



**CHILD CARE COUNCIL
OF SUFFOLK, INC.**

Jennifer Marino Rojas, Executive Director

To: CACFP Providers
From: Christina Flythe, CACFP Director
Cc: Juanita Crowe, Fiscal Officer, Enza Britos, Deputy Director
Jennifer Rojas, Executive Director
Date: October 2019
Re: Direct Deposit

Effective October 1, 2019, Child Care Council of Suffolk, Inc. will offer direct deposit to all CACFP providers receiving reimbursement. Direct deposit provides assurance that your reimbursement will be in your bank account without the delays associated with mailings and trips to the bank. Direct deposit is secure, convenient, and fast; and with direct deposit there are no lost checks!

If you are interested in direct deposit, forms will be available online via <http://www.childcaresuffolk.org/> and in the CACFP office.

Please complete the form by November 1, 2019 and return with a voided check to:

**Child Care Council of Suffolk, Inc.
Attn: Christina Flythe, CACFP Director
60 Calvert Avenue
Commack, New York 11725**

If you have any questions please feel free to contact the office at 631-462-0303 x 116 or email cflythe@childcaresuffolk.org

"YOUR LINK TO CHILD CARE OPTIONS"

60 CALVERT AVENUE • COMMACK, NY 11725 • 631-462-0303
ADMINISTRATION: 631-462-0444 • EAST END OFFICE: 631-905-0184
FAX: 631-462-1617 • E-MAIL: info@childcaresuffolk.org • WEBSITE: www.childcaresuffolk.org



**CHILD CARE COUNCIL
OF SUFFOLK, INC.**

Jennifer Marino Rojas, Executive Director

To: CACFP Providers
From: Christina Flythe, CACFP Director
Cc: Enza Britos, Deputy Director
Date: September 2019
Re: Monitoring Visits and Disallowances

As your sponsoring agency for CACFP we are responsible for guaranteeing the integrity of the program by maintaining records to fully support the monthly claim for reimbursement and compliance with program regulations.

Monitoring Visits

Monitors play a serious role as the link between the sponsoring organizations and the day care home provider. **Please be aware that you will be visited at *minimum* three times per year and each visit is unannounced.** They must ensure that providers operate according to program rules and regulations, and that accurate records are available to justify reimbursement for properly served, nutritious meals as follows:

- 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.
- During the monitoring visits, providers 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 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.
- **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 care is provided.

"YOUR LINK TO CHILD CARE OPTIONS"

60 CALVERT AVENUE • COMMACK, NY 11725 • 631-462-0303
ADMINISTRATION: 631-462-0444 • EAST END OFFICE: 631-905-0184
FAX: 631-462-1617 • E-MAIL: info@childcaresuffolk.org • WEBSITE: www.childcaresuffolk.org

DIRECT DEPOSIT REQUEST FORM



Complete this form, then print it, sign it and return with a voided check to Child Care Council of Suffolk Inc., Attention Christina Flythe, CACFP Director, 60 Calvert Avenue Commack, New York 11725

<input type="checkbox"/> ADD (New Participant)	<input type="checkbox"/> CHANGE (Financial Institution and/Account #)	<input type="checkbox"/> DELETE (Cancel Participation)
---	--	---

I (we) hereby authorize **CHILD CARE COUNCIL OF SUFFOLK, INC.** to initiate credit entries and if necessary, initiate debit correction or adjustment entries to my (our) account(s) at the financial institution(s) indicated below.

Please attach a voided check or financial institution letter for account validation.

<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	
Depository Financial Institution		Branch
Address		
City	State	Zip Code

TRANSIT ROUTING NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER INFORMATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This authority is to remain in full force and effect until the Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford the Company and the Depository Institution a reasonable opportunity to act on it.

Name(s)- Please Print			
Address		City and State	Zip Code
Signed	Date	Signed	Date

THIS FORM IS TO BE RETAINED BY THE CHILD CARE COUNCIL OF SUFFOLK, INC. AS A MATTER OF RECORD.
PLEASE RETAIN A COPY FOR YOUR RECORDS

"YOUR LINK TO CHILD CARE OPTIONS"

60 CALVERT AVENUE • COMMACK, NY 11725 • 631-462-0303
 ADMINISTRATION: 631-462-0444 • EAST END OFFICE: 631-905-0184
 FAX: 631-462-1617 • E-MAIL: info@childcaresuffolk.org • WEBSITE: www.childcaresuffolk.org