**Provider Policies**

**Recruitment of Providers Policies *SO NAME*** recruits new members by working closely with DHS Licensing through on-site contacts by providers and referrals from existing providers. Providers will not be contacted if active in the Child and Adult Care Food Program (CACFP) system. Providers who are on any other food programs will not be contacted. If a provider wishes to switch food programs at the end of the contract year, the provider initiates the contact. ***SO NAME*** never steals, bribes, or lures providers from other sponsors.

**Transfer Restriction Policy**

Providers may not transfer to another sponsor after the fiscal year has started. However, if no claim has been submitted by the provider, they may be released at the discretion of ***SO NAME***.

**Monitoring Reviews**

Each provider is required to have 3 completed visits per year. Two of these visits must be unannounced. ***SO NAME*** requires that providers be available during approved mealtimes.The following procedures must be followed:

* If a provider is going to be absent from the home during approved mealtimes, the provider must notify the sponsor.
* Once a monitoring review is scheduled, the provider has the right to cancel that review,but must call the monitor at least 24 hours in advance.
* If the provider cancels a scheduled visit more than once, every review for the remainderof the contract year will be unannounced.
* If the provider does not notify the monitor in advance of the cancellation and a reviewis attempted but cannot be completed, the provider will be declared seriously deficient.The provider will not be reimbursed for the meals. If the provider is not at home at thetime of the unannounced follow-up, the provider will be proposed for termination anddisqualification.

**Meal Disallowances**

***SO NAME*** will disallow meals for the following reasons:

* Failure to maintain meal records daily.
* Recording of meals served in advance.
* Meals served more than license capacity.
* Meals not meeting minimum meal requirements.

**Recordkeeping**

All records must be maintained daily. Records may not be entered in advance. Records must be readily available at all times

**Meal Service Time**

There is no restriction on what time lunch may be served; however, 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.

Meals times approved for shifts, late nights, weekends or holidays must be supported with adequate justification before they will be approved by ***SO NAME. SO NAME*** reserves the right to deny the approval of any meal service time that is not supported by adequate justification.

**Mealtime Change**

If a provider wishes to change meal service times or add or delete a meal service, the

provider must notify ***SO NAME*** by phone. ***SO NAME*** will complete ***a Provider Meal Service Information form*** and send an approved copy to the provider for his or her records. Providers are required to notify ***SO NAME*** of the following information if:

* any meal time changes
* the provider wants to add or delete a meal service
* the provider does not notify ***SO NAME*** of changes in meal service, the
* provider may not be reimbursed for any unapproved changed meals.

**Cycle Menus**

***SO NAME*** does/does not require providers to maintain a cycle menu.

***Note: it is for the SO to decide whether a cycle menu is required or not, this is not a decision left up to a provide. Either all are required to have a cycle menu, or none.***

IF REQUIRED:

A ***NUMBER OF DAYS***-day cycle menu must be completed and submitted to ***SO NAME*** office for approval.

* Each meal and snack must meet minimum meal requirements.
* Substitutions are allowed, but the provider must indicate any substitutions in writing. If

more than five substitutions are made, a new cycle menu will be required.

* If the provider wishes to make a new cycle menu, it must be submitted to SO NAME two weeks prior to use. If any changes are made to the cycle menu.

IF NOT REQUIRED:

* Meals must contain all required components, if not, they will be disallowed.
* Further documentation may be required to claim certain foods (i.e. combination foods, sugary foods, grains, etc).
* ***Go on to explain your requirements for how you will ensure meal patterns are met*.**

**Claiming own children**

Tier I providers who wish to claim their own children must complete a FSIA to determine if they are eligible. The FSIA must be completed each year to determine eligibility. Tier II providers are not eligible to claim their own children.

**Submission of Records**

Monthly records are due by the ***third*** day of the following month. Any LATE records received after the due date will be processed after all other records have been processed. Requests for revisions to claims must be submitted within ***10 days*** after payment has been received. Requests submitted after the deadline may be denied at the discretion of the

**Provider Edit Checks**

***SO NAME*** will review all claim documentation before reimbursement will be calculated. Providers will be notified, in writing, of any meal disallowances.

**Reimbursement/Payments**

Payments will be made via ***direct deposit/check*** each month by ***date*.** Claim information will also be dispersed detailing the payment amount, meal counts, and any disallowances.

**Annual Provider Training**

Each provider must complete at least one Mandatory CACFP Training (October 1st through September 30th). Without the Mandatory CACFP Training the provider will be found seriously deficient. Mandatory training will include the following topics:

* Meal Patterns
* Meal Counts
* Claims Submission
* Claim Review Procedures
* Record Keeping Requirements
* Reimbursement Systems
* Civil Rights

**Household Contacts**

***SO NAME*** may contact the parents or guardians of children enrolled in the CACFP at any time. Household contact forms will be sent to the parent/guardian, along with a self-addressed stamped envelope. ***SO NAME***may also contact households by phone or email. If two or more negative responses are received, ***SO NAME*** may declare the provider seriously deficient. The provider will be given ***number of days*** to complete corrective action. If no corrective action is completed, or if it doesn’t fully and permanently correct the issue, ***SO NAME*** will propose to terminate and disqualify the provider from the CACFP.

**Serious Deficiency Procedures**

A provider is declared seriously deficient by ***SO NAME***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’s health or safety.
7. A determination that the 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 proper- ty, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency or the concealment of such a conviction.
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).
10. *Per state policy, 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 Records). *SO must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstances related to nonperformance under the SO/day care home agreement.*

***(This is not an all-inclusive list, SO may add to, but not take away, with the approval of the SA)***

***SO NAME*** must INITIATE action to terminate the Application/Agreement of an FDCH and disqualify them from future participant if the SO determines the FDCH has not fully and permanently corrected the areas of serious deficiency.

**Proposed Termination and Disqualification**

A Provider must be proposed for termination and disqualification if in inadequate corrective plan or no corrective action plan is submitted to ***SO NAME***. Providers will be given appeal rights with the notice sent.

**Suspension/Termination**

There is only one reason for suspending FDCHs. For an imminent threat to the health or safety of participants or the public. Because the law does not allow homes to be suspended for submitting false or fraudulent claims, there is no suspension review for homes. Providers will be given appeal rights with the notice sent.

**Appeal Procedures**

**SO NAME** 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 CACFP. **SO NAME** will provide a copy of the Appeal Procedures to providers annually, when notified of an appealable action, or any other time requested.

**Civil Rights Complaint**

Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, retaliation and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint within 180 days of the alleged discriminatory action. A complaint filing form will be provided upon request.

**This institution is an equal opportunity provider.**