

**PROVIDER  
APPLICATION  
AND AGREEMENT**

**This page intentionally left blank.**

# EXAMPLE

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
FAMILY DAY CARE HOME (FDCH)  
PROVIDER APPLICATION  
Fiscal Year: YYYY**

**Section A—General**

<p>A. Home Agreement Number: <u>43</u></p> <hr/> <p>C. Address of Provider: <b>100 SUNNYLANE BIG HILL, OK 71234</b></p> <hr/> <p>D. Phone Number of Provider: <u>405-222-3333</u></p> <hr/> <p>E. Is the home licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No License Type: <input checked="" type="checkbox"/> DHS <input type="checkbox"/> Tribal _____ <span style="margin-left: 150px;">Specify</span></p> <hr/> <p>F. License Number: <u>K000001</u></p> <hr/> <p>G. License Capacity: <u>7</u></p> <hr/> <p>H. Age Range of Enrolled Participants: From <u>0</u> to <u>12</u></p> <hr/> <p>I. Number Enrolled in CACFP: <u>6</u></p>	<p>B. Provider Information:</p> <p>Full Last Name <u>PERFECT</u></p> <p>Full First Name <u>PATTY</u></p> <p>Middle Initial _____</p> <p>Date of Birth <u>MM/DD/YYYY</u></p> <p>Last 4 Digits of Social Security Number: <u>2222</u></p> <hr/> <p>J. Name and Address of Sponsoring Organization:</p> <p><b>BIG BUCKS COMMUNITY ACTION PROGRAM 112 FAST LANE DRIVE ANYWHERE, OK 78910</b></p>
--	--

**Section 2A—Operating Data**

<p>A. Hours of Operation: From <u>6 A.M.</u> to <u>6 P.M.</u> (hhmm)</p> <hr/> <p>B. Number of operating days per week? <u>5</u></p>	<p>C. Do you care for participants in shifts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain.)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>												
<p>D. Months of Operation:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January</td> <td><input checked="" type="checkbox"/> April</td> <td><input checked="" type="checkbox"/> July</td> <td><input checked="" type="checkbox"/> October</td> </tr> <tr> <td><input checked="" type="checkbox"/> February</td> <td><input checked="" type="checkbox"/> May</td> <td><input checked="" type="checkbox"/> August</td> <td><input checked="" type="checkbox"/> November</td> </tr> <tr> <td><input checked="" type="checkbox"/> March</td> <td><input checked="" type="checkbox"/> June</td> <td><input checked="" type="checkbox"/> September</td> <td><input checked="" type="checkbox"/> December</td> </tr> </table>		<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> December
<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> October										
<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> November										
<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> December										

**Section 3A—Meal Service Data**

**A. MEAL TYPES—MONDAY - FRIDAY MEAL SERVICE**

MEAL SERVED	BREAKFAST		A.M. SNACK		LUNCH		P.M. SNACK		SUPPER		LATE P.M. SNACK	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE	<b>7:30</b> <i>a.m.</i>		<b>9:30</b> <i>a.m.</i>		<b>11:30</b> <i>a.m.</i>		<b>2:30</b> <i>p.m.</i>	<b>3:30</b> <i>p.m.</i>				

**WEEKEND MEAL SERVICE**

MEAL SERVED	BREAKFAST		A.M. SNACK		LUNCH		P.M. SNACK		SUPPER		LATE P.M. SNACK	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
BEGINNING TIME OF MEAL SERVICE												

# EXAMPLE

## B. WEEKEND JUSTIFICATION STATEMENT (Maximum 300 Characters)

### Section B—Directions (Maximum 1000 Characters)

Please provide detailed directions to this home, starting from sponsoring organization.

### Section C—Eligibility

A. Is family-size and income information available at the sponsoring organization to establish eligibility of children in a Tier II home receiving Tier I rates and provider's own children?  
 Yes  
 No

B. Number of children provider cares for that are:  
Provider's Own/Residential \_\_\_\_\_  
Nonresidential   6  

I certify that, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program (CACFP) under any other sponsoring organization. I further certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, disability, race, color, or national origin.

By submitting this information, the sponsor is verifying that it has a signed Application/Agreement for this provider on file at its organization's office.

**EXAMPLE**  
**PERMANENT AGREEMENT BETWEEN**  
**SPONSORING ORGANIZATION**  
**AND FAMILY DAY CARE HOME PROVIDER (FDCH) (§226.18[b])**

As a family day care home (FDCH) provider, I am aware that there are organizations available in Oklahoma to sponsor FDCHs in the Child and Adult Care Food Program (CACFP). I understand that I may not change sponsoring organizations (SOs) during the current fiscal year. I further understand that the SOs are nonprofit institutions that are not employed by the State Department of Education (the *State Agency*) or the United States Department of Agriculture (USDA).

The Agreement entered into this date \_\_\_\_\_ between:

Name and address of Sponsor:

Name and address of Provider:

**PATTY PERFECT**  
**100 SUNNYLANE**  
**BIG HILL, OK 71234**

**Section A**  
**RIGHTS AND RESPONSIBILITIES OF SPONSORING ORGANIZATION**

In accordance with CACFP regulations, the SO agrees to:

1. Conduct on-site preapproval visit to discuss Program benefits, including tiering options, and verify that proposed food service does not exceed the capability of the FDCH provider. This visit must be documented and kept on file.
2. Make Tier I FDCH determinations based on either school eligibility data or census data for providers who cannot demonstrate that their household incomes meet the free or reduced-price eligibility standards. Providers must be informed of the tiering status determination.
3. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. The determination shall be valid for one year if based on a provider's household income and five years if based on school or census data (or until new census is available).
4. Annually, verify FDCH provider's income when provider qualifies as Tier I based on income. Provide written provider verification tiering results.
5. Change the determination of a Tier I FDCH if information becomes available indicating that an FDCH is no longer in a qualified area.
6. Notify FDCHs qualifying as Tier II homes of their reimbursement options, and annually inform Tier II homes that the provider may ask for a reclassification to be considered when new census data becomes available and that reclassification may be made at any time.
7. Be responsible, when requested by a provider qualifying as a Tier II FDCH, for collecting or providing to the Tier II FDCH Family-Size and Income Applications (FSIAs), for determining the eligibility of children, and for maintaining confidentiality of the information collected.

## EXAMPLE

8. Monitor food service operations of all providers under the SO's administration. New FDCHs must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If the provider has been approved for weekend and/or late p.m. snacks, a review must be conducted during those times. If a provider is found to be seriously deficient, an unannounced follow-up review is required.
9. Initiate household contacts when required.
10. Show photographic identification when visiting providers.
11. Make all visits during the provider's normal operating hours.
12. Establish cycle menu requirements, including number of days. The SO must ensure that the approved cycle menu is being followed correctly.
13. Offer training sessions covering all required topics, not less frequently than annually, scheduled at a time and place convenient to providers. Providers who do not attend training at least annually shall be declared seriously deficient and proposed for termination and disqualification.
14. Inform all providers of CACFP regulations, SO policies, and the procedures for requesting an appeal upon signature of Application/Agreement. Provide technical assistance upon request to providers.
15. Provide CACFP record-keeping forms to providers.
16. Perform edit checks on all providers' record-keeping forms.
17. Disburse any reimbursement payments for food service within five working days after receipt of payment notice from the State Department of Education (hereinafter referred to as the *State Agency*) to any providers in compliance with CACFP Policies/Regulations.
18. Not charge a fee for services rendered.
19. Assure that all meals claimed for reimbursement are served to enrolled children at no separate charge, regardless of race, color, national origin, sex, age, or disability, and that there is no discrimination in the course of the food services.
20. Not make payments for meals of any FDCH approved unless the home has operated at least ten days of meal service in the first claiming month of Program participation.
21. Approve applications for FDCH providers for no more than five days per week unless the SO is furnished with justification for additional days and grants prior approval.
22. Not approve meal services between the hours of 10 p.m. and 5 a.m.
23. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers in order for the parents of children enrolled in FDCHs to be informed of WIC benefits.
24. Must have a completed or updated CACFP enrollment form annually on all enrolled children for every provider under the sponsorship. Copies of the forms must be readily available in the sponsor's office and/or the provider's home.
25. Provide copies of *Building for the Future* fact sheet to all providers in adequate quantities for distribution to all households.

## EXAMPLE

26. Have the right to propose to terminate this Application/Agreement to participate in the CACFP for cause or convenience. If proposed termination is for cause, notification must include SO's appeal procedures.
27. Immediately suspend any FDCH found to be causing an imminent threat to the health or safety of enrolled children or engaging in activities that threaten the public health or safety of the children.
28. Reimburse for meals that only meet minimum meal pattern requirements.
29. Comply with all other USDA Regulations §226.
30. Provide appeal procedures to all providers annually and at any time a provider is suspended or proposed for termination.
31. Follow all seriously deficient procedures pertaining to providers.

## Section B RIGHTS AND RESPONSIBILITIES OF FAMILY DAY CARE HOME PROVIDER

In order to qualify for reimbursement under this Application/Agreement in conducting the food service in an FDCH, the provider shall:

1. Follow all licensing standards required by the Department of Human Services (DHS) regarding the number of children present, ages of the children present, and the number of staff required to supervise the children. Meals served over license capacity may not be claimed, including the provider's own children.
2. Participate with the SO until the ending date of the Application/Agreement. If the FDCH does not complete participation through the expiration date, approval to participate with another SO shall not be made until the following fiscal year. An exception may be made if a provider in good standing relocates to an area of the state in which the SO does not administer the Program. The SO would terminate the provider *for convenience* and keep this documentation in the provider's file.
3. Attend at least one CACFP training session annually, conducted by the SO. Providers who do not attend training at least annually shall be declared seriously deficient and proposed for termination and disqualification.
4. Allow all children equal access to its child care service and facilities and serve meals equally at no extra charge, regardless of race, color, sex, age, disability, or national origin, and have no discrimination in the course of food service.
5. Operate at least ten days of meal service in the first claiming month of Program participation.
6. Serve and claim meals for reimbursement which meet the minimum meal pattern requirements for children aged birth through 12.
7. Serve only the meal types specified in its approved application in accordance with the meal pattern requirements. Providers shall not be approved to claim more than two shifts per meal per day. Serve meals at the approved times indicated on the application. The State Agency allows a 15-minute leeway *before or after* the approved beginning meal service time. Three hours shall elapse between the beginning of one main meal service and the next main meal service. At least two hours shall elapse between the beginning of a main meal and a snack. Meals served outside of the approved times are not eligible for reimbursement. No meal services are allowed between the hours of 10 p.m. and 5 a.m.
8. Develop and follow the approved cycle menu for each main meal and snack served.

## EXAMPLE

9. Not be reimbursed for more than two main meals and one snack or one main meal and two snacks per child daily. Documentation to ensure that no meals are claimed over the three-meal limit per child daily must be maintained and must reflect arrival and departure times. The record system must reflect the meal service participation for each child for each day that he or she is in attendance.
10. Have all parents of enrolled children complete or update and sign the CACFP enrollment form annually. A copy of this form must be submitted to the SO and/or retained by the provider. Meals may not be claimed for children without a completed enrollment form on file.
11. Have documentation on file and available for individual participating children who are unable, because of special dietary needs, to consume the required food components. Substitutions for the required components shall be supported by a statement from a recognized medical authority and include recommended alternate foods. If a medical statement is not available, meals lacking the required components cannot be claimed for reimbursement.
12. Claim meals served to the provider's own children only when:
  - a. Such children are enrolled and are participating in the CACFP during the time of the meal service.
  - b. Enrolled nonresidential children are present and participating during the time of the meal service.
  - c. Provider has a completed and approved Family-Size and Income Application (FSIA) on file.
13. Not forbid the availability of the Program as disciplinary action. Meals cannot be used as a reward or as a punishment.
14. Not submit meals for reimbursement served to children who do not have CACFP enrollment data and are not participating in the CACFP or for meals served over license capacity, including the provider's own children. All children participating in the CACFP and claimed **MUST BE NONRESIDENTIAL** except for the provider's own children.
15. **Provider's Own Children:** All residential children in the provider's household who are part of the economic unit of the family. A family is a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Therefore, provider's own children include children by birth or adoption, foster children, grandchildren, or housemates' children who are part of the economic unit. Informal extended family situations frequently exist, and all such children should be included in the provider's household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the **provider's own**. (Reference All States Directors Memo 91-CACFP-5, 93-CACFP-9.)
16. Maintain proper sanitation and health standards in the storage, preparation, and service of food in conformance with all applicable state and local laws and regulations, as well as federal guidelines.
17. Receive reimbursement for the types of meals provided to participating children at the rates specified by USDA.
18. Submit necessary documentation for meals served for reimbursement in accordance with procedures established by the State Agency and the SO.
19. Provide monthly report of daily arrival/departure attendance records; daily record of meals served; weekly meals served; infant meal waivers, if applicable; and infant meals served, if applicable.

## *EXAMPLE*

20. Maintain full and accurate records of the Program, including those set forth in this Application/Agreement. Records must be maintained daily. There shall be no grace period allowed. Records must be completed through the end of the previous workday. Retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In which case, records shall be maintained past the three-year requirement until there is a resolution of the audit or review.
21. Upon request, make all records pertaining to the Program *immediately* available to the State Agency, USDA, and/or the SO for audit or administrative review or monitoring review purposes. Reviews and/or visits may be announced or unannounced.
22. Allow representatives with photographic identification from the SO, the State Agency, and USDA access to the home during normal business hours throughout the year for the purpose of reviewing CACFP operations.
23. Inform the SO immediately of any changes in the daily operations of the Program (i.e., changes in enrollment, participation, meal times, license status, days of operation). Notify the SO in advance whenever the provider is planning to be out of his or her home during the meal service period.
24. Provide all required monthly claiming records to the SO by the                     **3RD**                     day of the month. Failure to do so may result in the loss of payment.
25. Have three options with regard to how meals served in its FDCH are reimbursed when the provider qualifies as a Tier II home.
  - a. **OPTION 1**—SO or Tier II FDCH distributes income applications to the households of all children enrolled in the FDCH. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals are reimbursed at Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or children from households whose completed income applications are not received, would be reimbursed at the Tier II reimbursement rate.
  - b. **OPTION 2**—Provider elects to have the SO identify only those children who are categorically eligible based on their participation or their parents' participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.
  - c. **OPTION 3**—Provider receives Tier II reimbursement for meals served to all children in the FDCH regardless of income. Under this option, the SO or Tier II FDCH would not collect any income applications nor would it need to attempt to identify categorically eligible children.
26. Be informed, if a Tier II home, that a request may be made to the sponsor to consider reclassification of home when new census data becomes available and that reclassification may be made at any time.
27. Make available information concerning WIC to the parents of children enrolled in FDCHs.
28. Distribute the *Building for the Future* fact sheet to all households enrolled in the FDCH.
29. Have the right to terminate this Application/Agreement to participate in the CACFP for cause or convenience.
30. Have the right to appeal a Notice of Proposed Termination by the SO or to appeal if the SO suspends participation due to health and safety concerns.
31. Not claim another provider's own child.
32. Be aware that they could be declared seriously deficient and proposed for disqualification and termination for failure to comply with CACFP regulations.
33. An FDCH provider can operate more than one FDCH; however, she or he may only have one of them in the CACFP at a time. The individual to whom the license, registration, or other form of approval is issued will be in the home providing care. When a provider has both an FDCH and a center license, it would be acceptable for the provider to hire someone to run his/her child care center, but not his/her FDCH.

## MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM

<b>BREAKFAST</b>				<b>FOOTNOTES FOR ALL MEALS</b>	
<b>Food Components</b>	<b>Children Aged 1-2 Years</b>	<b>Children Aged 3-5 Years</b>	<b>Children Aged 6-12 Years</b>		
<b>MILK<sup>1</sup></b> Milk, fluid	1/2 cup	3/4 cup	1 cup	<p><sup>1</sup> Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored. <i>Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age.</i></p> <p><sup>2</sup> Or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice.</p> <p><sup>3</sup> Or an equivalent quantity of any combination of bread/bread alternate. Refer to Food and Nutrition Service (FNS) Instruction 783-1, Rev. 2, Exhibit A (Bread and Bread Alternate Requirements).</p> <p><sup>4</sup> Either volume (cup) or weight (ounce), whichever is less.</p> <p><sup>5</sup> Must include at least two kinds.</p> <p><sup>6</sup> Full-strength vegetable or fruit juice may be counted to meet not more than 1/2 of this requirement.</p> <p><sup>7</sup> Or an equivalent quantity of any combination of meat/meat alternate.</p> <p><sup>8</sup> Cooked lean meat without bone.</p> <p><sup>9</sup> May be used as the meat alternate or as part of vegetable/fruit component, but not as both components in the same meal.</p> <p><sup>10</sup> Nuts and seeds are not recommended to be served to children aged 1 through 3 since they present a choking hazard. If served, they should be finely minced.</p> <p><sup>11</sup> No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p><sup>12</sup> Juice may not be served when milk is served as the only other component.</p> <p><sup>13</sup> Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products, such as frozen yogurt, yogurt-flavored products, yogurt bars, yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, granola, etc., but they shall not be credited toward meeting the second food component requirement in the snack.</p> <p><sup>14</sup> Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>	
<b>VEGETABLES AND/OR FRUITS<sup>2</sup></b> Vegetables or fruits <i>or</i> Full-strength juice	1/4 cup	1/2 cup	1/2 cup		
<b>BREAD/BREAD ALTERNATES<sup>3</sup></b> Enriched or whole-grain bread	1/2 serving	1/2 serving	1 serving		
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving		
Cereal (cold, dry)	1/4 cup or 1/3 oz <sup>4</sup>	1/3 cup or 1/2 oz <sup>4</sup>	3/4 cup or 1 oz <sup>4</sup>		
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup		
Cooked cereal or cereal grains	1/4 cup	1/4 cup	1/2 cup		
<b>LUNCH/SUPPER</b>					
<b>Food Components</b>	<b>Children Aged 1-2 Years</b>	<b>Children Aged 3-5 Years</b>	<b>Children Aged 6-12 Years</b>		
<b>MILK<sup>1</sup></b> Milk, fluid	1/2 cup	3/4 cup	1 cup		
<b>VEGETABLES AND/OR FRUITS<sup>2,5</sup></b> Vegetables or fruits <i>or</i> Full-strength juice <sup>6</sup>	1/4 cup total from 2 sources	1/2 cup total from 2 sources	3/4 cup total from 2 sources		
<b>BREAD/BREAD ALTERNATES<sup>3</sup></b> Enriched or whole-grain bread	1/2 serving	1/2 serving	1 serving		
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving		
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup		
Cooked cereal or cereal grains	1/4 cup	1/4 cup	1/2 cup		
Nonsweet snack products <sup>14</sup>	1/2 serving	1/2 serving	1 serving		
<b>MEAT AND MEAT ALTERNATES<sup>7</sup></b> Lean meat or poultry or fish <sup>8</sup>	1 oz	1 1/2 oz	2 oz		
Cheese	1 oz	1 1/2 oz	2 oz		
Eggs	1/2 egg (large)	3/4 egg (large)	1 egg (large)		
Cooked dry beans or peas <sup>9</sup>	1/4 cup	3/8 cup	1/2 cup		
Peanut butter, soybean butter, or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp		
Peanuts, soybeans, or tree nuts or seeds <sup>10</sup>	1/2 oz = 50% <sup>11</sup>	3/4 oz = 50% <sup>11</sup>	1 oz = 50% <sup>11</sup>		
Yogurt, plain or flavored, unsweetened or sweetened <sup>13</sup>	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup		

**MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM  
(continued)**

<b>SUPPLEMENT/SNACK (Choose 2 of the following components)</b>				<b>FOOTNOTES FOR ALL MEALS</b>
<b>Food Components</b>	<b>Children Aged 1-2 Years</b>	<b>Children Aged 3-5 Years</b>	<b>Children Aged 6-12 Years</b>	
<b>MILK<sup>1</sup></b> Milk, fluid	1/2 cup	1/2 cup	1 cup	<p><sup>1</sup> Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored. <i>Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age.</i></p> <p><sup>2</sup> Or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice.</p> <p><sup>3</sup> Or an equivalent quantity of any combination of bread/bread alternate. Refer to Food and Nutrition Service (FNS) Instruction 783-1, Rev. 2, Exhibit A (Bread and Bread Alternate Requirements).</p> <p><sup>4</sup> Either volume (cup) or weight (ounce), whichever is less.</p> <p><sup>5</sup> Must include at least two kinds.</p> <p><sup>6</sup> Full-strength vegetable or fruit juice may be counted to meet not more than 1/2 of this requirement.</p> <p><sup>7</sup> Or an equivalent quantity of any combination of meat/meat alternate.</p> <p><sup>8</sup> Cooked lean meat without bone.</p> <p><sup>9</sup> May be used as the meat alternate or as part of vegetable/fruit component, but not as both components in the same meal.</p> <p><sup>10</sup> Nuts and seeds are not recommended to be served to children aged 1 through 3 since they present a choking hazard. If served, they should be finely minced.</p> <p><sup>11</sup> No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts and seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p><sup>12</sup> Juice may not be served when milk is served as the only other component.</p> <p><sup>13</sup> Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products, such as frozen yogurt, yogurt-flavored products, yogurt bars, yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, granola, etc., but they shall not be credited toward meeting the second food component requirement in the snack.</p> <p><sup>14</sup> Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>
<b>VEGETABLES AND/OR FRUITS<sup>2</sup></b> Vegetables or fruits <i>or</i> Full-strength juice <sup>12</sup>	1/2 cup	1/2 cup	3/4 cup	
<b>BREAD/BREAD ALTERNATES<sup>3</sup></b> Enriched or whole-grain bread	1/2 serving	1/2 serving	1 serving	
Cornbread, biscuits, rolls, muffins, etc.	1/2 serving	1/2 serving	1 serving	
Cereal (cold, dry)	1/4 cup or 1/3 oz <sup>4</sup>	1/3 cup or 1/2 oz <sup>4</sup>	3/4 cup or 1 oz <sup>4</sup>	
Cooked pasta or noodle products	1/4 cup	1/4 cup	1/2 cup	
Cooked cereal or cereal grains	1/4 cup	1/4 cup	1/2 cup	
Nonsweet snack products <sup>14</sup>	1/2 serving	1/2 serving	1 serving	
<b>MEAT AND MEAT ALTERNATES<sup>7</sup></b> Lean meat or poultry or fish <sup>8</sup>	1/2 oz	1/2 oz	1 oz	
Cheese	1/2 oz	1/2 oz	1 oz	
Eggs	1/2 egg (large)	1/2 egg (large)	1/2 egg (large)	
Cooked dry beans or peas <sup>9</sup>	1/8 cup	1/8 cup	1/4 cup	
Peanut butter, soy nut butter, or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	
Peanuts, soy nuts, or tree nuts or seeds <sup>10</sup>	1/2 oz	1/2 oz	1 oz	
Yogurt, plain or flavored, unsweetened or sweetened <sup>13</sup>	2 oz or 1/4 cup	2 oz or 1/4 cup	4 oz or 1/2 cup	

## CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

BREAKFAST	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
	4-6 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup>	4-8 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup> 0-3 Tbsp infant cereal <sup>1,4</sup>	6-8 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup> 2-4 Tbsp infant cereal <sup>1</sup> 1-4 Tbsp fruit or vegetable
<b>LUNCH/ SUPPER</b>			
	4-6 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup>	4-8 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup> 0-3 Tbsp infant cereal <sup>1,4</sup> 0-3 Tbsp fruit or vegetable <sup>4</sup>	6-8 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup> 1-4 Tbsp fruit or vegetable  <b>AND AT LEAST ONE OF THE FOLLOWING:</b>  2-4 Tbsp infant cereal <sup>1</sup> 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas 1/2-2 oz cheese 1-4 oz (volume) cottage cheese 1-4 oz (weight) cheese food or cheese spread
<b>SNACKS</b>			
	4-6 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup>	4-6 fluid oz breast milk <sup>2,3</sup> or formula <sup>1</sup>	2-4 fluid oz breast milk <sup>2,3</sup> , formula <sup>1</sup> , or fruit juice <sup>5</sup> 0-1/2 slice bread <sup>4,6</sup> or 0-2 crackers <sup>4,6</sup>

<sup>1</sup> Infant formula and dry infant cereal shall be iron-fortified.

<sup>2</sup> It is recommended that breast milk be served in place of formula from birth through 11 months.

<sup>3</sup> For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.

<sup>4</sup> A serving of this component shall be optional.

<sup>5</sup> Fruit juice shall be full-strength.

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

**NOTE:** Do not serve honey or use in food served to infants under one year old.

# EXAMPLE

## Section C

### 1. Provider Civil Rights Data Collection

Actual enrollment data by ethnic/racial category for each FDCH shall be collected by the SO each year. Visual identification may be used by FDCHs to determine a child's ethnic/racial category, or the parents of a child may be asked to identify the ethnic/racial group of the child only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

### 2. Ethnic/Racial Breakdown

**Home's Current Enrollment by Ethnic/Racial Group** (Enter whole numbers for each ethnic/racial group)

Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Institution's *actual enrollment data* by ethnic/racial category for each facility under its jurisdiction.

**Data must be reported in whole numbers only.**

#### Ethnic Breakdown

  3   Hispanic  
  3   Not Hispanic

#### Racial Breakdown

     American Indian/Alaskan Native  
     Asian  
  3   Black or African  
     Hawaiian or Pacific Islander  
  3   White

### 3. Tier I Eligible Homes

This home is eligible for Tier I reimbursement?  Yes  
 No

If *Yes*, this determination was made from the following source of information:

     School Data—If selected, enter school name: \_\_\_\_\_

     Census Data—      %

     Income-Eligible/Categorical (FSIA on file and income or categorical eligibility has been verified)

If Categorical, is it based on SNAP?  Yes  
 No

If *Yes*, provide SNAP number: \_\_\_\_\_

Date of Determination: \_\_\_\_\_ Date Determination Expires: \_\_\_\_\_

# EXAMPLE

## 4. Tier II Homes—Options for Reimbursement

For Tier II Homes Only (Check One)

- I elect to receive reimbursement at the Tier II rate for all children in my home.
- I elect to require the SO to collect FSIA's and determine the income eligibility of enrolled children.
- I elect to collect FSIA's on my enrolled children and submit documentation to the SO for eligibility determination.
- I elect to have the SO identify only those children in Tier II homes who are considered categorically eligible by virtue of their participation, or their parent's participation, in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. (This option is only possible in those limited situations where the provider knows which enrolled children are categorically eligible or when the SO has direct access to eligibility information for other qualifying programs.)

## 5. Provider must answer each of the following questions—Select an answer:

- I  have been convicted of a business-related offense during the past 7 years.  
 have not
- I  am on the CACFP National Disqualified List.  
 am not

I was placed on the CACFP National Disqualified List on \_\_\_\_\_ (date).

I understand that proposed termination or suspension for health or safety violations is appealable. I have received a copy of the appeal procedures for FDCH providers.

## 6. Meals requested for reimbursement purposes:

- |                                     |           |                                     |                 |
|-------------------------------------|-----------|-------------------------------------|-----------------|
| <input checked="" type="checkbox"/> | Breakfast | <input checked="" type="checkbox"/> | A.M. Snack      |
| <input checked="" type="checkbox"/> | Lunch     | <input checked="" type="checkbox"/> | P.M. Snack      |
| <input type="checkbox"/>            | Supper    | <input type="checkbox"/>            | Late P.M. Snack |

Only three meals per day per child may be claimed for reimbursement. This can be *two full meals and one snack meal* or *two snack meals and one full meal*.

## 7. Provider record-keeping requirements:

The provider must keep full and accurate records respecting its food service to serve as a basis for the reimbursement and for audit and review purposes. The records to be maintained include, but are not limited to, the following:

License  
Annual enrollment form  
Daily Arrival and Departure Record (Attendance records)  
Daily Record of Meals Served (Recorded daily on a meal-by-meal basis)  
Weekly Meals Served (Recorded daily on a meal-by-meal basis)  
Infant Meals Served, if applicable (Recorded daily on a meal-by-meal basis)  
Infant Meal Waiver, if applicable  
Menu cycle for each main meal and snack served  
Child Nutrition (CN) labels/product formulation statements, if applicable  
Medical statements for dietary substitutions, if applicable  
Milk Substitution Request, if applicable  
WIC brochure  
*Building for the Future* fact sheet

# EXAMPLE

## 8. Certification Statements/Signatures

WE CERTIFY that the information in this Application/Agreement is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities outlined in the Application/Agreement and any attachments. The provider also certifies that he or she is not currently participating in the CACFP under any other SO. The provider further understands that this information is being given in connection with the receipt of federal funds; that State Agency and SO officials may, with cause, verify information; and that deliberate misrepresentations may subject him or her to prosecution under applicable state and federal criminal statutes.

The provider certifies that he or she has never been terminated from a publicly funded program (federal, state, or local) nor has ever been convicted of fraud, antitrust violations, embezzlement, theft, forgery, falsification or destruction of records, making false statements or claims, receiving stolen property, or obstruction of justice.

By submitting this information, the sponsor is verifying that it has a signed Application/Agreement for this provider on file at its organization's office.

Effective date of Application/Agreement shall be OCTOBER 1 OR DATE OF APPROVAL, 20 YY.

Signature of Provider <b>Patty Perfect</b>		Date <b>MM/DD/YYYY</b>
Signature of Organization Representative <b>Jennifer Jones</b>	Title <b>Program Coordinator</b>	Date <b>MM/DD/YYYY</b>

## PROVIDER LIST OF SERIOUS DEFICIENCIES

A provider is declared seriously deficient by the sponsoring organization (SO) if any of the following areas of noncompliance exist:

1. Submission of false information on the Application/Agreement.
2. Submission of false claims for reimbursement.
3. Simultaneous participation under more than one SO.
4. Noncompliance with the Program meal pattern.
5. Failure to keep required records.
6. Conduct or conditions that threaten the health or safety of a child in care or the public health or safety.
7. A determination that the family day care home (FDCH) has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, 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, as defined by the Oklahoma State Department of Education (the *State Agency*), or the concealment of such a conviction.
8. Failure to participate in training.
9. Any other circumstances related to nonperformance under the SO/FDCH agreement, as specified by the SO or the State Agency (including, but not limited to, fully and permanently correcting areas of noncompliance previously sited).

The SO must *INITIATE* action to terminate the Application/Agreement of an FDCH for cause if the SO determines the FDCH has committed one or more serious deficiency listed above.

**NOTE:** Any provider who submits a claim in which adjustments result in a 25 percent or more error rate will be declared seriously deficient (see Payment Voucher/Disbursement Record).

## PROVIDER APPEAL PROCEDURES

Each sponsoring organization (SO) must develop appeal procedures for family day care home (FDCH) providers. These procedures must be distributed to each provider during the initial application process.

1. The SO must offer an appeal to an FDCH provider *only when* the intent of the SO is to terminate the provider's agreement for cause or when the intent of the SO is to suspend the provider's participation in the Child and Adult Care Food Program (CACFP).
2. A provider will be notified in writing by certified mail, *return receipt requested*, of the grounds upon which the SO based its action. The notice will inform the provider of his or her right to appeal. The provider may request a review of the records. Upon receipt of such a request, the SO will appoint a review official to conduct the review.
3. The written request for a review of records must be filed by the provider no later than the number of calendar days established by the SO. The number of days established by the SO days shall begin on the day the notice of action was received. The SO will acknowledge the receipt of the request for appeal within the time frame established by the SO.
4. The provider may refute the information contained in the notice of action in person or by written documentation presented to the review official. The provider must have the opportunity to review the record on which the sponsor's action was based. In order to be considered, written documentation must be filed with the review official not later than the time frame established by the SO. The time frame shall begin on the day the notice of action was received. The provider may be represented by legal counsel or another person; if legal counsel is to be present, the SO must be notified of the counsel's name and address. The following applies to the appeal for a review of records:
  - Upon receipt of an appeal requesting a review of the records, the review official will notify the provider and the SO of the timelines for submission of documents.
  - Written notification submitted after the review official's timeline will not be considered.
  - Failure to submit written documentation to refute the action taken by the SO within the time frame will constitute the provider's waiver of the appeal, resulting in the action taken by the SO being upheld.
5. Sponsors may choose to offer in-person hearings, but there is no requirement that they do so. The person hearing the appeal must be independent and impartial, and he or she must *NOT* have been involved in the action that is the subject of the appeal. Also, he or she must *NOT* have a direct personal or financial interest in the outcome. The hearing official may be an employee or board member of the sponsor or a contractor, such as a member of a statewide sponsor association.
6. Documents and information relating to the provider and the action taken will be available for inspection and copying pursuant to the Open Records Fee Schedule at the office of the SO.
7. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.
8. The review official will make a determination based on information provided by the SO, the provider, and the laws and regulations governing the Child Nutrition Program (CNP).
9. Within the established time frame, the review official's determination must be delivered to the provider and the SO.
10. Participating providers may continue to operate under the Program during an appeal of proposed termination unless the action is based on imminent danger to the health or welfare of participants. If the provider has been terminated for this reason, the SO must specify this in its notice of action.
11. The determination by the review official is the final administrative determination to be afforded to the provider.
12. Pursuant to the federal regulations, appeals will not be allowed on decisions made by Food and Nutrition Service (FNS).

**This page intentionally left blank.**