# CACFP Administrative Handbook

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17. Provider Participation

To participate in the CACFP, each home provider must meet the requirements of eligibility. After participation is approved, the provider is responsible for completing the responsibilities of the Provider Program Agreement.

Eligibility

Each day care home provider must meet the following to be eligible to participate in the CACFP:

♦ Must conduct child care in a private residence
♦ Must be licensed or approved in one of the following methods:
  • Have a current license issued by Kansas Department of Health and Environment (KDHE) to provide organized child care
  • Have federal approval to operate as a day care home on federal property (example, military housing)
♦ Enter into a written agreement with and operate under the auspices of a sponsor
♦ Complete 2 hours of nutrition/CACFP training annually
♦ Not be listed on the national disqualified list

Private Residence

Per U.S. Department of Agriculture definition (7CFR226.2), child care in a home must be conducted in a private residence. A residence may be either a single-family home or an individual apartment. The provider is not required to reside in the residence.

Licensed day care homes located in a commercial building (church, school or business location) may participate on CACFP as a child care center or as an unaffiliated center with a sponsor.

License

A provider must be licensed by KDHE to participate in CACFP (except homes located on federal property). Licensed providers may participate in CACFP after they receive a temporary or permanent license. The provider is responsible to provide their license number to the sponsor which the sponsor must verify in CLARIS. Providers cannot participate in the CACFP with an expired license or with an emergency suspension (or other legal closure issued by KDHE).
Renewing
Providers are expected to renew their license timely. If there is a gap between the expiration date of the previous license and the effective date of the new license, the provider will be ineligible for CACFP reimbursement during the gap.

Moving
The license at the former location is not valid at the new location. After the license is issued to the new address, the provider may receive reimbursement back to the date of the new license if within claim revision deadlines and allowed by the sponsor’s approved Management Plan.

Federal Approval (Military/Tribal)
Providers located on federal property must have a current license, certificate, or official letter from the governing authority to provide child care.

Provider Program Agreement
To participate in the CACFP, a provider must operate under the auspices of a sponsor. Each provider must enter into a written agreement with a sponsor. The agreement, which is non-expiring and developed by KSDE, specifies the rights and responsibilities of each party. The individual signing the agreement must be the person who is onsite providing care and operating the CACFP. Only one site per provider may participate in the CACFP.

Child Care Approval
Agreements with new providers may NOT be signed prior to the time the providers actually receive their license (or federal approval). The provider is required to provide proof of a current license. Any agreement signed prior to the date the license or temporary license is issued is not valid. Other documents of any type (letters of intent, etc.) signed prior to receiving the license or temporary license will not be considered binding.

Effective Date
An agreement is effective the day the provider and sponsor signs the agreement. If an agreement is signed by a provider and the sponsor on June 5, the provider may begin claiming meals on June 5, not June 1. If the provider signs on June 5 and the sponsor signs on June 10, the agreement is effective on June 10 (not June 5). The agreement with providers may NOT be backdated to the beginning of the month to begin CACFP participation.

Provider Transfers
A provider is allowed to transfer to a new sponsor once during a 12-month period. To maintain the provider’s participation history, the provider and sponsor must follow the steps as outlined on the CACFP Provider Transfer Request.

To obtain the CACFP Provider Transfer Request form, the provider must call KSDE. After receiving the transfer form, the provider completes the applicable section and submits the original form (white) to the current sponsor and the yellow copy to KSDE.
The current sponsor completes the applicable section of the transfer form and submits the original form to the new sponsor. The new sponsor completes the applicable section of the form and submits the original form to KSDE. However, if the provider is not in good standing (see below), the current sponsor denies the transfer and submits the original form to KSDE.

A provider must be in good standing with the current sponsor to be eligible to transfer. Good standing means current operation requirements are met – training is up to date, not Seriously Deficient and not owing a debt. Depending on the month of the federal program year, the provider may need to have completed the two-hour CACFP training requirement to be eligible for continued participation in the CACFP. It is the responsibility of the provider to submit proof of completion of the two-hour CACFP training requirement to the new sponsor. Any of the situations would end the provider transfer process and the provider would not be allowed to transfer until the situation is resolved.

A provider will transfer to a new sponsor when the provider moves into a county that the current sponsor does not serve, or when the current sponsor terminates CACFP participation.

**Termination**

The agreement is considered legally binding until terminated by one of the parties. The sponsor or the provider may terminate this agreement for cause or convenience by providing written notice to the other party at least 15 days prior to the termination date. Termination of an agreement does not constitute approval to transfer to another sponsor. Valid reasons when an agreement should be terminated include, but are not restricted to:

- The provider is no longer providing child care
- The provider does not submit a claim for 6 consecutive months with no notification to the sponsor

The agreement cannot be terminated until written notice from either party is sent and on file. Providers should not be terminated in the KSDE computer system until 60 days after the termination date. An exception for the 60-day period will be at the start of a new program year.

**Annual Training Requirement**

Participation in two hours of nutrition/CACFP-related training is required annually (October 1-September 30) of each provider. If a provider attends a two-hour workshop but leaves after the first hour (or arrives an hour late), credit may be given for only one hour. A substitute or helper cannot fulfill a provider’s training requirement. It is the responsibility of the provider to retain proof of completion of the two-hour CACFP training requirement.

In the event that training is not completed as required, the provider must be declared seriously deficient (SD). Claims submitted during the Serious Deficiency process are reimbursed until the provider agreement is terminated.
Serious Deficiency Process and Provider Debt

A provider’s name that appears on a disqualified list is not eligible for participation on the CACFP. It is the responsibility of the sponsor to ensure that ineligible providers do not sign a Provider Program Agreement.

If a provider’s name matches a name on the disqualified list and the provider is not that individual, the Certification Regarding Participation Eligibility form must be completed and on file. The form certifies that the provider has not been disqualified from any Child Nutrition Program. The sponsor should look at other identifying factors to determine whether the individual is on the NDL, like a birthdate.

If a provider has a debt to the CACFP, the provider must repay the debt to the applicable sponsor.

Responsibilities

The provider will:

♦ Prepare and serve meals that meet CACFP meal patterns for the ages being served (refer to Chapter 4, Meal Guidelines and the Infant Feeding Guide).
♦ Maintain daily records of attendance, menus and number of meals by type served to enrolled children. Records must be on the premises and available for review regardless if kept on paper or on the computer.
♦ Submit the daily meal counts and menu records to the sponsor each month by the agreed upon date.
♦ Claim only the meal types approved in the Provider Program Agreement.
♦ Claim reimbursement for not more than two meals and one snack or two snacks and one meal per child per day.
♦ Claim only one meal per child for each meal service.
♦ Claim meals for a child who meets one of the following criteria:
  • A child 12 years of age and under
  • A child of migrant workers 15 years of age and under
  • A child or individual with a disability and medical statement on file. Persons with disabilities means persons of any age who have one or more disabilities, as determined by the state, and who are enrolled in a day care home serving a majority of persons 18 years of age and under
  • Provider’s own child(ren)* if
    o (1) the child has a current enrollment form on file and is participating in the child care program during the time of the meal service,
    o (2) enrolled non-resident child(ren) is present and participating in the same meal service,
    o (3) provider’s own child meets income eligibility guidelines and has a current Income Eligibility Form on file, and

* Provider’s own child/ren refers to any child/ren who reside in the household, such as provider’s own children by birth or adoption, grandchildren, foster children or housemates’ children, who are part of the economic unit. Children who reside in the household for more than 72 continuous hours are considered residential.
♦ Not claim reimbursement for any of the following situations:
  • Meals served to children who do not have a current enrollment form on file
  • Meals served to ineligible children
  • Meals served outside of established meal times without notification to the sponsor
  • Meals not served
  • Meals served to children in excess of license capacity
  • Meals not adequately documented
  • Meals served to infants who do not have a complete and current Infant Offer Form on file

♦ Serve meals to all enrolled children without regard to race, color, national origin, sex, age, or disability

♦ Promptly inform sponsor about any changes in:
  • Enrolled children (added or terminated)
  • License status (for example, moving or updated license)

♦ Make no separate charge for meals

♦ Allow representatives from the sponsor, the KSDE, and U.S. Department of Agriculture to come into the provider’s home, announced or unannounced, for the purpose of reviewing the CACFP operations

♦ Provide documentation for verification of income if applying for Tier 1 reimbursement based on household income

♦ Repay to the sponsor any moneys received by the provider for meals claimed for reimbursement which were not in compliance with CACFP regulations

♦ Participate in the CACFP under no other sponsor

♦ Maintain and provide proof of a current child care license issued by the Kansas Department of Health and Environment or appropriate federal authority

♦ Complete two hours of nutrition/CACFP training approved by the sponsor during each program year

♦ Notify the sponsor of the variation prior to the meal service any time meals are served outside the established meal times.

Provider Record Keeping

Original signed forms must be on file before submitting claims in the KN-CLAIM system (faxed and scanned signatures are not original signatures). This includes all forms that contain a signature (provider, parent, etc.), such as Child Enrollment forms, Infant Offer Forms, electronic agreements, meal counts, menus, daily attendance, cover sheets, etc. Records must be maintained for three years, plus the current year. All issues that compromise CACFP records should be reported to KSDE promptly.

Child Enrollment Forms

All children, including provider’s own children, who attend a home participating in CACFP must have an enrollment form on file. Enrollment forms must contain the word “enrollment” or other statements that indicate the child is enrolled for care. Forms must include the child’s name, birth date, child’s normal days and hours of care, child’s normal meals received during care, date of enrollment, parent/guardian name, address and phone number, and dated signature of parent/guardian. Child enrollment forms must be completed by the parent or guardian, not the provider. The Child Enrollment Form is available in English and Spanish.
New child enrollment forms will be required annually for each child participating in CACFP, including provider’s own children. Any forms with missing or incomplete information must be returned to the parent for completion. The annual update of child enrollment forms by a sponsor is required by regulations and described in the sponsor’s approved Management Plan. Meals will not be allowed if a complete enrollment form is not received by the sponsor’s required deadline.

**Daily Attendance, Meal Counts and Menus**

Providers will complete *daily* records of attendance, menus and meal counts. Records are maintained on the forms or electronic method supplied by the sponsor. A provider may document meal counts and menus in a different method, such as a calendar or notebook, and transfer the information to CACFP forms. The provider must submit claim information monthly to the sponsor on the forms provided and by the agreed upon date each month. The forms must document a single calendar month. Records should be completed daily – meal counts must be recorded by the end of each day.

**Daily Attendance**

All sites must keep a daily record of children in attendance including children not on CACFP. Attendance may be recorded by sign-in and sign-out sheets, a separate attendance form or a form that documents daily attendance and meal count roster (each count must be documented separately) but may be on the same form. Daily attendance and/or meal counts cannot be pre-marked. Meals may not be claimed for reimbursement without proper documentation on file, including participant daily attendance. Attendance must be recorded by the end of each day.

**Meal Counts**

Meal counts must be documented by meal type (breakfast, lunch, etc.) and by child’s name (roster form). The provider records a meal count for each child that is served a meal. Only one meal per child may be claimed for reimbursement at each meal service, regardless of the quantity of food consumed or prepared. Reimbursement is limited to no more than two meals and one snack or two snacks and one meal per day per child.

A provider is to use a substitute code on the meal count form to indicate the presence of children who are not eligible for CACFP reimbursement, but who are in attendance and are included in the capacity. For example, the provider should write a “P” instead of an “X” for his/her own ineligible children or for older infants whose parents opt to bring all of the food components. Meal counts must be recorded by the end of each day.

**Menus**

The types of menus accepted must be specified in the sponsor’s Management Plan. Menus can be original, cycle and/or numbered. Original menus list the individual food components served to the children. Cycle menus list the individual food components for each meal type served during the cycle period. Numbered menus are documented by listing a number which corresponds to the foods served to the children and to the menu of food components listed on a master menu list. Any substitutions to cycle or numbered menus must be noted on the menu form. All menu types must meet the meal patterns of CACFP outlined in *Chapter 4, Meal Guidelines*. Menu substitutions must be recorded by the end of each day.
Signatures on Provider Claims

Providers must sign and certify each meal count page that is part of the provider’s monthly claim. If the sponsor’s menu form has a signature line, KSDE highly recommends that the provider sign each page of the menus.

In lieu of the certification statement and signature on each page of the claim (meal counts and menus), sponsors can have the certification statement and signature on a cover sheet. A cover sheet must accompany each monthly claim and the provider must certify and sign the form monthly.

The certification statement must include at least the following: “I certify that the information on this form is true and correct to the best of my knowledge. I understand this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.”

For sponsors who allow electronic submission (either Web-based claiming system or email), a Certification Agreement for Electronic Submission with the certification statement and original provider’s signature must be on file, must be updated at least annually, and must be updated each time the provider’s email address changes.

Special Situations

Capacity of the Home

License capacity is the maximum number of children authorized to be on the premises at any one time. KDHE or the licensing authority sets the capacity.

KDHE regulations allow for additional children to be on premises. Providers must follow the guidelines as outlined and remain within license capacity per these regulations. If not within capacity regulations the provider is considered over capacity and meals must be denied.

Provider’s own children can only be claimed for reimbursement if certain conditions are met (see Responsibilities previously listed in this chapter).

When meals are claimed for shifts of children, providers are required to document the arrival and departure times of each child in care on those days otherwise reimbursement will not be paid for children in excess of the authorized capacity. Use the Split Shift Form to document.

If a provider has more children in care than is allowed by the home’s license, the home is over its capacity. If the provider served meals with the intent to claim all of them for reimbursement, the difference in meals served and the authorized capacity must be disallowed. In this situation, Sponsors must initiate the serious deficiency process. In addition, the Sponsor should notify KDHE if upon review a home is overcapacity.
Child Participating in CACFP at Multiple Sites

Children may be claimed for CACFP reimbursement for no more than 2 meals and 1 snack or 2 snacks and 1 meal at a site. One program may only claim 2 meals and a snack or 2 snacks and a meal, however if a child attends preschool for breakfast and lunch and is in a day care home for lunch and supper, each program may claim both meals.

Persons with Disabilities Participating on CACFP

A medical statement confirming the disability must be on file. The medical statement must indicate the individual needs supervised care due to the disability. To be eligible for reimbursement, the individual must be enrolled at a child care home serving a majority of individuals 18 years of age and younger. The determination of the age status is based on the enrollment at the home. The total enrollment of all facilities under the jurisdiction of a sponsoring agency may not be used. When determining whether a majority of participants are 18 years of age and younger, all individuals 18 years of age and younger, with or without disabilities, must be counted. If the majority of individuals in a home are 19 years and older, no individuals with disabilities between the ages of 13 and 18 can participate in the CACFP.

Information regarding menu modifications for disabilities is found in Chapter 4.

Food Provided by Parents

The basic premise of all Child Nutrition Programs is to reimburse participating facilities for costs incurred in providing wholesome, nutritious meals and snacks to children. If children bring their own food to a provider’s home, such meals may not be claimed for reimbursement.

If meal substitutions are necessary for medical reasons, a statement by a recognized medical authority must be on file. The statement must include the item(s) to be substituted and suggested alternatives. Meals served with substitutions for allergies or intolerances must meet CACFP credibility guidelines. Meals served in response to disabilities must meet the individual’s needs as described by the meal modification form. A meal may be claimed for reimbursement if the provider supplies at least one required component. See the CACFP Meal Modification Form.

For children under one year of age, an exception to this policy may occur. See Infant Meal Information in Chapter 4, Meal Guidelines.

Provider’s Foster Children

A foster child who resides in the provider’s home is considered a family member and the provider’s own child. The foster child is eligible for Tier 1 rates if a current Income Eligibility Form is on file. Other enrolled outside children must be present at the time of meal service in order to claim the foster child’s meals. If the provider is income eligible and only his/her own children and the foster child are present for meal service, no meals may be claimed.

Unlike a provider’s own child(ren), a foster child over age 11 is included in the license capacity. Therefore, a foster child, age 11 or 12, residing in the home of the licensed provider, may be claimed for reimbursement if other outside children are present as described above.
Home School
A licensed day care home provider offering a “home school” may participate in the CACFP. Children other than the provider’s own must be in attendance and participate in the meal service in order for the licensed day care home provider to be eligible to participate in the CACFP.

School Age Children
School age children may be claimed for the meals eaten while enrolled for care. It is not necessary to account for meals eaten outside the time of care when at school.

A child who has been suspended from school may be claimed for lunch on a school day.

Contracting for Meals
A provider purchasing meals from an outside vendor must use KSDE’s vendor contract prototype and follow all required procurement regulations. A copy of the completed contract must be retained on file by the sponsor. For additional information, contact KSDE.