



# FDCH Sponsor Responsibility Overview

*New Provider?*

# New Provider?

- (1) Ensure that provider is not with another sponsor (Sponsor Transfer Request Form)
- (2) Check National Disqualified List
- (3) Ensure provider has a current day care license
- (4) Complete and submit a Provider Enrollment Package which includes:
  - (1) Signed and dated agreement between provider and sponsor
  - (2) Site information form
  - (3) Provider's current license (cannot grant approval while new license pending)
  - (4) Pre-operational site visit form
- (5) Enrollment/Income Eligibility Statement (IES) form (if applicable)

# Claiming A New Provider

- **Submit** the Provider Enrollment Package **no later than 10<sup>th</sup> of the month**
- **Receive notification from the SA** that the provider(s) has been approved before including on the claim for reimbursement
- Once approval received, may **claim** the provider(s) **beginning the 1<sup>st</sup> of the month**

# Claiming A New Provider

- Provider contacts you on April 22<sup>nd</sup>, you complete your pre-operational visit, submit all documentation by the 10<sup>th</sup> of May, and receive approval that you may claim on the 1<sup>st</sup> of May.
- OR Provider contacts you on April 7<sup>th</sup>, you complete your pre-operational visit, submit all documentation by the 10<sup>th</sup> of April, and receive approval that you may claim on the 1<sup>st</sup> of April.

# Transferred providers?

- All transfers will be effective the 1<sup>st</sup> of the month following the transfer.
  - You may begin claiming the transferred provider the month following the transfer.

**Ensure provider have received proper termination/transfer notification from their previous sponsor.**

# Terminated providers?

- If the provider was terminated for cause...
  - Obtain documentation from previous sponsor explaining the reason
  - Submit this to the SA with the Provider Enrollment Package
    - The SA will check the NDL
    - The SA must concur with your recommendation to transfer and/or reinstate the provider in “good standing” for approval
  - Provider must have a current license
  - Receive notification from SA that the provider(s) has been approved before you submit that claim

# Provider with Own Children?

- Retain completed IES form for all provider's enrolled children
  - All children need to be on IES form

# Enrollment/IES form: Part One

## **PART ONE: ENROLLMENT INFORMATION OF EACH ENROLLED CHILD**

➤ This section and Part 6 (self-certification of parent) **must be completed**

CENTER NAME: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_

### **PART 1 – ENROLLMENT INFORMATION**

You must complete ALL five columns of Part 1.

Name(s) of Enrolled Child(ren)	Date of Birth	Before & After Care	Circle Normal Days of Care / Print Normal Hours of Care	Circle the Meals the Child Normally Receives while in Care
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper
		YES NO	SUN MON TU WED TH FRI SAT Normal hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper

# IES form: Part Two and Three

## **PART TWO: TANF and/or SNAP RECIPIENTS**

- If anyone in the household is a TANF or SNAP recipient:
  - Write the name of the recipient (if not the enrolled child(ren) or the parent/guardian signing the form, make sure to put the names of those in the household in Part 5).
  - Circle the benefit (TANF and/or SNAP).
  - Enter only the TANF and/or SNAP case number. *Do not enter a SSN or any other number in this box; these other numbers are UNACCEPTABLE and will cause a delay in processing this form.*

## **PART THREE: ENROLLED IN HEAD START**

- If the child is enrolled in Head Start, please indicate the child's name in this section.

### **PART 2 – HOUSEHOLD MEMBER(S) RECEIVING SNAP and/or TANF BENEFITS**

If any household member gets SNAP (Food Stamps) and/or TANF benefits, list the recipient's name, circle the benefit type, and give the case number.

Name of Benefit Recipient	Circle One or Both (if applicable)	SNAP and/or TANF Case Number (required)
	SNAP      TANF	

### **PART 3 – CHILD(REN) ENROLLED IN HEAD START**

If the child is enrolled in Head Start/Early Head Start, write the name(s) below.

Name of Child	Name of Child	Name of Child

# Upon Enrollment: IES form: Part Four

## **PART FOUR: FOSTER CHILDREN**

- Ensure that this foster child is a ward of the State

### **PART 4 – FOSTER CHILDREN**

Name of Foster Child	
	For households with foster children only: Write the child(ren)'s name(s) here, then skip to Part 6. For households with foster and non-foster children: Write the foster child(ren)'s name(s) here. If you did not complete Part 2, you must complete Part 5 to qualify non-foster child(ren) for free/reduced-price meals. You may choose to include foster child(ren) in Part 5 with non-foster child(ren). This could make it easier for the non-foster child(ren) to qualify for free/reduced-price meals. If you choose to list the foster child(ren) in Part 5, you must report any personal income received by the foster child(ren). You are not required to report payments that you receive from the placement agency to support the foster child(ren). If you completed Part 2, skip Part 5. Everyone complete Part 6.



# IES form: Part Six

## **PART SIX: PARENT CERTIFICATION, SIGNATURE, SSN (LAST FOUR DIGITS)**

- The parent/guardian filling out the IES form must sign and date the form
- The parent/guardian must provide the last four digits of their SSN or check “I do not have a social security number” if they completed Part 5 (total household income).

### **PART 6 – CERTIFICATION, SIGNATURE, AND SOCIAL SECURITY NUMBER (LAST 4 DIGITS)**

The adult household member who fills out this form must sign below. If Part 5 is completed, the adult signing the form must provide the last four (4) digits ONLY of his/her Social Security Number (SSN), or check “I do not have a Social Security Number.” (See Privacy Act Statement on the back of this page.) The last four digits of your SSN are NOT needed if you have checked “My child(ren) will not qualify for Free/Reduced-Price meals;” have listed a TANF or SNAP case number; or are applying for Head Start or foster child(ren) only. CERTIFICATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution official(s) may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

PRINTED NAME OF PARENT / GUARDIAN	(LAST 4 DIGITS ONLY): XXX – XX – ____ – ____ – ____ – ____ SOCIAL SECURITY NUMBER (SSN) OF PARENT/GUARDIAN	
SIGNATURE OF PARENT / GUARDIAN	DATE	<input type="checkbox"/> I do not have a Social Security Number
STREET ADDRESS, CITY, STATE , ZIP CODE		DAYTIME PHONE

# IES form: Part Seven

## **PART SEVEN: CIVIL RIGHTS INFORMATION (OPTIONAL)**

- This section **does not** have to be completed to receive meal benefits
- But, it is important that this section is filled out to determine that everyone is receiving benefits on a fair basis and is not being discriminated against.

### **PART 7 – CIVIL RIGHTS INFORMATION: ENROLLED CHILD(REN)'S ETHNICITY & RACE (OPTIONAL)**

Check the ethnic and racial identity of your child(ren).

Ethnicity (mark one ethnic identity):

- Hispanic or Latino
- Not Hispanic or Latino

Race (mark one or more racial identities):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

# IES form Center Use Only - Classification

## **BOTTOM OF IES FORM: CENTER USE ONLY – CLASSIFICATION OF FORM**

- The determining official must check the front and back of the IES to ensure all parts are complete
- The form must be classified, signed, and dated by the determining official
- Please have another staff member verify that the IES is completed and classified correctly

### **CENTER USE ONLY – IES CLASSIFICATION**

#### **Reimbursement classification category for foster children**

*Check if one or more foster children are reported on this form:*

 Free

#### **Reimbursement classification category for non-foster children**

*Check one classification for all non-foster children reported on this form:*

- Free (TANF, SNAP, Income Eligible, Head Start)
- Reduced-price
- Paid (household income above free or reduced-price level)
- Paid (incomplete information)

#### **Total Household Income:**

*If necessary, use the correct income conversion formula before adding incomes reported with different frequencies. Once total monthly income is determined, use the “monthly” column of the Income Eligibility Guidelines.*

*To find monthly income:*

**Weekly income X 4.33 / every 2 weeks X 2.15 / twice a month X 2**

Total income: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Number of household members: \_\_\_\_\_

**The institution’s Determining Official MUST sign and date the IES to complete it.** Signature of a Verifying Official is recommended.

\_\_\_\_\_  
Signature of Determining Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Date

**Date child(ren) withdrew or terminated:** \_\_\_\_\_

## IES form

When does an IES form expire?

(a) Every month (30 days)

(b) Every year (365 days)

(c) An IES form never expires

# Letter to Households

Always give this letter to parents/guardians with the IES form!

Front

## SAMPLE LETTER to HOUSEHOLDS FOR NON-PRICING INSTITUTIONS

REMOVE THIS SENTENCE AND THE LANGUAGE ABOVE, THEN PLACE ON YOUR LETTERHEAD.

Dear Parent or Guardian:

We offer healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). Please help us to follow the CACFP requirements. Complete, sign, and return the attached Enrollment Form/Income Eligibility Statement as soon as possible. We must have this form in order to receive CACFP reimbursement for meals served to children at our center. This form will be placed in our files and treated as **confidential information**. Neither you nor your child must be a U.S. citizen for your child to receive meals, or for the center to receive reimbursements. All children enrolled at our center receive meals free of charge. However, the determination of eligibility category affects the amount of federal funding that our center receives.

You must complete Part 1. If more than one child in your household is enrolled at this center, you only need to complete **one (1)** form. Please provide all of the information requested in Part 1, including the full name (as it appears on other records) of each child in your household who is enrolled at this center and each enrolled child's date of birth. If the child is in school and attends before and/or after care at this center for most of the year, circle "YES" in the box for "Before & After Care." Circle the day(s) when each child usually attends the center and write each child's usual arrival and departure time. Then, circle which meal(s) each child usually receives from the center. In addition, even if you do not complete Part 2, 3, 4 or 5, you must still print and sign your name in Part 6 and provide your home address and telephone number.

If someone in your household receives benefits from the Supplemental Nutrition Assistance Program (SNAP - formerly called Food Stamps) or from Temporary Assistance to Needy Families (TANF), complete Part 2. Write the recipient's name, circle the type of benefit received, and provide the case number. You may circle both SNAP and TANF if the person receives both benefits. Additionally, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

If your child(ren) enrolled at this center participate(s) in the Head Start/Early Head Start program, complete Part 3. Write the name of each participating child in this section. In addition, you must complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number.

If you are completing this form for a foster child who is the legal responsibility of a welfare agency or court, write the name(s) of the foster child(ren) in Part 4, then complete Part 6 on the front of the form. You do **not** need to provide the last four digits of your social security number if applying for foster child(ren) only. Do **not** complete this section if you care for a child under an informal caregiver arrangement or permanent guardianship agreement made outside of a child welfare agency or court. You may include foster children on the same form with non-foster children living in your household. Please read the form for additional instructions.

If the information above is not reported, the Enrollment Form/Income Eligibility Statement must contain the following information in Part 5: the names of **all** household members (including children enrolled at this center), the total gross income currently received by each household member, the signature of an adult household member, and the date the form was completed. In addition, the **primary wage earner or household member who signs the form must provide the last four (4) digits of his/her social security number.**

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). Part 5 of this form must include everyone in your household.

You must report the total gross income (before taxes or deductions), listed by source, that each member of your household received during the **last month**. If you usually receive overtime pay, include it. If your hours or wages were recently reduced, report your current income. For each income amount reported, specify how often that income was received—weekly, every two weeks (biweekly), twice a month (semimonthly), or once a month (monthly). If last month's income does not accurately reflect your circumstances, you may provide your usual income (with frequency) or a projection of your current annual income (specify "annual" for the frequency). You may use last year's income as a basis for making the projection if no significant changes have occurred. If so, please specify "annual" for the frequency.

If a member of your household serves in the military, you do **not** need to report money received as part of the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance, Combat Pay, or Deployment Extension Incentive Pay (DEIP). If a household member is currently deployed, report only the portion of the deployed service member's income made available to them or the household. You must include all other income and allowances when reporting gross income.

Back

If your household's total gross income is equal to or less than the amount indicated for your household's size on the chart below, the center receives a higher level of federal reimbursement. Once this form is completed, the eligibility determination will be valid for 12 months. However, you should notify us if you or any other household member becomes unemployed and experiences loss of income. This period of unemployment may result in your household's income qualifying for a different eligibility category.

All meals served to children under the Child and Adult Care Food Program are provided free of charge regardless of race, color, national origin, sex, age, and disability. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, income derived all or in part from any public assistance programs, or protected genetic information in employment or any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete a USDA Program Discrimination Complaint Form, found online at [http://ascr.usda.gov/complaint\\_file\\_cust.html](http://ascr.usda.gov/complaint_file_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, DC 20250-9410, by fax at (202) 690-7442, or by email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800) 977-8330 or (800) 845-6136 (Spanish). If you require the information in an alternative format (Braille, large print, audiotape, etc.), contact the USDA's TARGET Center at (202) 720-2600 (Voice or TDD). USDA is an equal opportunity provider and employer.

In addition, the District of Columbia Human Rights Act, approved December 13, 1977 (DCLaw 2-38; DC Official Code §2-1402.11(2006), as amended) prohibits discrimination on the basis of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation of any individual. To file a complaint alleging discrimination on one of these bases, please contact the District of Columbia's Office of Human Rights at (202) 727-3545. If you require information about this program, activity, or facility in a language other than English, contact the District of Columbia Office of Human Rights Language Access Program at (202) 727-4559.

Thank you for your cooperation.

Signature of Authorized Institution Representative

INCOME ELIGIBILITY GUIDELINES					
Effective from July 1, 2014 to June 30, 2015					
Persons in Family (Household Size)	Income Frequency (How Often You Are Paid)				
	Annually	Monthly	Twice per Month	Bi-Weekly (every 2 weeks)	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	\$29,101	\$2,426	\$1,213	\$1,120	\$560
3	\$36,612	\$3,051	\$1,526	\$1,409	\$705
4	\$44,123	\$3,677	\$1,839	\$1,698	\$849
5	\$51,634	\$4,303	\$2,152	\$1,986	\$993
6	\$59,145	\$4,929	\$2,465	\$2,275	\$1,138
7	\$66,656	\$5,555	\$2,778	\$2,564	\$1,282
8	\$74,167	\$6,181	\$3,091	\$2,853	\$1,427
For each additional member, add:	+\$7,511	+\$626	+\$313	+\$289	+\$145



## Responsibility Overview

*Permanent Records & Annual Duties of  
a Sponsor of FDCH*

## CACFP Records to keep permanently while in the Program!

What records must be maintained permanently?

- (1) Permanent Agreement
- (2) Policy Statement
- (3) IRS Letter of Determination (non-profits)
- (4) Memos, policies, regulations
- (5) Institution Policies & Procedures (including those developed as part of a CAP)
- (6) “And Justice for All...” poster
- (7) “Building for the Future” flyer
- (8) Information about WIC to share with families

# CACFP Records Supporting Claims

How long should you file and maintain the CACFP records that support a claim for reimbursement?

3 years plus the current fiscal year  
(maintain the following CACFP  
records on file for FY 2013-2016)  
*October 2012 through present*

# Records Supporting Claims: Annually

- **Maintain documentation and correspondence for providers who are “SD”**
- **Submit Renewal Application**
- **Submit Provider Payment Reconciliation**
- **Submit Administrative Cost and Carryover Analysis**
  - Return excess unspent admin funds
- **Conduct Training for Staff/Providers**
  - CACFP duties and Civil Rights
- **Distribute IES and Letter to Households (if applicable)**
  - Determine and classify IES form
- **Complete Annual Civil Rights Data Documentation Form**

# Staff Turnover & Training

The organization's Authorized Representative signs an Annual Information Certification certifying its responsibility to train all staff/providers on their duties as well as civil rights

If you leave the center, what happens to Program operations?



Organizations need to have a contingency plan in place to avoid becoming seriously deficient

# Civil Rights Data Documentation Form



## The Child and Adult Care Food Program (CACFP)

### Annual Civil Rights Data Collection Form

Use this form to record the actual race and ethnicity information for all CACFP participants at your institution and the race and ethnicity information for the potentially eligible persons in the service area in which the institution or facilities are located. This form should be completed with the information for the participants listed on the **November enrollment** or, for at-risk programs, **November attendance**.

Name of Institution \_\_\_\_\_

Institution Address: \_\_\_\_\_ Street: \_\_\_\_\_

City, State and ZIP Code: \_\_\_\_\_

#### Actual Participants' Race and Ethnicity Information

Total November enrollment or attendance: \_\_\_\_\_

##### Ethnicity

Number of Hispanic or Latino: \_\_\_\_\_ Number of Not Hispanic or Latino: \_\_\_\_\_

##### Race

Number of American Indian or Alaskan Native: \_\_\_\_\_ Number of Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

Number of Asian: \_\_\_\_\_ Number of White: \_\_\_\_\_

Number of Black or African American: \_\_\_\_\_

#### Race and Ethnicity Information for the Eligible Population

Data Source: \_\_\_\_\_

Population:  District  Ward (specify): \_\_\_\_\_  Other (specify): \_\_\_\_\_

##### Ethnicity

Number or Percentage of Hispanic or Latino: \_\_\_\_\_ Number or Percentage of Not Hispanic or Latino: \_\_\_\_\_

##### Race

Number or Percentage of American Indian or Alaskan Native: \_\_\_\_\_ Number or Percentage of Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

Number or Percentage of Asian: \_\_\_\_\_ Number or Percentage of White: \_\_\_\_\_

Number or Percentage of Black or African American: \_\_\_\_\_ Two or More Races / More Than One Race / Some Other Race: \_\_\_\_\_

Signature of Institution Official \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Institution Official \_\_\_\_\_

- Civil Rights Data Collection must be taken annually
- Organizations are required to obtain the race and ethnicity of program participants upon enrollment and annually
- Sponsors of FDCH complete this form using aggregate data from all of their FDCHs (use the Data Source for the Eligible Population – District)

# Civil Rights: Data Collection Form: Part 2

## Where to obtain census data for completing Part 2:

Since your organization serves providers throughout the District, check “District.” You will need to gather data on the entire District since this is your population of potentially eligible providers.

**For District data**, go to: <http://www.census.gov/quickfacts/>



# Responsibility Overview

## *Monthly Duties of a Sponsor of FDCH*

# Monthly Duties

## Main monthly duties include:

1. Planning/receiving monthly menus
2. Consolidating CACFP reimbursement and expenses
3. Updating the Master Enrollment List (MEL)
  - Save a separate MEL every month
4. Preparing and submitting a monthly claim
  - Summary sheet for all FDCH providers
5. File monthly records for the claim month
6. Send new provider information

# Responsibility Overview

*Daily Duties of a Provider  
under a Sponsor of FDCH*



# Daily Duties

Main daily duties for providers include:

1. Attendance
2. Prepare meals
3. Verify meals meet CACFP requirements/record menu changes
4. Serve meals
5. Take meal counts
6. Daily document maintenance/storage

# Daily Duties – Verify Meals

## Do Meals meet CACFP requirements?

1. Be able to make substitutions if necessary
2. Document substitutions on posted menu and menu kept on file
3. Don't claim for meals you shouldn't

# As-Needed Duties



# As-Needed Duties

- Obtain provider licenses
- Obtain provider Certified Food Manager certificate
- Submit updates to the State Agency (staffing, licenses, operational changes)
- Training – current and new hires
- Initial paperwork for new providers
- Follow seriously deficient procedures with providers and forward communications to the SA

# Questions

