***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 approiate 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 timliness 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.)

1. ***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)

1. ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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4. When will the policy be implemented?

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5. Where will the appropriate records be kept?

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Please use additional paper if needed.

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*BJ Enterprises*

P. O. Box 10189

Scottsdale, AZ 85271-0189