

**Baltimore City Health Department
Child and Adult Care Food Program**

**Practices
Procedures
Guidelines
Manual**



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Baltimore City Health Department Child and Adult Care Food Program

GENERAL POLICIES, PROCEDURES and GUIDELINES

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GENERAL POLICIES, PROCEDURES and GUIDELINES

MISSION

The Baltimore City Health Department provides advocacy and leadership needed to ensure the protection and promotion of the health and well being of the citizens of Baltimore City. The Child and Adult Care Food Program's mission is to enroll licensed Family Day Care Providers operating from in their homes and provide reimbursement for creditable meals and snacks served to participating children twelve years of age and under.

GOAL

The Child and Adult Care Food Program was designed to improve the health and nutrition of children enrolled in the program through education, professional leadership and technical assistance. The program promotes the development of good eating habits while providing professional assistance to family child care providers in an efficient and effective manner.

VALUES

Representatives of the Child and Adult Care Food Program will conduct themselves in a respectful and professional manner. The same respect and professional manner is expected from the Family Child Care Providers and those representing the Family Child Care Provider.

GENERAL POLICIES AND PROCEDURES

The general polices and procedures are important and necessary for successful program compliance and operations. The Child and Adult Care Food Program AGREEMENT in collaboration with the Department of Human Resources, Child Care Administration – Region II COMAR utilize that which affect the CACFP participation and regulation.

Please read carefully and KEEP with your other program information. If you have any questions, please contact your Nutrition Technician.

INTRODUCTION

The United States Department of Agriculture's Food and Nutrition Service funds the Child and Adult Care Food Program (CACFP) through grants to the State. The program is administered by the State's educational agency. The Child and Adult Care Food Program serves nutritious meals and snacks to eligible children who are enrolled for care at participating Family Day Care Homes. The program began as *The Child Care Food Program* in 1979 through 1983 as a contractual Pilot Program through the Maryland State Department of Human Resources sponsored by the Baltimore City Department of Social Services serving Family Day Care Homes and Child Day Care Centers .

In 1984 the United States Department of Agriculture issued regulations for State Educational Agencies to administer the Child Care Food Program. Effective October 1, 1984 the Baltimore City Health Department entered into agreement with Maryland State Department of Education to sponsor the Family Day Care Homes and assume administrative and financial responsibility for the Child Care Food Program.

In 1989 the program was renamed the *Child and Adult Care Food Program*. The name change enabled *Adult Day Care Centers* to receive reimbursement for the *Adult* participants enrolled in an Adult Day Care Center sixty years of age or older. The older *Adult*, like the enrolled children, must reside with family members, enroll for care during the day and participate in the meal service in the participating *Adult Day Care Center*. *(For more information regarding the Adult or the Adult Day Care Center, contact the Maryland State Department of Education, School and Community Nutrition Programs)*

The Family Day Care Home may be approved to claim up to two meals and one snack -or- two snacks and one meal. Payments for nutritious meals served in the Family Child Care Home are adjusted annually on July 1. The level of reimbursement for meals served to enrolled children in Family Child Care is determined by economic need as determined by Baltimore City Public School Data based on the location of the Family Child Care Home and/or the household income of the Family Child Care Provider. '

Participating in the Child and Adult Care Food Program sponsored by the Baltimore City Health Department allows children to eat a variety of nutritious foods, grow into their healthy weight and learn healthy attitudes about foods and nutrition.

BEST PRACTICES CHECKLIST

State of Preparedness

LICENSE

The Family Child Care Provider **MUST** be licensed by the Child Care Administration and have a current copy of the **license posted** in a visible spot in the home. Each provider may provide service for no more than the maximum number of children, approved ages of children in care, and approved hours of operation issued by the Department Human Resources, Child Care Administration.

- The provider must submit a copy of the most current license to the CACFP or
- The provider must submit a copy of the extension letter, if the license to operate child care has expired.
- Providers cannot participate in the CACFP with an expired, suspended or surrendered license.
- Providers **cannot participate** in the CACFP at a new **change** of address.
- Please call your Nutrition Technician regarding change of any kind

CIVIL RIGHTS

In accordance with Federal law, the United States Department of Agriculture policy and this institution, all family child care homes are prohibited from discriminating based on race, color, national origin, sex, age, or disability. USDA is an equal opportunity provider and employer. Meals must be served to ALL enrolled children for infants through children up to age twelve years (age 0-12) in the Family Child Care Home. PARENTS refusing the Meal Services for the enrolled children **MUST SIGN A WAIVER** and the family child care providers must keep an attendance record of non-participants along with a copy of the Infant Formula/Breast milk Feeding Plan.

PREAPPROVAL VISIT CERTIFICATION

Pre-approval Visit Certification must be signed when an application is processed for a new family child care provider agreeing to participate in the Child and Adult Care Food Program, (CACFP). The Nutrition Technician must complete and discuss all the topics listed and any additional information or mandates by Maryland State Department of Education.

AGREEMENT

The Permanent *Agreement* specifies the rights and responsibilities of the Sponsoring Organization: Baltimore City Health Department and the Family Child Care home Provider as participants in the Child and Adult Care Food Program regulations 7 Code of Federal Regulations 226. The Child and Adult Care Food Program is administered by the Maryland State Department of Education and funded by the United States Department of Agriculture.

APPLICATION

The *Application* identifies the number of children in care from youngest to oldest for the renewal year. The operational status of participation in other states, number of hours, days and weeks the provider plans to provide child care. The meals to be claimed for reimbursement and the time meals are served, not exceeding the maximum of three meal types, per child, provided that one of the meals is a snack.



ENROLLMENTS

An enrollment form must be submitted for each child claimed for meals. The parent or guardian of the child must sign these enrollment forms. The Child and Adult Care Food Program should be called immediately to request the number of enrollments needed for the child/ren agreed to care for and the start date. These enrollments should be completed and mailed within **three days to CACFP. Meals claimed for children without enrollments will not be paid. Children over the age of twelve are not eligible to receive reimbursement.**

THE DAY THE CHILD TURNS THIRTEEN, IS THE DAY THE CHILD IS NO LONGER ELIGIBLE FOR MEAL REIMBURSEMENT

Please Note:

CHILDREN THAT ARE AGES 13-18 AND ARE CLAIMED FOR MEAL REIMBURSEMENT MUST HAVE DOCUMENTATION OF DISABILITY ON FILE AND AVAILABLE FOR REVIEW.

ANNUAL ENROLLMENTS

The Annual Enrollments must be completed once a year from October through January of the following year. Children enrolled February through September names are exempt from being listed on the Annual Enrollment. A new Annual Enrollment will be completed to acknowledge all enrolled children.

OWN CHILD ENROLLMENTS

An own child enrollment form must be submitted for each child claimed for meals. The parent or guardian of the child must sign these enrollment forms. Accompanied by a Meal Benefit Form application.



PROVIDER MEAL BENEFIT FORMS (MBF)

The meal benefit forms are offered annually to all providers enrolled in the CACFP. The information on the Meal benefit form is confidential. This information will be used only to determine the reimbursement level a FDC provider may receive for the meals served to categorically **OWN**: own child/ren, grandchild/ren, foster child/ren and other related and unrelated children living in the home as part of the economic household unit.

Categorically OWN child/ren must:

- ✓ Have a meal benefit form application for each own child 12 and under (unless documentation on file for handicapped child)
- ✓ Meal Benefit Form been approved as eligible to claim
- ✓ The OWN child – Must **Sit** and **Eat** with at least **One enrolled child being claimed for the same meal(s).**

Categorically OWN Tier II child/ren must:

- ✓ Have a meal benefit form application and proof of income for own child/ren to qualify for Tier I reimbursement or
- ✓ Have meal benefit form applications for all enrolled children to qualify for combination rates.

Maryland State Department of Education
Child and Adult Care Food Program
MEAL BENEFIT FORM

Attachment D

Provider's Name: _____ Address: _____

1. PRINT THE NAME OF THE CHILD ENROLLED IN FAMILY DAY CARE

Child Name: _____ Birthdate: _____ Sex: _____ Race: _____

2. INDICATE HOW CHILDREN FOSTER CARE OR TEMPORARY CARE ASSISTANCE. Complete the first and last name of the foster parent on page 2B, if applicable.

3. INDICATE HOW PARTICIPATING IN STATE OR FEDERAL PROGRAMS WHICH MEET CACFP INCOME CRITERIA. If the program is not listed, complete the first and last name of the program on page 2C. This program can be used to determine the program name.

4. PROVIDER'S: Complete the first and last name of the provider on page 2D. If the provider is not the provider, check box 1. Write the date, name and last office if applicable.

5. CURRENT MONTHLY INCOME: If you did not complete Part 2C, 2D or 2E above, complete this Part. (This goes on Part 2)

NAME	Column Monthly Earnings (Other Compensation)	Monthly Income (Other Support)	Monthly Income (Other Support)	Monthly Income (Other Support)	Other Income (Monthly Income)
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

6. RACIAL/ETHNIC IDENTITY: You are not required to answer these questions. If you choose to do so, please check one or more of the following boxes: _____

7. SIGNATURE: _____ Date: _____

Maryland State Department of Education
School and Community Nutrition Programs Branch
Spawning Institution: BALTIMORE CITY HEALTH DEPARTMENT
OWN CHILD ENROLLMENT FORM

Name of FDC Parent Provider: _____

Address: _____ Zip Code: 212 _____

Telephone: _____

Own Children: Circle Days In Care Circle Meals for Claim

Name	M	T	W	T	F	S	S	B	AM	L	PM	S	EVE
Name: _____													
Name: _____													
Name: _____													
Name: _____													
Name: _____													
Name: _____													

Printed Name of Parent Provider: _____ Signature: _____

Date Signed: _____

In accordance with Federal law and U.S. Department of Agriculture policy, State law, and the Maryland State Department of Education policy, discrimination is prohibited on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, Room 128 W. Whitten Building, 1400 Independence Avenue SW, Washington DC, 20250-9410 or call (202) 725-5968 (voice) and TDD. USDA is an equal opportunity provider and employer.

FOR SPONSOR USE ONLY

Meal Benefit Form Completed for FY 2006: _____ YES _____ NO

Provider/Child Eligible by Income Data: _____ YES _____ NO

Provider/Child Eligible by Food Stamp: _____ YES _____ NO

Name of Determining Official: _____ Signature: _____ Date: _____

MENUS, INVOICES, ATTENDANCE (MIA)

TWO-WEEK MENUS (AGES 1-12)

Participating in the CACFP takes organization and planning ahead. Providers **must** have available a minimum of two-weeks menus beginning the first day of each month. This will enable the Nutrition Technician the ability to review the food selections being served on a daily basis. The menus must reflect the use of the United States Department of Agriculture's food components and what is being served on the appropriate day. The providers are encouraged to serve variety and introduce new foods. Foods that are highest in Vitamins A, C and Iron must be planned into the menu.

DAILY ATTENDANCE ROLL CALL

In the manner of greeting the parents, enrolled children and getting the children settled into the regular daily routine, designate a roll call time for each set of enrolled children or point of entry. If your enrolled children arrive at various times, establish a time in which all children have arrived and roll call after the last child has arrived and before the start of the daily schedule. The daily **Attendance** sheet **MUST** be completed daily.

DAILY POINT OF SERVICE

All appropriate paperwork must be done on a daily basis and at **Point-of-Service**. Point of Service is anytime after a meal or snack has been placed on the table and before the last child is finished eating. The Food Service **Invoice** Report **MUST** be recorded at Point-of-Service.

MIA = Menus – Invoices - Attendance

- ***MENUS*** – COMPLETED FOR A MINIMUM OF TWO WEEKS
- ***INVOICES*** – RECORDED AT POINT – OF – SERVICE
- ***ATTENDANCE*** – RECORDED AS SOON CHILD ARRIVES

NON-PARTICIPANT MEAL RECORDS

Providers are required to maintain records of meals served to non-participants although the meals cannot be claimed for reimbursement. Non-participants are those children who receive meals, but are ineligible to participate in the CACFP. Ineligibility may be due to the following:

1. Age – over (12) twelve years of age
2. Not enrolled for care
3. Provider's Own children that are not income eligible; or
4. Keep this record for your child care files; do not send to CACFP.

REIMBURSEMENT

The Provider is responsible for submitting **CORRECT MIA** Forms. Providers will not be reimbursed if meal counts are omitted, incorrect or the wrong pattern used. The daily attendance form and the fiscal invoice must correlate. **MIA** Forms must be mailed on the last child of the MONTH after the last meal is served. **MIA** Forms that are received before the last meal is served and meals have been claimed will be disallowed.

LATE – Menus – Invoices – Attendance

Providers who fail to submit **MIA** by the fifth (5th) day of the month, but before the 28th day are considered late and will receive a late payment. The paperwork will not be processed until the following month.

DEADLINE FOR REIMBURSEMENT CLAIM

The Provider must submit the menu records- **MENUS**; meal count Food Service - **INVOICE**; and **ATTENDANCE** records **MIA** to the Child and Adult Care Food Program by the **twenty-eighth (28th) day** after the due date (third day) of each month following the month being reported. **FAILURE TO DO SO WILL RESULT IN LOSS of PAYMENT for that MONTH.**

Example:	JULY, 2005							Calendar	
	<u>S</u>	<u>M</u>	<u>T</u>	<u>W</u>	<u>T</u>	<u>F</u>	<u>S</u>	Due Date:	July 03,2005
						1	2	Office Closed	July 04, 2005
	3	4	5	6	7	8	9	Due To Office By:	July 06, 2005
	10	11	12	13	14	15	16	Deadline Date:	July 31, 2005
	17	18	19	20	21	22	23		
	24	25	26	27	28	29	30		
	31								

REIMBURSEMENT RATES

FY 2007 (7/1/06-6/30/07)		
	Tier I	Tier II
Breakfast	1.06	.39
Lunch/Supper	1.97	1.19
Snack (AM/PM/EVE)	.58	.16

FY 2006 (7/1/05-6/30/06)		
	Tier I	Tier II
Breakfast	1.06	.39
Lunch/Supper	1.96	1.18
Snack (AM/PM/EVE)	.58	.16

FY 2005 (7/1/04-6/30/05)		
	Tier I	Tier II
Breakfast	1.04	.39
Lunch/Supper	1.92	1.15
Snack (AM/PM/EVE)	.57	.16

FY 2004 (7/1/03-6/30/04)		
	Tier I	Tier II
Breakfast	.99	.37
Lunch/Supper	1.83	1.10
Snack (AM/PM/EVE)	.54	.15



TIER RATES

<p>TIER I - YELLOW INVOICES – located in an area of economic need as determined by Baltimore City Public School Lunch Data.</p>
<p>TIER II-PINK INVOICES – located in an area outside of economic need as determined by Baltimore City Public School Lunch Data.</p>
<p>COMBO-PINK INVOICES – located in an area outside of economic need as determined by Baltimore City Public School Lunch Data, Parents of enrolled child/ren may complete a confidential Meal Benefit Form and qualify for the higher reimbursement rate, per application per child.</p>

UNDER/OVER PAYMENT

Providers are responsible for calculating on the provider's copy of the invoice to ensure correct payment amount. If you have questions about the amount received call your Nutrition Technician immediately.

UNDERPAYMENTS – The CACFP will make every effort to ensure that all underpayments are compensated, however the process may take up to thirty days from the date reported to CACFP.

OVERPAYMENTS – The CACFP will request the Office of Disbursements to deduct 50 percent of the provider's monthly reimbursement until the overpayment is paid in full.

DISALLOWANCE - The CACFP will send a letter indicating the amount of your reimbursement check when a deduction has been made due to disallowance of a meal/snack per child; child not enrolled; or wrong pattern used for the month.

REIMBURSEMENT NOT RECEIVED ON TIME

Provider Reimbursement checks are mailed on assigned days each month after the completion of routing from various city offices. The CACFP receives notification of the date that checks are mailed; providers must wait a minimum of ten business days and report to their Nutrition Technician that Reimbursement has not been received. A Missing Check Report list is generated, investigated and a Stop Payment Request is executed. Re-issues may take from six weeks to six months depending on the complexity of each individual case. Patience must be demonstrated during the Re-issue process. **PROVIDERS ARE RESPONSIBLE FOR PROVIDING MEALS TO ALL ENROLLED CHILDREN REGARDLESS OF REIMBURSEMENT.**

NO PAYMENTS

Providers will not receive payments for six federal holidays. Vacations planned by the provider or when children are absent from the Family Child Care Home.

HOLIDAYS

The Child and Adult Care Food Program does not pay for the following holidays:

New Year's Day
January 01

Memorial Day
May (same child observed by State)

Independence Day
July 04

Labor Day
September (first Monday)

Thanksgiving Day
November (fourth Thursday)

Christmas Day
December 25

CHECKLINE

Providers may call **410-396-4573** for check inquires: if Providers have not received their reimbursement checks after **ten business days of the date posted**, call your Nutrition Technician. **PLEASE DO NOT CALL BEFORE THE 25TH OF THE MONTH TO INQUIRE ABOUT YOUR REIMBURSEMENT CHECK. PROVIDERS MUST DEMONSTRATE PATIENCE, WHILE WAITING FOR THE CACFP REIMBURSEMENT CHECK - CACFP DOES NOT MAIL OUT THE REIMBURSEMENT CHECKS BUT WILL ENSURE DUE PROCESS.**

OFFICE HOURS/LOCATION

The Child and Adult Care Food Program office hours are Monday – Friday from 8:30 AM – 4:30 PM. You may bring your MIA forms into the office not later than the **third working day** of the month. Please call your worker before coming downtown due to the heightened security measures in the surrounding area. The office is located at: **4 South Frederick Street, 2nd Floor. (Corner of East Baltimore Street and South Frederick Street)**

ADVANCED NOTIFICATION

ADVANCED NOTIFICATION AWAY FROM FAMILY CHILD CARE HOME

The family child care provider must notify the sponsor in advance whenever the children will be out of the home during a meal service period. If the provider is seeking reimbursement for Off-Site meal service, a monitoring visit may be conducted at the location.

If an Un-announced Home Review Visit is attempted and the provider failed to call the Child and Adult Care Food Program office, the provider and children are found not to be at home during the meal time indicated on the Application, the meal will be disallowed and the Nutrition Technician will return for another Un-announced Home Review Visit within thirty days.

Follow-Up

If a second Un-announced Home Review Visit is attempted and again the provider failed to call the Child and Adult Care Food Program office, the provider and children are found not to be at home during the meal time indicated on the Application, **ALL MEALS FOR THE CHILD WILL BE DISALLOWED** and the visit does not count toward the monitoring requirement.

Substitutes

If providers are going to be away from the home during mealtime and will claim the meal(s) by using a Substitute, the provider should call the office and inform the Nutrition Technician of pertinent information regarding absence and Substitutes name. Substitutes should be familiar with your paper work, point-of-service and daily meal count record keeping and necessary components for food program compliance.

Meals must have all components required by the USDA; meet the minimum portion requirements for the age category of each child.

FIELD TRIPS

Providers seeking reimbursement for OFF-SITE meal service will need to contact the Nutrition Technician; a monitoring visit may be required at the location. Providers may send in a monthly pre-planned schedule of away-from-home activities during mealtime.

SHIFT PROVIDERS

Providers may claim meals for each shift of approved hours of operation, up to the maximum number of family child care children approved CAPACITY for care at one time. **Children are enrolled for one shift only –DAY or EVENING.** The claiming of shift information should be clear and concise on all program forms. The CACFP will provide additional Home Review Visits and contact the parents of the enrolled children for additional information or audit.

- Shift Providers may claim any three 2 MEALS/1SNACK or 1 MEAL/2 SNACKS of the five meals
- Evening Shift Providers may claim 1 SNACK/1 MEAL
- CACFP *requires* the Shift Providers to separate the designated Day/Evening Shift by a minimum of thirty minutes.

Example: Day Shift = 6:00AM – 5:30PM
 Evening Shift = 6:00PM – 11:30PM

- Please Note: Split Shift children will need to be enrolled for both shifts and can not exceed the total meals per child required – only eligible for 2 meals and 1 snack or 2 snacks and 1 meal.

MEALS

Providers must provide the meals as indicated on the application with the time of service. Meals should be served as close to the scheduled times as possible as **indicated on the Application**. If there are changes of mealtimes, notify the assigned Nutrition Technician immediately. Though you may serve up to five meals, providers are reimbursed for three meals and one of those meals must be a snack.

***Parents are not allowed to bring milk or food, nor can they be charged an additional fee for meals served that are non- reimbursable.**

The following schedule is created for all meals and snacks served in the family child care homes participating in the Baltimore City Health Department – Child and Adult Care Food Program.

CACFP MEALTIME SCHEDULE

The CACFP recommends the following mealtime schedule that may be served at Or between the listed hours and every 1-½ hour – 2 hour time frame thereof:

Meal	Start Time	End Time
Breakfast	06:00AM	09:00AM
AM Snack	09:00AM	11:00AM
Lunch	11:30AM	01:30PM
PM Snack	02:00PM	04:00PM
Supper	04:30PM	06:30PM
EVE Snack	06:30PM	08:30PM

MEALS SERVED OUTSIDE OF THE MEAL TIME SCHEDULE ARE NOT ELIGILE FOR CACFP REIMBURSEMENT.



HOME REVIEW MONITORING

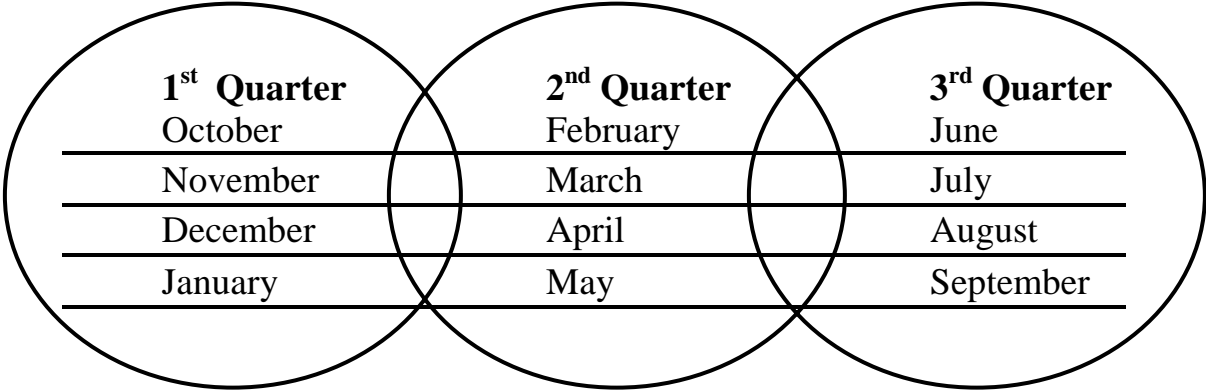
THREE TIMES PER YEAR REQUIREMENT

The BCHD-CACFP conducts Three Home Review Monitoring Visits for family child care providers' homes that participate in CACFP – twelve (12) months each year, and continue to participate on a full fiscal year (October 1 – September 30) from one year to the next. Providers participating less than the six months receive one visit and commence with the new review cycle in the new fiscal year. Two of Three Home Review Visits are Unannounced.

PREAPPROVAL – FIRST REVIEW REQUIREMENT

Providers that are new to the program receive a *preapproval* visit explaining the Child and Adult Care Food Program and a follow-up “first review” visit within two weeks to ensure proper understanding.

HOME REVIEW MONITORING SCHEDULE



IDENTIFICATION REQUEST

The Child and Adult Care Food Program Nutrition personnel will monitor providers for Unannounced Home Review Visits, additionally the Maryland State Department of Education and the United States Department of Agriculture. **Providers should request photo identification before admitting (Sponsor, State or Federal) personnel into the family child care home. FAILURES to admit the Child Nutrition personnel in the family child care home are GROUNDS FOR TERMINATION.**

CHILD CARE FOOD PROGRAM TRAINING

CACFP TRAINING AND NUTRITION EDUCATION TRAINING

The CACFP provides mandatory training for providers **enrolled** in the food program **only**. This training is held during the months March – April - May and make-up training is held in June. If you have a legitimate reason and know that you are going to be unable to attend your scheduled training date, contact your Nutrition Technician or the NT Supervisor immediately for more information and assistance in rescheduling.

Providers are required to attend **ONE mandatory** Child and Adult Care Food Program **Training**.

**PROVIDERS MUST REMAIN FOR THE DURATION OF THE
CACFP TRAINING.**

**PROVIDERS ARE EXPECTED NOT TO BRING CHILDREN TO
THE CACFP TRAINING.**

PLEASE NO CHILDREN

IMMUNIZATION RECORDS

IMMUNIZATIONS

Requirements for licensed family child care homes are based on the Maryland Department of Health and Mental Hygiene recommended immunization schedule. [COMAR 07.04.01] Immunization records must be on file for proper enrollment of children from birth to age 12 years to participate in the CACFP.

- **EXEMPTIONS**

Documentation should be on file if the enrolled child is exempt from immunization medical or religious ground.

- MEDICAL CONTRAINDICATION
- RELIGIOUS OBJECTION



HOW TO HAVE GREAT HOME REVIEWS

Throughout the course of your career as a Family Child Care Provider participating with the Child and Adult Care Food Program you may be visited by a reviewer from the USDA, MSDE, and BCHD at any time, it's best to always be prepared. The following will be reviewed:

1. License, posted in a visible spot in the home
2. Extension Letter, if license to operate is expired
3. Agreement/Application
4. Date of Birth provided
5. Enrollment per Child per Shift
6. Meal Benefit Form Letter for Own Child
7. Menus for Infants completed for each Infant
8. Menus for Children completed for Minimum of Two Weeks
9. Invoice for Fiscal Report completed and Up – To – Date
10. Attendance Record completed and Up – To –Date
11. Non-Participant Attendance
12. House Formula on Site
13. Formula Waiver for Infants not being claimed
14. Six Month Supply of Forms Available

15. Business Reply Envelopes
 - a. Brown Envelopes are for **MIA ONLY**
 - b. Nutrition Technician Initials on the back of the envelope
 - c. Walk – Ins may bring **MIA** forms into the office between the 3rd and 5th of the month

16. Sanitation/Safety
 - a. Hand Washing at Meal Time
 - b. Working Refrigerator and Thermometer in Refrigerator
 - c. Working Stove
 - d. Cleaning Supplies Stored Separately

17. **KEEP IT FOR FIVE**
Be on the safe side and keep your paper work for five years.
Required Time is Three Years plus the Current Year

**PARENT
FYI
CACFP**

PARENTS FYI

***PARENTS ARE NOT ALLOWED TO BRING MILK OR FOOD,
NOR
CAN THEY BE CHARGED AN ADDITIONAL FEE
FOR MEALS SERVED THAT ARE
NON-REIMBURSEABLE.***

PARENT EXCEPTION – ALLERGIES

Parents are allowed by exemption only to bring a substitute food when the child has an **allergy** and a **MEDICAL STATEMENT** from the pediatrician is on **FILE** in the child care home and on record verifying the allergy and food substitute.

PARENTAL CONTACTS/NOTIFICATION

Providers must inform Parents and notify Parents of their participation in the Child and Adult Care Food Program and:

- Distribute an Enrollment Form Per Child
- Parent must sign Annual Enrollment during 1st Quarter (October 1 – January 31)
- Distribute Parental Notification information to Parents/Guardians of all children currently enrolled as standard enrollment process the following brochures:
 - “Building for the Future”
 - “WIC: Special Supplemental Nutrition Program for Women, Infants, and Children”

PARENT VERIFICATION OF INFORMATION

- A random selection of parents will be contacted for verification of information, i.e.: name of enrollee, enrollment status, and days in care, meals served and meal benefit forms.

POSTED PROVIDER MENUS

- Parents are encouraged to review the Menus, which should be posted daily.

IMMUNIZATIONS

Parents are to provide Immunization Records. [COMAR 07.04.01] Immunization records must be on file for proper enrollment of children from birth to age 12 years to participate in the CACFP.

- **EXEMPTIONS**

Documentation should be on file if the enrolled child is exempt from immunization medical or religious ground.

- MEDICAL CONTRAINDICATION
- RELIGIOUS OBJECTION

**BABIES
WELCOME
IN
CACFP**



BABIES WELCOME IN CACFP

HOUSE FORMULA

When a Family Child Care Provider has infants under one year of age in care, the provider must make available at least one infant formula with iron which meets program requirements.

(REFER TO APPROVED FORMULA LISTING and REIMBURSEABLE AND NON-REIMBURSABLE FOOD FOR INFANTS).

FORMULA WAIVER

A Parent may decline the infant formula offered by the provider and elect to supply another formula. Parents however must sign a formula waiver to verify that the Provider offered the Meal Services.

(REFER TO FORMULA WAIVER)

PARENT PROVIDED FORMULA

Providers may claim reimbursement for meals containing Parent Provided Formula or Breast Milk as the only component.

(REFER TO INFANT FORMULA/BREASTMILK FEEDING PLAN)

BREAST MILK

BREAST-FED BABIES WELCOME HERE

- If a family child care provider bottle-feeds infant breast milk that has previously been expressed by the mother, put into the bottle and labeled with infants name and date the milk was expressed; the meal **is reimbursable**.
BREAST MILK MUST BE PUT IN A BOTTLE
- If the mother of the infant comes into the child care home where the child is in care, and breast-feeds her infant, the meal **is not** reimbursable.
- If a family child care provider breast-feeds her own infant, [(PROVIDING THE INFANT'S MEAL IS ELIGIBLE FOR REIMBURSEMENT-REFER TO MBF)] the meal is reimbursable.
- A medical statement is not needed to continue feeding infants Breast Milk after thirteen (13) months of age. Continue to serve babies their Mothers milk as long as the Mother is able and wishes to provide it.

REIMBURSEMENT FOR INFANT FORMULA

The Provider must always offer the infant a complete, developmentally appropriate meal. The meal must be served and fed to the enrolled infant by the Family Child Care Provider.

INFANT FOOD PRODUCTS WITH DOCOSAHEXANEROIC ACID (DHA)

Baby Food Products with DHA

Jarred baby product containing DHA cannot be served to infants as part of a reimbursable meal in the child nutrition programs. DHA in jarred baby food products cannot contribute to the infant meal pattern, they may be served as additional foods to infants 8 months of age or older when introduced in coordination with the parent/guardian and the child's health care provider.

Infant formulas made with DHA may be served since the source of DHA in infant formulas differs from that in infant jarred foods.

The DHA found in some lines of jarred baby food fruit or vegetable products is made from egg yolks. This source of DHA is included in baby foods intended for older infants, and although it is derived from a food product, it is still not appropriate for infants under eight months of age. Products such as Beech-Nut First Advantage Sweet Potato Soufflé or Tropical Blend are intended for infants eight months of age or older. These products combine fruits and vegetables with dried egg yolk, heavy cream, rice flour, vanilla extract, and other ingredients. Introducing these products into an infant's diet before the child is developmentally ready could result in a food sensitivity or food allergy.

The addition of DHA to jarred baby fruit or vegetables can be determined either by reading the ingredients label or through checking the manufacturers' websites.



SAFETY AND SANITATION

HANDWASHING

The most important way to prevent the spread of germs and illness in the Family Child Care Home is for the **Providers** and **Children** to wash their hands often and especially for mealtime.

- ❖ Use soap (preferably liquid) and running, warm water.
- ❖ Hands should be rubbed together fast for at least 20 seconds.
- ❖ Sing 1 verse of “Happy Birthday” and you will have washed your hands for 20 seconds.
- ❖ The washed area should go all the way up to forearms, between fingers and under fingernails.
- ❖ Rinse hands thoroughly under running water; leave the water running while drying hands.
- ❖ Dry hands with a separate paper towel and use it to turn off faucets.

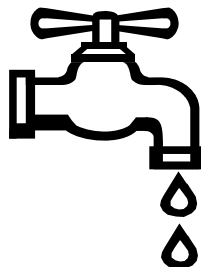
WHEN SHOULD THE HANDS BE WASHED?

Wash your hands thoroughly before you:

- ❖ Bottle feed a baby
- ❖ Handle, prepare, serve, or touch food or bottles
- ❖ Handle food utensils and set the table
- ❖ Touch raw meat, poultry, or fish
- ❖ Eat, drink, or feed food to babies or children
- ❖ Put away Clean Dishes
- ❖ Give Medication

WASH YOUR HANDS THOROUGHLY AFTER YOU:

- ❖ Arrive at the site for the child
- ❖ Handle Raw Meat, Poultry, Fish, or Eggs
- ❖ Change a Baby’s or Child’s Diaper and/or Clothing
- ❖ Use the Bathroom or assist a child in the bathroom
- ❖ Handle a baby or child who is ill or give Medication
- ❖ Come in contact with any bodily fluids



REPORT OF CHANGE

Providers must complete a Report of Change form for the following changes:

CHANGE OF NAME

Providers are assigned identifiers under pre-approved name, the pre-approved name listed in the CACFP records and license will remain the same until a Report of Change Form is received ***attached with a copy of the new license with new name***. The provider will be closed with the current name and reopened after the process of a new Agreement and Application has been completed with the new name and new Family Child Care number with Maryland State Department of Education.

CHANGE OF RESIDENTIAL ADDRESS or OPERATING ADDRESS

Providers must be accurate with the ***date of change for the new residential address***. The previous approved residential address will be closed as moved. Please note only the approved address should appear on all forms including last reimbursement.

CHANGE OF MAILING ADDRESS

Providers that elect to have their reimbursement checks mailed to a Post Office Box ***MUST HAVE:***

1. Permission from licensing worker
2. Had problems with mail delivery
3. Proof that the POST OFFICE BOX is in PROVIDER'S NAME

CHANGE OF TELEPHONE NUMBER

Providers must submit new telephone number of participating licensed family child care residence as soon as possible.

REPORT INFORMATION OF CHANGE

Providers must report information that may influence the reimbursement status, such as the following:

- Change of license capacity or status
- Change of Meal times
- Leave of absence from participating in the CACFP
- When not operating during normal hours or days and a Substitute will provide care/maintain calendar of substitute [COMAR 07.04.01.38]
- **Substitutes** should be familiar with required paperwork for CACFP, Nutrition Technician with Baltimore City Health Department Photo Identification.

REPORT OF CHANGE

The Family Child Care Provider enrolled in the Baltimore City Health Department - Child and Adult Care Food Program must report changes reported to the Child Care Administration, Region II, which affect the Status of the Registration and Operation of the Family Child Care Home.

CURRENT INFORMATION

Name: _____

Address: _____ Zip Code: _____

Telephone: _____ e-mail: _____

CHECK ALL THAT APPLY

DATE CHANGE EFFECTIVE

___/___/___

COPY OF NEW LICENSE WITH CHANGE INFORMATION

NEW NAME:

NEW ADDRESS:

_____ Zip Code: _____

NEW TELEPHONE: _____

Provider's Signature: _____ Date: _____

For Sponsor's Use Only

Date Processed: _____ **Vendor#** _____

Reasons
For
Withdrawal

WITHDRAWAL

Reasons for withdrawal from the Child and Adult Care Food Program include, but are not limited to, the following:

- Providers Request for Withdrawal
 - Closed-Self
 - Retired
 - Outside Employment
 - Medical Reasons
 - Operating Center
 - Continuing Education
 - Other _____

- Providers Voluntarily Withdrawal
 - Option of not completing the Corrective Action Plan (CAP)

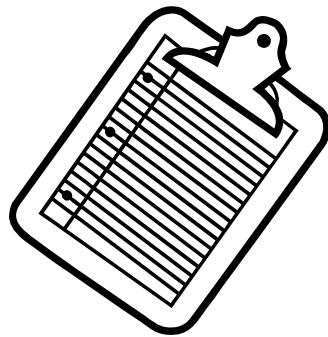
- Providers Change of Address
 - Moved To New Address

- Providers that have not participated or no kids for 4 months

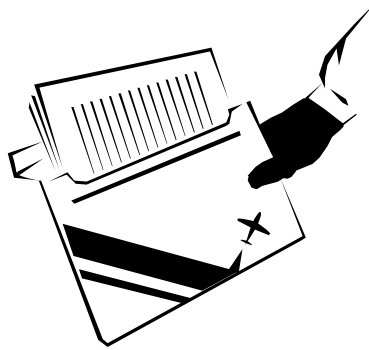
- Providers Non Attendance of Training

- Providers identified by Child Care Administration, Region II
 - Name omitted from the CCA Quarterly Active Provider List
 - Expired – Suspended – Revoked License

Grounds For Termination



Procedures For Termination



APPEAL PROCEDURES



CHILD AND ADULT CARE FOOD PROGRAM STAFF ROSTER

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Office Telephone

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Program Director

Jacqueline Gowans Maultsby

Office Telephone

410.396.4240

THE CHILD and ADULT CARE FOOD PROGRAM VALUES YOUR PARTICIPATION, CONTINUED SUPPORT and COOPERATION. IF YOU SHOULD HAVE ANY QUESTIONS, COMMENTS or CONCERNS PLEASE FEEL FREE TO CALL or WRITE – PERSONAL and CONFIDENTIAL to: JACQUELINE GOWANS MAULTSBY, DIRECTOR

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Maryland

State Department of Education



**School and Community
Nutrition Programs**