

## **Child and Adult Care Food Program** Agreement between Family Child Care Home Providers and the CACFP Sponsoring Organizations

Provider's Name		City		County		Zip
		Phone # ( )		County	Date of Birth:	Ζip
		License Numbe	Γ		License Capacity	
		Foster Care License:		Military License:		
oneor:		License Effectiv	e Date:	Licei	ise Anniversary Da	.c
onsor: Family Day Care F	ome Sponsoring Organization					
ement specifies the rights and re-	er Sponsor; therefore, this agreement is effective sponsibilities of the provider and the sponsoring o	(Date: organization as parti	). Otherwise, the color	e agreement is effe ado Department of	ctive when the provider Public Health & Enviror	signs below. This iment, Child and Adul
Program (CDPHE-CACFP).	Rights and Responsit	oilities of the C	hild Care Home	e Provider		
cordance with CACFP regulati						
Provide a copy or written docur	nentation of my current childcare license to the				served to children who h	ave reached their thi
sponsoring organization. Tell th	e sponsoring organization, in a timely manner, if ges in my license status or license capacity, or I r	lam move 12		iless developmenta	lly disabled. y in my home, on a non	-ememency basis for
Claim meals for enrolled childre	ges in my license status or license capacity, or re in within my license capacity.	110Ve. 12.	than 24 hours at	one time.	,	
Keep daily records of:		13.	Notify the sponso	ring organization in	advance whenever I a	n planning to be out o
	e children at each meal, and claimed for reimbur	sement,			d in this agreement. If I n the children are not p	
each day.  b. The number and type of the control of	neals served and claimed for reimbursement, to	each			ave been served during	
enrolled child, each day.			be disallowed.			
	enrolled children who are present and claimed f	or 14.	Allow representa	tives from the spons	soring organization, the e U.S. Department of A	Colorado Departmen
reimbursement each day The provider has until the end of	If the day to record this information. However, the	a	home for reviewi	ng the CACFP oper	ation and records any ti	me I am serving mea
provider is encouraged to comp	elete meal records within 30 minutes of the meal.	(The	approved in this	agreement, Review	s/home visits will be dor	ne at least three times
person filling out the record mu	st be present at the meal service.)		year by the spon	soring organization	. Two visits will be durin tors will wear photo ide	g mealtime. At least to
Provide family size and income determine eligibility to claim my	data on my family to the sponsoring organizatior own children. Claim meals served to my own ch	n to ildren 15.	Serve meals to a	II attending children	regardless of race, col	or, national origin, age
when: (a) my children are enrol	led and participating in the CACFP at the time of	meal	or disability and a	allow all children eq	ual access to childcare	services and facilities
service, (b) enrolled, nonreside	ntial children are present and claimed for that me	eal as			Enrollment Form contai	ning the "Dear Family
participants in the CACFP, and claim my children. Lunderstand	(c) I am approved by my sponsoring organization my household income will be verified.	n to 16.	Letter," once a ye Complete one Pr	ogram related train	ing session, including ci	vil rights and one nut
Tell sponsoring organization, in	a timely manner, names of any children added		related training s	ession each year a	s required by the spons	oring organization. Fa
to/dropped from enrollment in r	ny child care, keep enrollment forms for each chil	ıd;	do so may result	in the sponsoring o	rganization terminating	my participation in th
	, (CEF) at least once a year or as information cha ents" letter annually to parents/guardians of enro		program.	oring organization i	f I have a substitute/hel	per. I understand the
children.	ents letter annually to parents/guardians of ento	ilou III.			ual Program and civil ri	
I understand that if the parents	or guardians of the children enrolled in my care of	decline	the level of the s	ubstitute/helper dut	ies.	0
to self-identify the racial and et	nnic categories of their children listed on the Child	d 18.	Inform the spons	or, in writing, of my nated my agreemer	desire to terminate this at with my current spons	Agreement for cause or (if I am currently
race and record it on the CEF.	equired to make a visual identification of the child	1611.5	participating) prid	or to the effective da	ate of my agreement wit	h a new sponsor.
Make meal count and menu re-	cords available to my sponsoring organization, du	uring the	Reimbursement	will only be provide	d following CDPHE-CAG	CFP approval of
home visit and by the da	ly of the following month. Failure to do so will res	ult in	participation.	an in uniting of my	doniro to torminato this	Agmoment for conve
loss or delay of payment for the organization may call to verify	at month. Let parent/guardian know the sponsorir	ig 19.	due to circumsta	or, in writing, of my nces unrelated to th	desire to terminate this ne performance of Prog	ram responsibilities u
Serve meals that provide all me	neal attendance. eal components and meet CACFP requirements to	for age	this agreement.			
of children being served. No m	ore than three meals may be claimed per child pe	er day; if 20.	Limit transfers be	etween Sponsoring	Organizations to no mo	re than once a year.
three are claimed, one must be served to enrolled children.	a snack. Not charge the parent/guardian for any	meals	receive reimbui	sement monies 1701 esponsible for rena	m more than one CACF yment of the monies.	r apolisoi ioi lile sar
	nealtime ranges. Allow adequate time within the r	mealtime 21.	Utilize USDA Co	mmodity foods (wh	en available) only for m	eals served to childre
for children to eat. Inform the s	ponsor of any mealtime range changes.		participating in the	ne CACFP.		
I understand the sponsoring or	ganization, the CDPHE-CACFP, or the USDA, has to verify Program participation of enrolled childr	as the				
ngin to conduct parent contact	Rights and Respo	nsibilities of the S	onsoring Organiz	ation		
ccordance with CACFP regulat	ions, I/We agree to:		Net charge a for	to amuidant for C/	ACFP services.Notify pro	widers in writing if fo
Train providers before they beg	gin participating in the CACFP. Visit providers ag- program operation. Provide annual program traini	ain I. ing to	he seriously defi	cient in their operat	ion of the CACFP, inclu	ding corrective action
providers and their key staff (i.e.	e. substitutes or helpers). Offer at least one nutrit	tion	required and the	deadline by when	the corrective action mu	st be complete. Notif
training opportunity each year	to providers, at no charge. Respond to providers'		providers in writi	ng if the deficiency	is found to be corrected	l, or if not corrected, t
requests for technical assistan Provide CACFP record keeping		J.	Provide appeal r	procedures to provide	Agreement for cause. ders, if a notice of propo	sed termination of the
Distribute reimbursement payr	nents to providers within five days of receiving	<b>J.</b>	provider's agree	ment is issued, or if	the sponsoring organiz	ation suspends partic
reimbursement for that claim fi	om the State.	-16-184 F	due to health an	d safety concerns.	Conduct appeals per pr	ocedures, if requester
Maintain family size and incom providers' children to participat	e data on providers' own children to establish eli e in the CACFP	gibility of K.	The sponsoring	n writing of the outcorganization has th	ome of the appeal. e right to terminate this	Agreement for cause
Monitor food service in the hor	nes to ensure meals claimed are served to enroll		subject to stipula	ations by the State a	agency, convenience; a	nd due to circumstan
children regardless of race, co	lor, national origin, age, sex, or disability.		unrelated to the	performance of the	provider's Program res ation must notify the pr	ponsibilities under thi
Visit homes at least three time	s per year during hours that childcare children an ecords, provide technical assistance, and check o	a on	agreement. I ne decisions.	อมบาเอบาแญ บายูสการ	auon musi nomy me pr	ovider, at writing, of th
compliance with CACFP requi	ements. Make sure time between visits does not	t exceed L.	Provide Adminis	trative Review (App	peal) Procedures to prov	iders annually, when
6 months. (At least two of the	risits will be unannounced.) Two of the visits mus	st be	action subject to	an administrative r	eview (appeal) is taken	or upon request.
	claimed by providers meet CACFP meal pattem	M.	providers the on	าก เกษу quanny for th tion of submitting in	ne higher Tier I rates by acome applications for t	area engininty. Oner neir household to dete
requirements.  Review the number of childcar	e children in the home. If over capacity, discuss v	with	if the household	is eligible for Tier I	rates by income. If prov	rider does not qualify
provider and report, as approp	riate to the Colorado Department of Human Serv	ices	I rates by incom	e or area, offer the	provider the option of th	e sponsor collecting
(CDHS) or county agency.	pdated annually and the racial and ethnic informa	ation is	qualifies for Tier	nou income eligible. Lrates. This inform	lity forms to determine it nation will be kept confid	ential and providers r
completed.	paaca amaany ana mo taolal ana cumo miorin			number of income e		,
• Committee of the comm	The state of the s	المنافق	a <b>rr</b> anga ang ang			
	에 지수는 얼마나 바다 아이들이 되어 되었다면 어느 아이들이 가지 아니라 아니는 그게 되어 되었다.	Food Service				Man Frim
i will serve these meals on the fol				Thurs   Fri		Mon - Fri
Please write the beginning and end times of each	Breakfast Morning Snack	Lunc	nanga na At	ternoon Snack	Supper	Evening Snac
meal service.						
We understand that this information	nat all of the above information is true and correct to on is given in connection with the receipt of federal fi ; and that deliberate misrepresentation may subject of federal funds appropriated and received by the C	unds; that Colorado [ t us to prosecution un	Department of Public der applicable state	Health & Environme and federal criminal:	nt or United States Depa	rtment of Agriculture
2 · · · · · · · · · · · · · · · · · · ·						
Provider's Signature	Date			n Representative's S	lianoturo	Date



### Instructions for completing the Agreement between Family Child Care Home Providers and CACFP Sponsoring Organizations

**Provider Name:** 

List person in whose name license is issued. If two people are on license, list both. If provider is incorporated, list individual name only. The agreement is with the individual provider, not

with a corporation.

Use address where care is being given. If provider moves, you will need to fill out a new Address:

agreement. Proof of licensure at the new location and a new agreement must be submitted prior to the 5th of the month for CDPHE-CACFP to approve the provider for participation.

List license number. If provider is operating under a dual foster license, please submit a copy License Number:

of the foster care license to your Family Child Care Home Sponsor. If you are operating under

a military license, please submit this license to your Family Child Care Home Sponsor.

List the date the license becomes effective. For permanent licenses, this date becomes the License Effective Date:

anniversary date for the provider's annual continuation fee.

Exceptions: Provisional (6 month) licenses will have expiration dates. As these dates change,

be sure to include information on monthly update form.

If the provider is changing Sponsors, list the date the provider will start **Agreement Effective Date:** 

participating with your Sponsorship. If the provider is not currently participating in the CACFP,

the agreement becomes effective when the provider signs and dates the bottom of the

agreement form.

Rights & Responsibilities of the Child Care Home Provider & the Sponsoring Organization:

Initial during sign-on visit. Once a year as part of monitoring visit, sponsoring organization representative must discuss with provider the responsibilities of both parties.

**Food Service Data:** 

Meals, mealtimes, and days of the week serving meals, should reflect when the provider regularly does care. All meals approved on this agreement may be reviewed by the Sponsoring organization, CDPHE-CACFP, or USDA.

Meals must be served within the "traditional mealtimes" as shown below:

Breakfast: 6:00 a.m.-9:30 a.m. 10:30 a.m.-2:00 p.m. Lunch:

5:00 p.m.-7:30 p.m. Supper:

▶ Mealtimes must be written as the beginning and ending time of each meal or snack service.

Mealtime may not exceed two hours in length. Snack times may not exceed one hour in length.

Two hours must elapse between start times of meals or snacks.

#### New/Change/Replacement:

If the provider moves or changes her legal name, a new form must be filled out and you would mark "name or address change." License number, license capacity or phone number changes may be made on the original and a Current Provider's Change form sent to the CDPHE-CACFP. A replacement agreement with no information changes does not have to be sent to the CDPHE-CACFP.

This Program is funded by the U.S. Department of Agriculture and administered by the Colorado Department of Public Health & Environment. However, as a licensed family child care home provider, you participate on this Program through one of several sponsoring organizations of family child care homes. The Colorado Department of Public Health & Environment contracts with these organizations to provide services to you at the local level. If you have questions about the operation of this program, please call the Colorado Department of Public Health & Environment-Child and Adult Care Food Program at (303) 692-2330.

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, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs, the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a>, 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, D.C. 20250-9410, by fax (202) 690-7442 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Sponsor: White Provider: Pink





## When you have completed this course, click HERE to take the test.

(or you can type this address into your browser: <a href="http://tinyurl.com/KYPA2015">http://tinyurl.com/KYPA2015</a>)

Be sure to read each field carefully to ensure that you receive an accurate certificate.

# Thank you for choosing us for your training needs:

Wildwood CACFP
...for those who care for children
12200 E. Briarwood Ave. Suite 175
Centennial, CO 80112

Visit us online for more great tips and information:

www.facebook.com/WildwoodCACFP