



CHILD CARE COUNCIL OF SUFFOLK, INC.

Child and Adult Care Food Program (CACFP) Family and Group Family Day Care Home Policy and Procedure Handbook



Disclaimer: Although this handbook is thorough in detail, it is impossible to cover every possibility that could occur. It is the provider's responsibility to contact the CACFP office in any instances that are not noted in this handbook to seek guidance in their individual situation. Sound judgment and common sense should guide any decisions made by either the CACFP department or the provider.



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60 Calvert Avenue Commack, New York 11725

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Chapter 1: Overview

1.1 General Information

Good nutrition, the development of healthy eating habits, and learning about food choices are vital building blocks for young children. Provisions must be made to ensure that these building blocks are in place to promote good health throughout life. A growing number of young children receive a significant proportion of their food in child care settings.

Those responsible for feeding children in day care homes have an important responsibility to:

- Serve wholesome and attractive meals that follow the dietary guidelines and meet children’s nutritional needs.
- Make meal time a pleasant and sociable experience.
- Provide nutrition education.

Sharing in this responsibility is the State and sponsor staff of the Child and Adult Care Food Program (CACFP). The CACFP is a United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) program that is administered by the New York State Department of Health. The primary goal of the CACFP is to improve and maintain the health and nutritional status of children in care while promoting the development of good eating habits. Programs, such as child care, adult care, afterschool care, and emergency care, participating in the CACFP must serve meals to all enrolled participants.

The contents of this handbook are based on Federal Regulation 7 CFR 226, Food & Nutrition Service Instructions (FNS 796-2 rev.4), and CACFP policies set forth by the USDA and CCCS. This manual supersedes the contents provided in previous versions. This manual is also intended to be used in conjunction with other CACFP manuals and resources provided by CCCS and the USDA, such as the CACFP Creditable Foods Guide, USDA Handbooks, and other applicable trainings, policies, or memos.

1.2 Definitions

Administrative Personnel - Includes director, claim specialist, monitor, or staff involved in the planning, organizing, and managing of CACFP administrative duties.

Child and Adult Care Food Program (CACFP) - A USDA program that provides federal funds to non-residential child and adult day care facilities, emergency shelters and certain after school care programs to serve nutritious meals and snacks.

Child Nutrition Programs (CNP) - Federally funded programs administered through the USDA. These programs include the CACFP, National School Lunch Program, School Breakfast Program, Summer Food Service Program, Special Milk Program, and Food Distribution Program.

Children – Persons 12 years of age and younger, children of migrant workers 15 years old or younger, or persons with disabilities as defined in this section.

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Civil Rights – The USDA prohibits discrimination in CACFP on the basis of race, color, national origin, gender, religion, age, and disability. Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. The non-discrimination statement must be included on all materials that are provided to the public (menus, brochures, advertisements, websites, etc.).

Claim – submitting a request for reimbursement.

Component – A food item from one of the five required food groups: milk, fruits, vegetables, grains/bread, and meat/meat alternates.

Creditable Foods - Foods that meet regulations governing the CACFP in terms of nutrient content, meal pattern requirements, standards of identity, and other foods that may be counted toward meeting the requirements for a reimbursable meal.

Current Income - Income received by the entire household during the month prior to completing an income application.

DCH—day care home.

DCH Provider—day care home provider—an approved day care home provider that participates in the Child and Adult Care Food Program under the auspices of a day care home sponsor.

DCH Sponsor—day care home sponsor—an approved nonprofit or public agency that has a current, valid program agreement with the NYS DOH-cacfp Bureau to participate as a sponsor in the Child and Adult Care Food Program.

Disallowance – when provider’s records (daily attendance, meal count, meals, and snacks) does not coincide with what the monitor sees at the time of the visit or during the claim processing.

Enrolled Child - A child whose parent or guardian has submitted a signed document which indicates that the child is enrolled for child care, who is present in the child care home for purposes of child care, and who has eaten at least one meal during the claiming period.

Family Day Care Home - An organized, nonresidential child care program for children enrolled in a providers home, licensed or approved as a family or group day care home and under the auspices of a sponsoring organization.

Fiscal Year – CACFP’s federal period of 12 calendar months beginning October 1 of any year and ending with September 30 of the following year.

Food and Nutrition Services (FNS) - The division of the USDA that administers the CNP at the federal level.

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Foster Child - A child whose care and placement is the responsibility of an agency that administers a State plan under part B or E of title IV of the Social Security Act, a child whose care and placement is the responsibility of an agency that administers a State plan under part B or E of title IV of the Social Security Act, or a foster child who a court has placed with a caretaker household. This only applies to children formally placed in foster care by a State child welfare agency or a court. It does not apply to informal arrangements such as caretaker arrangements or permanent guardianship placements that may exist outside of or as a result of State or court based systems. Foster children are considered a household of one.

Income Eligibility Form – A form completed by each household for a child(ren) enrolled in a Day Care Home, which determines eligibility for participation in the CACFP. These forms are required for any Tier I provider who wishes to claim residential children and for providers who wish to be a Tier II mixed home. These forms are also required for a provider who wishes to be a Tier I home based on his/her own income or approved categorical eligibility (e.g. SNAP beneficiary).

Income Guidelines - Family size and income standards prescribed annually by the USDA based on the federal poverty guidelines of income at or below 130% for the free category, income above 130% but, at or below 185% for the reduced category, and income above 185% for the paid category.

Infant Cereal – Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption. Infant Formula - Any iron-fortified formula intended for dietary use solely as a food for normal, healthy infants, served in liquid state at manufacturer’s recommended dilution (excluding those formulas specifically formulated for infants with inborn errors of metabolism or digestive or absorptive problems).

Meals - Food which is served to enrolled participants while in care, such as breakfast, lunch, supper and snacks, which meets the nutritional requirements as established by the CACFP and are claimed for reimbursement.

Meal Counts – The daily record of meals claimed for each enrolled child that must be recorded by the end of each day.

Meal Pattern – CACFP food item requirements for each meal served. The meal pattern is comprised of five groups: milk, fruits, vegetables, grains/bread, and meat/meat substitutes. It indicates the quantities of food that are required based upon age for the breakfast, lunch, supper, and snack meals.

Milk - Pasteurized fluid milk served in CACFP to participants 24 months and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk and meets State and local standards. Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age. In the case of children who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, non-dairy beverages may be served in lieu of fluid milk. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow’s milk, as outlined in the National School Lunch Program (NSLP) regulations at 7CFR 210.10 (m)(3).

Monitoring Visit – A visit to a provider’s home to monitor and record the operation of the CACFP to ensure program compliance and provide technical assistance to the provider.

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Nonresidential - Enrolled children not in care for more than 24 hours on a regular basis.

Program Year - A federal year as defined under the definition of “fiscal year.” CACFP’s fiscal year is October 1 – September 31.

Provider – An individual who provides child care services in her/his home, regardless of whether compensation is received by the individual in return for providing child care services.

Provider’s Own – All children living in the provider’s household that are part of the economic unit of that household. A provider does not need to be the parent or legal guardian of a residential child for that child(ren) to be considered “provider’s own.”

Reimbursement - Federal financial assistance paid or payable to institutions for program costs within the rates assigned by the USDA. Sponsoring organizations submit claims on behalf of its contracted providers. Sponsors must distribute payment to providers within five days of receiving payment from Office of State Comptroller. Sponsors also receive reimbursement for its administrative costs incurred to operate the Program. Those administrative costs must be necessary, reasonable, allowable, and approved by **NYSDOH-CACFP** through the budget approval process prior to incurring those expenses.

Seriously Deficient (SD) - The status of a day care home provider or sponsoring organization that has been determined to be non-compliant in one or more aspects in its operation of the program.

Shift Care - Term used to describe caring for children during different time periods of the day, not exceeding the approved license capacity at any one time. For example, a provider that cares for a group of children between 7:30 a.m.-2:30 p.m. and another group of children from 3:00 p.m.-5:00 p.m. after the first group goes home is providing shift care.

Sponsor - Public or Private Organization responsible for the administration of the CACFP as defined under the definition of “Sponsoring Organization.”

Sponsoring Organization - A public or non-profit private organization that is entirely responsible for the administration of the CACFP for one or more day care homes.

State Agency (SA) – New York State Department of Health.

Suspended - The status of a day care home that is temporarily ineligible for participation, including program payments. Temporary suspension is due to conduct or conditions that threaten the safety of children in care, or the public health or safety (imminent threat to health and safety)

Tier I Day Care Home – A child care home that is eligible for the higher level of reimbursement. Tier I is determined by provider’s income, school district, or census.

Tier II Day Care Home – A child care home that does not meet the criteria for a tier I child care home.

Unannounced Visit – A program visit for which no prior notification is given to the sponsoring organization or providers. Provider reviews must be varied in a way that it is unpredictable to the provider.

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United States Department of Agriculture (USDA) – the Federal agency responsible for the administration of the CNP.

1.3 Administration

CACFP is authorized at section 17 of the National School Lunch Act (42 U.S.C. 1766). Program regulations are issued by the U.S. Department of Agriculture (USDA) under 7 CFR part 226.

USDA's Food and Nutrition Service (FNS) administers CACFP through grants to States. Their office develops regulations, publications, and forms, and establishes the policies necessary to carry out the Program. Their office is also responsible for oversight of the Program and providing guidance to ensure delivery of Program benefits to eligible children.

In Suffolk County, the program is administered by the New York State Department of Health.

PHYSICAL ADDRESS

Child and Adult Care Food Program NYS Department of Health
150 Broadway, 6th Floor West
Albany, New York 12204-2719
Toll Free: 1-800-942-3858 or 518-402-7400 Fax: 518-402-7252

WWW.HEALTH.STATE.NY.US/NYDOH/NUTRITION/CACFP/PAGES

SPONSORING AGENCY PHYSICAL ADDRESS

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[WWW.CHILDCARESUFFOLK.ORG/CHILD-AND-ADULT-CARE-FOOD-PROGRAM-\(CACFP\)-SUPPORT.ASPX](http://WWW.CHILDCARESUFFOLK.ORG/CHILD-AND-ADULT-CARE-FOOD-PROGRAM-(CACFP)-SUPPORT.ASPX)

OTHER USEFUL WEBSITES

Code of Federal Regulations (7 CFR 226): http://www.ecfr.gov/cgi-bin/textidx?SID=b20ccd0fee9d33cf3e04ad7f7385906e&tpl=/ecfrbrowse/Title07/7cfr226_main_02.tpl
FNS Instructions (796-2 rev.4) <http://www.fns.usda.gov/sites/default/files/796-2%20Rev%204.pdf>
USDA Website: <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

1.4 Sponsoring Organizations

Sponsoring organizations who participate in the CACFP must follow rules and regulations as a condition to participation which requires a high level of scrutiny by the DOH, USDA, and auditors.

They must comply with:

- All regulations and policies issued by DOH and the USDA.

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- All instructions and handbooks issued by DOH and the USDA to clarify or explain existing regulations.
- All NY state laws, compliance manuals, policy memos, and instructions issued by the DOH that are consistent with the provisions established in Program regulations.
- All Financial guidance and circulars issued by the USDA.

1.5 Day Care Home Providers

In order to participate in CACFP, the provider must be one of the following:

- A registered/ in process Family Day Care Provider.
- A licensed/ in process Group Family Day Care Provider.
- A legally- exempt provider who has a notice of enrollment, provides care in their Suffolk County home and provides all meal components for a child that does not live in the providers home.

Registered and Licensed Providers

In order to be reimbursed for meals, a provider must have a current registration or license through New York State Office of Children and Family Services (NYSOCFS), or have an in-process letter that was issued no more than 6 months prior. For Family Day Care facilities, CACFP can obtain in-process letters and registrations from the Suffolk County Registrar. **Claims cannot be paid if a current license or in process letter is not on file.**

Legally- Exempt Provider

A Legally-Exempt Provider may claim reimbursement for meals served to day care children when they have a current Notice of Enrollment to provide legally-exempt childcare. In order to claim meals, the provider must always care for non-resident children in their Suffolk County home and provide all the meal components. Once the provider is fully enrolled and the provider obtains the needed training, she is eligible to claim for the period on the enrollment form. Upon legally-exempt re-enrollment, a copy of the re-enrollment must be submitted to CACFP in order to receive continued reimbursement. Meals must be served to all children in attendance and be claimed.

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Chapter 2: Sponsor Responsibilities

2.1 Sponsor Recordkeeping Requirements

Sponsoring organizations are required to maintain records to fully support the monthly claim for reimbursement and compliance with program regulations. All sponsoring organizations must have a written policy pertaining to their recordkeeping procedures. All records shall be retained for a period of seven years after the date of submission of the final claim for the fiscal year to which they pertain. If audit findings have not been resolved, the records shall be retained beyond the end of the seven year period for as long as it may be required for the resolution of the issues raised by the audit or review. The following records must be maintained by the sponsoring organization:

- Agreement and application - sponsors must keep on file a copy of the Permanent Agreement signed by the ADE and copies of all applications and supporting documents submitted to the DOH.
- Enrollment records:
 1. Sponsors must maintain copies of the enrollment form for each child enrolled at each day care home, including the provider's own children. Providers must notify their sponsor immediately if there are any changes in enrollment. Children do not enroll in the CACFP; they enroll in the day care home.
- An enrollment form must be complete and on file before any child care is provided and must be updated annually. It must include the child's name and date of birth, the hours and days of the week that child care is to be provided, what meals will be served to the child(ren), and be signed and dated by a parent or guardian. Providers may not receive reimbursement for meals served to un-enrolled participants or children that are outside of the regulatory age requirements. Enrollment forms are valid for the full 12 months. They are considered current and valid until the last day of the month in which the form was dated one year earlier. If there are any gaps in enrollment, meals during the gap period are not reimbursable. When parents or guardians work swing or rotating shifts, they should note on the enrollment forms that they work multiple shifts and that their child(ren) will be in care for different hours on different days. Although their schedules may be unpredictable, parents or guardians should estimate the hours and days they expect that their children will most often be in care.
 2. Sponsors must collect and maintain meal benefit income eligibility forms to determine the eligibility of providers own children for meal reimbursements. Income eligibility forms must be updated annually and may not be more than 12 months old. They are considered current and valid until the last day of the month in which the form was dated one year earlier.
- Meal counts - daily records indicating the number of participants in attendance and the daily meal counts, by type (breakfast, lunch, supper, and snacks), served to participants must be reviewed and kept on file to support reimbursable meals claimed. The DOH and sponsors may require family day care homes to record meal counts at the time of meal service only in day care homes providing care for more than 12 children in a single day, or in day care homes that have been found seriously deficient due to problems with their meal counts and claims. Meals served

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in excess of the provider's ratio requirements or outside of approved meal times must be disallowed.

- Menus - sponsors must review and maintain menus from the provider to support reimbursable meals claimed. Refer to chapter 10 for more information regarding meal pattern and documentation requirements. Menus must be correctly dated. Infant meal records should be separate from menus for children one year and older.
- Income Eligibility Forms – must be maintained on file to support Tier I providers who qualify by their own household income and/or who wish to claim their own children and for Tier II providers who have elected to collect household income information to determine the reimbursement level of each participant individually. The income eligibility forms contain sensitive personal information and must be stored securely to protect that information.
- Training records (providers and staff) - information on training session date(s) and location(s), as well as topics presented and names of participants, including their signature, must be maintained on file to support all training conducted. Refer to **section 2.3** of this chapter for further details regarding training requirements.
- Monitoring records – records supporting monitoring efforts must be maintained on file. This includes information regarding the location and dates of each day care home review, any problems noted, and the corrective action required. Refer to **section 2.3** of this chapter for further details regarding monitoring requirements.
- Tiering information – sponsors must maintain information used to classify day care homes as tier I day care homes, including official source documentation. Refer to chapter 8 for more information regarding tiering requirements.
- Sponsor/Provider Permanent Agreement – sponsoring organizations are required to enter into and maintain a copy of a continuous application and agreement with each provider that outlines both the sponsor and provider's responsibilities. This is an agreement between both parties for participation on the CACFP. Although this is a permanent agreement, the sponsor may terminate a family or group home for cause or convenience.
- Tracking Logs – sponsors should maintain tracking logs to document:
 1. Compliance with the serious deficiency process;
 2. Compliance with training and monitoring requirements;
 3. Provider eligibility requirements (e.g. Tiering information, income eligibility, etc.);
 4. Providers who give advance notice of being out of the home during an approved meal service time (dates and times of notification are critical) through online database.
- Sponsors are not allowed to establish "grace periods" for new or continuing providers. Program requirements must be complied with as soon as they start participating in the Program. Any meal(s) that do not meet the meal pattern requirements or that are not appropriately documented to support a reimbursable meal (i.e. lack of or incomplete attendance records, meal counts, etc.) must be disallowed.
- Failure to maintain such records shall be grounds for the denial of reimbursement.

2.2 Monitoring Requirements

Monitors play a critical role as the link between the sponsoring organizations and the day care home provider. They provide a first-hand accounting of how the providers are operating the Program. They must develop and maintain open communications and cooperative relationships with providers, while also identifying areas of noncompliance. They must work with the providers to help correct problems provide additional training or technical assistance when necessary. They must ensure that providers

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operate according to Program rules and regulations, and that accurate records are available to justify reimbursement for properly served, nutritious meals.

Sponsoring organizations must review each provider three times a year based on when the provider signed the application/agreement. In addition:

- At least two of the three reviews must be unannounced;
- At least one unannounced review must include observation of a meal service;
- At least one review must be made during each new provider's first four weeks (28 days) of Program operations;
- Not more than six months may elapse between reviews; and
- If a sponsor finds a provider has conducted one or more serious deficiencies, the next visit must be unannounced.

Unannounced reviews are an effective tool in ensuring Program integrity. This tool gives sponsors the opportunity to document how the provider operates on any given day and also affords monitors the opportunity to provide on-site technical assistance to immediately address any identified issues. In addition, unannounced reviews offer a sponsor a first-hand opportunity to detect and identify areas of mismanagement, such as inaccurate meal counts, problems with recordkeeping, menu, and enrollment discrepancies. Sponsors can initiate immediate corrective action when these errors are uncovered.

Unannounced reviews must be made only during the provider's normal hours of operation, and monitors making such reviews must show photo identification that demonstrates that they are employees of the sponsoring organization, the DOH, the USDA, or other State and Federal agencies authorized to audit or investigate Program operations.

Sponsoring organizations that discover conduct or conditions that pose an imminent threat to the health or safety of participating children or the public in a provider's home, must immediately suspend the provider's participation and follow the procedures outlined in Chapter 9, section 9.3.

Reviews must assess whether the facility has corrected problems noted on the previous review(s), a reconciliation of the facility's meal counts with enrollment and attendance records for a five-day period, and an assessment of the facility's compliance with the Program requirements pertaining to:

- Past performance – any previous findings from previous visits must be noted on the monitoring form so the monitor can determine whether or not those problems have been corrected. This should be done prior to the visit so the monitor can adequately review the providers file and records to look for any inconsistencies or patterns. It will help the monitor fully assess the correction of a problem during a visit.
- Meal Observation - When observing a meal service, monitors must ensure:
 1. The meal is being served within the approved meal time. The only exception is for infants, which are fed on demand.
 - a. Meals observed outside of a provider's approved meal time must be disallowed and will not count towards the one unannounced review that must include a meal observation.
 - b. Monitors must observe a variety of meal types, including on holidays, weekends, and evenings. Meals observed do not have to be exactly proportional

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- to the percentage of meals claimed, but should be roughly proportional to the percentage of each type of meal being claimed by its providers overall.
- c. If a reviewer attempts a review during an approved meal service and the provider is not home and did not provide advanced notice to someone at the sponsoring organization, the meal that would have been observed must be disallowed.
2. Observe the majority of the meal service;
 3. Ensure all children and the provider have washed their hands prior to the meal service;
 4. The meal served meets the required meal pattern (including milk type, components, and portion sizes) and matches the menu. If substitutions are made, they must be documented on the menu. Meals that do not meet the required meal pattern must be disallowed;
 5. All meal components are being served at once and in the proper portion sizes;
 6. Meals are age appropriate;
 7. Medical statements are on file for children with food allergies, intolerance, special dietary needs, or disability;
 8. If a meal is not being observed, the monitor should note the meal items the provider indicates were served. Monitors may ask for food packaging or other evidence that validates the food items served.
- Monitors must verify that the provider's license, certification, or approval is current and has not lapsed. If there are any gaps, those meals must be disallowed. Monitors must also ensure that the provider is not over ratio based on his or her approval status. If the provider is over ratio at any one time (including during a visit or during the claim review process), the following must be followed:
9. First occurrence: Disallow all the meals in excess of the ratio, assign corrective action, and notify the licensing and/or certifying authority when applicable.
 10. Second occurrence: Same as first occurrence and deem provider seriously deficient.
 11. Third occurrence: Same as the second occurrence and propose to terminate and disqualify the provider.
- The provider must:
- § Ensure meal counts are up to date as of the previous day. Meal counts must be completed no later than the end of the business day each day. Monitors may require a provider to conduct point of service meal counts as a corrective action if the provider is seriously deficient in this area. Meal counts may never be done in advance of a meal service.
 - § Have menus available for all parents to see if requested and must be complete and up-to-date as of the day of the review. Monitors must review the provider's menus to ensure they are correctly dated, all the meal components are being served (provider's should be specific about each component), that substitutions are being documented. Infant meal records should be separate from menus for children one year and up.
 - § Have enrollment forms reviewed for completeness and ensure they were completed within the last 12 months. Providers must have an enrollment form for every child that is present at the time of monitoring visit, for any child that is in attendance during the provider's business hours, and for any child whose meals are claimed for reimbursement. *This includes the provider's own children. An enrollment form must be complete and on file before any*

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child care is provided and must be updated annually. If there are any gaps in enrollment, meals during the gap period are not reimbursable.

- \$** Have parents sign in and sign out their children. Monitors will review to ensure providers are not only using sign in/out sheets but they are current as of the time of the monitoring visit. Providers may sign a child into care for parent if the provider picks a child up from school. A provider may sign a child out of care when the provider drops a child off at school. Sign in/out sheets can be used to determine when children are normally in care.
- Provide a daycare home that is clean, free of insects and rodents and provide a safe environment. This would include ensuring utensils, counters, appliances, and eating area are clean, cleaning supplies and kitchen knives or sharp objects are kept locked and out of reach of children, electrical outlets not being used should be capped and all garbage cans should have a lid on them. A working thermometer should be kept in both the refrigerator and freezer to ensure proper temperatures are maintained. Providers should use a food thermometer to check the internal temperature of all potentially hazardous foods prior to serving them to enrolled children.
- Makes drinkable water available throughout the day, including at meal times, upon request
- Ensure medical statements are on file for any child with food allergies.
- Either post or distribute the Building for the Future flier and WIC information to the parents/guardians of all enrolled children.
- Confirm whether or not they have attended the required training within the last year.

For items marked with a \$; if the provider does not have complete and correct records up to the day of the visit, **meals must be disallowed**. There are no grace periods, including new providers. Program requirements must be complied with, including meal pattern requirements, as soon as they start participating in the Program.

If a provider is not in compliance with the Program rules, it must be documented as a finding and the provider must take immediate corrective action to correct the identified problem. The corrective action taken must be clearly documented and meet the requirements in **Chapter 5, section 5.2**.

Follow-up reviews will be conducted to make sure that problems found during a previous review have been permanently corrected. Most follow-ups will occur within a month to make sure serious deficiencies have been corrected and some deficiencies may require more than one visit. If the follow-up review is a result of a serious deficiency, it must be unannounced.

Monitors will leave a copy of the completed monitoring visit form with the provider for the provider's files to make sure that both the provider and the monitor have the same record of what occurred during the visit. The form must:

- Document that the above items were reviewed for compliance;
- Identify any findings and serious deficiencies and its corrective action;
- Verify that problems on previous reviews have been permanently corrected; and
- Be fully complete. Missing information such as whether or not a meal was observed, dates and times of the monitoring visit, what type of review was conducted, or signatures will be considered incomplete and will not count towards meeting the regulatory requirements.

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2.3 Training Requirements

Each sponsor must thoroughly train its providers on all Program duties and responsibilities before the CACFP provider becomes operational. Additionally, sponsors must provide training to each provider at least once each fiscal year.

Trainings should be detailed and provided as a one on one training in the provider's home. Trainings may not occur in conjunction with a monitoring visit or while children are in care, except for the provider's own. Training must be documented in each provider's file. Documentation must include a sign in roster that includes the location and date of the training, an agenda that clearly lists all topics covered, and the materials used to conduct the training. Training documentation must be made available upon request during an administrative review.

This training must stress eligibility, food service and recordkeeping requirements. At a minimum, such training shall include topics such as:

- ❑ Meal pattern requirements (i.e. child and infant meal patterns, reimbursable meal components, creditable and non-creditable foods, portion sizes, high fats/high sugars, meal service times, CN label requirements);
- ❑ Meal count documentation (i.e. allowable meal types to claim, meal counts must be recorded by the end of each day and may NOT be determined by attendance, attendance records are separate from meal counts and must be completed by the parent/guardian as the child arrives or leaves each day, meal counts should support monthly reimbursement claims);
- ❑ Claims submission (i.e. compare menus to meal pattern, claims process);
- ❑ Recordkeeping requirements (i.e. enrollment forms, required monthly forms [i.e. meal counts, menus and sign in/out sheets], medical statements for allergies to support substitutions to menus, infant records [i.e. infant meal counts], sponsor/provider permanent agreement, licensing, certifications, standards, inspection reports, provider applications, monitoring forms);
- ❑ Civil rights (i.e. program availability, complaint procedures, use of non-discrimination statement); and
- ❑ Reimbursement system (i.e. monthly claim due dates, monthly claim edit checks, claim preparation, record retention, how to calculate reimbursement).
- ❑ Monitoring visits (i.e. purpose and frequency of sponsor reviews, follow-ups, inspections (if applicable), purpose and frequency of State or Federal reviews).
- ❑ Food safety and sanitation (i.e. proper food temperatures, food storage requirements, hand washing, food handling and cross-contamination, handling food waste).
- ❑ Serious deficiency process (i.e. red flags and what constitutes a seriously deficient determination, steps in serious deficiency process, how to properly respond to corrective action, appeal rights and process).
- ❑ Nutrition education (i.e. dietary guidelines, benefits of variety in menus, recipe ideas, available resources).
- ❑ Physical activity (i.e. importance of physical activity, reducing screen time, games or ideas for children).

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Chapter 3: Provider Participation Requirements

3.1 General Requirements

Day care homes participating in the program must operate under the auspices of a public or private nonprofit sponsoring organization. Providers must enter into a written continuous agreement with the sponsoring organization which specifies the rights and responsibilities of both parties.

Day care homes must have current Federal, State or local licensing or approval to provide day care services to children.

In order to participate in the CACFP, the provider must be one of the following:

- A **Registered** Family Day Care Home Provider
- A **Licensed** Family Day Home Provider
- A **Legally-exempt** enrolled provider

In order to be reimbursed for meals; a provider must have a current registration, license, or notice of enrollment.

3.2 Application Process

Sponsoring organizations must check the National Disqualified List (NDL) to verify that the provider, and when applicable, the backup provider, has not been previously disqualified from participating on the Program. Once that has been confirmed, the sponsoring organization will enter into a written agreement with the provider. The continuous application and agreement will outline the rights and responsibilities of both parties. Licensed or license-exempt providers must contact one of the sponsoring organizations to participate in the CACFP and sign an agreement with the sponsor.

1. The childcare program must pass the Pre-Operational visit inspection. If not, corrective action must be completed. Unannounced follow-up visits will ensure that the changes are maintained.
2. Completion of a Continuous Application and Agreement (CACFP-3705) at the on-site visit and if applicable, the Income Eligibility Application (DOH-4161) which may require submission of the prior year's federal income tax forms 1040 and Schedule C.
3. The child care provider must obtain training prior to claiming in order to learn the requirements, CCCS policies and procedures, meal patterns, how to keep complete, accurate records of menus and attendance on the Minute Menu forms or on the KidKare website and the meal review expectations.
4. Changes to the provider's original application must be communicated by the provider to CCCS immediately.
5. USDA nutritional guidelines must be followed for meal service.
6. The childcare program must be maintained in accordance with all applicable regulations.
7. Complete and accurate records of child enrollments, menus and attendance must be submitted, maintained and available for review during an audit or in the provider's home for a period of 3 years. **SEPARATE records of attendance and meals served must be completed daily.**

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- a. For providers claiming via the Internet, the provider has access to their attendance and meal records at any time as long as the provider has in-home internet access. These providers only need to keep copies of the signed enrollment forms, which is prompted by the software as you print off the first enrollment form. When you complete your annual child re-enrollments a copy of this form must also be kept as well.
8. The provider meal records much match the meal reviews conducted for a minimum of three meal review visits each year (except for the initial 28-day review), all of which are unannounced.
9. Providers must distribute Building for the Future and WIC Brochures to newly enrolled families, upon re-enrollment and the Building for the Future form must be posted in the program.
10. Provide sponsoring organization with updated contact information for parents at all times.
11. Providers must operate the CACFP according to the days, hours, ages of children and capacity as approved by their licensing or regulatory agency (state, military or voluntary registration). Providers are ultimately responsible for all program operations and paperwork/claims submitted, regardless if an assistant helps with paperwork and/or helps administer the program.
12. Providers are responsible for opening, reading, and complying with all correspondence from Child Care Council of Suffolk (written letters or emails).
13. Inform the provider of Tier I determination and/or Tier II reimbursement options.

Provider's Own / Resident Children

A registered, licensed, or legally-exempt provider, who meets income guidelines may also claim meals served to any resident children during business hours when non-resident day care children are enrolled and present at the same meal service. Income Eligibility is determined at the time of the provider's enrollment on the Income Eligibility Application (DOH-4161). All residential children living in the provider's household who are part of the economic unit of that household are considered provider's own. A provider does not need to be the parent or legal guardian of residential children for those children to be considered "provider's own." The children are considered the provider's own when:

- The child(ren) live in the residence where care is provided, and
- The child(ren) is part of the provider's household or economic unit.

At least one non-residential child must be enrolled and receiving care by the provider in order for the provider to qualify as a family child care home for CACFP eligibility purposes. Payment may be made for meals served to the provider's own children only when:

- Household is income eligible for Tier I reimbursement
- Such children are enrolled and participating in the child care program during the time of the meal service, and
- Enrolled nonresident children are present and participating in the child care program.

Temporary Emergency Residential Care Situations

A day care home participating on the CACFP cannot provide child care to the same child(ren) for more than 24 hours on a regular basis. Situations may occur when a child(ren) may need to stay with the provider for more than 24 hours due to an emergency or unplanned event. This is considered a temporary emergency residential care situation. When an temporary emergency residential care

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situation occurs, the child(ren) may continue to be considered nonresidential for the CACFP. Reimbursement may be claimed in these situations **for up to three consecutive calendar days or 72 hours only**. Examples of temporary emergency residential care situations might be a parent or guardian is involved in an accident and becomes incapacitated, weather disasters, or medical emergencies.

The intent of the CACFP is to serve only nonresidential children with the exception of the provider's own children. Children who require care for 24 hours or longer are not eligible to participate on the CACFP.

3.3 Reimbursement Guidelines

Providers may claim and be reimbursed for up to two meals and one snack, or two snacks and one meal, per day, served to each **enrolled** child up to the licensed or approved capacity of the home. All children between the ages of 0 to 12 years are eligible for reimbursement. Children 13 years and up are eligible only if they have a medical order on file for special needs. Children of migrant workers are eligible up to age 15.

The Minute Menu / KidKare System will automatically claim the most financially advantageous combination of the meals claimed. In addition, when a meal is disallowed due to a mistake in paperwork the computer can then reimburse for another meal.

- For example, if a provider offers a child breakfast, am snack, lunch, pm snack, and dinner, the provider will be reimbursed the highest combination - which is lunch, dinner, and one snack. If the lunch was disallowed because it did not meet USDA guidelines it would not be reimbursed but the computer would pay for breakfast instead. All non-reimbursed food expenses may be used as a tax deduction.

At the time a provider enrolls in the food program their reimbursement rate will be determined using a two- Tiered means test.

1. Tier 1

Providers may qualify for the higher (Tier I) reimbursement rates if they meet one of these criteria:

- They live in a low-income area
 - The elementary school the provider's children would attend has 50% or more children participate in the free or reduced USDA program. A provider that meets these criteria is eligible for a period of 5 years.
 - The area in which the provider lives is considered under the 185% of the poverty level based on the latest census data. A provider who meets this criteria is qualified for a period of 5 years.
- Their own family is income eligible
 - An Income Eligibility Application must be completed including submission of a copy of a current federal income tax form 1040 and Schedule C, if applicable. Any losses cannot be deducted from the income; it can only be zeroed out.
 - The approval of the Income Eligibility Application is for a period of one year. When a provider's approval period is expiring, CCCS will notify the provider and will send copies of the application to the provider in the mail or in person during a visit. The application must be returned as soon as possible in order to continue to receive Tier 1 rates. The

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application-received date is the date of determination. Eligibility will begin the 1st of the month the application is received.

- Income eligibility is re-determined annually.
- Categorically Eligible
 - Foster children, who are the responsibility of the State or placed by the court, and children who are experiencing homelessness, are also eligible for free meals.
 - Adults who receive food stamps, FDPIR, Social Security Income (SSI), or Medicaid benefits

2. Tier II

If a provider does not meet at least one of the above criteria, they will receive the lower (Tier II) reimbursement rate. A provider can be determined as Tier II Mixed and receive a combination of Tier I and Tier II rates depending on family eligibility (refer to Tier II Mixed).

3. Tier II Mixed

If a provider has been determined Tier II, the provider can request that all or some of their parents fill out an Income Eligibility Statement to determine if they are eligible to have meals that are served to their children reimbursed at the Tier I rate. CCCS will mail the provider the most current application to give to all parents in their program. The parents need to complete one application for the entire family and mail their application directly to CCCS.

Parents need to renew their Income Eligibility Statement annually. **Therefore, Tier 2 mixed providers will be notified 30 days prior to child eligibility expiration, by CCCS, to conduct Income Eligibility Application's for all children enrolled.** If the application is approved, the higher tier rate will be paid from the beginning of the month it is received.

***Child and Adult Care Food Program (CACFP) Reimbursement Rates for Meals Served in Child Care Homes EFFECTIVE July 1, 2017 to June 30, 2018**

	Tier I	Tier II
Breakfast	\$1.31	\$.48
Lunch/Supper	\$2.46	\$1.48
Snacks	\$.73	\$.20

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***Child and Adult Child Care Food Program (CACFP) Income Eligibility Guidelines for Tier I
(Effective from July 1, 2017 to June 30, 2018)**

Household Size	Year	Month	Week
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
FOR EACH ADDITIONAL FAMILY MEMBERS	+7,733	+645	+149

***These figures change yearly. Please refer to the CACFP website for the updated rates and income guidelines. <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>**

3.4 Mandatory Training

A provider must attend 2.5 hours of CACFP sponsored nutrition training every year. Trainings are offered several times a year by Child Care Council of Suffolk, Inc. These trainings are free to CACFP participants and can count towards licensing/registration requirements if applicable.

Trainings can vary year to year.

Training attended outside of Child Care Council of Suffolk, Inc. does not count toward the 2.5 hours required for CACFP. Failure to attend the required nutrition training by the end of the year will result in a Serious Deficiency determination (see Serious Deficiencies).

At a minimum, such training shall include topics such as:

- Meal pattern requirements (i.e. child and infant meal patterns, reimbursable meal components, creditable and non-creditable foods, portion sizes, , meal service times);
- Meal count documentation (i.e. allowable meal types to claim, meal counts must be recorded by the end of each day and may NOT be determined by attendance, attendance records are separate from meal counts and must be completed by the parent/guardian as the child arrives or leaves each day, meal counts should support monthly reimbursement claims);
- § Claims submission (i.e. compare menus to meal pattern, claims process, due dates);

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- Recordkeeping requirements (i.e. enrollment forms, required monthly forms [i.e. meal counts, menus and sign in/out sheets], medical statements for allergies to support substitutions to menus, infant records [i.e. infant meal counts], sponsor/provider permanent agreement, licensing, certifications, standards, inspection reports, provider applications, monitoring forms);
- Civil rights must be completed annually (i.e. program availability, complaint procedures, use of non-discrimination statement); and
- § Reimbursement system (i.e. monthly claim submission dates, monthly claim edit checks, claim preparation, record retention, how to calculate reimbursement).

Additional topics are:

- Monitoring visits (i.e. purpose and frequency of sponsor reviews, follow-ups, inspections (if applicable), purpose and frequency of State or Federal reviews).
- Food safety and sanitation (i.e. proper food temperatures, food storage requirements, hand washing, food handling and cross-contamination, handling food waste).
- Serious deficiency process (i.e. red flags and what constitutes a seriously deficient determination, steps in serious deficiency process, how to properly respond to corrective action, appeal rights and process).
- Nutrition education (i.e. dietary guidelines, benefits of variety in menus, recipe ideas, available resources).
- Physical activity (i.e. importance of physical activity, reducing screen time, games or ideas for children).

3.5 Provider Transfers

A provider who has voluntarily terminated their agreement with the sponsoring organization but plans to enroll with another sponsoring organization is considered a transfer. Provider can transfer between Sponsoring Organizations only once per 12 month period.

Sponsors must make sure that Providers are aware of the rules and procedures for transferring their participation to avoid the loss of reimbursement. The Continuous Application & Agreement for Day Care Home Participation (CACFP-3705) was revised to include the new transfer rule. Please note that the Provider will not be eligible for reimbursement with the new Sponsor until all procedures are met and CACFP has approved the transfer. Therefore, it is recommended that transferring Providers be submitted on an adjusted claim to prevent delays in processing the claims for approved Providers.

Providers who are seriously deficient or involved in a formal termination process will not be allowed to transfer to another sponsoring organization.

Providers should be made aware there will be a lapse in participation when completing a transfer and the change of sponsorship is subject to approval by the state agency and is not guaranteed.

- A Provider may wish to transfer to another Sponsor when she/he moves to a new location or when the services of another Sponsor in the same area seem to better meet the Provider's needs.
- The Provider must notify the current Sponsor of their intent to transfer by completing and submitting Part 1 of the Provider Transfer Form (DOH-4219) at least two weeks prior to the effective date of the transfer. The DOH-4219 can be ordered from CACFP or downloaded from the website at: www.health.ny.gov/CACFP.

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- The current Sponsor must complete Part 2 of the Provider Transfer Form and return it to the Provider within 5 business days.
- The Provider must submit the completed Provider Transfer Form to the new Sponsor. The new Sponsor must confirm that the Provider is in good standing with the current Sponsor prior to accepting the transfer. This is documented in Part 2 of the Provider Transfer Form.
- The new Sponsor must conduct a pre-approval visit to the transferring Provider's home and complete the paperwork required for all new Providers. The Provider Transfer Form must be submitted, with the required paperwork, to the State for approval.

Situations not subject to the transfer rule:

- The Sponsoring Organization closes.
- The Provider moves out of the Sponsor's service area.
- The Sponsor changes their geographic service area.

The same approval procedures for a Provider initiated transfer must be followed.

3.6 On Site Addendum

An On-Site Provider (OSP) is the primary caregiver in the day care home. The OSP is the person who is responsible for maintaining on-site daily records of menus and attendance, and the person Sponsor staff should see during monitoring visits. The OSP may also be responsible for any serious deficiencies in the operation of CACFP. As directed by USDA, DOH was designed to issue monthly payments to the OSP and requires the reimbursement be issued to the OSP in all cases. The owners and/or official business name may be included on the reimbursement check, and direct deposits may be sent to a bank account as requested by the OSP. Because of this, it is important that any change in OSP is immediately documented on the CACFP-160 form.

The On-Site Provider Addendum (CACFP-160) form is needed when:

- The owner of a day care home owns only a single home and has an OSP;
- The owner of a day care home owns multiple homes with OSPs (even if the owner is the OSP in one of the homes);
- The OSP changes in a single home;
- The OSP changes in a multiple home (even if the OSP changes and the owner now becomes the OSP in one of the homes);
- The OSP switches to the owner in a single home;
- Any circumstance when "Line A9: On-Site Provider" on the "License/Reg" tab in CIPS changes.

The Owner/Operator must sign the Application and Agreement (CACFP-3705) at the initial pre-approval visit. Both the Owner/Operator and the On-Site Provider will sign the On-Site Provider Addendum (CACFP-160) at the initial visit and whenever the On-Site Provider changes.

When the On-Site Provider changes:

- The Owner/Operator must notify the Sponsor prior to submission of a claim for a month in which the new On-Site Provider cared for children.
- The Sponsor must submit a completed On-Site Provider Addendum (CACFP-160) before a claim that includes any days in which the new On-Site Provider was providing care can be processed.

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All of the Owner/Operator's family and group day care homes must participate under the same CACFP Sponsor to enhance oversight and management of changes in On-Site Providers. The monthly attendance and meal records must be signed by the current On-Site Provider.

Monthly CACFP reimbursement checks must be issued to the On-Site Provider with the individual day care home site clearly indicated on each check. Reimbursement checks cannot be issued to the Owner/Operator or business entity but they can be issued jointly to the On-Site Provider and the Owner/Operator.

If the On-Site Provider changes, a new CACFP-160 form must be completed before a CACFP check can be issued in the new On-Site Provider's name.

Both the Owner/Operator and On-Site Provider must attend the initial CACFP orientation and the required annual training provided by the Sponsor.

Both the Owner/Operator and On-Site Provider are responsible for:

- Operating CACFP within the Federal Regulations
- Complying with all CACFP policies and guidance
- Complying with all Sponsor policies and procedures specific to the CACFP Program
- Meeting all CACFP record keeping requirements, including maintaining records at the day care Home site at all times

The Owner/Operator is ultimately responsible for correction of all violations in CACFP operations. A notice of serious deficiency and subsequent termination correspondence must be issued to the Owner/Operator. However, if the violation is a direct result of the On-Site Provider's actions and/or negligence, he/she must also be named seriously deficient and both the Owner/Operator and the On-Site Provider will be subject to placement on the National Disqualified List.

Existing, participating Day Care Home (DCH): A faxed, scanned or emailed copy of the CACFP-160 form is now acceptable for any on-site provider change in existing, participating homes. CACFP staff will verify that the original forms are on file in the Sponsor office during regularly scheduled administrative reviews, and may request an original CACFP-160 at any time.

If the owner is the On-Site Provider in an existing home and it changes to a new on-site provider, a faxed, scanned or emailed copy of the CACFP-160 will be accepted. This will not be considered a new home.

New DCH with On Site Provider: There is no change in the procedure for a newly participating DCH. An original, signed CACFP-160 is required for a new DCH along with the original, signed Continuous Application and Agreement for Day Care Home Participation (CACFP-3705).

3.7 Provider Recordkeeping Requirements for Manual Menus

Child Care Council of Suffolk, Inc. uses the Minute Menu scanning system for processing CACFP reimbursement claims for providers who do not have access to the Internet.

Your Provider ID is: _____

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Required forms for claim reimbursement:

- Child Enrollment Forms (initial application)
- Child Re-Enrollment Worksheet Form (annually, upon request)
- Menu Reporting Forms (Infant and/or Regular)
- Attendance Sheet

All forms and envelopes for manual claims are supplied by Child Care Council of Suffolk, Inc.

Child Enrollment Form

The enrollment form is used to enroll each child in the provider's program into the Minute Menu/KidKare and Health Commerce system. It also informs parents of the provider's participation in the food program. An Enrollment form must be completed for every child before a provider is reimbursed any meals for that child. If the provider is not eligible to claim their own children, an enrollment form must still be completed for those children not yet attending kindergarten. If a parent chooses to supply formula and all food components for an infant, an enrollment form must still be completed, signed, copy kept for the provider's record and returned to Child Care Council of Suffolk, Inc. within 3 to five business days from the first day in care.

Enrollment forms must be returned within 3-5 business days from the first day in care.

Instructions:

- Provider ID # (four digit number, leave last 2 boxes empty)
- Child's correct birth date
- Enrollment date, the child's first day attending the child care program
- Child's legal name, spelled correctly
- Special information (if applicable)
- Related, if applicable
- Non-participating, if the child is an infant and the parent is supplying all food components and refuses the food from the provider
- Race
- School information (if applicable)
- Parent will complete the section pertaining to infant feeding (if applicable)
- Time in and out. If times vary, mark the earliest the child arrives and the latest the child departs.
- Check days and meals child will be in attendance
- Parents complete the bottom portion, be sure they include at least one working phone numbers and sign and date the form
- Provider's signature
- In order to indicate Special Diet or Special needs, there must be a doctor's statement in the provider's file documenting the name of the child and what the special diet/need consists of. If possible, a copy should be sent in at the same time as the enrollment form. If not, a copy must be submitted within 10-15 days of enrollment

Providers and parents are required to review a child re-enrollment worksheet annually to make any adjustments. Copies must be made of all enrollments, maintained on site in the provider's home and available for review during an Audit or Program Visit.

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Day care home providers are required to maintain records that fully support all reimbursement received and they must be readily accessible for review by the sponsoring organization, the DOH, the USDA, or any other Federal or State official. Program records shall be retained for three years after the date of submission of the final claim for the fiscal year to which they pertain. Furthermore, if review findings have not been resolved, the records shall be retained beyond the end of the three year period as long as may be required for the resolution of the issues raised by the review.

Providers must only maintain, and have on hand for immediate review, all records that support their program activities for the current month, as well as the previous 12 months of operation.

Records should include documentation of attendance, enrollment, meal counts and menus. Providers may store the remaining two years of records offsite; however, they must still be in the control of the provider and accessible within a reasonable amount of time. If no offsite storage is used, providers must retain three years of records, onsite, at the day care home. Records can be kept in hard copy or electronic format, provided that the records are readily available to reviewers. Sponsors and providers must be aware that failure to maintain such records shall be grounds for the denial of reimbursement.

The provider is required to maintain and have readily available the following documents:

- § Menus – must be completed on a daily basis. They must meet all meal pattern requirements, be properly supported by recipes and include times meals were served. Infant meals must be recorded separately due to the different nutritional needs. In order to document compliance with the requirement meal pattern for infants, providers should document how much of each component was offered, not what the infant consumes.
- § Meal counts – must be completed daily, by the end of the business day. Must include the first and last names of enrolled children, their in and out times (which should match sign in/out sheets), and identify which meals are being claimed for reimbursement (**not to exceed two meals and a snack or two snacks and a meal**). Meal counts may never be done in advance of a meal service or be based on attendance. Meal counts may be required to be completed at the time of service for each meal and/or snack as a corrective action due to a serious deficiency.
- § Enrollment forms for all children who have been enrolled within the last year. Enrollment forms are required prior to participation and attendance in the daycare and CACFP and must be updated annually. They must be signed and dated by a parent or guardian (including electronic enrollment forms).
- § Sign in/ out sheets – must be completed by the parent or guardian as the children arrive and depart. They must be completed for each child and may not be combined with other family or household members. Sign in/out sheets are not required for provider’s own children.
- Sponsor/Provider Agreement, including addendums. It must be signed by both the sponsor and the provider.
- License or Registration and fire and health inspections.
- Copies of monitoring visit forms from sponsoring organization.
- Medical statements for children with special dietary needs (if applicable).
- Current information regarding The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This may be posted or provided to the parents or guardians of children upon enrollment.
- Building for the Future flyer that notifies parents of the provider’s participation, the Program’s benefits, the name and telephone number of the sponsoring organization, and the name and telephone number of the Department of Health.

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- Any other record(s) required by licensing, certification, or approval.

Reviewers will review the above forms to ensure the forms are current, correct, and fully completed. Failure to successfully maintain the items marked with an (\$) cannot be reimbursed. These same records must also be submitted to the sponsoring organization by the due date indicated in the continuous application and agreement. Sign in/out sheets only need to be submitted monthly if the sponsoring organization has requested it. If there are errors or discrepancies in these records, the meals cannot be reimbursed and the sponsor must notify the provider, preferably in writing, why the meals were disallowed.

Providers choosing to use electronic software or applications to submit claims and other information to their sponsoring organization are highly encouraged to keep backup hard copies of all Program records in the event the electronic device, software, or application is not operational during a review. If electronic records are not available for any reason during a review and the provider has no other documentation available to support the reimbursable meals, those meals will be disallowed.

Failure to meet any of the above may result in a seriously deficient determination.

3.8 Provider Recordkeeping Requirements for KidKare (Internet) Users

CACFP participants who have internet access can manage their day care children's attendance and meals on-line. The provider must have **access** to a computer with internet access and **access** to a workable printer. ***If the computer with the Internet access is down in the childcare home, menu and attendance records will need to be readily available on site for any program visits.***

System Requirements:

Internet Explorer (IE) 6.0 or 7.0 –

- If the version is older go to the Internet Explorer website for a free upgrade
- Windows 2003 or newer
- All Pop-Up Blockers including third party must be disabled
- Allow Pop-Ups from <https://app.kidkare.com/#/login/>
- Information on how to turn off the pop up blockers is found on the login page of the website. This is how it reads: **“If you have any pop-up blocker, you could have problems with Kidkare. Click here for help.”**
- Medium security setting

Monthly Computer Maintenance Recommendations:

(These are minimum requirements to keep your computer running smoothly):

- Windows Operating System updated through Windows Update (www.windowsupdate.com)
- Virus Scan
- Cookies and Temporary files deleted
- Disk Defragmenter
- Disk Clean Up

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KidKare itself is not an installable software package. It is a series of web pages the provider accesses through their browser (Internet Explorer), just like accessing any other site on the internet such as www.yahoo.com. So the provider can, at any time, log in from any computer that meets the above minimum requirements.

Any providers who have these minimum requirements can use KidKare. KidKare is user friendly and anyone who can send email should be comfortable enough on the computer to use KidKare.

KidKare Login

In most cases, the provider can login without any assistance. However, if there are any issues, Child Care Council of Suffolk will provide technical assistance in order to enable the provider to login.

- Open Internet Explorer
- Type in <https://app.kidkare.com/#/login/>
- Enter your login Id that you were given 31100_____
- Enter your password (make sure Caps Lock is off): _____

(If you would like to change this password, please let us know and we make the necessary changes)

On the Kidkare website there are detailed, easy to follow help instructions if you have trouble logging in. View them and troubleshoot. Then go through the steps below (some may be similar to the help guide).

3.9 Submitting Claims to Child Care Council of Suffolk, Inc.

All forms/claims submitted must be accurate, written clearly and submitted on a monthly basis to Child Care Council of Suffolk, Inc. 60 Calvert Avenue Commack, New York 11725 at the attention of CACFP. The owner /onsite provider is required to sign each Menu/Attendance record sheet to confirm that the information on the form is true and correct to the best of your knowledge.

- All forms/claims submitted must be received in our office by the **tenth** (10th) day of the following month to ensure timely reimbursement (this includes online claims).

Late Claims:

- If a claim misses the deadline it will not be included in the current claim and will result in a delay of reimbursement.
- **No Menu/Attendance records will be accepted for reimbursement after thirty (30) days from the last day of the month for which reimbursement is being claimed.** Meals and snacks that are claimed in advance as evidenced by the postmarked date on the envelope when it is received in the office of the Child Care Council or as noted on Kidkare Claim Entry Times will be disallowed, as will claims submitted on line before the last day of recorded meals.
- Providers with repeated difficulty in maintaining and submitting the required records will receive a Serious Deficiency Notice. The above statements also apply for claims submitted online; please remember that if you are not able to access your computer during a CACFP visit, you must have paper records to verify meals and attendance up to that date of the

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visit. All claims must be reviewed. Once submitted **ABSOLUTELY NO CHANGES will be allowed.**

Enrollment Forms:

- Enrollment Forms are effective for the month that they are received in our office. If an enrollment form is dated for the last day of the month, then the enrollment form must be received in our office within 5 days.

Reduction of Claims:

A provider's claim may be reduced for the following reasons:

- Meals claimed for children who are not enrolled in the program.
- Meals claimed for children who have expired enrollments in the program.
- Meals/snacks claimed in excess of the approved license or certificate capacity.
- Meals/snacks claimed outside of the operating days and hours approved on provider's license or certificate.
- Meals for the provider's children or other residential children who are not income eligible.
- Meals claimed for the provider's income eligible children when there are no outside children present.
- Meals served to children over age 13 (unless CCCS has a medical order for special needs or the parent is a migrant worker).
- Meals which do not meet the USDA meal pattern requirements (unless there is a "Statement for Special Diet Prescription" form on file).
- Meals claimed that differ from those recorded by the field monitor at the time of the visit.
- Meals that have invalid components and/or component numbers.
- Attendance recorded in advance of a meal being served.
- Meals not served.

3.10 Health & Safety Requirements

Providers must ensure that the health and safety of enrolled participants is a top priority. Providers must, at a minimum:

- Maintain staff to child ratios and capacities by the applicable Federal, State, or local agency.
- Ensure there is no imminent threat to the health and safety of enrolled participants or the public.
- Ensure drinking water is available throughout the day, including at meal times, up on request.
- Ensure trash cans have a lid and that there is no evidence of insect or rodent infestation.
- Providers should ensure enrolled children properly wash their hands prior to any meal or snack.
- Ensure food is properly handled, prepared, labeled, dated, and stored. Expired food should never be served to enrolled children. Food removed from its original containers should be properly labeled, dated, and stored in containers appropriate for food storage. The refrigerator and freezer should both have a working thermometer and be maintained at the appropriate temperature. Food should be handled and prepared in a safe manner and cooked to proper temperatures. Providers must wash their hands prior to handling or serving any food or anytime

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their hands are soiled and enrolled children must wash their hands prior to all meal services. Hand sanitizers should not be used in lieu of hand washing.

- Ensure cleaning supplies and toxic materials are stored out of the reach of children.
- Ensure smoke and carbon monoxide (if applicable) detectors are operational and fire extinguishers are serviced per the fire authorities recommendations.
- Maintain all other standards set forth by the licensing or certifying authority or as stated in the child care standards for alternately approved homes.

Failure to meet any of the above may result in serious deficiency determination.

3.11 Provider's Rights

The rights of the day care home provider are as follows:

- Providers will receive the full food service rate for each meal served to enrolled children for which the sponsoring organization has received payment from the DOH and is fully and correctly documented and supported. The sponsor must disburse the reimbursement within **five business days** of receiving the funds from the DOH to the sponsor and **NOT** when the funds are processed.
- The day care home may terminate its agreement for convenience at any time; however, if the provider has been deemed seriously deficient or has been suspended from Program payments, the provider may not terminate its agreement for convenience until all findings are resolved and the provider has been notified in writing that it has successfully completed all required corrective actions.
- Sponsoring organizations are prohibited from charging a day care home provider for its Program administrative services.
- Sponsoring organizations must inform tier II day care homes of all of their options for receiving reimbursement for meals served to enrolled children. These options include:
 1. Electing to have the sponsoring organization attempt to identify all income-eligible children enrolled in the day care home. This will be done through a collection of free and reduced price applications and/or possession by the sponsoring organization or provider of other proof of a child or household's participation in a categorically eligible program. The provider will receive tier I rates of reimbursement for the meals served to identified income-eligible children; or
 2. Electing to have the sponsoring organization identify only those children for whom the sponsoring organization or day care home possess documentation of the child or household's participation in a categorically eligible program, under the expanded categorical eligibility provision contained in §226.23(e)(1). The provider will receive Tier I rates of reimbursement for the meals served to these children; or
 3. Electing to receive Tier II rates of reimbursement for all meals served to enrolled children;
- The provider has the right to request an appeal if a sponsoring organization denies an application, issues a notice of proposed termination of the day care home's Program agreement, or if a sponsoring organization suspends participation due to health and safety concerns.

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3.12 Civil Rights and Notification Requirements

Providers must agree to serve meals/snacks without regard to race, color, national origin, sex, age, or disability of the enrolled children in their day care home. Providers are also required to attend a Civil Rights training once a year. In addition, providers are required to provide each child's race and ethnicity to the best of their knowledge on the enrollment forms if the parents do not provide that information.

The "Building for the Future" flier is the primary parental notification document. Provider must post the "Building for the Future" flier, or a similar notification to parents, or they may provide a copy to parents when child enrolls in program. They must also provide their sponsoring organization's name and telephone number.

Providers must advise applicants and participants at the service delivery point (i.e. when children are enrolled) about the program and its benefits, including their right to file a complaint, how to file a complaint, and the complaint procedures. Providers must also be able to explain the procedures of filing a civil rights complaint to Sponsors and reviewers (CCCS, DOH).

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Chapter 4: Meal and Menu Requirements

4.1 Menu Forms and Meal Service

Day care regulations require meals and snacks be served regularly according to the hours a child is in care. Accurate meal times must be listed on the Application (CACFP-3705).

CACFP meals/snacks should generally be served at or between the hours listed below.

MEAL	START TIME	END TIME
Breakfast	6:00 AM	9:00 AM
AM Snack	9:00 AM	11:00 AM
Lunch	11:30 AM	1:30 PM
PM Snack	2:00 PM	4:00 PM
Dinner	4:00 PM	7:00 PM
Evening Snack	7:00 PM	8:30 PM

In order to claim a snack the child must be fed at the same time as the other children and present for at least 15 minutes. For a meal, the child must be fed at the same time as the other children and present for at least ½ an hour. There must be at least 2 hours in between the end of each meal (snacks included). CACFP regulations require monitoring visits be made during these times. Changes in these meal times must be reported to the CACFP.

All children in a provider's program (infants included) must be enrolled into the CACFP program. **If the child will not be participating, it must be noted on the enrollment form and still be claimed in attendance.** In addition, a provider must notify the CACFP monitor (a voicemail or email can be left) if they are not going to be home during a mealtime. If an unannounced visit is attempted at the approved mealtime and the provider is not present during the time submitted the meal will be disallowed.

Second Serving/ Split Shift Recording:

Recording a 2nd serving (split shift) on a Regular or Infant Menu Form is relatively easy. The first of the two servings is recorded just as if it were served by itself. Then in the next column on the form, you mark the same day on the column header but also mark second serving. For the given meal, you record the food on the second column and mark the children who were still in attendance at your program during the second serving of the meal. This may mean a child is marked as attending both servings and/or shifts. This is necessary because they did not leave; you must mark the child numbers for all the children in your home when you record attendance, so children that were present for the first serving may also be marked as having attended the second serving. This tracks overall child capacity. You will only be reimbursed for one mealtime.

In/Out Log Sheet Child Care Attendance Sheet

The In/Out Log Sheet is used for the CACFP meal reimbursement purposes. Therefore, all children in attendance at your daycare need to be accounted for on these sheets. The Subsidy Department will send the provider separate white attendance sheets with the providers' subsidy reimbursement check for all children who receive subsidized care.

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4.2 Nutrition Requirements

USDA requires each meal contain selections from the five food groups (breads/ grains, fruits, vegetables, meat/meat alternatives and milk). Specific portion sizes must be served depending on the age of the child. These meal guidelines are outlined in two meal patterns; one for infants under one year and one for children 1 to 12 years of age. Providers must develop their own menus according to these nutritional guidelines and use the standard KidKare Food Chart for menu reporting. Menus should reflect a variety of low fat foods. It is required that children over the age of 2 years old be served unflavored 1% fat or skim milk. Juice is limited to one 4-6oz serving per day. Water must be offered to children throughout the day. By offering a variety of foods, the children's nutritional needs should be met. The guidebook Crediting Foods in CACFP, produced by CACFP, can help the provider with nutritional and portion requirements.

4.3 Child Meal Patterns Requirements

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. Under the updated child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat. The changes made to the meal patterns are based on the Dietary Guidelines for Americans, scientific recommendations from the National Academy of Medicine, and stakeholder input. CACFP day care homes must comply with the updated meal patterns by October 1, 2017.

Greater Variety of Vegetables and Fruits:

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component; and
- Juice is limited to once per day.

More Whole Grains:

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and

More Protein Options:

- Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week; and
- Tofu counts as a meat alternate.

Less Added Sugar:

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

Making Every Sip Count:

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk must be served to children 6 years old and older.

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- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children with medical or special dietary needs.

Additional Improvements:

- Extends offer versus serve to at-risk afterschool programs; and
- Frying is not allowed as a way of preparing foods on-site.

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4.4 Child Meal Patterns (CACFP -102)

	FOOD COMPONENTS	FOOD ITEMS	REQUIRED MINIMUM QUANTITIES		
			AGES 1-2	AGES 3-5	AGES 6-18
Breakfast <i>All 3 components must be served</i>	Milk¹	Fat-free or Low fat (1%) Milk	½ cup	¾ cup	1 cup
	Vegetables / Fruits²	Vegetable, Fruit or both or 100 % Juice	¼ cup	½ cup	½ cup
	Grains/ Bread^{3,4}	Bread or	½ slice	½ slice	1 slice
		Biscuit, Roll, or Muffin or	½ serving	½ serving	1 serving
		Cooked Cereal or	¼ cup	¼ cup	½ cup
		Dry Cereal Flakes or Rounds Puffed Cereal Granola	½ cup ¾ cup 1/8 cup	½ cup ¾ cup 1/8 cup	1 cup 1 ¼ cup ¼ cup
Snack	Milk	Fat-free or Low fat (1%) Milk	½ cup	¾ cup	1 cup
	Vegetables	Vegetable, or 100 % Juice	½ cup	½ cup	¾ cup
	Fruits	Fruit or 100 % Juice	½ cup	½ cup	¾ cup
	Grains/ Bread	See list above and below	½ serving	½ serving	1 serving
	Meat/ Meat Alternate (See list below)	Lean Meat, Poultry, Fish or	½ oz.	½ oz.	1 oz.
		Peanut Butter, Soy Nut Butter or other Nut or Seed Butter or	1 Tbsp.	1 Tbsp.	2 Tbsp.
		Peanuts, Nuts or Seeds or	½ oz.	½ oz.	1 oz.
Yogurt		2 oz.	2 oz.	4 oz.	
Lunch or Supper	Milk	Fat-free or Low fat (1%) Milk	½ cup	¾ cup	1 cup
ALL 5 components must be served	Vegetables	Vegetable, or 100 % Juice	1/8 cup	¼ cup	½ cup
	Fruits⁵	Fruit or 100 % Juice	1/8 cup	¼ cup	¼ cup
	Grains/ Bread (see list above)	Bread or	½ slice	½ slice	1 slice
		Cooked Pasta, Noodles, or Grains or	¼ cup	¼ cup	½ cup
		6-inch tortilla	½ tortilla	½ tortilla	1 tortilla
	Meat / Meat Alternate	Lean Meat, Poultry, Fish or	1 oz.	1 ½ oz.	2 oz.
		Tofu or	2 oz.	3 oz.	4 oz.
		Cheese or	1 oz.	1 ½ oz.	2 oz.
		Yogurt or	4 oz.	6 oz.	8 oz.
		Cottage Cheese or	2 oz.	3 oz.	4 oz.
		Cooked Dry Beans, Peas, or Lentils or	¼ cup	3/8 cup	½ cup
		Egg or	1/2	3/4	1
		Peanut Butter, Soy Nut Butter or other Nut or Seed Butter or	2 Tbsp.	3 Tbsp.	4 Tbsp.
		Peanuts, Nuts, or Seeds	½ oz. = 50%	¾ oz.=50%	1oz.=50%

¹ Whole milk is required for children up to 2 years of age. Unflavored milk is required for children younger than 6 years old. If served, flavored milk must be fat free for six year olds and older.

² No more than one serving of 100% juice may be served per day.

³ At breakfast, meat/ meat alternate may be served in place of the entire grain component up to 3 times per week. When serving meat/meat alternate, use the quantities listed for snack.

⁴ At least one serving of whole grain rich Grains/Bread must be served and recorded on the menu every day.

⁵ At lunch or supper, one vegetable and one fruit or two different vegetables may be served.

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Refer to the Crediting Foods in CACFP for information about specific food items.

Meat/Meat Alternate

- ❑ Must be served at lunch and/or supper and may be served as one of the two required components for snack.
- ❑ May be served at breakfast as an **additional** component.
- ❑ May include but not limited to lean meat, fish, poultry, cheese, egg, yogurt, cooked dry beans/peas, peanut butter, and other nut or seed butters. Caution should be taken to ensure that a child is not allergic to nuts or nut butters before serving. Nuts are not recommended for children 3 years old and younger because choking can occur.
- ❑ Must be served in the main dish or in the main dish and one other menu item.
- ❑ A menu item must provide a minimum of ¼ ounce of cooked, lean meat or its equivalent to be counted toward meeting any part of the meat or meat alternate requirement.
- ❑ **When peanut butter is served as the only meat alternate at lunch or supper, the meal/snack must contain 3 tablespoons of peanut butter for children ages 3 to 5 to meet the minimum portion size. However, 3 tablespoons of peanut butter is often too much to be consumed by a preschool child. It is a best practice to offer a second meat/meat alternate (such as beans, cheese cubes, yogurt, or ½ of a hard-boiled egg) along with a smaller serving of the peanut butter.**
- ❑ Dry beans or peas may count as a meat/meat alternate or vegetable/fruit requirement, but not both in the same meal.
- ❑ Frankfurters or hot dogs cannot contain byproducts (i.e. pork stomachs, snouts, tripe, hearts, tongues, fat, fatty tissue, lips, weasand, and spleen), cereals, or extenders (cereal, dried milk, isolated soy protein, sodium caseinate, dry or dried whey, whey protein, soy flour, soy protein, starchy vegetable flour, vegetable starch, wheat gluten, tapioca, and dextrin).
- ❑ When crediting commercially prepared products such as chicken nuggets or patties, chili-macs, fish sticks, pizzas, pot pies, sloppy Joes, and raviolis toward the meat/meat alternate component, the amount of meat/meat alternate per serving (not the total portion size) is the determining factor for crediting purposes. Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used.
- ❑ Cottage cheese, must be served at twice the quantity as natural or processed cheeses.

Fruit/Vegetable

- ❑ Breakfast must contain one serving of fruit or vegetable.
- ❑ The vegetable / fruit component has been split at lunch and dinner. Providers must serve one vegetable and one fruit or two **different** vegetables. It is no longer allowed to serve two fruit components at lunch or dinner. The smallest creditable portion size is 1/8 cup or 2 tablespoons.
- ❑ May be served as one of the two required components for snack.
- ❑ Fruit juice must be 100% full strength. Best practice is to limit juice to **two times per week**.
- ❑ **Juice may not be served if milk is the only other component.**
- ❑ Combination fruit or vegetable dishes count for one fruit or vegetable component. This includes items like fruit cocktail, fruit salad, mixed vegetables, vegetable medleys, etc.
- ❑ Double portions of a fruit or vegetable only count for one fruit or vegetable component. For example, a double serving of peaches only counts as one fruit serving. Two forms of the same product also only count as one serving of fruit or vegetable. For example, serving apple slices and applesauce, or grapes and raisins, or oranges and orange juice only count as one serving of fruit or vegetable.
- ❑ **Home canned fruits or vegetables are not creditable.**

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- Dry beans or peas may count as a vegetable component or meat/meat alternate, but not both in the same meal.
- Only one vegetable or fruit component can be counted in a combination dish. For example, if a beef stew served contains stew meat, potatoes, carrots, and onions, the stew could only count for one vegetable or fruit component and an additional fruit or vegetable would need to be served.

Grains/Breads

- Must be served at breakfast, lunch and/or supper and may be served as one of the two required components for snack.
- Must be served as an accompaniment to or a recognizable integral part of the main dish and not merely as an ingredient.
- One-quarter ($\frac{1}{4}$) of a serving is the smallest amount that can be credited toward the minimum quantities of grains/ breads specified in program regulations.
- May include but not limited to rolls, muffins, cornbread, biscuits, cooked or cold dry cereal, pasta, noodle products, or cereal grains.
- Grains/breads must be whole-grain, enriched, or made from whole-grain or enriched meal or flour. Cereal products must be whole-grain, enriched, or fortified. The product label must indicate that the product is enriched or whole-grain; made from enriched or whole-grain meal, flour, bran, and/or germ; or is fortified. It is a best practice to serve at least half of daily grain servings as whole-grain for all ages at each calorie level.
- French, Vienna, Italian, Syrian, and other specialty breads are commercially made and sometimes prepared with unenriched flour. Check the ingredient statement or contact the manufacturer to be sure that the product is made with enriched or whole-grain flour/meal, bran, or germ.
- Corn grain products must be labeled as whole corn (or other “whole corn” designations such as whole-grain corn, whole ground corn or whole-corn flour) or enriched corn (or other “enriched corn” designations such as enriched yellow cornmeal, enriched corn flour, enriched corn grits, etc.).
- At least one serving of whole-grain rich grains/bread must be served and recorded on the menu **every day.**

Milk

- Fluid milk must be served at breakfast and lunch and may be served as one of the two required components for snack.
- Fluid milk means pasteurized fluid unflavored or flavored skim (fat-free) milk, low fat (1%) milk, whole milk, or cultured buttermilk, all of which must meet State and Local standards.
- Milk must be served as a beverage and/or poured over cereal in order to be credited toward the milk requirement. Both lunch and supper must contain a serving of fluid milk as a beverage. Milk is not creditable when used in cooking for such foods as cooked cereals, custards, puddings, etc.
- The DOH requires that whole milk be served children 12 months through 23 months, to ensure sufficient quantities of fat (including linoleic acid) are provided.

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- Children who are 24 months and older must be served fat-free (skim) or low-fat (1%) milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.
- Lactose-free and lactose-reduced milks may be offered as options for program participants who are lactose-intolerant.
- If fruit juice is served for snack, fluid milk may not be served as the only other component.
- Flavored milks are considered high sugar items and are offered to children 6 years old or older. (We do not recommend serving flavored milk).
- Mothers who wish to continue providing breastmilk for their babies older than 12 months of age can do so without having to submit a medical statement. Breastmilk is a substitute for cow's milk in the meal pattern for children.
- Some parents may request that the caregiver continue feeding their babies infant formula after 12 months of age. A transition time of 1 month (from the date an infant turns 12 months to 13 months of age) is permitted during which a medical statement is not required. If a parent requests that the caregiver continue to serve infant formula beyond the age of 13 months, a statement from a recognized medical authority must be on file.

4.5 Infant Meal Pattern Requirements

CACFP defines an infant as a child up to their first birthday. CACFP requires participating providers offer meals to infants in care if the child is present during the meal service period. A provider must **offer** at least one iron-fortified infant formula that would satisfy the needs of one or more of the infants in care (Parent's Choice is the most economical). An infant's parent or guardian may decline the formula or food being offered and supply some or all of the infant's meal components instead. The formula determination must be documented on the enrollment form by the parent or guardian. CACFP requires that both the provider and the CACFP sponsor have an enrollment form on file for all infants.

A CACFP participating provider cannot refuse to provide formula/food to an infant in care.

USDA recently **revised the CACFP meal patterns** to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern **support breastfeeding and the consumption of vegetables and fruit** without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP day care homes must comply with the new meal patterns by October 1, 2017.

Encourage and support breastfeeding:

- Providers may receive reimbursement for meals when a breastfeeding mother comes to the day care center or home and directly breastfeeds her infant; and
- Only breastmilk and infant formula are served to infants 0 through 5 month olds.

Developmentally appropriate meals:

- Two age groups, instead of three: 0 through 5 month olds and 6 through 11 month olds; and
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

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More nutritious meals:

- Requires a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months old; * No longer allows juice or cheese food or cheese spread to be served; and
- Allows ready-to-eat cereals.

For more information on the new CACFP meal patterns visit:

<http://www.fns.usda.gov/cacfp/meals-and-snacks>.

For more information on infant development and nutrition, check out Team Nutrition's Feeding Infants Guide: <http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>

Infant Meals Eligible for Reimbursement

- For infants from *birth to 5 months* - All meals and snacks consumed by an infant while in care may be claimed for reimbursement whether the infant is fed breast milk or formula. This applies even if the parent has declined the provider's offer to supply meals to the infant. This includes a breastfeeding mother who nurses her own child at the program.
- For infants from *6 months to their first birthday* - Solid foods are a required part of the CACFP Healthy Infant Meal Pattern for children of this age. The meal is reimbursable only if the day care home supplies at least one component of the meal. If the parent is supplying formula or breast milk and all solid foods for their infant age 6 months and older, the meal cannot be claimed for reimbursement.
- Parents may provide **only one food component** to contribute to a reimbursable meal.
- Claiming Resident/Own Infant: A provider may claim a resident infant when non-resident children are present and the provider's household is income eligible based upon the completion of the Income Eligibility Application (DOH-4161). If a day care home provider nurses her own infant she may claim the infant's meals and snacks.

Revised Recordkeeping Requirements for Infant Meals

- Infant menus are no longer required for infants under 6 months of age. One infant menu is used for all infants' ages 6 through 12 months instead of completing an infant menu for each infant in care.
- Infant menus are only required for infants age 6 through 12 months.
- The same infant menu should be used for all children age 6 months to their first birthday. A sample is enclosed.
- Keep meal counts to record the number of meals served to all infants who are in care during the meal service period.

Breastfeeding Friendly Day Care Homes

CACFP encourages Sponsoring Organizations and day care homes to support breastfeeding families and recognizes these homes with Breastfeeding Friendly Day Care Home certificates. You can visit CACFP's website for more information on how your organization can promote Breastfeeding Friendly Day Care Homes under your sponsorship:

<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>

CACFP-participating day care homes are obligated to serve all children in care, including infants. If an enrolled child is in care during mealtime, the day care home must offer the infant a meal that complies with the age-appropriate CACFP meal pattern.

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On the infants' first birthday, the meals must be served according to the regular meal requirements instead of the infant requirements. If a parent requests that the provider continue to serve infant formula beyond 13 months, a statement from a recognized medical authority must be on file. If the parent supplies breast milk, the child can be served breast milk as a substitute for the milk requirement for as long as the mother wishes without having to submit a medical statement. Breast milk is a substitute for cow's milk in the Child Meal Pattern.

Combination dinners which include food from two different food groups, for example turkey and peas, are not creditable for reimbursement. Meal components must be a single item such as turkey, peas, carrots, squash, or same component combinations like strawberries and bananas. If a combination dinner is desired, the provider can mix the individual components together in order to be creditable.

The main ingredient on the containers of infant foods must be the food on the label in order to be creditable. For example, if the fruit is peaches the first ingredient on the label must be peaches; not water, corn syrup or sugar.

All bread components must have whole or enriched flours as the first ingredient in order to be creditable. For example, the Gerber puffs list flours but they are not enriched.

Cow's milk is not creditable when served to children under the age of one.

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4.6 Infant Meal Patterns (CACFP -103)

	FOOD COMPONENTS	FOOD ITEMS	REQUIRED MINIMUM QUANTITIES		
			BIRTH THROUGH 5 MONTHS	6 MONTHS TO 1 ST BIRTHDAY	
Breakfast	Breast Milk or Formula	Breast Milk or Iron-fortified Infant Formula	4-6 fl. oz.	6-8 fl. oz.	
	Vegetables / Fruits	Vegetable, Fruit or both or 100 % Juice	0	0-2 Tbsp.	
	Infant Cereal and/or Meat/ Meat Alternate	Iron-fortified Infant Cereal <i>or</i>		0	0-4 Tbsp.
		Lean Meat, Fish, or Poultry <i>or</i>		0	0-4 Tbsp.
		Whole Eggs <i>or</i>		0	0-4 Tbsp.
		Cooked Dry Beans, Peas, or Lentils <i>or</i>		0	0-4 Tbsp.
		Cheese <i>or</i>		0	0-2 oz.
Cottage Cheese <i>or</i>		0	0-8 Tbsp.		
Yogurt		0	0-4 oz.		
Snack	Breast Milk or Formula	Breast Milk or Iron-fortified Infant Formula	4-6 fl. oz.	2-4 fl. oz.	
	Vegetables	Vegetable, Fruit or Both	0	0-2 Tbsp.	
	Grains/ Bread	Iron-fortified Infant Cereal or Breakfast Cereal <i>or</i>	0	0-4 Tbsp.	
		Bread <i>or</i>	0	0 – ½ slice	
Crackers		0	0 -2		
Lunch or Supper	Breast Milk or Formula	Breast Milk or Iron-fortified Infant Formula	4-6 fl. oz.	6-8 fl. oz.	
ALL 5 components must be served	Vegetables / Fruits	Vegetable, Fruit or Both	0	0-2 Tbsp.	
	Infant Cereal and/or Meat/ Meat Alternate	Iron-fortified Infant Cereal <i>or</i>	0	0-4 Tbsp.	
		Lean Meat, Fish, or Poultry <i>or</i>	0	0-4 Tbsp.	
		Whole Eggs <i>or</i>	0	0-4 Tbsp.	
		Cooked Dry Beans, Peas, or Lentils <i>or</i>	0	0-4 Tbsp.	
		Cheese <i>or</i>	0	0-2 oz.	
	Cottage Cheese <i>or</i>	0	0-8 oz.		
Yogurt		0	0-4 oz.		

Solid foods are only required for infants when they are developmentally ready to accept them. The decisions to feed specific foods should always be made in consultation with an infant's parent or guardian.

4.7 Special Diets

If a child's diet must deviate from the required meal pattern or a parent supplies a particular item for a child's meal due to **medical reasons**, the meal may still be claimed if the provider supplies other required meal component(s). A "Statement for Special Diet Prescription" Form must be on file with CCCS. *A note from the parent will not be sufficient.*

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Requirements for Participants with Disabilities

- Food substitution* and/or meal pattern modifications** are mandatory to accommodate participants whose disability restricts their diet as specified by a licensed physician.
- Meal Pattern modifications (but not food substitutions) require a medical order.
- The medical order required for mandatory meal pattern modifications must be kept on site and a copy must be submitted to Child Care Council of Suffolk Inc. The special information section of the child’s enrollment form must indicate a special diet. The medical order must describe:
 1. How the disability restricts their diet
 2. The major life activity affected by the disability
 3. The food(s) to be omitted and the food(s) that must be substituted
- When a child with a disability is 13 years of age or older, a statement from a licensed physician specifying a need for care is required regardless of diet. This statement must be kept on site and submitted to Child Care Council of Suffolk with an enrollment form indicating “Special Needs” in the Special Information section.

Requirements for Non-Disabled Participants

- Food substitutions are permitted for non-disabled participants. No medical documentation is required, however, it is recommended.
- Meal pattern modifications are permitted if a medical order is provided.
- The medical order required for meal pattern modifications must be kept on site and a copy must be submitted to Child Care Council of Suffolk Inc. The special information section of the child’s enrollment form must indicate a special diet. The medical order must describe:
 1. The participant’s medical or other special dietary need which restricts their diet
 2. The food(s) to be omitted and the food(s) that may be substituted
- If the parent or guardian of a non-disabled participant elects to supply a food item(s), the meal can be claimed for reimbursement if the provider supplies other meal components. However, if the food item is a meal pattern modification, the appropriate medical order must be available.

* A food substitution is one creditable food item being replaced by another creditable food item of the same food component category. A medical order is not required. For example, replace oranges for a child that has a citrus reaction to bananas. For non-dairy substitutions for cow’s milk, a parent’s written request can be made as long as the non-dairy milk substitute is fortified and equivalent to cow’s milk, meets the standards as outlined below and in the 7CFR 210.10 (m)(3), and has been approved by the state agency.

Nutrient Per cup	
Calcium	276 mg.
Protein	8 g.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg

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**A meal pattern modification is defined, as the minimum quantities of a required meal component or an entire component are not served due to a medical condition. A medical order is required.

4.8 Meal Reviews

Meal reviews are conducted for several reasons:

1. To provide support and technical assistance to providers.
2. For Child Care Council of Suffolk, Inc. to ensure CACFP requirements are being met.
3. Ensure compliance with OCFS day care regulations or Legally-Exempt Guidelines.
4. To conduct a review of the provider's meal times and any other application changes that have occurred since the last visit.

During a provider's first year, there are four meal reviews. The first review is announced and is scheduled just after the provider's first claim month (28th day visit). All remaining reviews are unannounced. After the first year, a provider's meal service is reviewed at least 3 times a year, all of which are unannounced.

Meal disallowances occur at the time of meal reviews if:

- The provider is not home and a visit is conducted during the time approved by Child Care Council of Suffolk, the meal will be disallowed unless the provider notified Child Care Council of Suffolk or leaves a note stating where they have gone and when they will be returning. If two or more visits are conducted without a provider home, parental contacts may be made to verify childcare times, attendance and meals received.
- The meal observed does not meet CACFP requirements.
- The meal service and food prep area do not meet CACFP requirements.
- The meals, for which there is no written record for the month, up to but not including the day of the visit. A written record must include all meal components and the dates served. When using a pre-planned menu, meals must be dated for the current month or they will be disallowed. If the meal does not match the meal served, there must be documentation of substitution.
- The children's attendance has not been documented.
- A submitted meal claim does not match the monitor's review of the meal.
- If a provider is over-capacity during a meal review (*see section 2.3 Monitoring Requirements*).

***Any time a meal is disallowed at the time of a meal review an unannounced follow-up visit may be conducted to ensure any issues have been corrected. This visit may not count as one of the required three visits per year. Failure to correct will result in a notice of Serious Deficiency and possible termination. *See Serious Deficiencies and Termination**

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Chapter 5: Serious Deficiency, Suspension, and Appeals

Child Care Council of Suffolk, Inc. (CCCS) must initiate action to terminate the agreement of a day care home (DCH) if CCCS determines the provider has committed **one or more** serious deficiency (ies) listed below.

If a provider is caring for children in a home other than his or her own house, the serious deficiency process will document the provider's name and address and the house address. If a DCH is using a business name, the provider's name and the business name will be documented as seriously deficient. CCCS must name all pertinent names and addresses in any actions and notices.

Upon making a serious deficiency determination, if the provider does not take action to fully and permanently correct the serious deficiency within the allotted period of time, CCCS will propose to terminate your agreement and disqualify you from future CACFP participation. If however, the serious deficiency (ies) constitutes an imminent threat to the health and safety of participants, or the provider has engaged in activities that threaten the public health or safety, CCCS must follow the procedures for suspension outlined below.

5.1 Serious Deficiency Process

A serious deficiency is when a day care home is non-compliant with one or more areas of the CACFP. The serious deficiency process offers an efficient way for sponsoring organizations to take actions allowing day care homes to correct problems and give them an opportunity for due process. If day care homes are unwilling or incapable of correcting serious problems, the serious deficiency process protects Program integrity by terminating and disqualifying those in noncompliance of Program requirements.

A day care home may be declared seriously deficient if CCCS finds Program violations or issues of non-compliance with CACFP requirements at any time during a day care home's participation. If a CCCS determines that a day care home has committed one or more serious deficiencies, it must be thoroughly documented. Once a provider has been determined seriously deficient, the serious deficiency process must be followed. The provider must be notified in writing and must be given an opportunity to take corrective action. A serious deficiency determination is not an appealable action.

List of Serious Deficiencies

1. Submitting a false claim(s) which may include:
 - a. Claiming meals not actually served;
 - b. Claiming meals for children who are not present or not enrolled for care; and/or
 - c. Claiming meals under more than one sponsoring organization.
2. Participating without a valid license;
3. Failing to complete required corrective action during the allotted period of time;
4. **Refusing entry to CCCS**, or the State agency (New York Department of Health);

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5. Falsifying information on CACFP forms and documents;
6. Noncompliance with the program meal pattern;
7. Failing to follow CACFP regulations;
8. Failure to keep required records;
9. Conduct or conditions that threaten the health or safety of a child(ren) in care, or public health or safety;
10. A determination that the provider has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. This could include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity, and/or;
11. Any other circumstance related to non-performance under the sponsor/provider agreement. This may include, but not be limited to, continuous submission of late and/or incomplete claims for reimbursement, failure to comply with civil rights laws, and failure to attend required trainings.

CCCS will thoroughly investigate the serious deficiency (ies) and notify the provider, in writing, that he/she has been found to be seriously deficient. CCCS will provide a copy of the serious deficiency notice to the State agency. The notice will include:

- Statement of the serious deficiency(ies);
- Actions to be taken by the provider to correct the deficiency(ies);
- Allotted time to correct the serious deficiency(ies);
- Notice that the serious deficiency determination is not subject to appeal;
- Notice that failure to fully and permanently correct the serious deficiency(ies) within the allotted timeframe will result in CCCS's proposed termination of the provider's agreement and disqualification of the provider; and
- Explanation that the provider's voluntary termination of its agreement with CCCS after having been notified that he/she is seriously deficient will still result in the provider's formal termination by the sponsor and placement on the National Disqualified List.

If CCCS has determined that a provider has committed one or more of the above serious deficiencies it must:

1. Identify the serious deficiencies. The sponsor should use its discretion to determine whether the specific problem rises to the level of serious deficiency. Sponsors should consider, but not limit themselves to the following items:
 - a. The severity of the problem. Is the noncompliance on a minor or substantial scale? Are the violations indicative of a recurring problem at the day care home, or is the problem an isolated event? Even minor problems may be serious if systemic. Some problems are serious even though they have occurred only once.
 - b. The degree of responsibility attributable to the day care home. To the extent that evidence is available, can the sponsoring organization determine whether the violations were inadvertent errors of an otherwise responsible day care home provider? Is there evidence of negligence or a conscious indifference to regulatory requirements? Or, is there evidence of deception, or intentional noncompliance?

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- c. The provider’s history of participation in the Program. Are problems of noncompliance frequently recurring at the same day care home?
- d. The nature of the requirements that relate to the problem. Are the day care home’s violations a clear violation of Program requirements? Has the provider failed to implement new CACFP policy appropriately?
- e. The degree to which the problem impacts Program integrity. Are the violations undermining the intent or purpose of the CACFP?

Once the sponsoring organization’s conditions for successful corrective action, including repayment of a debt, are established in a notice of serious deficiency, those conditions may not be changed.

- 2. Receive and assess the day care home provider’s written corrective action plan (CAP). Not all serious deficiencies take the same amount of time to correct; some might take several days to correct, and some may take only a few hours. When the deadline for completion of corrective action arrives, the sponsor must evaluate the corrective action plan and determine whether adequate internal controls have been put into place to fully and permanently correct the deficiencies. Corrective action responses must meet the minimum requirements. CCCS will conduct a follow-up visit to ensure the provider has fully and permanently corrected all deficiencies. The follow-up visit should be conducted prior to approving a day care home’s corrective action plan or within a reasonable amount of time, as defined in the sponsoring organizations policy.
- 3. Issue a notice of temporary deferral of the serious deficiency if the CAP is adequate, or issue a notice of proposed termination and disqualification, including appeal procedures, if the CAP is not adequate (or if no CAP is received).
 - a. If the sponsoring organization has determined that the day care home has fully and permanently corrected the deficiencies, the sponsor must temporarily defer the serious deficiency in a letter to the provider, with a copy to the DOH, within a reasonable amount of time as specified in its serious deficiency policy and procedure. The notice should include a reminder that the corrective action must be permanent or the serious deficiency process will be reinstated starting with a notification of proposed termination and disqualification.

5.2 Corrective Action

A day care home must take corrective action any time non-compliance with Program rules, regulations, policy, or agreements has occurred. Corrective action plans are necessary to ensure that providers understand what they are doing wrong and what they need to do for improvement. They document the provider’s plan for improvement and provide an opportunity for the plan to be accepted by the sponsoring organization or for the sponsoring organization to request additional information or clarification. They also provide sufficient detail so that during future visits a determination can be made about whether the provider made and maintained the corrective action(s).

The CACFP regulations only require day care homes to submit written corrective action when the area of non-compliance rises to the level of serious deficiency. However, any area of non-compliance must be corrected and documented. For non-serious deficiency findings, the sponsor

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has the discretion as the method used to document correction of the finding. DOH suggests that a sponsor require the provider to submit written corrective action. Written responses provide documentation that the provider stated what will be done to correct the deficiency. This is particularly helpful when an appeal occurs. Requiring a written response may be a part of the sponsor's policies and procedures.

Some corrective actions can be taken on the spot (i.e. replacing an outlet cap), while the monitor is present; other corrective action measures may take a longer time to complete (i.e. recordkeeping errors). Day care home providers may have a maximum of 30 days to correct the deficiencies. The intent is to have the problem corrected within 30 days, not just provide a plan to correct them.

A written corrective action plan resulting from a serious deficiency must clearly address each of the identified problems and outline the steps the provider will take or has taken to fully and permanently correct each of the deficiencies. It is best to number the items on the corrective action plan with the corresponding finding on the review form or notice of serious deficiency. Corrective action plans must address the following questions:

- What are/were the areas of non-compliance? What steps or tasks will be/have been taken or performed to fully and permanently correct the problem?
- Who has/will address the serious deficiency and be responsible for making sure it is permanently corrected? Who has/will perform the steps or tasks?
- Was the problem corrected or when was the procedure for addressing the serious deficiency implemented? Provide a timeline for implementing the procedures (i.e. daily, weekly, monthly, or annually, and when it will begin).
- Where is/will the corrective action plan and supporting documentation being/be maintained?
- How has/will the provider ensure that the deficiency is corrected and continues to be implemented (method of implementation – handbook, training, etc.)?

Corrective action plans will generally include details of and documentation that the corrections have already been made. This might include, but is not limited to, copies of income eligibility forms, enrollment forms, menus, CN labels or recipes, attendance records, meal count forms, etc. If the corrective action plan and supporting documentation is acceptable, the sponsoring organization can approve it.

Corrective action plans must be completed by the provider and must include the provider's name, date of birth, signature, and date. If the provider operates with a business name, the corrective action plan must include both the provider's name and business name. Narratives and/or opinions regarding the deficiency(ies) should be omitted from corrective action responses. Examples of opinions are statements such as, "I think...", "I feel...", "I believe...", "I don't agree with...", "What really happened was..." Vague assurances of correction are not acceptable. Examples of vague assurances might be "I will do my paperwork every day," "I promise not to forget the meal pattern," "I bought a new computer," etc.

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Successful Corrective Action:

If the provider corrects the serious deficiency (ies) to CCCS's satisfaction within the allotted timeframe, CCS will notify the provider that the determination of serious deficiency has been temporarily deferred, and that a recurrence will result in an immediate proposal to terminate the provider's agreement for cause and disqualify the provider from Program participation. The sponsor will also provide a copy of this notice to the State agency.

Unsuccessful Corrective Action: Proposed Termination & Proposed Disqualification Procedures

If the provider fails to implement timely corrective action to fully and permanently correct the serious deficiency(ies) cited, the sponsor will issue a notice proposing to terminate the provider's agreement for cause and disqualify the provider from Program participation. CCCS will provide a copy of this notice to the State agency. The notice will:

- Provide explanation of the provider's opportunity for an appeal of the proposed termination and disqualification and the procedures to follow to request such appeal.
- Inform the provider that he/she may continue to participate and receive program reimbursement for eligible meals served until the appeal concludes.
- Inform the provider that termination of the agreement will result in the day care home's termination for cause and disqualification.
- State that if the provider seeks to voluntarily terminate the agreement with CCS after receiving the Notice of Proposed Termination and Disqualification, the home will still be placed on the National Disqualified List.

If an appeal is requested by the provider within the allotted period of time, CCCS will follow the Appeal Procedures detailed in this policy. If the Appeal Official overturns CCCS's proposed actions, formal notification will be used to temporarily defer the serious deficiency. If an appeal is not requested by the provider within the allotted period of time, or if the provider loses the appeal, CCCS will issue a Notice of Termination and Disqualification to the provider. CCCS will provide a copy of these notices to the State agency.

5.3 Suspension Process

Suspension of a provider's participation in the CACFP will occur if the serious deficiency(ies) constitutes an imminent threat to the health and safety of participants, or the provider has engaged in activities that threaten the public health or safety. CCCS will not make program payments to a provider who has been suspended until any appeal of the proposed termination is completed. If the suspended provider prevails in the appeal, CCCS will reimburse him/her for eligible meals served during the suspension period. CCCS will notify the provider that his/her participation has been suspended, that the provider has been determined to be seriously deficient, and that CCCS proposes to terminate the provider's agreement for cause. CCCS will provide a copy of the notice to the State agency. The notice will:

- Specify the serious deficiency(ies) found and the provider's opportunity for an appeal of the proposed termination, and the procedures to follow to request such appeal.
- State that participation (including all program payments) will remain suspended until the appeal concludes.
- Inform the provider that if the Appeal Official overturns the suspension, the provider may claim reimbursement for eligible meals served during the suspension.

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- Inform the provider that termination of the day care home's agreement will result in the placement of the home on the National Disqualified List; and
- State that if the provider seeks to voluntarily terminate its agreement after receiving the notice of proposed termination, the day care home will still be terminated for cause and disqualified.

If an appeal is requested, CCCS will follow the Appeal Procedures below.

5.4 Administrative Review (Appeal) Process for Providers

A provider who participates in the Child and Adult Care Food Program (CACFP) under the sponsorship of Child Care Council of Suffolk (CCCS) may appeal actions taken by CCCS in accordance with this procedure. CACFP appeal procedures are authorized at 7 CFR 226.6(l). The following types of Sponsoring Organization actions are appealable:

- Proposed termination of CACFP
- Suspension of CACFP

To appeal a CCCS action: **(Amended 10/2018)**

- **Submit your written request for an appeal to: Child Care Council of Suffolk, Inc., CACFP Director, 60 Calvert Avenue Commack, NY 11725. Your request for an appeal must adhere to the date specified in the proposed termination letter. *Please note: According to DOH Policy 111, a "refused" letter can be counted as received if it is returned and marked, "refused". If the return receipt (green card) is not returned, sponsors may consider the letter received after five days from the date the letter was sent. Your appeal request must include all of the required information listed in (2) Appeal Request and Deadline under Appeal Procedure-Rights and Responsibilities below.***
- CCCS strongly recommends that an appeal request and any other written documentation be sent in a manner that provides proof of delivery, such as certified mail – return receipt requested.
- Within 10 working days of receipt of your appeal request, CCCS will notify you by certified mail – return receipt requested, or other delivery method, which could include faxing or email response, that your request has been received.

Appeal Procedure – Rights and Responsibilities

1. **Notice of Action:** When an action is taken or proposed that is subject to appeal according to CACFP regulations, the Sponsoring Organization provides notice of the action to the Provider. The notice describes the action being taken or proposed, the basis for the action, and includes this CACFP Appeal Procedure.
2. **Appeal Request and Deadline:** To appeal the Sponsoring Organization's action, the Provider must submit an appeal request in writing to **Child Care Council of Suffolk, Inc., CACFP Director, 60 Calvert Avenue Commack, NY 11725** no later than 15 working days after the date the notice of action is received. The Sponsoring Organization will acknowledge the receipt of an appeal request by certified mail – return receipt requested, or faxed or emailed (when possible) within 10 working days of Sponsoring Organization's receipt of the request.

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An appeal request must include:

- Provider’s Name, provider number, address, phone, and email.
 - Identification of Sponsoring Organization action(s) that are being appealed.
 - The appeal request must be signed and dated.
3. **Representation:** Provider may represent her/himself, or retain legal counsel, or be represented by another person.
 4. **Review of Record:** Information on which the Sponsoring Organization’s action was based must be available to Provider from the date of receipt of provider’s appeal request.
 5. **Opposition:** Provider may refute the findings contained in the notice of action by submitting written documentation to the Appeal Official. In order to be considered, written documentation must be submitted not later than 15 working days after receipt of the notice of action.
 6. **Appeal Official:** The Appeal Official must not have been involved in the action that is being appealed and not have a direct personal or financial interest in the outcome of the appeal. Provider may directly contact the Appeal Official. Upon request, CCCS will provide name and contact information for the Appeal Official.
 7. **Basis for Decision:** The Appeal Official will make a determination based solely on the information provided by Provider, information provided by Sponsoring Organization, Federal and State laws, regulations, policies, and procedures governing the Program.
 8. **Time for Issuing Decision:** Within 60 working days of the Appeal Official’s receipt of the appeal request, the Appeal Official will inform Provider of the appeal outcome(s) by certified mail – return receipt requested, or by fax or email, if feasible. This timeframe is an administrative requirement for Sponsoring Organization and may not be used as a basis for overturning Sponsoring Organization’s action if a decision is not made within the specified timeframe.
 9. **Final Decision:** The determination made by the Appeal Official is the final administrative determination to be afforded to the Provider.
 10. **Record:** Sponsoring Organization maintains searchable records of appeals and results, subject to New York State law.

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