claiming at new house

Change of Tier

A person can change a tier if they move or if their tiering expires (you must complete a "Provider Tiering Determination" form with the appropriate back-up.

Any time a person moves, they have to be re-tiered prior to processing the menu for the month that they move.

Change of Status

If they are changing from DHS/DES to AA, request a fire and health inspection. You will also need to complete the "Change of Schedule for Reviews ."

If a person changes certification, you need:

- a new application
- change of reviews & new expiration date
- a new health inspection (AA)
- a new fire inspection(AA)
- new child care standards (AA)
- submit information to state by approval not needed

Change from AA to DES/DHS or visa a versa

- a new application
- a change of reviews and new expiration date
- certificate or license
- submit information to state by approval not needed

Change of Active/Inactive

When a provider goes off of hold, we need to reschedule their reviews, and make sure that they have been tiered. We need this information as quickly as possible.

If a person on hold is reactivated you need:

- to make sure their tiering status did not change
- to be reviewed immediately
- make sure all inspections are current
- a current income application is on file
- an Enrollment Master List and new enrollments are on file

Change of Schedule for Reviews and/or Fire

You need to keep the office posted. If a new provider doesn't yet have day care kids, you may reschedule their 28-day review. It must be completed within 4 weeks of their first claiming day care children. You need to change the schedule when a person moves, changes their status and

possibly when they become active after being on hold.

Off Program

When you call to schedule a review or when you do a drop in visit and the provider says she is not on the program anymore, always get a date and send the change form in immediately.

Descriptions

Explanation of Status

Provider's Participation On Hold

Provider Transfer Policy

Provider Termination Policy & Procedures

Provider Appeal Procedures

Explanation of Status

Arizona does not have licensing for family child care homes for those taking care of 4 children or less.

The following homes are eligible to participate in the Child Care Food Program.

- **DES** home, only a copy of their certificate is required.
- **DHS** group homes, a copy of their license is required.
- **Alternate Approval** providers must be:
 - Be 18 years of age.
 - Complete the child care standards safety checklist (current year)
 - Receive a satisfactory health/sanitation inspection report
 - Receive a satisfactory fire/safety survey
 - Have current CPR/First Aid cards
 - Complete a fingerprint clearance card from DPS
 - ADE Approval
- **Relative Care** (are fingerprinted with DES, but otherwise treated as AA) this is where DES certifies the person to care for a relative but doesn't certify the home.
 - Be 18 years of age.
 - Complete the child care standards safety checklist (current year)
 - Receive a satisfactory health/sanitation inspection report
 - Receive a satisfactory fire/safety survey
 - Have current CPR/First Aid cards
 - Complete a fingerprint clearance card from DPS
 - ADE Approval
- **Change of Status**
 - From DES or DHS to AA or from AA to DES/DHS see the Information Change Form Instructions in previous chapter.

Provider's Participation On Hold

Participation in the CACFP will be put on the **inactive list** under the following circumstances:

- A. If the Agency hasn't received a copy of their fingerprint clearance card within 90 days of being submitted to DPS. They can start claiming again as soon as we receive a copy of their fingerprint clearance card.
- B. They are in the process of appealing the fingerprint clearance. They can start claiming again as soon as we receive a copy of their fingerprint clearance card.
- C. If there is more than 6 months between reviews. They can start to claim once a review is completed.
- D. If the don't have day care children. They can start to claim once they get at least 1 day care child.

***BJ Enterprises* Policy and Procedure for Provider's Suspension**

Steps in the Suspension Process for Homes

An imminent threat to the health or safety of participants and engaging in activities that threaten the public health or safety constitute serious deficiencies (7 CFR § 226.16(l)(2)(vi)); however, *BJ Enterprises* will use the procedures outlined and provide the day care home notice of the suspension of participation, serious deficiency, and proposed termination of the day care home's agreement.

- 1) If State or local health or licensing officials have cited a day care home for serious health or safety violations, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval. If the *BJ Enterprises* determines there is an imminent threat to the health or safety of participants at a day care home (during a visit), or if the home has engaged in activities that threaten the public health or safety, and the licensing agency cannot make an immediate onsite visit, the sponsoring organization must immediately notify the appropriate State or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities.

- 2) If step one applies, *BJ Enterprises* must notify the day care home that its participation has been suspended, that the day care home has been determined to be seriously deficient, and that *BJ Enterprises* proposes to terminate the day care home's agreement for cause. A copy of this notice is sent to ADE. The notice must:
 - Specify the serious deficiency(ies) found
 - Inform the day care home of its opportunity for an administrative review of the proposed termination
 - State that participation (including all Program payments) will remain suspended until the administrative review is concluded
 - Inform the day care home that if the administrative review official overturns the suspension, the day care home may claim reimbursement for eligible meals served during the suspension
 - Inform the day care home that termination of the day care home's agreement will result in the placement of the day care home on the National Disqualified List
 - State that if the day care home seeks to voluntarily terminate its agreement after receiving notice of proposed termination, the day care home will still be terminated for cause and disqualified

Provider Transfers

Transferring between Sponsoring Organizations:

A provider who wishes to transfer from another Sponsoring Organization must c
follow their specific requirements in the ADE state policy manual.

FY 2014

BJ Enterprises Technical Assistance & Corrective Action Policy & Procedures

If there is a problem during a home visit or when reading a menu, please follow these guidelines. The first step is to give the providers technical assistance (TA). Document any TA on the review form. Use the separate correction action plan if they need corrective action.

The corrective action should include the provider's full name, address and date of birth. The provider needs to submit a written policy and procedure that:

1. States what the deficiency is
2. What steps will be taken to ensure the problem is permanently corrected
3. Who is responsible for ensuring this policy is adhered to
4. When the policy will be implemented and
5. Where will the appropriate records be retained.

The providers will use the "BJ Enterprises Provider Response Form". See attachment.

If the corrective action is not completed by the due date, the provider must be deemed serious deficient and the you must follow the process for serious deficiency.

The area coordinators will track all their TA and CA for timeliness and completeness. The Director/ Assistant Director will provide guidance and supervision.

Technical Assistance

1. ***Correct the problem immediately during the visit, give technical assistance and document on the review form if:***
 - Meal pattern problem- claiming non-creditable food, missing a component etc. (Give TA during visit but DISALLOW any non-creditable meals.)
 - Portion size problems. (TA is to go over crediting food guide and make recommendations on review form and to provider.)
 - No "Building for Future poster. (TA is to give them one.)
 - No WIC brochure. (TA is to give them one.)
 - Health and Safety requirements are not met, such as:
 - No 911 sticker. (TA is to give them one.)
 - Cleaning supplies not locked up or latched. (TA is to lock or move them)
 - Open plug covers and they have plug covers. (TA is to give them some.)
 - Vitamins/ medicines/ toxic products are not locked or latched. (TA is to lock or move them.)
2. ***Document Technical Assistance for provider and have provider send proof of correcting the problem within the month if (can be sent with next menus unless specified).***

- Provider has claimed more than 4 kids for compensation, disallow all meals.
- Provider has more than 6 kids total in attendance, disallow all meals during the over ratio period. (Follow the “Over Ratio Policy”)
- No menu for previous day or a couple of days (Disallow meals in red pen on actual menu).
- No sign in/outs for previous day or a couple of days (Disallow meals in red pen on actual menu).
- Provider has a child in attendance on the menu but no enrollment form on file. (TA should be to get an enrollment.)
- Meals are claimed closer than 2 hours apart. (TA should be new application)
- Health /fire surveys are satisfactory but have minor deficiencies such as:
 - No plug covers (TA is to give them plug covers or send in receipt)
 - No dog vaccinations (TA is copy of shot record from vet)
 - No fire escape plan (TA is copy of plan)
 - No fire extinguisher or current one needs re-tagging (need a receipt)
 - Insect problems
 - Swing set not secure in ground, etc.
 - No refrigerator thermometer (need a receipt)
 - No back flow preventer (need a receipt)
 - No lid on garbage container (need a receipt)
 - Utensils in poor condition
 - Toys appear dirty.
 - Excessive pet dropping around play area.
 - No pump soap and/or paper towel in bathroom etc.
- Provider has a different kids than normal (amount or actual kids)
- Is caring for a kid that is not on menu or has no enrollment (Obtain an enrollment form and make sure they are on both copies of the Master List).
- No children there (Complete a “No Kids” review). Check against menu and make sure no meal was claimed. (TA=send in new agreement/contract.)
- No one is home. Disallow meals if you were there during a meal service. (TA=send in new agreement/contract.)
- No menus (for the month until day of review.) Disallow all meals that were not recorded. (TA = send menus in once/week for a month.
- No sign in/out sheets (for the month until day of review.) Disallow all meals that the kids were not signed in or out. (TA=send in sign in/out sheets for a month.)
- Provider claims same kids for the same meal everyday; except for day of review. (TA – send out parent verifications)
- Provider claims maximum everyday except day of review (100% attendance) (TA – send out parent verifications)

3. *The provider should be put on "inactive" and the Director notified until we are able to complete an unannounced review if:*

- No review has been done for 6 months.

Corrective Action

If any of the previous problems occur a second time on a visit, the the area coordinator should have the provider complete a corrective action. She will track when the CA was sent out and when it's received and whether is is complete.

She gives it to the Director or Assistant Director for approval before the Office Manager files it.

8/14

BJ Enterprises Corrective Action Form

Provider Name _____ Date of Visit/Deficiency _____

Deficiency:

- Failure to keep required records
 - Menus
 - Attendance records
 - Sign in/out sheets
 - Enrollment forms
- Over capacity
- Failure to contact the office when not home during a meal service times as required in the sponsor-provider agreement
- Meal components do not meet CACFP requirements
- Meal times do not agree with times on the provider's application

The corrective action policy letter must include the provider's full name, address and date of birth.

Provider needs to submit a written policy and procedure that:

1. States what the deficiency is
2. What steps will be taken to ensure the problem is permanently corrected
3. Who is responsible for ensuring this policy is adhered to
4. When will the policy be implemented
5. Where will the appropriate records be retained

Date policy/procedure is due: _____

All corrections must be maintained permanently, failure to maintain the corrections will result in your being deemed seriously deficient.

Submit all documentation by the due date listed above to the following address:

BJ Enterprises
P. O. Box 10189

This institution is an equal opportunity provider and employer.

BJ Enterprises Provider Response Form

Provider Name: _____ Date: _____

Address: _____ Date of Birth: _____

1. Deficiency: _____

2. What policy/procedure will be taken to permanently correct the deficiency:

3. Who is responsible for ensuring the policy is adhered to?

4. When will the policy be implemented?

5. Where will the appropriate records be kept?

Please use additional paper if needed.

Submit all documentation by the due date listed above to the following address:

This institution is an equal opportunity provider and employer.

Provider Serious Deficiency and Termination Policy and Procedures (As approved by ADE 2014)

BJ Enterprises gives every reasonable opportunity for the provider to correct the problems. *BJ Enterprises* also provides additional training and technical assistance to the provider if applicable.

Corrective action procedures may take into consideration the following special extenuating circumstances: new participants on the program, language barriers and literacy barriers, or other documented special circumstances. These circumstances may require extra technical assistance. Technical assistance may continue as long as providers are showing improvement. Documentation must indicate when the provider has completed corrective action or, if no improvement is made, the provider may be declared seriously deficient.

There are three ways for a provider to terminate from CACFP:

1. **Provider's request.** Reasons for a provider requesting termination of their agreement may include:

- No longer doing child care,
- No longer wants to participate in CACFP,

Wants to change SO's. **This is considered a transfer not a termination.**

2. **Convenience** of the Sponsoring Organization. Reasons for dropping a home for convenience may include:

- Inaccessibility of the home.
- *BJ Enterprises* financial and geographic considerations.
- *BJ Enterprises* cannot meet the needs of the provider.
- Any other reason of convenience.

A provider dropped for convenience may subsequently enroll with

another SO.

Before dropping a home for cause, the provider must be given every reasonable opportunity to correct problems and be given additional training and technical assistance by the *BJ Enterprises*.

3. **Cause** - *BJ Enterprises* will drop a provider for cause if they have been deemed seriously deficient and failed to complete the corrective action specified in the written corrective action plan or failed to permanently correct a previous deficiency. Once a corrective action plan has been assigned, she must be given adequate time to complete the corrective action. The time frame may be determined by the staff and can vary from problem to problem, but should not exceed 30 days.

The following process must be followed if the SO is terminating a provider for for cause unless:

- Failure of the provider to pass the fingerprint check.
- A revoked DES or DHS certificate.
- A substantiated Child Protective Services (CPS) complaint.
- Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE).

As described in 7 CFR § 226.16(1)(2), the sponsoring organization must initiate action to terminate the agreement of a day care home for cause if the sponsoring organization determines that the day care home has committed one or more of the following serious deficiencies and corrective action has not been completed by the deadline:

- (i) Submission of false information on CACFP applications
- (ii) Submission of false claims for reimbursement
- (iii) Simultaneous participation under more than one sponsoring organization
- (iv) Non-compliance with the CACFP meal pattern
- (v) Failure to keep required records
- (vi) Conduct or conditions that threaten the safety of a child(ren) in care, or the public health or safety (imminent threat to health and safety)
- (vii) Day care provider has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, anti-trust 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 integrity as defined by the State agency, or the concealment of such a conviction
- (viii) Failure to participate in training
- (ix) Any other circumstance related to non-performance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency

Serious Deficiency Process

The following are the steps in the Serious Deficiency Process for *BJ Enterprises* Family Child Care Homes:

BJ Enterprises will determine whether a specific problem rises to the level of serious deficiency based on:

- type of problem
- severity of the problem
- frequency of the problem

BJ Enterprises's staff will follow the "*BJ Enterprises* Corrective Action Policy & Procedures" and will determine the threshold for a serious deficiency on an individual basis as determined by the Director or Assistant Director.

If *BJ Enterprises* determines that the problem is a "serious deficiency", the second step is to send the provider a written notice of serious deficiency (unless the serious deficiency constitutes an imminent threat to health or safety, in which case the sponsor must follow the procedures for suspension of participation for day care home (7 CFR § 226.16(1)(4)). A copy of the serious deficiency notice must be sent to ADE, within 30 days. The notice must:

- Inform the provider that she is seriously deficient
- Describe the nature of the serious deficiency, with a specific regulatory citation to § 226.16(1)(2) (listed above)
- Clearly describe the measurable corrective action the home must take
- Specify the deadline for corrective action, which must not exceed 30 days
- State that the serious deficiency is not subject to appeal
- State that failure to fully and permanently correct the serious deficiency by the deadline will result in the proposed termination of the home's agreement and the proposed disqualification of the home and its principals
- State that the home's voluntary termination of the agreement after having been declared seriously deficient will result in the home's termination and disqualification.

At the end of the time frame specified, the SO determines whether the corrective action has been fully and permanently corrected. If the deficiency has been corrected *BJ Enterprises* will defer the serious deficiency and the provider can continue CACFP participation. *BJ Enterprises* will notify the provider that the determination of serious deficiency has been deferred within 30 days of receiving the corrective action within 30 days of the due date. A copy is sent to ADE.

An unannounced review should be conducted within 90 days to ensure corrective action has been implemented. This will be documented on the review form.

If the provider fails to implement timely corrective action to fully and permanently correct the serious deficiency, *BJ Enterprises* will issue a written

notice of proposed termination and disqualification of the provider's agreement. (A copy is sent to ADE) This certified letter must include:

- Inform the provider that the sponsor is proposing to terminate the home's agreement to participate in CACFP for cause, and to place the provider on the National Disqualified List
- Inform the provider of the procedures and timeframes for seeking an appeal;
- Inform the provider that they will continue to receive payment for valid claims submitted until the expiration of the timeframe for filing an appeal, or until the resolution of the appeal
- State that, if the provider does not appeal the proposed termination, the sponsor will terminate the home's agreement for cause and send the provider's name and other information to the State agency, for placement on the National Disqualified List
- State that the home's voluntary termination of the agreement after having received the notice of intent to terminate will still result in the home's formal termination and disqualification

•If the provider appeals, she is to be paid for any valid claims during the appeals process.

•If the provider requests an appeal within the required timeframes, *BJ Enterprises* will send the Appeals Board all materials and documents necessary for the board to make a determination before the appeal date. Once the appeal hearing has been completed, the appeals board will rule either in favor of the provider or Sponsor.

•If the Appeals Board rules in favor of the provider, *BJ Enterprises* will send the provider a notice withdrawing the proposed termination and disqualification. A copy is sent to ADE.

•However if any debt relating to the serious deficiency has not been repaid, the provider must repay the debt.

Agreement Termination and Disqualification

BJ Enterprises will immediately terminate the day care home's agreement and disqualify the provider when the administrative review (appeal) official upholds the sponsor's proposed termination and proposed disqualification. At the same time, the notice of termination and disqualification is issued to the provider and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

If the provider does not request an administrative review, *BJ Enterprises* will

immediately terminate the provider's agreement and disqualify the home when the opportunity to request the administrative review (appeal) expires. At the same time, the notice of termination and disqualification is issued to the provider and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

If the provider self-terminates during the serious deficiency process, *BJ Enterprises* will immediately terminate the provider's agreement and disqualify the home. At the same time, the notice of termination and disqualification is issued to the provider and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

(These procedures are written as per our understanding of ADE & USDA regulations, including but not exclusive of and not limited to. It was approved by ADE in 2014)

BJ Enterprises 1/13

Child and Adult Care Food Program Provider Appeal Process - FY 2015

(A copy of this was sent to each provider with her enrollment renewal packet.)

Child care providers participating on the Child and Adult Care Food Program (CACFP) can be dropped from the program if their home is found to be “seriously deficient” in its operation of CACFP and their corrective action has not been fully and permanently completed. If a home is found to be “seriously deficient”, the sponsor will follow the “termination policy”. A provider may appeal for other reasons including participation denial.

Child care providers may appeal their termination from participating on the food program when dropped for cause **except when the reason for termination is:**

- Failure of the provider to pass the fingerprint check
- A revoked DES or DHS certificate
- A substantiated Child Protective Services (CPS) complaint
- Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE)

To appeal, providers must follow the procedures outlined:

1. Provider must request an appeal in writing via certified mail to their sponsoring organization *no later than 10 working days* after receiving the certified letter of intent to terminate indicating their participation on the CACFP will be terminated. This letter should summarize the providers reasons for why they feel their participation should not be terminated. The sponsor will acknowledge the request for an appeal within 10 working days.
2. A hearing date and time will be set within 30 calendar days of the receipt of the provider's request for an appeal.
3. An appeal board, consisting of three sponsoring organizations other than the provider's current sponsor will hear the providers case. An ADE representative will be available to provide technical assistance on Federal and State policies, if possible.
4. Notification of the outcome of the hearing will be sent by certified mail from the Sponsoring Organization within 5 working days. If the termination is upheld, the provider cannot participate on the CACFP anywhere in the United States for 7 years and will be placed on the National Disqualified List. If the termination is nullified, the provider may participate on the CACFP as long as the corrective action is fully and permanently corrected as determined by the appeal board.
5. Providers may continue to claim throughout the appeal process, per USDA regulations, unless they are on *suspension* due to an imminent threat to the health and safety of the children. They will follow the termination policy on “suspensions” and not claim during the suspension.
6. Providers may not transfer to another Sponsoring agency during the appeal process.
7. Providers may not voluntarily terminate during the appeal process or they will be terminated for cause and put on the National Disqualified list.

8. Providers forfeit their right to appeal if they fail to meet any of the deadlines outlined in this process or if they fail to appear for the scheduled hearing.

The AZ FDCH Sponsors' Network, 8/03

Sign-ups

Sign-Up Visit Policy and Procedure

Goals for Enrollment of New Homes

Approval Date

Sign-up Packet Materials List

Checklist For Signing-Up New Providers

Application

Agreements

Provider Contract

Pre-approval Visit Form

Workshop Certification Form

CACFP Child Care Standards

Building For The Future Flyer

Fingerprint Card & Application Instructions

Fingerprint Application

Criminal History Affidavit - Class II

Rates and Ratios Letters - Tier I and Tier II

Where & When to Mail - Maricopa County

Where & When to Mail - Outlying Counties

Official Documents Letter

New Providers Pre-Approval and Sign-Up Visit Policy and Procedures

The "Sign-up" visit is usually the initial meeting with the provider. You will train the applicant on CACFP requirements and other information needed to participate successfully and answer many of their questions as well. This visit will be the beginning of a rewarding and productive relationship between you, the provider and *BJ Enterprises*. It is extremely important that you be punctual, well prepared and conduct yourself in a friendly and professional manner. The "Sign-Up Packet" is your primary training tool at this visit but you also need to use the appropriate, current "Checklist for Signing-Up New Providers (DES, DHS or Alternate Approval) to ensure you collect ALL the necessary paperwork. The "Pre-approval Visit Form" is also an important tool to ensure covering the necessary materials.

A sign-up visit is usually conducted as soon as your are positive the provider is 1) serious about CCFP or is actively working on their DES or DHS certificate or, 2) when an AA provider has had their fire/health inspections ordered and/or completed and completed the fingerprint card application or has a current fingerprint clearance card or 3) at the convenience of the provider and area coordinator. It is preferable to go as soon as possible.

Providers who are known to be on the program with another sponsor should not be contacted. If a contact is made unknowingly with a provider already participating, you should terminate the conversation at the point of determining the provider participation and commend the provider for her participation on CACFP.

Guidelines for a Sign-up Visit:

1. Promptly schedule appointments to enroll interested persons in your area.
2. Bring a complete "Sign-Up Packet" with you.
3. Schedule enough time to complete the visit and fire safety survey (1- 2 hours).
4. Be sure to cover menu pattern and portion requirement sufficiently. Remind them that you will review this at their 4-week visit, if possible before they send in their first menu.
5. Use the appropriate "Checklist for Signing-Up New Providers" to make sure you have the provider sign and complete all the necessary paperwork.
6. Roll fingerprints and complete fingerprint application or collect a copy of their fingerprint clearance card. You need a criminal history affidavit, class I.
7. Double-check all paperwork. Make sure all is complete and signed!
8. Fax the items that need to be submitted to ADE. See fax sheet on next page.

8. Promptly mail the *completed* sign-up to the office, be sure to schedule your reviews on the bottom of the checklist before you send them in. It is critical to Schedule and complete the 28-day review in a timely manner.
9. The office will complete the "Fingerprint Date" for AA providers and enter the 90-day date on your review list.

Goals for Enrollment of New Homes

Due to the extremely high turnover of providers (approximately 200% turnover annually) in the State of Arizona it is necessary to recruit at least half the number of currently participating providers to retain our numbers plus more to have any growth occur. In calculating a 10% increase per county, as well as increasing the number of monolingual Spanish language providers, we will have to recruit 200 providers during this fiscal year.

Apache County	10 providers
Navajo County	20 providers
Gila County	10 providers
Maricopa County	50 providers
Spanish only providers	15 providers
Mohave County	10 providers
La Paz Counties	5 providers
<u>Yavapai County</u>	<u>30 providers</u>
Total	120 providers

Approval Date

The approval date of AA providers is the date ADE approves the provider. All the necessary inspections (fire & health) and required paperwork was completed as well as the agreement signed. This date is very important to the provider because she will be reimbursed from the approval if qualifying meals are recorded for enrolled children. She cannot claim she has been approved by ADE.

The approval date for DES or DHS providers is the day ADE approves them.

The start date is the first day they have child care after they have been approved. If they don't yet have childcare kids, write "no kids yet" in the "start date" section of the checklist. Then you must keep in contact with the provider. As soon as the provider has day care children, send in a "Change of Information form" with the start date. The start date is very important and you must stay on top of this.

The 28-day visit must be completed within 28 day from the start day or the first day she claims enrolled children in her childcare. The 28 days is written in stone. If you are late doing a 28-day visit, the meals before that date must be disallowed. Review the meal pattern and portion size requirements again using her menu as the training tool. Reinforce the necessity of marking meal counts daily basis. **This is a requirement. You must disallow any meals that don't meet the meal pattern requirements.**

Schedule the reviews on the bottom of the checklist, prior to sending the "sign-up" to the office. You should always schedule the reviews from the trimester you're doing the sign-up in. Count four months and schedule the next trimester review and another 4 months to schedule the following trimester. Or schedule them according the months you work more hours, as long as they're within the required time periods.

Sign-up Packet Materials

Left side in front (See checklists for what needs to be returned.)

Application
Agreements (2, 1 is left with provider)
Provider Contract
Pre-approval
Workshop certification
Alternate approval standards (if applicable)
Where and When to Mail
Certificate of completion
25-30 Menu/Meal Count sheets
Enrollment Master List
Enrollment Instructions
6 Return envelopes
8 Enrollments
Sign In/Out Sheets
Sample Meal Count Sheet
Infant Menu
Sample Infant Menu
2 sets of sample menus
Points to remember when making menus
Common mistakes
Brochure
Business card

Right side of folder

Sitter poster
911 stickers
Juice information
Crediting Foods Guide
Infant Meal Patterns
Summa Information
CCR & R
Liability Insurance
Old Newsletters
Medical Authorization Form
Hand Washing Chart
Listen To The Baby/Breastfeeding
Building For The Future
WIC brochure

Bring With You

Income application (Know which one you should take, either Tier I and Tier II)
Fingerprint packets with card, application, criminal history affidavit
Appropriate Checklist for signing-up Providers – either AA, DES, DHS or transfer

CHECKLIST FOR SIGNING-UP NEW PROVIDERS ALTERNATE APPROVAL

Provider Name _____ Area Coordinator _____

Date: To be completed at time of sign-up visit:

- _____ 1. **Day Care Home Provider Application (newest one)**
 •Make sure it’s completed, signed, has the last 4 digits of social security #, meals as ADE requires.
 If they mark that meals vary – explain!
 •If they have a substitute provider – get the FPC.
- _____ 2. **Provider Tiering Determination Form.** This should be the AZ Schools website map, and a copy of the Free/Reduced % with the correct school highlighted. If the home is mixed, complete the Tier II Provider Choice of Reimbursement section and leave the requested # of parent applications.
- _____ 3. **Permanent Agreement**
 •Complete 2 agreements, signed. Leave 1 of with provider.
- _____ 4. **Provider Contract** – Complete both, sign and staple to agreement.
- _____ 5. **Child Care Food Program Standards** – Use most current one.
 •Have provider read, mark and sign. Note any corrective action. Leave one with provider.
- _____ 6. **Pre-approval Form -**
 •Signed by provider and trainer.
- _____ 7. **Workshop Certification Form -**
 •Signed by provider and trainer.
- _____ 8. **Criminal History Affidavit, Class I.**
 •Signed by provider and notarized.

Date: To be obtained at sign-up or leave envelope to have them mail to office.

- _____ 9. **Copy of Fire Inspection** Ⓢ Take \$\$ _____ out of food check _____ Initials
- _____ 10. **Copy of Health Inspection** Ⓢ Take \$\$ _____ out of food check _____ Initials
- _____ 11. **Fingerprint Card -** Use only black ink. Follow instructions. **DO NOT DATE**
 FP Card # if already has _____
- _____ 12. **Fingerprint Application** (NCR 2 part form. Use only black ink)
- _____ 13. **Income Applications.**
 Use a Tier I (pink) application for provider living in Tier I areas. Use a Tier II (gold) application for all others. If they live in a Tier II area and think they can income qualify they need **documentation of their income**, including day care income and child support. **Get this while you are there. If they do not income qualify they cannot claim their own children.**
- _____ 14. For providers who choose to be a “Mixed Tier II Home”. Leave parent letters, income applications, and return envelopes with the provider. These need to be in prior to first menu.
- _____ 15. **\$67.00** for processing fingerprints. Please try to collect while there.
 Ⓢ Take \$\$ _____ out of food
 check _____ Initials
- _____ 16. Initial that you have given **WIC brochure & Building for The Future** Poster.

Amount due _____ **Amount received** _____ **Amount still owed** _____

To be mailed in with their first months menus.

- **Enrollment forms** for all children in day care, including one for their own children, if they income qualify!! These are done in triplicate, provider gives pink copy to parent, keeps yellow copy and mails white copy to office.
- **Enrollment Master List Form** with information from all enrollment forms. Provider keeps yellow copy.

To be completed by monitor/office:

Approval Date: _____ Start Date: _____ 28-day review due: _____ Expiration Date: _____
 1st Trimester Date: _____ 2nd Tri Date: _____ 3rd Tri Date: _____
 Fingerprint Dates: (taken) _____ (due) _____ : resubmitted: _____ new due date: _____
 Comments: _____

**CHECKLIST FOR SIGNING-UP NEW PROVIDERS
DES**

Provider Name _____ **Area Coordinator** _____

Date: To be completed at time of sign-up visit:

- _____ 1. **Day Care Home Provider Application**
•Make sure it's completed, signed, has social security #, meals are at least 2 hours apart and has the tiering information. If we are going to request census determination, get cross streets.
- _____ 2. **Provider Tiering Determination Form.** This should be the AZ Schools website map, and a copy of the Free/Reduced % with the correct school highlighted. If the home is mixed, complete the Tier II Provider Choice of Reimbursement section and leave the requested # of parent applications.
- _____ 3. **Permanent Agreements**
•Complete 2 agreements, signed. Leave 1 of with provider.
- _____ 4. **Provider Contract -** Sign and staple to agreement. Leave one with provider.
- _____ 5. **Preapproval Form -**
•Signed by provider and trainer.
- _____ 6. **Workshop Certification Form -**
•Signed by provider and trainer.

Date: To be obtained at sign-up or leave envelope to have them mail to office.

- _____ 9. **DES Certificate**
- _____ 10. **Income Application**
Use a Tier I (pink) application for provider living in Tier I areas. Use a Tier II (gold) application for all others. If they live in a Tier II area and think they can income qualify, they need **documentation of their income**, including day care income and child support. **Get this while you are there. If they do not income qualify they cannot claim their own children.**
- _____ 11. Initial that you have given **WIC brochure & Building for The Future** Poster.

To be mailed in with their first months menus.

- **Enrollment forms** for all children in day care, including one for their own children, if they income qualify!! These are done in triplicate, provider gives pink copy to parent, keeps yellow copy and mails white copy to office.
- **Enrollment Master List Form** with information from all enrollment forms. Provider keeps yellow copy.

To be completed by monitor:

Approval Date: _____ Start Date: _____
28-day review due: _____ Expiration Date: _____
1st Trimester Date: _____ 2nd Tri Date: _____ 3rd Tri Date: _____

**CHECKLIST FOR SIGNING-UP NEW PROVIDERS
DHS**

Provider Name _____ **Area Coordinator** _____

Date: To be completed at time of sign-up visit:

- _____ 1. **Day Care Home Provider Application**
•Make sure it's completed, signed, has social security #, meals are at least 2 hours.
- _____ 2. **Provider Tiering Determination Form.** This should be the AZ Schools website map, and a copy of the Free/Reduced % with the correct school highlighted. If the home is mixed, complete the Tier II Provider Choice of Reimbursement section and leave the requested # of parent applications.
- _____ 2. **Permanent Agreements**
•Complete 2 agreements, signed. Leave 1 of with provider.
- _____ 3. **Provider Contract –**
•Signed and stapled to agreement.
- _____ 4. **Pre-approval Form -**
•Signed by provider and trainer.
- _____ 5. **Workshop Certification Form -**
•Signed by provider and trainer.

Date: To be obtained at sign-up or leave envelope to have them mail to office.

- _____ 9. **DHS Certificate**
- _____ 10. **Income Applications.**
Use a Tier I (pink) application for provider living in Tier I areas. Use a Tier II (gold) application for all others. If they live in a Tier II area and think they can income qualify, they need **documentation of their income**, including day care income and child support. **Get this while you are there. If they do not income qualify they cannot claim their own children.**
- _____ 11. Initial that you have given **WIC brochure & Building for The Future** Poster.

To be mailed in with their first months menus.

- **Enrollment forms** for all children in day care, including one for their own children, if they income qualify!! These are done in triplicate, provider gives pink copy to parent, keeps yellow copy and mails white copy to office.
- **Enrollment Master List Form** with information from all enrollment forms. Provider keeps yellow copy.

To be completed by monitor:

Approval Date: _____ Start Date: _____
 28-day review due: _____ Expiration Date: _____
 1st Trimester Date: _____ 2nd Tri Date: _____ 3rd Tri Date: _____

**CHECKLIST FOR SIGNING-UP TRANSFERS
ALTERNATE APPROVAL, DES or DHS**

Provider Name _____ Area Coordinator _____ - _____

This is to be used if the new provider is transferring from another sponsor to *B J Enterprises*.

Date: To be completed at time of sign-up visit:

- _____ 1. **Day Care Home Provider Application**
•Make sure it's completed, signed, has social security #, meals are at least 2 hours
- _____ 2. **Provider Tiering Determination Form.** This should be the AZ Schools website map, and a copy of the Free/Reduced % with the correct school highlighted. If the home is mixed, complete the Tier II Provider Choice of Reimbursement section and leave the requested # of parent applications.
- _____ 2. **Agreements**
•Complete 2 agreements, signed. Leave 1 of with provider.
•Sign bright green addendum, attached to agreement.
- _____ 3. **Provider Contract -**
•Signed and stapled to agreement.
- _____ 4. **Preapproval Form -**
•Signed by provider and trainer.
- _____ 5. **Workshop Certification Form -**
•Signed by provider and trainer.
- _____ 6. **Child Care Food Program Standards -**
•Have provider read, mark and sign.

Date: To be obtained at sign-up.

- _____ 10. **Copy of Fingerprint Clearance Card** or needs to be re-fingerprinted.
- _____ 11. **Copy of CURRENT Fire Inspection**
- _____ 12. **Copy of CURRENT Health Inspection** OR
- _____ 13. **Copy of CURRENT DES or DHS certificate**
- _____ 14. **Income Applications.**
Use a Tier I (pink) application for provider living in Tier I areas. Use a Tier II (gold) application for all others. If they live in a Tier II area and think they can income qualify, they need **documentation of their income**, including day care income and child support. **Get this while you are there. If they do not income qualify they cannot claim their own children.**
- _____ 15. Initial that you have given **WIC brochure & Building for The Future Poster.**

To be mailed in with their first months menus.

- **Enrollment forms** for all children in day care, including one for their own children, if they income qualify!!
These will be done in duplication, provider keeps yellow copy and mail white copy to office.
- **Enrollment Update Form** with information from all enrollment forms. Provider keeps yellow copy.

To be completed by monitor: You still must do a 28-day review!!

Transfer Date: _____ 28-day review due: _____ Expiration Date: _____
1st Trimester Date: _____ 2nd Tri Date: _____ 3rd Tri Date: _____
(Remember to schedule their trimester reviews so that you can do their fire and health when they expire!)

Insert Application

Meal Service Times from the State Policy Manual

<i>Meal</i>	<i>Maximum duration of claimable food service</i>
Breakfast	1 ½ hours
AM Snack	1 hour
Lunch	2 hours
PM Snack	1 hour
Dinner	2 hours
Evening Snack	1 hour
<i>Meal</i>	<i>Customary Meal Times</i>
Breakfast	6 am – 9am
AM Snack	Between Breakfast and Lunch (at least 2 hours from the beginning of breakfast)
Lunch	11 am to 1 pm (2 hours from the beginning of AM snack)
PM Snack	Between Lunch and Dinner (2 hours from the beginning of Lunch)
Dinner	5 pm – 7 pm (2 hour from the beginning of PM snack)
Evening snack	After 7 pm (2 hours from the beginning of Dinner)

Be sure to have the providers mark their shift meal times on their application. For example, there may be early kids who come for breakfast and then go to school and then later kids arrive after the other ones go to school. List the two shifts of meal times. On Minute Menu on-line claiming, the shifts have to be marked on both the on-line application and each meal service time.

**B J Enterprises Child Care Food Program
Day Care Home Pre-approval Visit Form**

Provider Name _____
Provider Address _____
Telephone _____ Total number of enrolled children _____

Approximate Time of Meal Service:
_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____ Eve

Average number of meals claimed per day _____ (# children x # of meals)
Are facilities adequate for preparing and serving? Yes No

Check off the following as you discuss the information:

- Meal Pattern and Portion Requirements.
- Infant Pattern Requirements
- Recording of meals
- Eligibility of Provider's Own Children
- Daily Meal Counts (Remind them to do it daily.)
- Enrollment forms
- Ratio Requirements
- Fire and Health Inspection or DES Certificate
- Reimbursement Rates
- Child Care Resource & Referral Information
- WIC Information & Building for Future Poster

Is the provider will to, and capable of maintaining the required records daily. Yes No

 (Provider Signature) (Date)

 (Sponsor Signature) (Date) 10/02

Permanent Agreement Between *B J Enterprises* and Day Care Home

The agreement is entered into this ____ of _____ 20____ by and between: **B J Enterprises**, P.O. Box 10189, Scottsdale, AZ and _____ with a **birth date** of _____.

It specifies the rights and responsibilities of the Sponsoring Organization (BJ Enterprises) and the Provider as participants in the USDA's Child and Adult Care Food Program. Program payments are conditional, contingent upon the availability of federal funds.

Rights And Responsibilities of *B J Enterprises*. *B J Enterprises* agrees to:

1. Train providers before they begin participation in the CACFP.
2. Offer additional training sessions at least one time per year ensuring each provider receives a minimum of 2 hours nutrition training annually.
3. Respond to a provider's request for technical assistance.
4. Provide CACFP record keeping forms to the provider.
5. Disburse reimbursement payments to the provider within 5 working days after receiving the CACFP funds from the Arizona Department of Education, providing that the provider's menus were received in our office by the 5th of the month following the claimed month, the provider has completed required training and paperwork has been received by our office. ***Program payments are conditional, contingent upon the availability of federal funds.***
6. Not charge an administrative fee to the provider for CACFP services.
7. Review enrollment affidavits for accuracy during monitoring visits and update as needed.
8. Determine if the provider is a Tier I or Tier II home.
9. Train Tier II providers on their options for receiving reimbursement.
10. Will distribute, collect and determine income eligibility of enrolled children and/or identify categorically eligible children upon request from Tier II provider.
11. Keep all eligibility information concerning individual households confidential unless the household has given *B J Enterprises* a waiver to release the information to the provider.
12. Limit use of eligibility information to persons directly connected with administration and enforcement of the program.
13. Recalculate a Mixed Tier II provider's percentage rate at least every six months.

B J Enterprises, ADE and USDA has the right to visit the day care home to review their meal service and the meal records during their hours of child care operations as stated on their program application. Visits may be announced or unannounced.

B J Enterprises has the right to deduct from reimbursement costs such as fingerprinting, health inspection, fire inspection fees and/or CPR & first aid class according to the following terms and conditions: Fees will be deducted from reimbursement until total amount due has been recovered. No more than 50 percent of one month's reimbursement will be withheld unless CACFP participation has ended.

Page 2 of 3

B J Enterprises may terminate this agreement to participate in the CACFP for cause or convenience. Notice of termination will be submitted in writing. Prior to termination for cause, sponsoring organization must issue a notice of intent to terminate, including a determination of serious deficiency, what the deficiency is, the corrective action needed and the time frame. Further it must include that if the provider fails to comply they will be put off for cause and cannot participate on CACFP for a period of 7 years and will be put on the National Disqualified list. The provider has the right to appeal and may be paid for valid claims during the appeal process. If the provider self terminates during the process she will be put on the National Disqualified list and cannot participate for a period of 7 years. If the provider is found to have any serious deficiency involving imminent threat to the health or safety of a child, the sponsor would issue a written notice and immediately suspend the provider. The provider has the right to appeal. The sponsor may drop a provider for convenience any time, the providers may subsequently enroll with another Sponsoring Organization.

Rights and Responsibilities of The Day Care Home Provider:

1. The provider is required to keep daily records of the following. **These must be current and available for review to representatives of B J Enterprises, Arizona Department of Education and/or USDA on request.**
 - a. what is served to the day care children at each meal each day;
 - b. the number of meals served at each meal service, updated daily;
 - c. the number of enrolled children who are present each day;
 - d. the names of the children served at each meal.
 - e. Child enrollment forms for all children in care and updated as changes occur.
 - f. **Daily sign in/out sheets for all nonresidential children in care age 12 and under.**
 - g. **Maintain sign in/out records for no less than six months.**
2. The provider may claim meals served to enrolled children (or foster children) living in the provider's home only if enrolled children who live outside the provider's home are also served that meal. Only one (1) meal per child may be claimed at each meal service with no more than 2 snacks and 1 meal or 2 meals and one snack claimed for each participating child. School age children may not be claimed for meals if those meals are available at school, including Headstart, unless specified.
3. The Provider may claim meals for a child living in his/her home if the child is "residential" and the provider is income eligible if other day care children are participating.
4. The provider must attend a *B J Enterprises* sponsored nutrition training each fiscal year.
5. The provider must allow representatives of *B J Enterprises (BJE)*, USDA, or ADE to come into the provider's home for the purpose of reviewing CACFP operations. This will be done at least 3 times per year, with at least two visits unannounced.
6. The provider will tell *BJE*, without delay, names of any children added or dropped from the enrollment for day care, or if there are any changes in the home's certificate or approval status. This is done at the end of each month. The provider understands that he/she may be terminated immediately for cause if the license/certificate is revoked or if a fingerprint card is denied due to criminal history.
7. The provider must have the meal count and menu records to *B J Enterprises* by the 5th of the month following the month for which the records are kept. Late claims may delay payment but be accepted until the following month, however, this will delay a providers payment for that month by an additional four weeks.
8. The provider must serve meals that meet the CACFP requirements for the ages of children being served during the time ranges on their application.
9. The provider may transfer to another sponsor only one time within a federal fiscal year .

10. The provider must serve meals to all enrolled children without regard to sex, race, color, age, handicap, or national origin. Any person who believes that he/she has been discriminated against in any USDA-related activity should write immediately to the Secretary of Agriculture, Washington D.C. 20250.
11. The provider will serve the same meals to all enrolled children in attendance at no separate charge.
12. The Tier II provider may select an option for reimbursement and the decision is binding for one year. If the provider does not select an option then they will receive all Tier II rates.
13. The provider may be held responsible for payments of any over claims that occur due to misclassification of tiering level.
14. The provider has the right to appeal to SO if dropped for cause for reasons other than fingerprint checks, revoked DES/DHS certificate, substantiated CPS complaint, or substantiated fraud by an outside federal or state agency other than ADE.
15. The provider agrees to submit to *B J Enterprises*, a copy of the fingerprint clearance card (FCC) issued by DPS approximately 90 days from their program application date. If the provider fails to do so, reimbursement will be discontinued until a copy of the FCC is received.
16. The provider must offer parents/guardians of enrolled children the opportunity to review information related to the Women, Infants and Children (WIC) program.
17. The provider will provide parents/ guardians of enrolled children with information on the CACFP and how to contact the provider's sponsoring organization as well as the ADE. Giving the parent a copy of the Child Enrollment Form she has signed or posting the "Building For The Future" Poster may accomplish this.
18. The provider will notify *B J Enterprises* in advance when they plan to be on vacation or be away during meal service times. If a provider fails to notify the sponsor and an unannounced review is made during a scheduled mealtime, claims for meals that would have been served during the unannounced review must be disallowed.
19. The provider certifies by their signature below on this agreement he/she has never been terminated for cause or on the basis of fraud from any publicly funded program.

The provider may terminate this agreement to participate in the CACFP. Termination notification must be submitted in writing and becomes effective the day of receipt. Once participation has terminated, the provider will not be eligible to participate under a new sponsoring organization for 30 calendar days. The provider who has terminated must have a DPS fingerprint card to renew participation in the CACFP.

I agree to comply with the rights and responsibilities outlined in this agreement. I also certify that I am not participating in the CACFP under any other Day Care Home Sponsor.

Provider's Signature

Date

This day care home has been approved to serve meals up to their maximum allowable capacity.

B J Enterprises Representative

Date

Contrato entre *BJ Enterprises* y el Proveedor de Servicios de Guardería en Hogar

Este contrato queda asentado el día _____ de _____ 20__ entre *BJ Enterprises*, P. O. Box 10189, Scottsdale, AZ y _____ con fecha de nacimiento de: _____. Se especifican los derechos y responsabilidades de la *BJ Enterprises* y del Proveedor, como participante en el Programa de Ayuda Alimenticia a Niños y Adultos (CACFP) del Departamento de Agricultura de los Estados Unidos (USDA). Programa de Comida de Niños y Adultos. Los pagos del programa dependen de la disponibilidad de los fondos federales.

Derechos y responsabilidades de *BJ Enterprises*. *BJ Enterprises* esta de acuerdo a:

1. Entrenar a Proveedores antes de participar en el Programa CACFP.
2. Ofrecer clases de entrenamiento por lo menos una vez al año asegurando que cada Proveedor reciba por lo menos dos 2 horas de entrenamiento de nutrición anualmente.
3. Dar ayuda técnica si el Proveedor lo solicita.
4. Proveer formas de CACFP para los registros.
5. Realizar los pagos de reembolsos al Proveedor dentro de (5) días laborales después de el recibo de los fondos del CACFP del Departamento de Educación de Arizona, con la condición de que los menus del Proveedor se han recibido en la oficina de B.J. Enterprises antes del quinto (5) día del siguiente mes, completando el entrenamiento necesario y el papeleo recibido en la oficina. Los pagos del programa son condicional, según que los fondos son disponibles.
6. No cobrar al Proveedor los servicios del programa CACFP.
7. Revisar los registros de inscripciones para comprobar su veracidad durante las visitas al hogar y actualizar formas como sea necesario.
8. Determinar si el hogar del proveedor es Tier 1 (nivel) o el Nivel 2.
9. Entrenar al Proveedor de el Nivel 2 con las opciones para recibir reembolsos.
10. Distribuir y recoger las solicitudes por ingresos de los niños inscritos y/o determinar la categoría de los niños elegibles.
11. Mantener toda información de las elegibilidades con respecto a casas individuales confidenciales con la excepción que el Proveedor haya dado *BJ Enterprises* una renuncia para liberar la información del proveedor.
12. Limitar el uso de información de elegibilidad con las personas conectadas directamente con la administración y ejecución del programa.
13. Recalcular al Proveedor del Nivel mixto 2 el porcentaje por lo menos cada seis meses.

BJ Enterprises, ADE o USDA tiene el derecho de visitar el hogar de guardería de grupo o de familia para revisar el servicio de comida y los registros de comida durante las horas de operación de guardería como se indica en la aplicación del programa. Las visitas se pueden anunciar o no anunciar. *BJ Enterprises*, la organización que patrocina tiene el derecho de descontar de los reembolsos los gastos incurridos tal como tomando las huellas digitales o de las inspección según las condiciones. Los gastos serán descontados del reembolso hasta que la cantidad total debida se halla recuperado. No más de 50% del reembolso mensual será deducida, a no ser que el proveedor haya finalizado su participación de CACFP.

BJ Enterprises, la organización que patrocina puede finalizar este contrato de participar en el programa de CACFP por causa de conveniencia. Aviso de la terminación de despido será proporcionado al Proveedor. Antes del despido por causa, La Organización que patrocina someterá en escrito un aviso de intento de despido, y también una determinación de deficiencias serias, lo que las deficiencias son, la acción de corregir necesitada, y el espacio de tiempo. Si el Proveedor falla en corregir los errores, serán despididos (por causa) del programa, y no podrán participar en el CACFP en el Estado de Arizona por (7) siete años y estarán en la lista de Desqualificaciones Nacional. El Proveedor tiene el derecho de apelar con la posibilidad de reembolsos reclamados válidas durante el proceso de apelación. Si el Proveedor se finaliza solo del programa, será puesto en la lista de Desqualificaciones Nacional y no podrá participar por siete años. Si le encuentran al Proveedor prácticas fraudulentas o peligro inminente para los niños y la seguridad inmediata de un niño está en peligro o hay evidencias fraudulentas, la organización patrocinadora pondrá en escrito que va a desqualificar al Proveedor por causa de conveniencia en cualquier momento, y el Proveedor puede inscribirse en otra Organización Patrocinadora.

Los Derechos Y Responsabilidades de los Proveedores de guarderías:

1. Se requiere que el proveedor mantenga los registros al día y también disponibles para los representantes de B.J. Enterprises, Departamento De Educación y/o USDA cuando se le pidan:
 - a. lo que se le sirve de comida a los niños del cuidado cada día.
 - b. El número de comidas servidas cada día y mantener la información al día.
 - c. El número de niños matriculados que están presentes cada día;
 - d. Los nombres de los niños que se les sirven en cada comida
 - e. Formas de matriculación para todos los niños en su cuidado y corregir cambios como sea necesario.
 - f. Las formas de entradas y salidas para todos los niños que no viven en su casa y de edad de menos de 12 años.
 - g. Mantener las formas de entradas y salidas por los últimos 6 meses.
2. El proveedor puede reclamar comidas servidas a niños matriculados (o adoptivos) que viven en el hogar del proveedor. Solamente puede reclamar una comida por niño por cada comida servida: no más de 2 aperitivos y 1 comida o 2 comidas y 1 aperitivo por cada niño. Los niños de edad escolar no se puede reclamar comidas que se le dan en la escuela (o headstart) con ciertas especificaciones.
3. El Proveedor puede reclamar comidas para un niño que vive en su hogar si el niño es "residencial" y el proveedor es de ingresos elegibles y si otros niños del cuidado de día son reclamados.
4. El proveedor debe asistir a clase de instrucción de *BJ Enterprises* cada año fiscal
5. El proveedor debe permitir que representantes de *BJ Enterprises* (BJE), USDA, ADE entren en el hogar del proveedor con el propósito de revisar las operaciones de CACFP. Esto se hará por lo menos 3 veces por año, con 2 visitas sin avisar al proveedor.
6. El proveedor informará a *BJE*, sin retrasos los nombres de los niños que se han agregado o dado de baja del programa de cuidado, o si hay cambios en el número de niños aprobados en el certificado de aprobaciones. El proveedor entiende que puede ser despedido de inmediato por causa, si la licencia/certificado son cancelados o si sus huellas digitales han sido negadas debido a historia criminal.
7. El proveedor tiene que entregar los menús y cuentas a *BJE* el quinto día del mes siguiente. Los reclamos que se reciben tarde serán aceptados pero no se pagarán hasta cuatro semanas adicionales.
8. El proveedor debe servir comidas que reúnen los requisitos de CACFP para las edades de niños registradas en las horas apuntadas en su aplicación.
9. El proveedor puede transferir a otro patrocinador solo una vez durante el año fiscal
10. El proveedor debe servir comidas a todos los niños registrados sin excepción de sexo, raza, color, edad impedimento físico, nacionalidad o el origen nacional. Cualquier persona que cree que ha sido discriminada en cualquier actividad de USDA debe escribir inmediatamente al Secretario de la Agricultura, Washington D.C. 20250
11. El proveedor servirá las mismas comidas a todos los niños matriculados presentes sin ningún costo adicional.
12. El proveedor de nivel II debe seleccionar una de las tres opciones para los reembolsos. La decisión es obligatoria durante un año.
13. El proveedor puede ser considerado responsable de los pagos en exceso que ocurran debido a errores en el sumario de las comidas sometidas mensualmente.
14. El proveedor tiene el derecho de apelar si se termina por causa o razones que no sean por verificación de huellas digitales revocación de certificado de DES/DHS. Queja justificada de CPS. Fraude por agencia Federal/Estatal que no sea del Departamento de Educación de Arizona.
15. El proveedor está de acuerdo en someter a *BJ Enterprises* una copia de la tarjeta de elegibilidad de sus huellas digitales que se recibieron del (DPS) Departamento Público de seguridad si el proveedor falla se discontinúa el reembolso = Hasta recibir la copia de la tarjeta de huellas.
16. El proveedor debe proveer información del "Programa WIC", a los padres/guardian de familia de los niños registrados en su hogar.
17. El proveedor para padres o guardianes de niños matriculados con información en CACFP debe avisar a la organización que patrocina al proveedor, así como también el Departamento de Educación de Arizona dándole al padre una copia de la forma de matrícula del niño que a sido firmado por ella o el anuncio. (*Edificando para el futuro.*)
18. El proveedor debería notificar por adelantado a *BJ Enterprises* cuando tenga planes de vacaciones o cuando no tendrá el cuidado de niños durante las horas regulares de trabajo. Si el proveedor falla en notificar al patrocinador *BJ Enterprises* y una visita no anunciada se efectúa durante el programa de hora de comidas y no hay niños presentes y se hacen reclamos de comida serán removidas los alimentos de los reclamos.
19. El proveedor certificará por su firma en este contrato que el o ella nunca ha sido expulsado por causa o fraude de cualquier programa donde recibe fondos públicos.

El proveedor puede terminar este acuerdo para tomar parte en el CACFP. La notificación de terminación debe ser sometida por escrito y entra en vigencia al ser recibida en la oficina. El proveedor no tiene derecho a participar bajo una organización nueva por un período de 30 días. Al proveedor que a terminado debe tener una tarjeta de huellas digitales para renovar la participación en el CACFP.

Concuero en conformarme con los derechos y responsabilidades resumidos en este acuerdo. Certifico también que yo no estoy tomando parte en el CACFP bajo cualquier otro Patrocinador de Hogar de Cuidado de Día.	
_____ La firma del Proveedor	_____ fecha
_____ La firma del <i>BJ Enterprises</i>	_____ <i>fecha</i>
Este hogar del cuidado del día se ha aprobado para servir comidas hasta su capacidad admisible maxima.	

8/11

Provider Contract With B J Enterprises

I have read and signed the agreement and agree to the following:

- ⑥ Keep the menus /meal counts up to date and turn them in on time.
- ⑥ Turn my menu/meal count in by the 5th of each month.
- ⑥ Keep a copy of my agreement and abide by the items in it.
- ⑥ Keep a copy of all of my enrollments and keep them up to date.
- ⑥ Keep the sign in and out sheets up to date daily.
- ⑥ Attend a two hour Nutrition Education Training.
- ⑥ Read the monthly newsletters and Nutrition Education Handouts.
- ⑥ Keep a copy of my agreement.

⑥ **Give prior notice to my area coordinator if I am not going to be home during my mealtime.**

- ⑥ Only claim kids that are there to eat those meals.

I understand that if I don't keep the above commitments I may jeopardize my participation in CACFP.

Signature of Provider

Date

8/11

Provider Contract With B J Enterprises

I have read and signed the agreement and agree to the following:

- ⑥ Keep the menus /meal counts up to date and turn them in on time.
- ⑥ Turn my menu/meal count in by the 5th of each month.
- ⑥ Keep a copy of my agreement and abide by the items in it.
- ⑥ Keep a copy of all of my enrollments and keep them up to date.
- ⑥ Keep the sign in and out sheets up to date daily.
- ⑥ Attend a two hour Nutrition Education Training.
- ⑥ Read the monthly newsletters and Nutrition Education Handouts.
- ⑥ Keep a copy of my agreement.

⑥ **Give prior notice to my area coordinator if I am not going to be home during my mealtime.**

- ⑥ Only claim kids that are there to eat those meals.

I understand that if I don't keep the above commitments I may jeopardize my participation in CACFP.

Signature of Provider

Date

Contrato

He leído y firmado el acuerdo. Y esto de acuerdo con los siguientes requisitos:

- Cada día mantener los menús / cuentas.
- Entregar mi menús/ cuentas antes del día 5
- Guardar una copia de mi acuerdo y cumplir con los requisitos.
- Mantener las matriculas y guardar copias de todo los niños matriculados, menús/cuentas.
- Diario voy ah mantener las hojas de entrada y salida.
- Mensual leer el boletín de noticias, y los folletos de educación nutricional.
- Cada ano atender dos horas de entrenamiento en nutrición.
- Dar aviso con tiempo a mi coordinadora que no voy a estar en casa durante la hora en que servo**
 - La comida.**
 - Solamente reclamar los niños que están presente para comer en el tiempo aprobado.

Yo entiendo que si no mantengo un compromiso yo estaré en peligro con mi participación en el programa de alimentación.

Firma _____ Fecha _____

Contrato

He leído y firmado el acuerdo. Y esto de acuerdo con los siguientes requisitos:

- Cada día mantener los menús / cuentas.
- Entregar mi menús/ cuentas antes del día 5
- Guardar una copia de mi acuerdo y cumplir con los requisitos.
- Mantener las matriculas y guardar copias de todo los niños matriculados, menús/cuentas.
- Diario voy ah mantener las hojas de entrada y salida.
- Mensual leer el boletín de noticias, y los folletos de educación nutricional.
- Cada ano atender dos horas de entrenamiento en nutrición.
- Dar aviso con tiempo a mi coordinadora que no voy a estar en casa durante la hora en que servo**
 - La comida.**
 - Solamente reclamar los niños que están presente para comer en el tiempo aprobado.

Yo entiendo que si no mantengo un compromiso yo estaré en peligro con mi participación en el programa de alimentación.

Firma _____ Fecha _____

Provider Approval from ADE (a sample of what they look like)

WORKSHOP CERTIFICATION

I _____ certify that I have received nutrition training from BJ Enterprises Child Care Food Program for Fiscal Year 20 _____.

Please write a short description or summary of the nutrition training:

(Signature of Provider)

(Signature of Trainer)

(Approval of Sponsor)

Workshop Certification

I, _____ certify that I have received training in the Child Care Food Program and all of it's requirements on _____, 20____.

Signature of Provider

Signature of Trainer

Certificado De Entrenamiento

Yo, _____ certifico que he recibido
entrenamiento para el programa de comida para el cuidado
de niños, y he llenado todos los requisitos.

En el día de _____, 20_____

x _____

Firma de la persona que recibió el entrenamiento

x _____

Firma del Entrenador

Insert standard (both Spanish and English);

Insert Building for the Future;

Insert Safety Plan For Providers

BJ Enterprises Fingerprint Procedures

Each new provider must have a valid Class I Arizona Department of Public Safety (DPS) Fingerprint Clearance Card (FCC).

If they already have a Class I Fingerprint Clearance Card, all you need to do is obtain a copy and submit the copy with your sign-up. If they don't have one we must go through the process with them to obtain a FCC.

To Obtain a Fingerprint Clearance Card, you must have the provider:

- 1) Complete the *Applicant Fingerprint Clearance Card Application*. This is a three-part sheet with a red number in the top right hand corner. We send the top copy to DPS, keep the yellow copy in the provider file and leave pink copy with provider.
- 2) Rolled and completed *DPS Fingerprint Card*. Make sure it is filled out in black ink. Follow the instructions on the pink instruction sheet. This is sent with the application and \$67.00 to DPS.
- 4.) Write the \$67.00 check to *BJ Enterprises*. We have to write a business check to DPS.
- 5.) Complete a *Criminal History Affidavit, Class I*. They must mark "yes" to each question. It must be notarized. This is kept in the provider file until we obtain her FPC.
- 6.) A copy of their Fingerprint Clearance Card. We need a copy within 90 days of their application. This will be kept in the provider file.

Send the fingerprint packet in as soon as possible with the entire sign-up. **We need those prints and application immediately so we can mail it to DPS within 7 days. This is very important.**

Denial and Suspension

If we haven't received the copy of the FCC by the 90th day after application or if they are going through the "good cause exception hearing" we have to put them on hold (inactive) from the food program until we receive the copy of a valid fingerprint clearance card. If the provider is not eligible for a good cause exception hearing or was denied, the provider will be dropped for cause immediately. The provider will be reimbursed for meals up to the day of termination.

New Monthly "Review"

The due date of the "Fingerprint CC" will show up on your review lists. You need to call the provider and remind her to mail a copy of her new fingerprint

clearance card. We will call DPS and ask the status of the FCC if we are waiting on it. If we don't get it she will be put on hold until we receive the copy.

Reprints

If they get a letter rejecting their fingerprints, you can retake them or send them to another place to have them rolled. We still have the option of having providers go to the police department at 620 West Washington to have the prints scanned instead of rolled, if they were too difficult to roll.

Remind Providers:

- To call her area coordinator if they get a letter rejecting the prints.
- Send in a copy of their Fingerprint Clearance Card

To Stay With Provider:

- *Instructions for completing Application Form*, white sheet on top of Application, (this has the phone number of DPS in case she has any questions).
- Pink copy of *Applicant Fingerprint Clearance Card Application*
- Fingerprint Clearance Card (within 90 days of application)

To Go To DPS:

- White copy of the *Fingerprint Clearance Card Application*
- Completed (black ink only) Fingerprint Card

To Go In Providers File In Office:

- Yellow copy of the Fingerprint Clearance Card Application
- Notarized *Criminal History Affidavit, Class I*.
- Copy of front and back of *Fingerprint Clearance Card* (within 90 days of application)

Fingerprint packets to be brought to new sign-ups include:

- *Applicant Fingerprint Clearance Card Application with instructions*
- Blank DPS *Fingerprint Card* (or 2)
- *Criminal History Affidavit (Class I)* if they need it.

Renewal of the Fingerprint Clearance Card

If the provider has a fingerprint clearance card but it is expiring, you need to treat them like a new provider and start over with a new application and follow the same procedures. Look at your review list and complete the fingerprints application in the trimester before the FCC expires.

Insert fingerprint instructions; Application; sample card; eligibility information;

Criminal History Affidavit

Class I

(Administrative Office of the Supreme Court, Arizona Department of Education, Arizona Department of Economic Security, Arizona Department of Health Services, and Arizona Department of Juvenile Corrections)

Are you awaiting trial on or been convicted of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction? (Check "YES" or "NO" to each listed offense.)

- | Yes | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | First or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual conduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Molestation of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | A dangerous crime against children as defined in A.R.S.§13-604.01 |
| <input type="checkbox"/> | <input type="checkbox"/> | Exploitation of minors involving drug offenses |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony offenses involving contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidnaping |
| <input type="checkbox"/> | <input type="checkbox"/> | Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual exploitation of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial sexual exploitation of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | Child prostitution as prescribed in A.R.S.§ 133212 |
| <input type="checkbox"/> | <input type="checkbox"/> | Taking a child for the purposes of prostitution as defined in A.R.S.§ 13 3206 |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuse of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Molestation of a vulnerable adult |
| <input type="checkbox"/> | <input type="checkbox"/> | Manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated assault |
| <input type="checkbox"/> | <input type="checkbox"/> | Felony offenses involving the possession or use of marijuana, dangerous drugs, or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | Aggravated or armed robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | Driving under the influence of intoxicating liquor or drugs as prescribed in section§ 28-1381 or aggravated driving under the influence of intoxicating liquor or drugs as prescribed in section§ 28-1383 |
| <input type="checkbox"/> | <input type="checkbox"/> | Offenses involving domestic violence |

I hereby certify under penalty of perjury that the answers given above are true and correct to the best of my knowledge and belief.

_____ Signature of Applicant	State of Arizona County of _____. Subscribed and sworn before me, a notary public, this _____ day of _____ _____(year). My commission expires _____. _____ Notary Public
---------------------------------	--

Criminal History Affidavit

Class I

(Oficina administrativa de La Suprema Corte. Departamento de Educacion de AZ Dept. de Seguridad Economica de AZ Servicio de Salubridad de AZ Dept. de Correccion juvenil de AZ.)

Do not use this form if you are applying for the Division of Developmental Disabilities

Esta en espera de proceso o a sido convicto, en alguna ofensa crminal de las siquientes. En este estado o ofensad similares en otro estado or jurisdiccion? (Marque "si o No" en cad ofensa que esta en la lista.)

- | Yes | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Abuso sexual a menores |
| <input type="checkbox"/> | <input type="checkbox"/> | Incesto |
| <input type="checkbox"/> | <input type="checkbox"/> | Acesinato en primer or segundo grado |
| <input type="checkbox"/> | <input type="checkbox"/> | Asalto sexual |
| <input type="checkbox"/> | <input type="checkbox"/> | Explotacion sexual a menores |
| <input type="checkbox"/> | <input type="checkbox"/> | Explotacion comercial sexual a menor |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuso a ninos |
| <input type="checkbox"/> | <input type="checkbox"/> | Conducta sexual con un menor |
| <input type="checkbox"/> | <input type="checkbox"/> | Molestrar a ninos. |
| <input type="checkbox"/> | <input type="checkbox"/> | Crimen peligroso contra menores que se define en articulo13-604.01 |
| <input type="checkbox"/> | <input type="checkbox"/> | Explotacion a menores que envuelve drogas ofensiv |
| <input type="checkbox"/> | <input type="checkbox"/> | Ofensas criminales que envuelve a menores a la delinquencia. |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuso sexual de adulto volnerable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Secuestro |
| <input type="checkbox"/> | <input type="checkbox"/> | Incendio premeditado (piromaniaco) |
| <input type="checkbox"/> | <input type="checkbox"/> | Crimen ofensivo envuelto venta, distribucion transporte o oferta de vender transportar o conspiracion en venta de mariguana, drogas peligrosas or narcoticas. |
| <input type="checkbox"/> | <input type="checkbox"/> | Robo |
| <input type="checkbox"/> | <input type="checkbox"/> | Prostitucion a menores que se define en articulo 133212 |
| <input type="checkbox"/> | <input type="checkbox"/> | Llevar a menor con el proposito de prostitucion que se define en articulo 13 3206 |
| <input type="checkbox"/> | <input type="checkbox"/> | Abuso a un adulto volnerable |
| <input type="checkbox"/> | <input type="checkbox"/> | Homicidio casual o involentario |
| <input type="checkbox"/> | <input type="checkbox"/> | Ofensa criminal en pocision de mariguana, drogas peligrosas or narcoticos |
| <input type="checkbox"/> | <input type="checkbox"/> | Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | Asalto con agravante a mano armada |
| <input type="checkbox"/> | <input type="checkbox"/> | Manejar bajo la influencia toxico de licor o drogas que se define en seccion 28-1383 |
| <input type="checkbox"/> | <input type="checkbox"/> | Ofensa que envuelve violencia domestica |
| <input type="checkbox"/> | <input type="checkbox"/> | Cometer acto de abuso sexual a menores in cluyendo explotacion sexual comercial. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cualquier acto de abuso a menores. |
| <input type="checkbox"/> | <input type="checkbox"/> | Guardian de un menor que ha sido juzgado y es dependiente como define articulo 8-201.11 |
| <input type="checkbox"/> | <input type="checkbox"/> | Se le nego licencia para cuidado de minos en este estado o cualquier otro. |
| <input type="checkbox"/> | <input type="checkbox"/> | Tuvo licencia o certificado al cual se le renuncio para operar alguna facilidad de cuidado de ninos en este or otro estado. |

Yo certifico bajo penalidad de perjurio que las respuestas que he dado son correctas y verdades en lo mejor de me conocimiento y conviccion.

Firma del aplicante

State of Arizona County of _____.
Subscribed and sworn before me, a notary public, this
_____ day of _____ (year). My
commission expires _____.

Notary Public

Tier II Reimbursement Rates

You may only claim two main meals plus one snack per day per child or one main meal and two snacks. The current *Tier II reimbursement rates are:*

Breakfast	\$.48
Snacks	\$.20
Lunch & Supper	\$ 1.49

You may claim your own children for reimbursement **only if your income is at or below the current income guidelines** and we have a current, approved and verified income application on file for you. See the gold income application. If you income qualify you may receive a higher reimbursement rate for your day care children. Please remember that there must be at least one non-residential child present and participating in CACFP in order to claim your own children.

Ratio Requirements

A child care provider may care for **no more than four children for compensation at any one time**, or a total of six children if at least two of them are not for compensation". This includes the provider's own children. Compensation refers to payment for the child's care, not food program reimbursement. You cannot claim non-compensation children unless they are residential and income qualify.

A provider may care for no more than two children under the age of one year at any one time. This includes her own.

Meals may be claimed only for children ages twelve and under. All children under the age of twelve count in the total ratios.

If you take care of more than one shift, there can be *no overlap*, and the enrollment forms must verify the times.

Children attending school cannot be counted for lunch, even if you pack a lunch. If they are sick or on holiday, please mark your menus as such and then you may claim them.

Department of Health Services (DHS) homes can have up to 10 children for compensation. The license will state the ratio limits.

Meal Times

Breakfast is to be served before 9:00 am

Lunch is between 11:00 am and 1:00 pm

Supper is to be served after 5:00 pm

There should be at least two hours between any meal or snack.

Child Enrollment Forms

Before you can claim reimbursement for your first month, every child in your care must be enrolled in the child Care Food Program.

Enrollment is a simple process. A Child Enrollment Form must be completed for each child (children from the same family may go on one sheet), and be signed by the child's parents or legal guardian. All enrollments must be renewed each October. Please contact our office for additional enrollment forms as needed.

Sign-In and Sign Out Sheets

All non-residential children must be signed in and out, with the correct times, on a daily basis. Each child must have their own sign-in/out sheet.

Meal Components

In order to be reimbursed for the meals you serve, they must meet the USDA guidelines. If you are ever in doubt about any food item refer to the "*Crediting Foods Guide*" or call the office.

- Breakfast must have three food items to be complete.
- Lunch and supper meals must have five food items to be complete.
- Snacks include two food items from two different food groups.
- 1% or Nonfat Milk must be served at the three main meals: breakfast, lunch and supper.

Use a variety of foods. The purpose of the program is to introduce children to new and healthy foods. Serving lettuce salads every day is not in keeping with the goals of the program.

Portion sizes need not be large. Refer to the "*Crediting Foods Guide*" for portion sizes.

If you serve peanut butter for the meat alternate at lunch or supper you must also serve another meat alternate to complete the requirement, such as 1/2 egg, cheese or yogurt.

Infants

Please use the infant forms to list what you serve to babies. Each infant must have their own menu. Put the names and counts on the regular meal count

sheets.

You must use Iron Fortified Formula and mark “IFF” on your menu sheets.

You must use Iron Fortified Infant Cereal. Mark “IFC-Rice” or “IFC-Barley”, cet.
Baby food combination dinners and fruit desserts *are not creditable.* 10/14

Tier I Reimbursement Rates

You may claim two main meals plus one snack per day per child or one main meal and two snacks. The current *Tier I reimbursement rates are:*

Breakfast	\$1.31
Snacks	\$.73
Lunch & Supper	\$2.47

You may claim your own children for reimbursement **only if your income is at or below the current income guidelines** and we have a current, approved and verified income application on file for you. See the gold income application. If you income qualify you may receive a higher reimbursement rate for your day care children. Please remember that there must be at least one non-residential child present and participating in CACFP in order to claim your own children.

Ratio Requirements

A child care provider may care for **no more than four children for compensation at any one time**, or a total of six children if at least two of them are not for compensation". This includes the provider's own children. Compensation refers to payment for the child's care, not food program reimbursement. You cannot claim non-compensation children unless they are residential and they income qualify.

A provider may care for no more than two children under the age of one year at any one time. This includes her own.

Meals may be claimed only for children ages twelve and under. All children under the age of twelve count in the total ratios.

If you take care of more than one shift, there can be *no overlap*, and the enrollment forms must verify the times.

Children attending school cannot be counted for lunch, even if you pack a lunch. If they are sick or on holiday, please mark your menus and then you may claim them.

Department of Health Services (DHS) homes can have up to 10 children for compensation. The license will state the ratio limits.

Meal Times

Breakfast is to be served before 9:00 am

Lunch is between 11:00 am and 1:00 pm

Supper is to be served after 5:00 pm

There should be at least two hours between any meal or snack.

Child Enrollment Forms

Before you can claim reimbursement for your first month, every child in your care must be enrolled in the Child Care Food Program.

Enrollment is a simple process. A Child Enrollment Form must be completed for each child (children from the same family may go on one sheet), and be signed by the child's parents or legal guardian. All enrollments must be renewed each October. Please contact our office for additional enrollment forms as needed.

Sign-In and Sign Out Sheets

All non-residential children must be signed in and out, with the correct times, on a daily basis. Each child must have their own sign-in/out sheet.

Meal Components

In order to be reimbursed for the meals you serve, they must meet the USDA guidelines. If you are ever in doubt about any food item refer to the "*Crediting Foods Guide*" or call the office.

- Breakfast must have three food items to be complete.
- Lunch and supper meals must have five food items to be complete.
- Snacks include two food items from two different food groups.
- 1% or Nonfat Milk must be served at the three main meals: breakfast, lunch and supper.

Use a variety of foods. The purpose of the program is to introduce children to new and healthy foods. Serving lettuce salads every day is not in keeping with the goals of the program.

Portion sizes need not be large. Refer to the "*Crediting Foods Guide*" for portion sizes.

If you serve peanut butter for the meat alternate at lunch or supper you must also serve another meat alternate to complete the requirement, such as 1/2 egg, cheese or yogurt.

Infants

Please use the infant forms to list what you serve to babies. Each infant must have their own menu. Put the names and counts on the regular meal count sheets.

You must use Iron Fortified Formula and mark "IFF" on your menu sheets.

You must use Iron Fortified Infant Cereal. Mark "IFC-Rice" or "IFC-Barley", etc.

Baby food combination dinners and fruit desserts *are not creditable*. 10/14

What to Mail - Where and When

Maricopa County Providers

Name of Form	When to Mail	Where to Mail
Menu/Meal Count Sheets	On the first day of the month following the month for which menus are recorded.	Office
Child Enrollment Forms	When a child begins in your care or with your menus for the first month that child is being claimed. Keep yellow copy, mail white copy to office.	Office
Child Enrollment Master List	Beginning of each fiscal year, or first month of operation. Keep yellow copy and add or delete as you enroll or drop children.	Office
Drop Forms	When you discontinue caring for that child or with your menus for the last month you claim that child.	Office
Income Affidavits	When you do the sign-up or within the first week of operation.	Office
Building for The Future Flyer & WIC Brochure	POST IN YOUR DAY CARE	Post

Late Claim Policy

Your monthly menu and meal count sheets are considered late if we have not received them by the 5th of the month following the month for which menus are recorded. If a claim arrives after the fifth of the month it may delay payment an additional four weeks.

Mailing Addresses

Office Mailing Address

Area Coordinator Mailing Address

BJ Enterprises
P. O. Box 10189
Scottsdale, AZ 85271-0189

If you have any questions call the office at (480) 946-9729

What to Mail - Where and When

<u>Name of Form</u>	<u>When to Mail</u>	<u>Where to Mail</u>
Menu/Meal Count Sheets	On the first day of the month following the month for which menus are recorded.	Area Coordinator
Child Enrollment Forms	When a child begins in your care or with your menus for the first month that child is being claimed. Keep yellow copy, mail white copy to office.	Area Coordinator
Child Enrollment Update	Beginning of each fiscal year, or first month of operation. Keep yellow copy and add or delete as you enroll or drop children.	Area Coordinator
Drop Forms	When you discontinue caring for that child or with your menus for the last month you claim that child.	Area Coordinator
Income Affidavits	When you do the sign-up or within The first week of operation.	Office
Building for The Future Flyer & WIC Brochure	POST IN YOUR DAY CARE	Post

Late Claim Policy

Your monthly menu and meal count sheets are considered late if we have not received them by the 5th of the month following the month for which menus are recorded. If a claim arrives after the fifth of the month it may delay payment an additional four weeks.

Mailing Addresses

Office Mailing Address

Area Coordinator Mailing Address

BJ Enterprises
P. O. Box 10189
Scottsdale, AZ 85271-0189

(Put mailing label here)

If you have any questions call the office at (480) 946-9729 or 1-888-330-6063.(To be used for outlying Counties)

Reviews

Review Policies

Review (Home Visit) Procedures

Grace Period

Unannounced Reviews

Weekend & Evening Reviews

No Kid Reviews

No One Home Reviews

Sporadic Care

Parent Verification

Meals Not Observed

Follow up from Previous Review

Policy for Notifying Department of Child Safety

Reasons for Disallowing Reimbursement

Corrective Action Policy & Procedure

Corrective Plan form

Sample Letters for Over Ratio

Sample Review Form

Sample Fire Inspection Survey

Permission to Take \$ Out of Check

Health Inspection Requirements

Sample Enrollment Verification Survey

Medical & Special Dietary Needs

Diet Prescription Form

Types of Meals Service

B J Enterprises Review Policies Procedures

A home visit review serves the purpose of 1) monitoring compliance of CACFP regulations, 2) assisting the provider in meeting CACFP requirements and 3) sharing nutrition information education materials to be used in the day care homes.

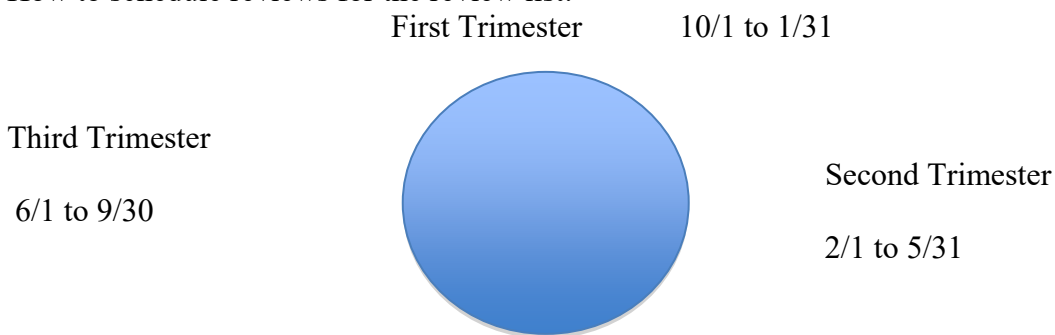
The federal regulations require 3 reviews annually. *B J Enterprises* requires one in each of the following trimesters if they claim during that particular trimester:

First Trimester	October 1 - January 31
Second Trimester	February 1 - May 31
Third Trimester	June 1 - September 30

The 28-day visit must be done *within 28 days* after the provider begins claiming the start date). Each provider will receive at least three monitoring visits during each federal fiscal year (October 1 through September 30), with one visit each trimester. It is required that two of those three visits be conducted at mealtime and, that two visits be unannounced. Reviews must not be more than six months apart. Providers changing from one sponsor to another must be monitored according to the same procedures as new providers. If a provider serves supper or weekend meals on a regular basis, at least one visit must be done during this time, preferably one of the unannounced visits. Attempts should be made so that reviews are varied so the provider is not expecting a visit. They should be varied by month, by meal and time of the month. Remember safety is a prime concern and schedule reviews accordingly. If you have attempted 2 unannounced reviews, a corrective action will be written within 30 days. If there are no children present at the time of the visit, a follow-up visit must be done within 30 days.

Please use your review lists as a guideline. If there are changes, please send in a information change form.

How to schedule reviews for the review list:



The circle is equal one fiscal year.

Review (Home Visit) Procedures for all home reviewers:

1. Visits may be scheduled or unannounced. Reviews should be varied so the provider does not expect you. Try to vary months, days of the week, meals observed and time of the month. At least two unannounced visits and two meal observations are required per fiscal year for each provider.
2. Be sure to bring the necessary paperwork with you: review form, nutrition education handouts, menus, enrollment forms and drop slips and fingerprint packets. If the FCC expires, reprint them, collect the \$ and mail the fingerprint packets in as soon as possible. If it is the trimester their inspections expire remind them so they get them done on time.
3. Record which trimester and whether it's an unannounced, weekend or evening visit. If it is the 28-day review, record the providers start date, which is the first day a child care child is claimed on the food program.
4. Ask to see her agreement. If she can't find it, have her sign a new one and leave it with her to file in her "Official Documents" file. While you are looking at her "Official Documents" file make sure she has a copy of her FPC, health, fire and standards.
5. Check her expiration dates, if her DES or DHS is up or expires soon make sure she knows to send in a copy of the new certificate. If her AA is expiring, make sure you remind her of the renewal dates.
6. Ask if she does holiday care and record her answer as yes or no. If so, some attempt should be made to do a holiday review.
7. Count the children and record their names, ages and whether they are for "compensation" or "not for compensation". Check the providers yellow copy of the enrollment for this information. If there is no copy of the enrollment, have the provider get one completed immediately and mail the white copy to the office. Disallow that child until we get the enrollment. The provider should make sure the enrollment form is dated the same day the child was first claimed.
8. Record if the provider claims her own child. Providers claiming their own children must have a current approved income application and an Enrollment Master List form. The office supplies a list of who can claim their own children because we have a current income application on file in the office.
9. Record the number of children and caregivers present. Record the number of children that she is claiming for the meal you are observing and make sure they are not claiming any child over 13 years old. Also note whether there are other day care children expected to arrive later for that meal service. Write their names and what time they are expected to arrive. Also in this space note if any children were there but went to school, and are coming back. i.e. Susie was @ breakfast goes to preschool & will be back for lunch
10. Circle which meal you observe. Remember two meals must be observed each fiscal year. If you don't observe a meal, circle "not obsv." Review menu for credibility on day of home visit. Check portion sizes to ensure they are correct. At a review check:

CN labeled foods, juice, and items that must be homemade. Ensure that the meal that you observe is what is written on the menu by reading the menu. Disallow all meals that don't meet meal pattern requirements for the entire month you are reviewing. Mark any meal disallows in red pen and recalculate totals. Make a note on the review form to be double checked in office during menu reading time.

11. Review the provider's current menus and meal count sheets to the date of review. These are reviewed at every home visit and they must be completed through the previous day's meals. If CACFP records are not available for review at the time of a review, all meals and snacks served for the preceding days of that month will be disallowed. Please refer to the "Reading Menus Reminders". Help them come into compliance and describe what technical assistance you give them. Note which meals were disallowed and mark them in red pen on the original menu. If this is the second time, write a "Corrective Action". Mark the front of the menu in red with the date of the review so it is easy to check to the review form when they mail in the menu. Follow-up during menu reading.

12. If a provider claims infants and if the infant is over 8 months, ask whether or not at least one component must be supplied by the provider.

13. Record whether the infants are claimed and whether or not they marked the correct information on the enrollment form.

14. **Check the kind of milk.** Children who are from 1 year to 2 years old should be served whole milk. For all children over 2 years old, she should be **servicing 1% or nonfat milk**. Check their refrigerator. If not, deduct the meals for that day. Be sure to mark it on the review form.

15. Ask the provider to describe to you how she records her meal count. Record her answer. Describe any technical assistance you give her & note on review form. Meals must be recorded at least daily. If her menus aren't completed the day before, mark out the days with red ink and disallow. If it is her 2nd time, please complete a corrective action.

16. Look at the meal count on the menu for the 5 days prior to your visit. Record the number of children she had for the meal your are observing for the 5 previous days, i.e. 9/10=4; 9/9=5; 9/8= 2; 9/7=3; 9/6= 4. She claimed 4 for that meal so therefore it does seem reasonable. Spot check the 5-day to the sign-in/out sheets. Does it appear reasonable or about the same? Are there any children claimed for the prior 5 days are aren't there during the review? Describe on the review sheet and record in the follow up section that a subsequent unannounced review will be done if there is a discrepancy. Send parent verifications to those children not in attendance at the time of the review if they are regularly there.

17. If the provider is having any problems with her menus, give her technical assistance and document the technical assistance.

18. Ask all the questions about the health and safety. Check for: refrigerator thermometer: bathroom paper towels & soap: vitamins or medicine locked; toxic products and cleaning supplies locked; etc. Record answers on review sheet.

19. Please make comments in the "Suggestions for Improvement" or "Technical

Assistance" needed with a due date, regarding any discussions you had at the review. This is the place to comment on suggestions you have on the nutritional value of their menus. If it is the expiration month note any health or fire problems noted during the inspections and document the corrective action that was done or that is needed. If "Corrective Action" is necessary be sure to document the corrective action on the new "Corrective Action Plan" form.

20. Check for Building for the Future Poster, WIC flyer and remind them about the next nutrition workshop.
21. Encourage family style service with the providers. Record whether they use unit service or family service.
22. Check the application to make sure the meal times are consistent. If there is a discrepancy, have her complete a new application and submit to office with reviews.
23. Briefly discuss the current nutrition education handout.
24. Make sure the provider has menu/meal count sheets and a supply of envelopes.
25. Follow-up on any corrective action on fire or health inspection concerns from the last inspection.
26. Be sure to write in your arrival and departure time.
27. Have the provider sign the review form, make any comments and leave one copy with her.

Varied Reviews

All reviews should be varied so that the provider will not be expecting you. You should vary the reviews with regard to the months, time of the month, meal observe and days of the month.

Unannounced Reviews

A minimum of two unannounced home monitoring visits must be conducted each year. More unannounced visits may be done if: menus/meal counts were not up to date at last visit; no kids were present at the review; 100% attendance was noted when reading menus; a complaint and other situations that may warrant it. After 2 attempts at unannounced visits and no completed review a corrective action will be written and followed up on. Record attempts on a review sheet.

Weekend, Evening and Holiday Reviews

If a provider regularly claims evening, weekend or holiday meals, one home monitoring visit must be conducted on the weekend or evening or holiday, whichever is appropriate. It is a good idea to have this as one of your unannounced or drop-in visits. The area coordinators will make a list, as they are reading menus, of each provider who claims suppers and weekends at least once during the fiscal year. After the list is given, the area

coordinator is responsible for adding new providers to that list. Know which providers claim suppers and weekends. If you have attempted this 2 times and there is no completed review a corrective action will be written. Record attempts on a review sheet.

No Kids Review

If a provider is home but has no day care, another review with kids must be conducted within a one-month period. If you go the second month and there still are not day care children, try again that same month. A corrective action will be written. Have her sign a new contract that explains that she should call when she is not doing childcare during her regular times. Remember the reviews cannot be longer than six months apart. If the 6-month time has elapsed, the provider may not be paid for any days after the 6-month requirement. Complete a review form and have her sign it.

No One Home

If no one is home, do a review within the month when you are in the area. Never let 6-months go between reviews.

Sporadic Care

It's difficult to do unannounced visits if the provider claims sporadic care. Review the menus and enrollment forms and try to see if there is a specific pattern and conduct your unannounced review accordingly. If there's no pattern, call the provider at the beginning of the month and ask her when she'll be providing care that month and drop in during those times.

Parent Verifications

BJ Enterprises calls these enrollment verifications. *BJ Enterprises* will use the "Red Flag" list by ADE to make determination for parent verifications. A reminder that a single instance of an unsuccessful household contact should not automatically result in seriously deficient determination.

Meals Not Observed

Two meals per fiscal year must be observed. If you did not see the provider serve a meal to the children, the other two visits must be observed. If you miss two meals, then you must do a fourth review that fiscal year.

Reviews/Inspections/Certification

BJ Enterprises Office Procedures

At the beginning of the fiscal year, the office runs a "Fiscal Year" review list for each area coordinator. They check the review list against the provider list to ensure every provider is scheduled for each trimester. Once a list is run, it is outdated because of the constant changes, providers going off, providers going on hold and new providers. The area coordinators get a new trimester list at the beginning of each trimester and a monthly review list to use to schedule their monthly reviews. These review lists are constantly updated.

The monthly review list includes reviews and inspections that are due the next month. This includes fire inspections, fingerprint expirations and "Yet To Do" reviews (reviews not completed the previous month, providers on hold, "no kid" reviews, etc.). The area coordinators check this against their master list of reviews as a double check so they didn't miss anyone. The area coordinator can request this list anytime they want and have it sorted by name, due date or zip code. This is the tracking system.

The month prior to when the DES, DHS, health/fire inspections expire, the office runs a computer list called "Monthly Expirations". The office orders the health and fire inspections for Maricopa County and the area coordinators order the inspections in their own county. At this time the office sends a list of expirations to each area coordinator as a reminder to complete the fire inspections, standards and collect fingerprint clearance cards with their trimester reviews. This again is a double check to make sure they have their inspections on the list. The area coordinators return the list with who has been completed with their expense recaps at the end of the month as a double check.

The last day of the month, the area coordinators mail their paperwork to the office, including their expense recap sheet, the reviews, inspections, childcare standard forms (if applicable) and the list of inspections that were completed during the previous month. The office inputs the reviews and inspections into the computer. A "Yet To Do" list of reviews and inspections is then run. The office checks with each area coordinator monthly to see why the reviews were missed. These reviews are then added to next month's reviews. Remember that a "No Kids Review" does not count as a review.

After inputting reviews and inspections into the computer, the office or area coordinator compares the review form with what was claimed on the menu and meal count sheet during menu reading time. This is a quality control edit check. If there is a discrepancy, the meals will be disallowed.

The review and inspection forms are then filed (by office staff) in the provider file and the date is listed on the inside of the folder. The date of the review is recorded and a "U" written next to the date to designate an unannounced visit. The office double checks to make sure the reviews are completed within the time frame allowed and at least two unannounced visits are completed per fiscal year. A physical file check is done at the end of each trimester to ensure these guidelines are tracked.

Follow Up Reviews

Keeping in mind the budget constraints, follow-up reviews are performed for the following reasons:

A “No Kids Review” was done, which means that a provider was home but had no day care children. TA is given, a new contract signed and a follow-up review should be conducted within a one-month period and enrollment verifications mailed to parents.

A “No One Home” Review

If no one is home, a review should be completed within the month following the attempt. TA is given, a new contract signed. There will never be 6 months in between reviews.

“Weekend, Evening and Holiday Reviews”

If no one is home or there are no day care children during a regular weekend or evening review, a follow-up reviews should be completed within one month. TA is given, a new contract signed. There will never be more than 6 months between reviews.

All attempted reviews will be tracked by the area coordinator. Take either, your copy of the previous review form or make a note on the review form that you take with you regarding any corrective action needed or follow-up that will be necessary on this review. Record what follow-up and/or corrective action is being done. If there is not enough room, use page 2 of the review form where there is plenty of space to record follow-up or corrective action. If there is a specific correction action plan needed on an on site review, a “Corrective Action Form” shall be completed by the provider and approved by the Director/Assistant Director.

If there have been two attempts at a review (1 attempt and 1 follow-up attempt), enrollment verifications will be sent out and corrective action plan sent out to the provider.

If the corrective action is not completed then the steps in the serious deficiency process will be followed:

Serious Deficiency determination

Serious Deficiency notice

Opportunity for corrective action

Proposed termination/disqualification

Then the termination procedures will be followed

Insert review form here.

Policy for Notifying Child Protective Services.

B J Enterprises will inform Arizona Department of Education in writing so their representative to the monthly Inter-Agency meeting can address these issues and concerns.

Any person who has reasonable cause to believe that a child is being abused or neglected may report to Department of Child Safety. Persons having responsibility for the care or treatment of children are required by law to report abuse or neglect to Department of Child Safety. *B J Enterprises* follows the guidelines from the Arizona Department of Economic Security, Department of Child Safety that they have provided and call the following phone numbers: in Maricopa County (602) 530-1800 and outside of Maricopa County 1-800-530-1831.

Reasons For Disallowing Reimbursement

1. Meals claimed in excess of the ratio requirements.
2. Children are claimed but an enrollment form is not on file.
3. Meals for provider's own children if a current income affidavit or enrollment form isn't on file.
4. Provider's own and/or foster children are claimed but no day care children are in attendance during the meal service time.
5. Children are claimed beyond the age of 12 years.
6. Meals served differ from meal pattern requirements and there is no special diet statement on file signed by a recognized medical authority.
7. Parents supply any of the required meal components, except for infants.
8. Meal pattern requirements are not met .
9. Meals/snacks not served.
10. Meals are not recorded on the menus and meal count records at the time of the CACFP review are not up to date to the previous day.
11. Meals that are not two hours apart; or served outside of specified meal times, with the exception of infants.
12. Meals that differ from those recorded during a monitoring visit.
13. Meals are claimed for children when parents verify that those children were not in attendance.

If any meals are disallowed, a common mistakes sheet is mailed with the reimbursement check. At the time of a review, an explanation is made to the provider, recorded on the review form, and meals disallowed in red on the menu itself.

BJ Enterprises Technical Assistance & Corrective Action Policy & Procedures

If there is a problem during a home visit or when reading a menu, please follow these guidelines. The first step is to give the providers technical assistance (TA). Document any TA on the review form. Use the separate correction action plan if they need corrective action.

The corrective action should include the provider's full name, address and date of birth. The provider needs to submit a written policy and procedure that:

1. States what the deficiency is
2. What steps will be taken to ensure the problem is permanently corrected
3. Who is responsible for ensuring this policy is adhered to
4. When the policy will be implemented and
5. Where will the appropriate records be retained.

The providers will use the "BJ Enterprises Provider Response Form". See attachment. If the corrective action is not completed by the due date, the provider must be deemed serious deficient and the you must follow the process for serious deficiency.

The area coordinators will track all their TA and CA for timeliness and completeness. The Director/ Assistant Director will provide guidance and supervision.

Technical Assistance

1. ***Correct the problem immediately during the visit, give technical assistance and document on the review form if:***
 - Meal pattern problem- claiming non-creditable food, missing a component etc. (Give TA during visit but DISALLOW any non-creditable meals.)
 - Portion size problems. (TA is to go over crediting food guide and make recommendations on review form and to provider.)
 - No "Building for Future poster. (TA is to give them one.)
 - No WIC brochure. (TA is to give them one.)
 - Health and Safety requirements are not met, such as:
 - No 911 sticker. (TA is to give them one.)
 - Cleaning supplies not locked up or latched. (TA is to lock or move them)
 - Open plug covers and they have plug covers. (TA is to give them some.)
 - Vitamins/ medicines/ toxic products are not locked or latched. (TA is to lock or move them.)
2. ***Document Technical Assistance for provider and have provider send proof of correcting the problem within the month if (can be sent with next menus unless specified):***
 - Provider has claimed more than 4 kids for compensation, disallow all

meals.

- Provider has more than 6 kids total in attendance, disallow all meals during the over ratio period. (Follow the “Over Ratio Policy”)
- No menu for previous day or a couple of days (Disallow meals in red pen on actual menu).
- No sign in/outs for previous day or a couple of days (Disallow meals in red pen on actual menu).
- Provider has a child in attendance on the menu but no enrollment form on file. (TA should be to get an enrollment.)
- Meals are claimed closer than 2 hours apart. (TA should be new application)
- Health /fire surveys are satisfactory but have minor deficiencies such as:
 - No plug covers (TA is to give them plug covers or send in receipt)
 - No dog vaccinations (TA is copy of shot record from vet)
 - No fire escape plan (TA is copy of plan)
 - No fire extinguisher or current one needs re-tagging (need a receipt)
 - Insect problems
 - Swing set not secure in ground, etc.
 - No refrigerator thermometer (need a receipt)
 - No back flow preventer (need a receipt)
 - No lid on garbage container (need a receipt)
 - Utensils in poor condition
 - Toys appear dirty.
 - Excessive pet dropping around play area.
 - No pump soap and/or paper towel in bathroom etc.
- Provider has a different kids than normal (amount or actual kids)
- Is caring for a kid that is not on menu or has no enrollment (Obtain an enrollment form and make sure they are on both copies of the Master List).
- No children there (Complete a “No Kids” review). Check against menu and make sure no meal was claimed. (TA=send in new agreement/contract.)
- No one is home. Disallow meals if you were there during a meal service. (TA=send in new agreement/contract.)
- No menus (for the month until day of review.) Disallow all meals that were not recorded. (TA = send menus in once/week for a month.
- No sign in/out sheets (for the month until day of review.) Disallow all meals that the kids were not signed in or out. (TA=send in sign in/out sheets for a month.)
- Provider claims same kids for the same meal everyday; except for day of review. (TA – send out parent verifications)
- Provider claims maximum everyday except day of review (100% attendance) (TA – send out parent verifications)

3. *The provider should be put on “inactive” and the Director notified until we are able to complete an unannounced review if:*

- No review has been done for 6 months.

Corrective Action

If any of the previous problems occur a second time on a visit, the the area coordinator should have the provider complete a corrective action. She will track when the CA was sent out and when it's received and whether is is complete.

She gives it to the Director or Assistant Director for approval before the Office Manager files it.

8/14

BJ Enterprises Corrective Action Form

Provider Name _____ Date of Visit/Deficiency _____

Deficiency:

- Failure to keep required records
 - Menus
 - Attendance records
 - Sign in/out sheets
 - Enrollment forms
- Over capacity
- Failure to contact the office when not home during a meal service times as required in the sponsor-provider agreement
- Meal components do not meet CACFP requirements
- Meal times do not agree with times on the provider's application

The corrective action policy letter must include the provider's full name, address and date of birth.

Provider needs to submit a written policy and procedure that:

1. States what the deficiency is
2. What steps will be taken to ensure the problem is permanently corrected
3. Who is responsible for ensuring this policy is adhered to
4. When will the policy be implemented
5. Where will the appropriate records be retained

Date policy/procedure is due: _____

All corrections must b e maintained permanently, failure to maintain the corrections will result n your being deemed seriously deficient.

Submit all documentation by the due date listed above to the following address:

BJ Enterprises
 P. O. Box 10189
 Scottsdale, AZ 85271-0189

This institution is an equal opportunity provider and employer.

BJ Enterprises Provider Response Form

Provider Name: _____ Date: _____

Address: _____ Date of Birth: _____

1. Deficiency: _____

2. What policy/procedure will be taken to permanently correct the deficiency:

3. Who is responsible for ensuring the policy is adhered to?

4. When will the policy be implemented?

5. Where will the appropriate records be kept?

Please use additional paper if needed.

Submit all documentation by the due date listed above to the following address:

BJ Enterprises
P. O. Box 10189
Scottsdale, AZ 85271-0189

This institution is an equal opportunity provider and employer.

Provider Serious Deficiency and Termination Policy and Procedures (As approved by ADE 2014)

BJ Enterprises gives every reasonable opportunity for the provider to correct the problems. *BJ Enterprises* also provides additional training and technical assistance to the provider if applicable.

Corrective action procedures may take into consideration the following special extenuating circumstances: new participants on the program, language barriers and literacy barriers, or other documented special circumstances. These circumstances may require extra technical assistance. Technical assistance may continue as long as providers are showing improvement. Documentation must indicate when the provider has completed corrective action or, if no improvement is made, the provider may be declared seriously deficient.

There are three ways for a provider to terminate from CACFP:

1. **Provider's request.** Reasons for a provider requesting termination of their agreement may include:
 - No longer doing child care,
 - No longer wants to participate in CACFP,

Wants to change SO's. **This is considered a transfer not a termination.**

2. **Convenience** of the Sponsoring Organization. Reasons for dropping a home for convenience may include:
 - Inaccessibility of the home.
 - *BJ Enterprises* financial and geographic considerations.
 - *BJ Enterprises* cannot meet the needs of the provider.
 - Any other reason of convenience.

A provider dropped for convenience may subsequently enroll with another SO.

Before dropping a home for cause, the provider must be given every

reasonable opportunity to correct problems and be given additional training and technical assistance by the *BJ Enterprises*.

3. **Cause** - *BJ Enterprises* will drop a provider for cause if they have been deemed seriously deficient and failed to complete the corrective action specified in the written corrective action plan or failed to permanently correct a previous deficiency. Once a corrective action plan has been assigned, she must be given adequate time to complete the corrective action. The time frame may be determined by the staff and can vary from problem to problem, but should not exceed 30 days.

The following process must be followed if the SO is terminating a provider for for cause unless:

- Failure of the provider to pass the fingerprint check.
- A revoked DES or DHS certificate.
- A substantiated Child Protective Services (CPS) complaint.
- Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE).

As described in 7 CFR § 226.16(1)(2), the sponsoring organization must initiate action to terminate the agreement of a day care home for cause if the sponsoring organization determines that the day care home has committed one or more of the following serious deficiencies and corrective action has not been completed by the deadline:

- (x) Submission of false information on CACFP applications
- (xi) Submission of false claims for reimbursement
- (xii) Simultaneous participation under more than one sponsoring organization
- (xiii) Non-compliance with the CACFP meal pattern
- (xiv) Failure to keep required records
- (xv) Conduct or conditions that threaten the safety of a child(ren) in care, or the public health or safety (imminent threat to health and safety)
- (xvi) Day care provider has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, anti-trust 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 integrity as defined by the State agency, or the concealment of such a conviction
- (xvii) Failure to participate in training
- (xviii) Any other circumstance related to non-performance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency

Serious Deficiency Process

The following are the steps in the Serious Deficiency Process for *BJ Enterprises* Family Child Care Homes:

BJ Enterprises will determine whether a specific problem rises to the level of serious deficiency based on:

- type of problem
- severity of the problem
- frequency of the problem

BJ Enterprises's staff will follow the "*BJ Enterprises* Corrective Action Policy & Procedures" and will determine the threshold for a serious deficiency on an individual basis as determined by the Director or Assistant Director.

If *BJ Enterprises* determines that the problem is a "serious deficiency", the second step is to send the provider a written notice of serious deficiency (unless the serious deficiency constitutes an imminent threat to health or safety, in which case the sponsor must follow the procedures for suspension of participation for day care home (7 CFR § 226.16(1)(4)). A copy of the serious deficiency notice must be sent to ADE, within 30 days. The notice must:

- Inform the provider that she is seriously deficient
- Describe the nature of the serious deficiency, with a specific regulatory citation to § 226.16(1)(2) (listed above)
- Clearly describe the measurable corrective action the home must take
- Specify the deadline for corrective action, which must not exceed 30 days
- State that the serious deficiency is not subject to appeal
- State that failure to fully and permanently correct the serious deficiency by the deadline will result in the proposed termination of the home's agreement and the proposed disqualification of the home and its principals
- State that the home's voluntary termination of the agreement after having been declared seriously deficient will result in the home's termination and disqualification.

At the end of the time frame specified, the SO determines whether the corrective action has been fully and permanently corrected. If the deficiency has been corrected *BJ Enterprises* will defer the serious deficiency and the provider can continue CACFP participation. *BJ Enterprises* will notify the provider that the determination of serious deficiency has been deferred within 30 days of receiving the corrective action within 30 days of the due date. A copy is sent to ADE.

An unannounced review should be conducted within 90 days to ensure corrective action has been implemented. This will be documented on the review form.

If the provider fails to implement timely corrective action to fully and permanently correct the serious deficiency, *BJ Enterprises* will issue a written notice of proposed termination and disqualification of the provider's agreement. (A copy is sent to ADE) This certified letter must include:

- Inform the provider that the sponsor is proposing to terminate the home's agreement to participate in CACFP for cause, and to place the provider on the National Disqualified List
- Inform the provider of the procedures and timeframes for seeking an appeal;
- Inform the provider that they will continue to receive payment for valid claims submitted until the expiration of the timeframe for filing an appeal, or until the resolution of the appeal
- State that, if the provider does not appeal the proposed termination, the sponsor will terminate the home's agreement for cause and send the provider's name and other information to the State agency, for placement on the National Disqualified List
- State that the home's voluntary termination of the agreement after having received the notice of intent to terminate will still result in the home's formal termination and disqualification

•If the provider appeals, she is to be paid for any valid claims during the appeals process.

•If the provider requests an appeal within the required timeframes, *BJ Enterprises* will send the Appeals Board all materials and documents necessary for the board to make a determination before the appeal date. Once the appeal hearing has been completed, the appeals board will rule either in favor of the provider or Sponsor.

•If the Appeals Board rules in favor of the provider, *BJ Enterprises* will send the provider a notice withdrawing the proposed termination and disqualification. A copy is sent to ADE.

•However if any debt relating to the serious deficiency has not been repaid, the provider must repay the debt.

Agreement Termination and Disqualification

BJ Enterprises will immediately terminate the day care home's agreement and disqualify the provider when the administrative review (appeal) official upholds the sponsor's proposed termination and proposed disqualification. At the same time, the notice of termination and disqualification is issued to the provider and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

If the provider does not request an administrative review, *BJ Enterprises* will immediately terminate the provider's agreement and disqualify the home when the opportunity to request the administrative review (appeal) expires. At the same time, the notice of termination and disqualification is issued to the provider

and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

If the provider self-terminates during the serious deficiency process, *BJ Enterprises* will immediately terminate the provider's agreement and disqualify the home. At the same time, the notice of termination and disqualification is issued to the provider and a copy sent to ADE, along with other information needed for placing the provider on the National Disqualified list.

Child and Adult Care Food Program Provider Appeal Process

Child care providers participating on the Child and Adult Care Food Program (CACFP) can be dropped from the program if their home is found to be "seriously deficient" in its operation of CACFP and their corrective action has not been fully and permanently completed. If a home is found to be "seriously deficient", the sponsor will follow the "termination policy".

Child care providers may appeal their termination from participating on the food program when dropped for cause **except when the reason for termination is:**

- Failure of the provider to pass the fingerprint check
- A revoked DES or DHS certificate
- A substantiated Child Protective Services (CPS) complaint
- Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE)

To appeal, providers must follow the procedures outlined:

1. Provider must request an appeal in writing via certified mail to their sponsoring organization *no later than 10 working days* after receiving the certified letter of intent to terminate indicating their participation on the CACFP will be terminated. This letter should summarize the providers reasons for why they

- feel their participation should not be terminated. The sponsor will acknowledge the request for an appeal within 10 working days.
2. A hearing date and time will be set within 30 calendar days of the receipt of the provider's request for an appeal.
 3. An appeal board, consisting of three sponsoring organizations other than the provider's current sponsor will hear the providers case. An ADE representative will be available to provide technical assistance on Federal and State policies, if possible.
 4. Notification of the outcome of the hearing will be sent by certified mail from the Sponsoring Organization within 5 working days. If the termination is upheld, the provider cannot participate on the CACFP anywhere in the United States for 7 years and will be placed on the National Disqualified List. If the termination is nullified, the provider may participate on the CACFP as long as the corrective action is fully and permanently corrected as determined by the appeal board.
 5. Providers may continue to claim throughout the appeal process, per USDA regulations, unless they are on *suspension* due to an imminent threat to the health and safety of the children. They will follow the termination policy on "suspensions" and not claim during the suspension.
 6. Providers may not transfer to another Sponsoring agency during the appeal process.
 7. Providers may not voluntarily terminate during the appeal process or they will be terminated for cause and put on the National Disqualified list.
 8. Providers forfeit their right to appeal if they fail to meet any of the deadlines outlined in this process or if they fail to appear for the scheduled hearing.

The AZ FDCH Sponsors' Network, 8/03

Tiering Procedures

Use the blue "Provider Tiering Determination" form to document their tiering information.

1. Map the address on the Arizona Schools Website (<http://arizona.hometownlocator.com/schools/>) Type the address of the provider in the "Search AZ address" section. Check mark Primary, Middle and High schools. Then push the "GO" button.
2. Print a copy of the map. This means money.

3. If it is unclear on the map, call the school district and verify, using the form for verification. Be sure to write the date and the contact person you used at the school district.
4. Look up the school in the current "free and reduced price % list". Write the school district name and the name of the school and the F/R % on the blue form.
5. Complete the tiering determination date (the day you're filling it out) and the tiering re-evaluation date - 5 years from the determination date.
6. If the school is 50% or more then the provider would be in a Tier I area. Mark Tier I by location box. If the school is 49% or lower then they live in a Tier II school area bring it to Katie's or Bev's attention immediately.
7. The office will run a Census report on her.
8. Staple the blue form, the map and the F/R page together for input. Highlight the school name on the page of the F/R list.

All mixed and Tier II providers will be re-evaluated each time a new school list is mailed to us, usually in Oct. or Nov. and again when income applications are due.

10/14

BJ Enterprises Policy and Procedure for Provider's Suspension

Steps in the Suspension Process for Homes

An imminent threat to the health or safety of participants and engaging in activities that threaten the public health or safety constitute serious deficiencies (7 CFR § 226.16(1)(2)(vi)); however, *BJ Enterprises* will use the procedures outlined and provide the day care home notice of the suspension of participation, serious deficiency, and proposed termination of the day care home's agreement.

- 3) If State or local health or licensing officials have cited a day care home for serious health or safety violations, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval. If the *BJ Enterprises* determines there is an imminent threat to the health or safety of participants at a day care home (during a visit), or if the home has engaged in activities that threaten the public health or safety, and the licensing agency cannot make an immediate onsite visit, the sponsoring organization must immediately notify the appropriate State or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities.

- 4) If step one applies, *BJ Enterprises* must notify the day care home that its participation has been suspended, that the day care home has been determined to be seriously deficient, and that *BJ Enterprises* proposes to terminate the day care home's agreement for cause. A copy of this notice is sent to ADE. The notice must:
 - Specify the serious deficiency(ies) found
 - Inform the day care home of its opportunity for an administrative review of the proposed termination
 - State that participation (including all Program payments) will remain suspended until the administrative review is concluded
 - Inform the day care home that if the administrative review official overturns the suspension, the day care home may claim reimbursement for eligible meals served during the suspension
 - Inform the day care home that termination of the day care home's agreement will result in the placement of the day care home on the National Disqualified List
 - State that if the day care home seeks to voluntarily terminate its agreement after receiving notice of proposed termination, the day care home will still be terminated for cause and disqualified

- 5) If the provider requests an appeal within the required timeframe, *BJ Enterprises* must send the Appeals Board official all materials and documents necessary for the review official to make a determination.
 - If the Appeals Board rules in favor of the provider, *BJ Enterprises* must send the provider a notice withdrawing the proposed termination and disqualification, with a copy of the letter to ADE
 - If the Appeals Board rules in favor of the sponsor (or the provider does not request an appeal within the required timeframe), the sponsor must immediately terminate the day care home's agreement and disqualify the day care home. A copy of the termination letter will be sent to ADE, along with the provider's full legal name (including any other names previously used) and other information needed for placing the provider on the National Disqualified List.
 - State that if they voluntarily terminate their agreement, they will be terminated for cause and put on the National disqualified list.

- 6)

- 7) *BJ Enterprises* is prohibited from making any Program payments to a day care home that has been suspended until an administrative review of the proposed termination is completed.
- If the review official rules in favor of the provider, *BJ Enterprises* must reimburse the day care home for eligible meals served during the suspension period

(These procedures are written as per our understanding of ADE & USDA regulations, including but not exclusive of and not limited to. It was approved by ADE in 2014)

BJ Enterprises 1/13

Provider Termination Policy and Procedures Arizona Sponsor's Network

The Sponsoring Organization (SO) gives every reasonable opportunity for the provider to correct the problems. The Sponsoring Organization also provides additional training and technical assistance to the provider if applicable.

There are three ways for a provider to terminate from CACFP:

1. **Provider's request.** Reasons for a provider requesting termination of their agreement may include:
 - No longer doing child care.
 - No longer wants to participate in CACFP.
 - Wants to change SO's. **This is considered a transfer not a termination.**

2. **Convenience** of the Sponsoring Organization. Reasons for dropping a home for convenience may include:
 - Inability of the provider to meet the requirements of CACFP.
 - Inaccessibility of the home.
 - SO's financial and geographic considerations.
 - SO cannot meet the needs of the provider.
 - Any other reason of convenience.

A provider dropped for convenience may subsequently enroll with another SO.

3. **Cause** - A SO will drop a provider for cause if they have failed to correct a serious deficiency as specified in the written corrective action plan. The following process must be followed if the SO is terminating a provider for for cause unless:
 - Failure of the provider to pass the fingerprint check.
 - A revoked DES or DHS certificate.
 - A substantiated Child Protective Services (CPS) complaint.
 - Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE).
 - a. If a provider is found to be seriously deficient, she is given a corrective action plan with a due date. She must be given adequate time to complete the corrective action. The time frame may be determined by the staff and can vary from problem to problem.
 - b. If a provider has failed to complete her corrective action plan in the allotted time frame, she is issued a **written 1st notice of intent to**

terminate. (A copy is sent to the ADE).

This letter must include:

- determination of serious deficiency,
- what the deficiencies are,
- the corrective action needed,
- the time frame and,
- an explanation that if they fail to comply with the corrective action they will be put off the CACFP for cause which means they can never participate in CACFP for a period of 7 years and will be put on a National Disqualified List.

At the end of the time frame specified, the SO determines whether the corrective action has been fully and permanently corrected. If the deficiency has been corrected she is deemed no longer seriously deficient and can continue CACFP participation.

- c. If the provider fails to complete the written instructions in the 1st notice of intent to terminate, a **2nd notice of intent to terminate** is issued. This letter must include:
 - The serious deficiency which has NOT been fully or permanently corrected and the consequence of not correcting the deficiency, including the proposed date of termination.
 - A statement that they may request an appeal (the appeal is called an administrative review in ARPA).
 - A copy of the appeal process with the times frames included.
 - An explanation that if they fail to comply they will be put off the CACFP for cause which means they will not be able to participate in CACFP for a period of 7 years and will be put on a National Disqualified List.
 - A statement that a provider may continue to receive reimbursement for valid claims during the appeal process.
- If the provider does not request an appeal within the 10 working days (as specified in the appeals process), her agreement and reimbursement is terminated as of that date and a letter sent to her and the ADE specifying that she has been terminated and is now on the National Disqualified List.
 - If the provider appeals, she is to be paid for any valid claims during the appeals process. If she wins the appeals process, she is deemed no longer seriously deficient and can continue CACFP participation.
 - If the provider loses the appeal, her agreement and reimbursement is

terminated as of the day of the appeal and she is put on the National Disqualified List. A letter must be sent to ADE and the other SO's.

- Please note that, if a provider self-terminates during this process after the 1st notice of termination, she would still be put on the National Disqualified List until the State agency determines that the serious deficiency has been corrected or until 7 years after the disqualification. However if any debt relating to the serious deficiency has not been repaid, the provider remains on the list until the debt has been repaid.

Child and Adult Care Food Program Provider Appeal Process

Child care providers participating on the Child and Adult Care Food Program (CACFP) can be dropped from the program if their home is found to be “seriously deficient” in its operation of CACFP and their corrective action has not been fully and permanently completed. If a home is found to be “seriously deficient”, the sponsor will follow the “termination policy”.

Child care providers may appeal their termination from participating on the food program when dropped for cause **except when the reason for termination is:**

- Failure of the provider to pass the fingerprint check
- A revoked DES or DHS certificate
- A substantiated Child Protective Services (CPS) complaint
- Substantiated fraud by a federal or state agency other than the Arizona Department of Education (ADE)

To appeal, providers must follow the procedures outlined:

1. Provider must request an appeal in writing via certified mail to their sponsoring organization *no later than 10 working days* after receiving the certified letter of intent to terminate indicating their participation on the CACFP will be terminated. This letter should summarize the providers reasons for why they feel their participation should not be terminated. The sponsor will acknowledge the request for an appeal within 10 working days.
2. A hearing date and time will be set within 30 calendar days of the receipt of the provider's request for an appeal.
3. An appeal board, consisting of three sponsoring organizations other than the provider’s current sponsor will hear the providers case. An ADE representative will be available to provide technical assistance on Federal and State policies, if possible.
4. Notification of the outcome of the hearing will be sent by certified mail from the Sponsoring Organization within 5 working days. If the termination is upheld, the provider cannot participate on the CACFP anywhere in the United States for 7 years and will be placed on the National Disqualified List. If the termination is nullified, the provider may participate on the CACFP as long as the corrective action is fully and permanently corrected as determined by the appeal board.
5. Providers may continue to claim throughout the appeal process, per USDA regulations, unless they are on *suspension* due to an imminent threat to the health and safety of the children. They will follow the termination policy on “suspensions” and not claim during the suspension.
6. Providers may not transfer to another Sponsoring agency during the appeal process.
7. Providers may not voluntarily terminate during the appeal process or they will be terminated for cause and put on the National Disqualified list.
8. Providers forfeit their right to appeal if they fail to meet any of the deadlines

outlined in this process or if they fail to appear for the scheduled hearing.

The AZ FDCH Sponsors' Network, 8/03

Policy on Over Ratio

It is taken into consideration that these providers are serving creditable meals to enrolled children. They have spent the money to serve these creditable meals and we will try to give them technical assistance to come into compliance as quickly as possible. This policy is written as understood by the ADE policy manual and the USDA regulations.

- 1) If the provider is found to be *over-ratio during a home visit*, the monitor will:

First Offense: Disallow all the meals being served during the over ratio period.

Note: This is not applicable to the first 28-day grace period. If the provider is over ratio during the 28-day grace period, Sponsor will provide and document technical assistance.

Second Offense: Disallow all the meals being served during the over ratio period and find the provider seriously deficient.

Third Offense: Propose termination

- 2) If the provider is found to be over-ratio on a menu, the monitor will:

Disallow all the meals being served to the over-ratio children and write her a corrective action plan. If this happens often, then the corrective action will be more involved.

Effective 10/07

Date:

Dear

On your last menu you were found to be over ratio. You had ____ children for compensation and a total of _____. You can only have four children for compensation (compensation means those children in care that the parents pay you for) and no more than 6 at any time in your home.

It is very important that you stay within the state's ratio requirements as to how many children you can have in your care at any one time. This is state law and U.S.D.A. regulations.

You must come into compliance with the ratio requirements by _____. Please complete the enclosed "Corrective Action Response Form" to show us how you intend to comply.

If you have trouble being over ratio during school break periods, you should **NOT** participate in CACFP during those periods.

The meals that you served while you were over ratio will be disallowed.

If you fail to comply with this corrective action, you will have to be put into Serious Deficiency according to Public Law 106-224.

Please call the office if you need any assistance. We are here to help you find a way to stay within the state ratio requirements. We look forward to receiving the enclosed form back.

Sincerely,

Beverly O'Neill, Director

1st time over ratio- menu, 10/14

Date:

Dear

On your last review you were found to be over ratio. On _____ you had ____ children for compensation and a total of _____. You can only have four children for compensation (compensation means those children in care that the parents pay you for) and no more than 6 at any time in your home. All meals for the time period you were over ratio were disallowed.

It is very important that you stay within the state's ratio requirements as to how many children you can have in your care at any one time. This is state law and U.S.D.A. regulations.

You must come into compliance with the ratio requirements by _____. Please complete the enclosed "Corrective Action Response Form" to show us how you intend to comply.

If you have trouble being over ratio during school break periods, you should **NOT** participate in CACFP during those periods.

The meals that you served over ratio will be disallowed.

If you fail to comply with this corrective action, you will have to be put into Serious Deficiency according to Public Law 106-224.

Please call the office if you need any assistance. We are here to help you find a way to stay within the state ratio requirements. We look forward to receiving the enclosed form back.

Sincerely,

Beverly O'Neill, Director

Health Inspection Requirements for Area Coordinators

- The premises should appear clean, neat and free of junk, animal droppings, trash, garbage or debris in the yard. All structures must appear to be in sound condition, safe and secure.
- The interior should be clean, neat and free of accumulations of debris, junk, animal droppings, trash or garbage. Spills, food debris and visible dirt must be cleaned up and not allowed to accumulate.
- There must be an adequate supply of water from an approved source for drinking and household activities. Bottled water may be purchased for drinking in absence of chemical tests of private water supply.
- Homes that have a septic tank must have the tanks in good repair, with no visible leakage.
- Garbage must be put into interior containers and must be disposed of into outside covered containers. Outside containers must be regularly picked up for removal. Containers must be kept clean. No debris should accumulate. Diapers must be bagged and disposed of daily into outside containers that are covered. Old appliances, vehicles and construction materials must be inaccessible to children.
- Heating/cooling system must be in working order and capable of keeping the house warm or cool, depending on the season. Fuel burning space heaters and wall heaters must be properly vented to the outside, space heaters and fuel burning heaters must be inaccessible to children. Evaporative cooler drainage must not be allowed to collect in stagnant pools, nor may it be drunk.
All rooms must have sufficient ventilation to provide adequate fresh air exchange.
- The interiors of the house must be illuminated enough that normal activities may be done safely and cleaning may be done properly.
- There must be no infestation of insects, spiders or rodents in home. Pest control chemicals/sprays must be inaccessible to children.
- Furniture and carpeting must be kept free of soil, grime, rubbish and in good repair.
- Floors and walls should be clean, dry and good repair. Flooring must be secure and in good repair to prevent accidental injury.
- All medicines, drugs, and "over the counter" preparations must be locked (with a child proof lock) in a cupboard, box, closet or other secure container.
- All firearms must be in a locked cabinet, inaccessible to children. Ammunition must be locked in a separate area from firearms.

- All household pets must be kept clean, healthy and appropriately licensed, immunized and contained as appropriate for the pet. You must see the paperwork.
- Diapering areas must be one location in the home that can be sanitized between diaper changes. This area must not be the kitchen.

BATHROOMS:

- Must be kept clean, sanitized and free of odor.
 - All bathrooms must have either an operable, screened window or a power ventilator.
 - Water and sewer lines must be in working order. Water pressure must be adequate, with hot and cold running water.
 - Soap and towels are required. Disposable paper towels/products/tissue are to be used.
 - All medicines, drugs, and "over the counter" preparations must be locked with a child proof lock.
- If used for day care children, tubs and showers must have a non-slip surface.

BEDROOMS

- Must be clean and free of buildups of grime, trash or food debris.
- All bedrooms must be connected to the main house with a doorway.
- Adequate ventilation and lighting needs to be available.
- Medications or firearms need to be in a locked cabinet and ammunition locked separately.
- Sleeping materials such as blankets, mats, cribs, beds, etc. should be provided for nappers. They should be laundered regularly, and clean. No pets shall share the bedding.

EXTERIORS

- Exterior or property shall be free of debris, junk, trash, and garbage. All inoperable cars, equipment, appliances and construction materials inaccessible to children.
- Pools shall be enclosed according to the appropriate city regulations. All gates/doors/access to pools must be kept closed at all times and have self closing/self latching mechanisms as required by city.
- There shall be no exposed bolts, nails, sharp edges, etc. in play area.
- Metal play equipment and toys shall be free of rust and cooled when it hot so it won't burn the children.
- Landscaping shall be regularly maintained and all trimmings and branches properly disposed. Pest control, chemicals must be inaccessible to children.
- Flammable and toxic materials must be properly stored and secured.
- Fences and gates shall be in good repair.
- All sandboxes must be covered when not in use with no animal droppings in sandbox.

KITCHEN

- No grease or food build-up on furniture or appliances. All kitchen areas kept clean.
- Toxic chemicals and medicines stored separately from food and be placed in a locked cabinet.
- Refrigerators must be clean and free of spills. Temperature must be below 45 .
- Cutting boards must be sanitized after each use, esp. after uses of raw meat
- Garbage cans must have lids and be inaccessible to children and removed daily.
- No food items, dishes, cooking pans or toys may be kept under the sink.
- Automatic dishwashers shall use detergent and hot water. In the absence of automatic dishwasher, all dishes, utensils, and cooking pans must be sanitized with a bleach solution.
- Pet food must be inaccessible to children and stored separately from food supply. 4/97

General Cleanliness for the Day Care Provider

- House should be clean, neat and free of junk, animal droppings, trash, garbage or debris in the yard.
- Garbage must be put into clean containers and kept away from children or covered. No debris should accumulate. Diapers must be bagged and disposed of daily..
- Heating/cooling system must be in working order . Evaporative cooler drainage must not be allowed to collect in stagnant pools, nor may it be drunk. All rooms must have sufficient ventilation to provide adequate fresh air exchange.
- There must be no signs of insects, spiders or rodents in home.
- Furniture and carpeting must be kept free of soil, grime, rubbish and in good repair.
- Floors , flooring and walls should be clean, dry, secure and good repair.
- All firearms must be in a locked cabinet, inaccessible to children. Ammunition must be locked in a separate area from firearms.
- All household pets must be kept clean, healthy and appropriately licensed, immunized and contained as appropriate for the pet.
- Diapering areas must be one location in the home that can be sanitized between diaper changes. This area must not be the kitchen.

BATHROOMS:

- Must be kept clean, sanitized and free of odor.
- Soap is required. Disposable paper towels/products/tissue are required.
- All medicines, drugs, and "over the counter" preparations must be locked with a child proof lock.

EXTERIORS

- Exterior shall be free of debris, junk, trash, and garbage. All inoperable cars, equipment, appliances and construction materials inaccessible to children.
- Pools shall be enclosed according to the appropriate city regulations. All gates/doors/access to pools must be kept closed at all times and have self closing/self latching mechanisms as required by city.
- All sandboxes must be covered when not in use with no animal droppings in sandbox.

KITCHEN

- No grease or food build-up on furniture or appliances. All kitchen areas kept clean.
- Toxic chemicals and medicines stored separately from food and be placed in a locked cabinet.
- Refrigerators must be clean and free of spills. Temperature must be below 45 °.
- Cutting boards must be sanitized after each use, esp. after uses of raw meat
- No food items, dishes, cooking pans or toys may be kept under the sink.
- Automatic dishwashers shall use detergent and hot water. In the absence of automatic dishwasher, all dishes, utensils, and cooking pans must be sanitized with a bleach solution.

- Pet food must be inaccessible to children and stored separately from food supply.

4/01

This institution is an equal opportunity provider and employer.

Child Care Food Program Enrollment Verification

Date: _____

Dear _____:

The U.S. Department of Agriculture (USDA) has asked us to verify that enrolled children are participating in the USDA Child Care Food Program (CCFP). Listed below are a few questions about your caregiver and the CCFP.

Please complete the questionnaire and return it in the enclosed envelope. If you have any questions about the program or the survey, please contact Beverly at BJ Enterprises at (480) 946-9729 or toll free at 1-888-330-6360.

1. Are your child(ren) still in care with _____ **Yes No**
(care giver's name)
If no longer in care, what was their last day of child care? _____
(date)
If they are still in care, how many days in the month of _____ was your
Child(ren) in care with her? Number of days in care: _____.

2. Name(s)/ages of your child(ren) in day care with the above caregiver:

(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

3. What the normal days in childcare? *M Tues Wed Thur Fri Sat Sun*
Normal hours in childcare: _____
Normal meals served to you child(ren) in childcare:
Breakfast AM snack Lunch PM Snack Dinner Eve Snack
4. Is your child(ren) in care on weekends? **Yes No** Holidays? **Yes No**
5. Do you bring food or pay extra for meals while your child(ren) is in care? **Yes No**
6. Did you sign the enclosed enrollment form? **Yes No**
7. Did you complete the enclosed sign in/out sheets? **Yes No**
8. In general, do you feel your child benefits from the nutrition program? **Yes No**

Comments: _____

Thank you so much for your cooperation.

(Parent/Guardian Signature)

(Date)

This institution is an equal opportunity provider and employer.

Child Care Food Program Enrollment Verification

Date: _____

Dear _____:

The U.S. Department of Agriculture (USDA) has asked us to verify that enrolled children are participating in the USDA Child Care Food Program (CCFP). Listed below are a few questions about your caregiver and the CCFP.

Please complete the questionnaire and return it in the enclosed envelope. If you have any questions about the program or the survey, please contact Beverly at *BJ Enterprises* at (480) 946-9729 or toll free at 1-888-330-6360.

1. Are your child(ren) still in care with _____ **Yes No**
(care giver's name)
If no longer in care, what was their last day of child care? _____
(date)
If they are still in care, how many days in the month of _____ was your
Child(ren) in care with her? Number of days in care: _____.

2. Name(s)/ages of your child(ren) in day care with the above caregiver:

(Name) (Age) (Name) (Age)

(Name) (Age) (Name) (Age)

3. What the normal days in childcare? *M Tues Wed Thur Fri Sat Sun*
Normal hours in childcare: _____
Normal meals served to you child(ren) in childcare:
Breakfast AM snack Lunch PM Snack Dinner Eve Snack
4. Is your child(ren) in care on weekends? **Yes No** Holidays? **Yes No**
5. Do you bring food or pay extra for meals while your child(ren) is in care? **Yes No**
6. In general, do you feel your child benefits from the nutrition program? **Yes No**

Comments: _____

Thank you so much for your cooperation.

(Parent/Guardian Signature)

(Date)

Verificacion de su Aplicacion para el Programa de Alimentos

Fecha: _____

Querida, _____:

El departamento de U.S Department of Agriculture (USDA) quiere que usted verifique que el(los) niño registrado este actualmente participando en el programa de alimentos que se le brinda en la guardería que asiste su niño (del USDA Child Care Food Program (CCFP)). Su participación en esta verificación, nos asistirá para verificar y mantener la integridad de este programa en el cual sus hijos son clamados por la proveedora.

Porfavor complete este formulario y mandelo en el sobre que se le proveo dentro de 14 dias. Si usted tiene cualquier pregunta acerca de este programa o de este formulario, porfavor contactenos: **BJ Enterprises** al (480) 946-9729 o al 1-888-330-6360, en **español (602) 402-6031**.

1.- Sus niños o niño aun estan al cuidado

de _____ Si No

(Nombre de la proveedora de sus niños)

Si los niños ya no estan al cuidado de esta proveedora, cuando fue el ultimo día en su cuidado

_____ (Fecha)

Si sus niños aun asisten, cuantos días del mes de _____ a estado su niño al cuidado de esta proveedora? Numero de días al cuidado _____ para el mes de _____.

2.- Nombre(s) y año(s) del niño(s) que estan al cuidado de la proveedora mencionada:

(Nombre completo del niño) (Edad)

(Nombre completo del niño) (Edad)

(Nombre completo del niño) (Edad)

3.-Usted lleno y firmo una aplicacion que su proveedora le dio para este programa? Si No

4. Cuales son regularmente las horas que su niño(s) esta al cuidado de la proveedora? _____

5. Su niño esta al cuidado de la proveedora en los fines de semana? Si No

En días festivos Si No

6. Usted prove la comida para su niño o paga extra a la proveedora para los alimentos? Si No

7. En general, usted cre que su niño se beneficia del programa? Si No

Este program le rebolsa monetariamente a su proveedora para que sirva alimentos nutritivos a su niño(s).

Comentarios que usted tenga:

(Firma de Padre/Guardian)

(Fecha)

Gracias por su cooperación

Policy on Enrollment Verifications

Enrollment verification maybe sent:

- 1) As the area coordinator determines is necessary for corrective action;
- 2) When a regular review is completed and regular children are no present
- 3) If one of the "Red Flags" as determined by ADE's list is warranted.

Send a self addressed, stamped envelope with the enrollment verification. Hopefully the parents send it back within 14 days of receiving it but we cannot deny the children's participation if they don't send it back. A telephone survey in lieu of mailing the survey may be completed. In this case all the answers should be documented from the parent contact and the area coordinator will sign it.

When the survey comes back to the office, it will be checked to make sure that all the information on the enrollment form and menu is consistent with what the parents have reported. If the information is consistent no further action is required.

If there is a discrepancy, the provider should be notified and a corrective action plan should be implemented.

Please note any Enrollment Verifications that have been sent on the Verification Log for the office manager.

Insert Medical & special dietary needs

Diet Prescription For Meals At Family Child Care

Child's Name: _____ Birthdate: _____

Provider's Name: _____ Date: _____

The above child is a participant in the USDA Child Care Food Program. His/her family day care provider is required to serve the child according to the minimum requirements of the program. They are required to have a medical statement if this is not possible.

Check the appropriate statement below to indicate a deviation from the Child Care Food Program guidelines, and complete the requested information.

- ⑧ Infant to be served one of the following as a substitute for iron-fortified infant formula. Circle one of the following: Low-iron fortified infant formula or whole milk.
- ⑧ Iron fortified infant cereal not included in the diet until _____ months of age.
- ⑧ Fruit or vegetable not included in the diet until _____ months of age.
- ⑧ Meat or meat alternate not included in the diet until _____ months of age.
- ⑧ Iron-fortified infant cereal eliminated from the infant's diet at age _____ months.
- ⑧ Other, please explain: _____
- ⑧ Milk allergy. Please list alternate recommended foods. _____

- ⑧ Other food allergy: _____

Please list alternate recommended foods: _____

Diet effective through _____
(month / day / year)

Physician's (or Other Health Care Professional) Name: _____

Signature: _____

What Is Family Style Service

Family style is when the food is put on the table in serving bowls for the provider or the children to serve. Each child should receive a portion of each meal component. "Seconds" of each meal component are readily available at the table. Family style meal service is allowable and preferable in CACFP if the following guidelines are met:

- Enough food must be placed on the table to provide minimum portions of each food for all children at the table and to accommodate the caregiver.
- Some amount of each required component must be served to each child and at least the minimum regulatory portion must be *offered*.
- In the full regulatory portion is not initially served to each child, the provider is responsible for offering children the full portion during the course of the meal.
- Any food placed on the table may not be reused or served as a leftover at a later time. Food which has been prepared, but not placed on the table, may be served later if properly stored and reheated to at least 165° F. Milk should be poured just before meal service begins and not sit longer than 15 minutes.

Advantages of Family Style Service

- The children are not overwhelmed by a plateful of food.
- When they are allowed to be involved in the meal process, they tend to eat better. They can pour, serve, set the table, pick up the table, etc.
- Sitting with the children and allowing them to make decisions about how much they eat helps them feel good about food and eating.
- Children do what you do not what you say. If you eat your vegetables, so will they.

- They learn appropriate developmental skills like pouring, serving, manners, etc.

Menu Reading

Reading Menu Procedures

Reading Menus Checklist

B J Enterprises Menu/Meal Count Sheet

Reasons for Disallowing Reimbursement

The Way Things Work

Common Mistakes

Enrollment Verification Form

Procedures for Reading Paper Menus

In an effort to maintain our accuracy at processing menus each month we follow these instructions. We have divided the process into two parts so we can focus on one part at a time. The following are steps for doing the MENU side first and the MEAL COUNT side second. You may want to read a stack for the menu side and then take the same stack and do the steps for the meal count side. Please do these steps in the order given so as to improve our accuracy:

Section A. Steps When Opening Menus

1. Put in order of month. Face the pages all the same way, including the pages with only meal counts (DHS homes). Staple them on the top left hand side with the menu side facing up.
2. Enrollment Master List form. Make sure that each child claimed is on the master list or has a new enrollment and the information is correct.
3. New enrollments. If a new enrollment comes with the menu, check for completion and put a red check mark on the meal count side where that child is listed Add to providers "Master List" form. If it is incomplete, make a copy to put in file and mail enrollment back to the provider with a note asking for the missing information.
4. If there is no enrollment, deduct the meals for the child without an enrollment. If the provider has indicated that a new enrollment is on the way, write her name on a list with the name of the missing enrollment so we will not mail the check without the enrollment in hand.
5. **Enrollment hours must match meals claimed.** If it doesn't indicate that the times vary, it must match exactly. If it does indicate varied times, try to document why. (i.e. came early, etc. document, document, document!)
6. Check days of care. i.e. Does enrollment say Saturday or Sunday? . If it doesn't indicate that the days vary, it must match exactly. If it does indicate varied days and times, try to document why. (i.e. parent worked, etc. document, document, document!)

Section B: Steps For Reading The Menu Side

1. Major Holidays. Check to see if there are any major holidays in the month. If so, you must disallow meals claimed on a major holiday if "holidays" are not marked on the enrollment form AND the provider has not noted why she has children on the holiday on the meal count side. Make changes on meal count and re-add total immediately.
2. Check what day of the week the month begins and ends on. Make sure the provider has not filled in the whole week if the month began on a Thursday, for example. Check the end of the month also to see that the provider has not filled in the whole week when the month ends on a Tuesday, for example. Make changes on the meal count and re-add the totals immediately.
3. Check menus to meal count. Check menus to meal count and make sure that there are no meals claimed that do not have a menu recorded. If there are infant menus, check the counts to those too.
4. Check infant menus. Check ages to see if infant menus should be included.

5. Read food. Make sure each meal and snack meets CACFP requirements. If disallowances are necessary, mark in red and make changes on the meal count and re-add total immediately, then finish reading the food. If the disallowance is on the regular menu be careful not to mark any infant meals off. Note errors and/or recommendations on "Common Mistakes." Please remind them about variety of food on their "Common Mistakes".

Section C: Steps For Reading The Meal Count Side

1. Check to make sure each child has an enrollment on the Master list form as stated above. If not, check enrollment file. If there is no enrollment disallow meals and call provider telling her what enrollments are missing and disallow meals.
2. Check ages of children. No one should be over 12 yrs. & if under one, there should be an infant menu. If a school age child is claimed for lunch, there needs to be documentation.
3. 3 meals/snacks. Check to see only 2 meals and 1 snack or 2 snacks and 1 meal have been claimed per day per child.
4. Check hours. Compare hours to the "Application". Check hours that children are in attendance -- are meals claimed within those hours? i.e., if a child leaves at 5:00 pm, supper cannot be claimed or arrives at 9 am, breakfast cannot be claimed. Are children in attendance long enough so that meals/snacks claimed are at least 2 hours apart?
5. Providers own children. If provider is claiming their own children, check to see that there is at least one (1) day care child is participating in the meal service whenever provider's own children are claimed and that she is on the "Claims Own Children" list.

Section D: Ratios (on meal count side)

1. No more than 2 infants. Check to make sure that there are no more than 2 infants at any one time.
2. No more than 4 for compensation. If more than 4 children are listed, check to see that no more than 4 for compensation are present at any one time. Check enrollments carefully for compensation. Refer to corrective action policy.
3. No more than 6 are in attendance, including residential. Check to see that no more than 6 children are in attendance at any time and that no more than 4 of those are for compensation, especially if more than 6 children are listed. Use the time tracking sheet to ensure here are no more than 6 children present, even if they claim no more than 6 for each meal. Refer to corrective action policy. Disallow all meals if they are claiming over capacity, call the provider, write a corrective action and bring to Beverly's attention.
4. For DHS homes do these steps with DHS ratios: no more than 10 for compensation and no more than 15 in attendance at a time.
5. Complete a time tracking sheet for all menus that have shift care, at least one time during the year.
6. Count each column down and add totals. When all of above steps are completed, add up each check mark in each column. DO NOT rely on provider's counts - recount each column. Be sure to add a second time. Count and re-count.

7. Make a list of providers who: are over capacity; have 100% attendance and have enrollments missing. Send out over ratio letters and write corrective actions. Give list to Director/Assistant Director.
8. Check all reviews done that month to menus. If there is a discrepancy, the meals will be disallowed. If an unannounced review was attempted but not completed because the provider wasn't there the meals have to be disallowed unless they informed us of a planned absence.
9. Remember to do all of the follow up.
10. Give to quality control check staff to recount numbers.

Major Holidays

New Year's Day, January 1
Fourth of July
Thanksgiving

Memorial Day
Labor Day
Christmas Day

Menus are received anywhere from the 1st to the 5th of the month. All menus will be read and calculated by the 8th of the month so they can be input into the computer.

On-line claimers are to submit their menus by the 5th of the month and their "Error Sheets" will be reviewed by the 8th of the month.

The providers mail the menus to the office or area coordinators (in outlying counties) by the 5th of each month. The Office manager opens them and gives them to the area coordinators.

They are calculated and the totals are sent to the office by the evening of the 8th of the month. The office staff (Assistant Director, Office Manager or an Area Coordinator) inputs them into the computer. The providers must submit on-line menus by the 5th and the Area Coordinators will check them and the errors.

Checklist for Reading Menus

Name: _____ Month: _____

Phone #: _____

- ___ 1. Put menus in order by days of the month. (Put the "Age 1 & Older on top; infants behind).
- ___ 2. Check what day of the week the month begins and ends on. **Check those days.** (For example: if the month started on Wed., then make sure she doesn't claim M, Tues.)

Menu (Food Compliance) Side

- ___ 1. Read Food. Deduct for any *non-creditable* meals. Write a "Corrective Action" for any meals over the high fat, high sugar or too many juices.
- ___ 2. Write a corrective action for any food recommendations.
- ___ 3. Make sure there are only 2 meals & 1 snack or 2 snacks & 1 meal are claimed.

Meal Count Side

- ___ 1. Check menus to enrollments. If no enrollment, deduct meals for child.
•*Process new enrollments (See "Reading Menu Procedures")*.
- ___ 2. Check Provider's own. If a provider claim's their own children, check to see that there is at least one child participating in the meal *and they are income eligible*.
- ___ 3. Check hours on enrollment to hours on menus. (If they don't match – deduct meals)
- ___ 4. Check hours again, to the children's attendance. (If a child arrives at 9:00 am they cannot be claimed for breakfast, etc. and have her send in a new enrollment.) *Make sure there are time in/out for each meals claimed.*
- ___ 5. Check days of care on enrollment to menus. (If they don't match – deduct meals)
- ___ 6. Check meal times and days of care to APPLICATION. If different, get a new application immediately.
- ___ 7. Check major holidays – if no notation, then deduct meals. (See "Reading Menu Procedures.")
- ___ 8. Check hours of school age children. If they are claimed during normal school hours, make sure there is a note, if not, disallow.
- ___ 9. Check menus to meal count. Make sure there is a *meal recorded* for each check mark.
- ___ 10. Check ages of children. If over 12 years – disallow and call provider to drop child.
- ___ 11. Check infant menus. Make sure there are infant menus if there is any child under 1 year.

Ratios

- ___ 1. Check to make sure there are no more than 2 infants at any one time. (Write in DOB on infants and 12 year olds.)
- ___ 2. Check to make sure there are no more than 4 for compensation at any one time.
- ___ 3. Check to make sure there are not more than 6 claimed at any one meal (including provider's own. (If they are over ratio for any reason, write a corrective action.)
- ___ 4. If a DHS home, follow their ratios. (10 for comp; 15 total if 5 residential)
- ___ 5. If there is shift care, do a time tracking sheet every six months.

Check certificate/renewals

- ___ 1. Check certificate dates and/or fire and health inspections to make sure that they were current and don't need days disallowed.

Counts

- ___ 1. Count each check in the column down and add totals.
- ___ 2. Recount each check in the column down and add totals.
- ___ 3. Add all pages together and write the total in red at the very bottom. Circle in red.
- ___ 4. Re-add all pages together and confirm totals in with a red check mark.

Check menus to Reviews done that Month

- ___ 1. Check the reviews done this month of the current menu. If discrepancy– disallow.

Reasons For Disallowing Reimbursement

1. Meals claimed in excess of the ratio requirements.
2. Children are claimed but an enrollment form is not on file.
3. Meals for provider's own children if a current income affidavit or enrollment form isn't on file.
4. Provider's own and/or foster children are claimed but no day care children are in attendance during the meal service time.
5. Children are claimed beyond the age of 12 years.
6. Meals served differ from meal pattern requirements and there is no special diet statement on file signed by a recognized medical authority.
7. Parents supply any of the required meal components, except for infants.
8. Meal pattern requirements are not met .
9. Meals/snacks not served.
10. Meals are not recorded on the menus and meal count records at the time of the CACFP review are not up to date to the previous day.
11. Meals that are not two hours apart; or served outside of specified meal times, with the exception of infants.
12. Meals that differ from those recorded during a monitoring visit.
13. Meals are claimed for children when parents verify that those children were not in attendance.

If any meals are disallowed, a common mistakes sheet is mailed with the reimbursement check. At the time of a review, an explanation is made to the provider, recorded on the review form, and meals disallowed in red on the menu itself.

Insert The Way Things Work

COMMON MISTAKES

You may have lost reimbursement for these mistakes !!

Dear _____ the following errors were made on your _____ menus.

The purpose of the program is to teach good nutrition. If you follow the guidelines you can save money on groceries and have healthier children. The bonus is the money you receive for doing so.

Meal Counts

- ___ Keep meal counts and menus up daily.
- ___ The **maximum** number of children **for compensation at any one time if four (4) for AA & DES.**
- ___ The **maximum** number of children **under 1 year of age is two (2).**
- ___ The **maximum** number of children, including your own, at any one time is **six (6).**
- ___ You may only claim your own or foster children **when you are claiming day care children.**
- ___ There is no enrollment form for _____. The meals for him/her were disallowed.
- ___ School age children cannot be counted at lunch except on school holidays, or if sick. Please explain why on menu.
- ___ Check fronts & backs carefully: If you mark attendance, a corresponding meal must be filled in on the menu side.
- ___ We can reimburse for 2 meals and 1 snack OR 2 snacks and one meal only.
- ___ Meals should be at least two hours apart.
- ___ Please put in dates. Your menus should follow the calendar month.
- ___ Please add totals for each meal on each meal count page.
- ___ When a child reaches their 13th birthday, they are not eligible for reimbursement.
- ___ Record arrival and departure times for all children on each meal count page.
- ___ Please do not use ditto marks, arrows etc. Each meal for each child must be recorded daily.
- ___ You must write down why you had the children on a holiday on the menu. For example, parents had to work.
- ___ Meals & snacks claimed at times not included on enrollment forms are not reimbursable.
- ___ Cannot claim _____ for a child who arrives at _____. (Write in the arrival and leave hours for each child)
- ___ Cannot claim _____ for a child who leaves at _____. (Write in the arrival and leave hours for each child)
- ___ Your next monitoring visit will be **unannounced** because your meal count showed 100% attendance this month.
- ___ Your menus did not reflect your review on _____. The meals will be disallowed.

Meal Components

- ___ Use more variety of foods: _____.
 - ___ High fat food components are limited to no more than 2 times/ week. _____
 - ___ Three items are required for breakfast: Milk, Bread/Alternate **AND** Fruit/Vegetable/Juice.
On _____ you **DID NOT** have _____.
 - ___ If you serve eggs for breakfast, you still must serve the other 3 items.
 - ___ Five items are required at lunch/ supper: Milk, Meat/Alternate, Bread/Alternate, & Two Fruits/Vegetables.
On _____ at _____ you **did not** have _____.
On _____ at _____ you **did not** have _____.
 - ___ Two items from **TWO DIFFERENT** food groups are required for snacks:
On _____ at _____ snack, you served _____.
On _____ at _____ snack, you served _____.
On _____ at _____ snack, you served _____.
 - ___ If you serve peanut butter for the meat alternate at lunch or supper, you **must serve another 1/2 portion of a meat or meat alternate** (i.e. cheese slice, 1/2 egg or yogurt).
 - ___ Rolls, commercial sweet breads and muffins, donuts, pop tarts, granola bars, cookies (snack only) etc., can be served as a snack or part of a breakfast. **But the combinations of these can only be served twice a week.**
 - ___ You can serve no more than 2 high sugar foods per week.
 - ___ Only grain based chips are creditable (tortilla or corn chips) and they count in the 2 high fats per week.
 - ___ You must write the brand name for chicken nuggets. Only certain chicken nuggets are creditable. _
 - ___ Lettuce alone does not count as a vegetable serving. It has almost no nutritional value.
 - ___ Only CN labeled chicken nuggets and fishsticks are creditable. CN count toward the 2 high fats per week.
- OVER**
- ___ If chicken nuggets/fishsticks are homemade, mark "HM". HM chicken nuggets do not count in the 2 high fats.
 - ___ Iceberg lettuce alone does not count as a vegetable serving. It has almost no nutritional value.
 - ___ Lettuce and tomatoes in any form count as one component. A full serving of another fruit or vegetable must be served for a lunch or supper.

___ Raisins can only count as PART of the fruit requirement for breakfast or snack because portion size is at least 1/2 cup, which is too large to be practical. You must serve another fruit or vegetable when raisins are served.

___ Onions, bell peppers, mushrooms, or celery used in combinations dishes, such as meatloaf, sandwich fillings, sauces, hot dishes etc., are **not in sufficient quantity** to be counted as a vegetable component.

___ Rice, macaroni (pasta), dumplings are **bread alternates** not vegetables.

___ Potatoes are a vegetable, not a bread alternate.

___ **Full strength (100%)** juice must be used. **Please mark "100%". You can only serve them 2 x/week.**

___ Canned or packaged "macaroni & cheese" are not creditable. Must be homemade. **Mark "HM"**.

___ Canned chicken or beef soups or **stews** are not creditable. Must be homemade. **Mark "HM"**.

___ **One pot meals can only be counted toward 3 meal components.** You must serve one more side item.

On _____ at _____, you served _____.

___ Canned spaghetti or ravioli (Spaghetti-O's, Beef-A-Roni, etc.) is **not creditable**. They do not have enough meat or wheat pasta to be creditable.

___ The wrapping on corn dogs and fishsticks is **not creditable** for bread alternate, unless "CN" labeled. Write CN.

___ Chicken wings are not creditable for lunch or supper because of the portion size.

___ Raisin Bran, raisin toast, fruit muffins do not have enough fruit to count toward the fruit component. They are bread alternates only.

___ High sugar cereals are not creditable if they are over 34% sugar. Please check your cereal information sheet.

___ Hot chocolate or cocoa must be made with milk. Please record hot choc. milk. -counts toward high sugar item.

Infant Menus

___ Baby desserts and combination dinners are not creditable.

___ Iron fortified infant cereal must be served to infants for breakfast until infant's 1st birthday..

___ Infant cereal must be iron-fortified. **Record infant cereal as IFC-Rice or IFC-Oatmeal etc.**

___ **Whole milk is not creditable for infants, only IFF or breast milk.**

___ Infant formula must be iron-fortified. **Please record as IFF.**

___ Dried peas, as in pea soup, meet the meat requirement for infants. Canned, frozen or baby jar peas are considered vegetables, not meat alternates.

Name the ingredients:

Cereal = Oatmeal, Kix, Cornflakes, Raisin Bran, IF Oatmeal (Must be under 34% sugar.)

Juices = Apple, orange, Dole 100% Peach, grapefruit, etc. (Must be 100% fruit juice.)

Salads = Lettuce, spinach, tomatoes, cucumbers, carrots, etc. (Name ingredients.)

Soups = Beef, chicken, turkey, beans, etc. in meat box. Mark "HM".

Carrots, potatoes, corn, etc in veggie boxes.

(Then serve milk and a bread alternate and one other fruit or veggie)

Pizza = Beef, turkey, cheese in meat box. Must be homemade. **Mark "HM"**.

Pizza crust in bread box.

You can count pizza towards **one** of the vegetable/fruit requirements **only if** pizza sauce **plus** one other fruit or vegetable is a topping on the pizza. Write both in one vegetable

box.

(Then serve milk and one other fruit or vegetable.)

Spaghetti = Beef, ribs, etc. in meat box. Mark "HM".

Tomatoes used in "HM" sauce in one veggie box.

Spaghetti noodles in bread box.

(Then serve milk and one other fruit or veggie.)

Tacos = Hamburger, turkey, beans, cheese etc in meat box.

Lettuce & tomato in veggie box.

Corn tortilla or taco shell in bread box.

(Then serve milk and one other fruit or veggie.)

Cookies = Name the kind of cookies, not all are creditable. (Snack only-counts in the 2 high sugars)

___ Check your creditable/non-creditable list:

On _____ at _____, you served _____.

On _____ at _____, you served _____.

On _____ at _____, you served _____.

8/14

Insert Parent verification form

Infants

CACFP Infant Meal Pattern (rev. 1/00)

Listen To the Baby packet

Infant Menu Form

Renewals

Renewal Procedures

Instructions for Completing Renewal Forms

Income Qualifying

Explanation of Mixed Claimed Percentage

Enrollment Form

Enrollment Master List Form

Dear Provider,

Renewal Procedures --

Please read the instructions carefully and complete the paperwork. If you have questions, please call the office (480) 946-9729 or toll free at 1-800-330-6063.

The packet contains:

- Instructions for completing the required paperwork
- Child Enrollment Master List form
- Child Enrollment (In triplicate)
- Drop forms

Mail back with your October Menus:

- White copy of completed Child Enrollment Master List form
- White copy of all enrollments for all day care children , those continuing in care and any new children.

Keep on file in the file folder that you received at the nutrition training:

- Yellow copy of the completed Child Enrollment Master List (with new enrollments added as you get new kids throughout the year.)
- Yellow copies of all your enrollment forms. This fiscal year.

Give to Day Care Parents:

- Bottom, pink copy of completed enrollment form.

The required paperwork is due with your October menus. We cannot process your menus without this information. If you have any questions regarding this new procedure, please call the office.

We are required to send parent surveys to a significant number of children enrolled. All suppers and weekend care children will be verified with parents.

Remember to put enough postage on the envelope!

Sincerely,

Beverly O'Neill,
Director

Enrollment & Master List Instructions

Enrollments – see example (on back of Master List example)

Complete a new one for every child in care, **including your own**. Make sure each form is complete. All the information is important. All information is important. October 1st is the beginning of a new fiscal year.

Master List – see example

Every enrolled child should be listed on Master List. Transfer all information exactly as it appears on enrollment.

Drop slips

Send in for children no longer in your care. Please put only once child or family on a single drop sheet. If children are on separate enrollment form, you need to use separate drop slips.

Mail

Mail all white copies of enrollments and Master List with October menus.

Any children claimed on the October menu must be re-enrolled or meals will be disallowed.

Appeals Process

This sheet is for your information only. File it in your Official Documents file. We are required to furnish providers with a copy of the appeals process annually.

Income Qualifying

Income Applications to Claim Provider's Own Children.

- Tier II income application (gold) are needed to qualify for Tier I rates if the provider lives in a Tier II area. If they are sending in a gold income application it requires copies of verification, i.e. income taxes, pay stubs or child support documentation.
- Tier I income applications (pink) are needed for Tier I providers to claim their own children
- If they don't income qualify, they should still complete the back of the application and sign it where it says: " They choose not to apply at this time." If they live in a Tier I area, they should sign a pink one, and if they live in a Tier II area, they should complete a gold one.

Procedure for Approving Income Applications.

In June (or as soon as the new income guidelines are released) pink income applications are sent to all Tier I providers. They are returned with their June menus. If an application is not received they cannot claim their own children for their July menu until a complete income application is on file in the office.

Approval: Each Tier I income application is approved by the Office Manager or the Area Coordinator. The procedures are followed. If there is missing information, she is called and cannot claim her own children until the application is complete. We double-check this and if she does claim her own children, the meals are disallowed.

Sample Letter

Date:

Dear Provider:

We need the following information in order to complete approval of your income application. You default to Tier II rates until we receive the following information:

- o Gold Provider Income Application for Fiscal Year and verification!
- o Gold Provider Income Application for Fiscal Year only
- o 1040 Income Tax form, pages 1 & 2.
- o Schedule C, Profit or Loss from a business, pages 1 & 2.
- o Profit and Loss Statement (enclosed).
- o Proof of Child Support
- o One month's worth of pay check stubs for_____.
- o Other _____

Sincerely,

Beverly J. O'Neill, Director

Insert Provider Letter and Income Applications

Sample Tier I by School Letter

Dear Provider:

Based on information you provided regarding the elementary school boundary you live in, you are eligible to receive the higher Tier I CACFP Reimbursement rates.

Elementary District _____

Elementary School _____

Please confirm that we have the correct address and school information. If the above information is incorrect, call us immediately so we may re-qualify your home based on accurate information. If you are misclassified due to incorrect information, we may be required by USDA and Arizona Department of Education to recover from you any amount over the appropriate reimbursement. Notify us immediately if you move.

As a Tier I provider your reimbursement will remain the same. Rates will be adjusted annually, as always on July 1 of each year. If you income qualify you may claim your own children.

Please feel free to call if you have any questions.

Sincerely,

Beverly O'Neill
Director

Sample Letter – Tier II area Options

Dear Provider:

Based on information you provided regarding the elementary school boundary you live in, you are eligible to receive the lower Tier II CACFP Reimbursement rates.

Elementary District _____
Elementary School _____

Please confirm that we have the correct address and school information. If the above information is incorrect, call us immediately.

As a Tier II provider you have several options. Read the enclosed brochure for specifics on the options. Summaries of the options are as follows:

OPTION	ADVANTAGE	WHAT YOU NEED TO DO & Due Date
Income qualify	Tier I rates.	Send in gold income application with verification to B J Enterprises by 1st Month
Qualify day care families	Higher mixed rates	1) Distribute green parent applications to families who you think reimbursement would qualify categorically or income applications to all enrolled rate children. The families mail the application directly to <i>BJ Enterprises</i> . 2) Complete the "Provider Tiering Determination", sign it, mail it back to <i>BJ Enterprises</i> . By first month
Accept Tier II for all your day care children.	Less paperwork. By 1st month	Complete the " Provider Tiering Determination ", sign it, mail back to <i>BJ Enterprises</i> .

For mixed homes *BJ Enterprises* is using the "claimed percentage" method to calculate a mixed home's reimbursement. We will divide the number of Tier I children into the total enrolled children. This "claimed percentage" is then used to separate meals served into Tier I and Tier II meals. For instance if a provider has a "claimed percentage" of 40% and serves 100 lunches, 40 lunches (100 x 40%) would be reimbursed at Tier I rates and 60 lunches (100 x 60%) would be reimbursed at Tier II rates. The "claimed percentage" will be calculated at least every 6 months.

If you choose to go on Minute Menu On-Line Claiming, you will be using an actual count of Tier I and Tier II children. It is your choice.

It is our goal to make the transition to the new system as painless as possible for all providers. We are aware of the complex nature of this system and we are here to assist you in any way we can. Please call if you have any questions, (480) 946-9729 or toll free at 1-888-330-6063.

Sincerely,

Beverly O'Neill, Director

Mixed Homes - Claimed percentages

If a provider chooses to be a mixed home they need:

- Mixed Tier letter, fully explaining their choices.
 - Green parent letters and parent income applications and return envelopes to be mailed directly to *B J Enterprises* office.
1. Put in the "incomplete tiering" file until we get the parent applications back.
 2. Check "Tier II mixed" on the application and sign it.
 3. Determine what their claimed percentage will be for their first menus. Use the number of qualified enrolled claimed children over the total number of claimed enrolled children for the month. We will refigure the claimed percentages using June and December menus for each mixed provider.
 4. If the provider chooses to categorically qualify the families who participate in an eligible program listed on the application, they need only give the parent applications to qualifying families or have these families send a letter from the eligible program that they participate in, but if the provider chooses to "income qualify" the families, they are required to give all enrolled families income applications each June and December.
 5. If no parent applications come in their first month they default to Tier II for the first month and can qualify for claimed percentage the first month we get parent applications.

The first month she is a mixed home she will receive a letter with her check telling her what her claimed percentage is. See the following page for the letter.

Sample Mix Tier Notification Letter

Dear Provider:

You were approved as a Tier II Mixed home. Your first check will reflect the claimed percentage that was determined by dividing the number of eligible, (or the number parent income applications that were approved) enrolled, claimed children by the number of enrolled children claimed during that same month.

_____ # of Tier I children _____ % of Tier I meals

_____ # of Tier II children _____ % of Tier II meals

This will be your claimed percentage until December 2004 when we will recalculate your claimed percentage. The regulations require that we do this every 6 months, each December and June.

If you have any questions, please call the office.

Sincerely,

Katie O'Neill

Sample Tier II Letter

Dear Provider:

Based on information you provided regarding the elementary school boundary you live in and your "Choice of Reimbursement" form you are eligible to receive the lower Tier II CACFP Reimbursement rates.

Elementary District _____

Elementary School _____

Please confirm that we have the correct address and school information. If the above information is incorrect, call us immediately.

All money spent on food is tax deductible, so remember to keep your receipts. Please call if you have any questions, 946-9729.

Sincerely,

Beverly O'Neill, Director

Training

Continuing Staff Training

New Staff Training

Provider Training

New Staff Policy and Procedures

New Staff Policy and Procedures

Each new staff person must initially read the job description prior to her initial orientation. The supervisor goes over point, by point what her responsibilities are using the job description and where she can find the resources she needs. An area coordinator will spend one month with another person, either another area coordinator or the Director or Assistant Director completing reviews and inspections before she goes out on her own. Each new staff person is required to read the “Policy and Procedures” manual. For at least one month all work will be double checked by the supervisor. After that at least 20% of work will be double checked, especially with menu reading. If there are any problems, they are discussed and the staff is referred to the policies and procedures manual.

Each new staff will be evaluated using the performance evaluation according to the job description after their first 6 months and yearly thereafter.

The Director and Assistant Director keep a list of problems or potential problems and questions that staff might have and discusses these points monthly with the staff, as well as adds these agenda items to the annual staff meeting agenda.

All new staff are given the “Policy and Procedures” manual, a sign-up packet and an initial inquiry packet and these are the training materials for her to learn her job.

Continuing Staff - Staff Training Area Coordinator Training

Each fiscal year, *B J Enterprises* has a formal staff training where we discuss current issues and problems and update staff on current regulations and guidance. We cover nutrition education and what handouts will be distributed for the fiscal year. We cover menu reading and policy and procedures, new regulations, ways to improve management practices and integrity issues. See the following draft agenda.

B J Enterprises requires each area coordinator to attend a nutrition workshop each fiscal year with the providers in her geographical area. During these workshops, we focus on current nutrition issues after we review policies, procedures and regulations. We print a four-page newsletter each month. The first page of the newsletter we cover reminders about policies, procedures and regulations, and the remainder we cover nutrition information, stressing the Dietary Guidelines for Americans. The area coordinators are required to read and contribute to these newsletters.

We send a monthly memo with reminders on policy & procedures, as well as integrity and new information to our area coordinators. We send them their list of reviews and inspections due. This keeps them updated on any information they require to comply with regulations.

Provider Training Plan

One curriculum is designed for each workshop so each provider is trained on the same topics for each fiscal year. Sometimes an infant class is taught separately from the others. We also plan many activities into these workshops.

BJ Enterprises offers from 12 to 15 two-hour workshops during the fiscal year. At least one is offered in each county *BJ Enterprises* operates and two are done in Spanish. These classes take place from April through September. All classes will include the current nutrition topic as well as menus, meal types, claiming requirements reviews, reimbursement, safety/sanitation, civil right, corrective action, serious deficiency, appeals and record keeping.

Providers sign in at the class they attend. If a provider is unable to make the class in her county, then she is encouraged to attend one in another county. The Office Manager keeps a Master List to track when providers attend. Before the last class a letter is sent to them, reminding them that they must attend the last workshop.

If a provider does not attend any of the classes, she is offered a Home Study Packet, created by the Dietitian on staff. The Home Study Packet is more difficult than the class and would take the provider at least 2 hours. It is due within 2 weeks of her receiving the packet. The Assistant Director tracks and grades the Home Study Packets.

If the provider doesn't attend or return the Home Study Packet, she will be put off the program for cause, through the serious deficiency process.

There are special circumstances when providers are sick, have a disability, etc., where the area coordinator will do training in the providers home. It is documented on the Workshop Training Form and tracked by the Assistant Director.

This is all kept on a Master List in the office of the Assistant Director for each fiscal year, at the end of the fiscal year.

Continuing Providers Training Policy and Procedures

Annual Nutrition Workshop

We require each participant to attend a 2-hour nutrition education workshop each fiscal year, as per regulations. During these workshops, we focus on current nutrition issues after we review policies, procedures and regulations.

Monthly Newsletter

We print a four-page newsletter each month. The first page of the newsletter we cover reminders about policies, procedures and regulations, and the remainder we cover nutrition information, stressing the Dietary Guidelines for Americans.

Home Visit Nutrition Education Handout

Each trimester, *BJ Enterprises* presents a nutrition education handout during the home visit. The handout includes topics such as how to incorporate fruits and vegetables into the menu, family style service, snack ideas etc.

Common Mistakes Sheet

The "Common Mistakes" sheet, which is sent with the provider check monthly includes points on nutrition, such as adding variety and lowering fat, salt and sugar.

Tracking Training:

A sign-in sheet for each training is used for the providers to sign-in at the training. the office uses a master list, printed after July 1 of the current fiscal year to record the training of all providers.

Provider's who not attend group training

If a provider does not attend group training, we offer a "last chance" workshop in September. If they still do not attend, we put them on hold until they complete their two hours of individual training. If they don't complete the individual training, the provider is dropped from *BJ Enterprises* food program. We offer a take home curriculum that takes approximately 2 hours to complete, complete with a list. We make the individual training available to providers who have a religious conflict or a disability making it difficult for them to attend group training.

Lists

Area Coordinator Provider Lists

(Each area coordinator receives a provider list at the beginning of the fiscal year, at the beginning of each trimester and monthly.)

Area Coordinator Trimester Review Lists

(Each area coordinator receives a complete fiscal year review list, which is out of date as soon as it's printed because of the constant changes with the status of providers. Therefore, the area coordinators work from a trimester list that is given to them at the beginning of each trimester (Oct. 1, Feb. 1 and June 1). They also get a monthly review list to keep them current on drops, holds, moves and other changes.)

BJ Enterprises
Child Care Food Program

**Family Day Care Home
Monitor Handbook**
USDA
February 2012

This provider is an equal opportunity provider and employer.

FY '14

B J Enterprises
Child Care Food Program

**Area Coordinator
Policy and Procedures
Manual**

Gabriela Sanchez

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Christie Ross

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Ruby Lane

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Nancy Hair

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Tammy Jones

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Jenny Galvan

FY '14

This provider is an equal opportunity provider and employer.

**Area Coordinator
Policy and Procedures
Manual**

Valeda Shivers

FY '14

This provider is an equal opportunity provider and employer.

Area Coordinator Policy and Procedures Manual

Chauncie Kuceraa

FY '14

This provider is an equal opportunity provider and employer.

Area Coordinator Policy and Procedures Manual

Carmen Anaya

FY '14

This provider is an equal opportunity provider and employer.

Area Coordinator Policy and Procedures Manual

Katie O'Neill

FY '14

This provider is an equal opportunity provider and employer.