

Oklahoma State
Department of Education
Child Nutrition Programs

February 2017

Child and Adult Care Food Program



User Guide



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1 SUMMARY

1.1 BACKGROUND AND OVERVIEW

The Special Nutrition Programs suite of web-based applications was originally developed on behalf of the Arkansas Department of Human Services Division of Child Care and Early Childhood Education to support their Child and Adult Care Food Programs (CACFP) administrative requirements. The software expanded to encompass other USDA-FNS meals programs such as the National School Lunch Program and the Summer Food Services Program, and has been transferred to multiple other state agencies including the Oklahoma State Department of Education and the New Mexico Public Education Department.

1.2 SPECIAL NUTRITION PROGRAM (SNP)

1.2.1 CORE MODULES OF THE SPECIAL NUTRITION PROGRAMS SUITE

1.2.1.1 Applications

From granting initial system access to final application approval, the SNP Applications module streamlines and automates the application process for local education agencies and other FNS meals program participants. Applicants enter information over the Internet via intuitive, user-friendly web pages that check for common errors and prompt users for corrections. The system also facilitates the upload of additional related support documents.

A hallmark of the SNP system is the intuitive checklist format for submission, processing and approval that allows submitters to know at any time exactly where they are in the process. State agency staff members also monitor progress against the checklist and communicate directly with applicants from within the SNP system to request additional information and assist participants in correcting deficiencies.

The Applications module is integrated with the other modules in the SNP suite. The data collection that takes place during the application process is broken out across a number of online forms corresponding to the mix of federal and state specific requirements.

1.2.1.2 Claims

The SNP Claims module streamlines and simplifies the monthly claim process, reducing errors and processing time. All claims are checked against application data, helping to ensure that only valid claims are submitted. Edit check functionality prevents participants from submitting non-compliant claims.

Because the system is online and interactive, users are provided immediate feedback and given information about any specific errors and what is required to correct them. Data is collected at the site level. All necessary granular data regarding meal types and meal counts are tracked through the system to support reporting and audit needs. The Claims module is fully integrated

with the other modules in the SNP suite. It is also a key point of integration with other state systems.

1.2.2 CAPABILITIES AND REPORTING FUNCTIONALITIES

1.2.2.1 Alerts and Other Communications

The SNP system includes tools for communications between the state agency and program participants. Staff can generate alerts from the Applications and Claims modules that are keyed to specific events. Along with system generated messaging, the alert system serves as a to-do list for both staff and program participants. The system also includes functionality to generate e-mails.

1.2.2.2 Reports

The SNP system has a full range of available reports to meet state and federal regulatory reporting requirements and ensure ready access to the data necessary for effective program administration. Reports can be viewed on the screen, printed, or exported to Microsoft Word, Microsoft Excel, and Adobe PDF formatted documents.

1.2.2.3 Online Training

The SNP system provides extensive functionality to manage training. State agency staff members are able to create computer-based classes and publish them to the website. Courses can be created using audio, video, PowerPoint presentations, and many other media. Participants can select a class, review the associated training materials, take a test designed by state staff, and print a certificate of completion. In addition, instructor-led training classes can be published to an online training calendar so participants can view available trainings and schedule themselves for classes.

The training functions are well integrated with the other SNP capabilities and workflow. The system tracks completion, maintains histories, and reports training statistics to state staff. Course completion appears on the application checklist so state agency staff are able to ensure that organizations have completed the appropriate training requirements as part of the application approval process.

1.2.2.4 Document Management

The system has functionality for providers and state agency staff to upload documents and store them securely in the database, reducing the need for paper files, faxes, and mailings.

1.2.2.5 Resource Library

The state agency can maintain a library of resource documents that end users can view online or download.

1.2.2.6 Privacy Statement

The Child Nutrition Programs system is committed to ensuring that your privacy is protected. Oklahoma State Department of Education Child Nutrition Programs uses and protects any

information that you give us when you use this website.

1.3 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

The Child and Adult Care Food Program provides reimbursement for well-balanced, nutritious meals served to individuals enrolled in day care centers, Family Day Care Homes (FDCH), after school programs, emergency shelters, and/or head start programs. Funding is provided to the Oklahoma State Department of Education (state agency) from the United States Department of Agriculture (USDA) based on claims submitted by program participants.

The CACFP is available to public and private nonprofit organizations providing licensed non-residential day care services. Such organizations include childcare centers, FDCH sponsors, outside-school-hours care centers, organizations providing day care services for children with disabilities and/or special health care needs, and adult care centers. In addition, private for profit centers may qualify if they receive compensation under Title XX/XIX of the Social Security Act for at least 25 percent of the participants who are receiving non-residential care, or 25 percent of their participants who qualify for free or reduced-price meal benefits.



Figure 1-1, CACFP Website Main Page

The Special Food Service Program for Children, established by Congress in 1968, was the forerunner of the Child Care Food Program. Further legislation in 1975, 1978, 1981, and 1987 clarified, expanded, and made permanent the Child Care Food Program. The title was changed in 1989 to the Child and Adult Care Food Program (CACFP).

Childcare centers, adult day care centers, Head Start programs, and family day care homes may participate in the CACFP. Eligible institutions include settlement houses, day care centers, and organizations providing day care services for disabled individuals and / or adults 60 years of age or older and outside-school-hours care centers. Organizations eligible to sponsor a CACFP include units of state or local government; nonprofit private organizations such as community action agencies and churches; and private for-profit organizations sponsoring Title XX and Title XIX centers, which receive Title XX and Title XIX compensation for at least 25 percent of the participants enrolled or 25 percent of license capacity, whichever is less.

Two types of assistance are available through the CACFP. The first of these—cash reimbursement—is available for meals and/or supplements meeting the United States Department of Agriculture meal pattern requirements, but not exceeding three meals per day per child. The second type of assistance available through the program is in the form of commodities donated by the United States Department of Agriculture. Commodities are available to eligible participating agencies through the Oklahoma Department of Human Services Food and Nutrition Service Unit.

1.3.1 CACFP PROGRAM COMPONENTS

The purpose of this document is to provide an overview and instructional support for using the Applications Module.

1.3.1.1 CACFP Centers

The Child and Adult Nutrition Program benefit various organizational types. Each organization type has set requirements to qualify for the Program.

1.3.1.2 Family Day Care Home

Family Day Care Homes are unique organizations able to receive Child and Adult Nutrition Program funding. Family Day Care Home organizations have different program requirements.

1.3.1.3 CACFP Program Resource - USDA Website

The United States Department of Agriculture (USDA) desires people to eat healthy and funds food and nutrition programs to help people obtain healthy food.

All existing CACFP participants and persons interested in becoming a CACFP participant are encouraged to visit the USDA Website to learn more about the program, available options, and other resources to enhance your CACFP Program experience.

1.3.1.4 CACFP Program Resource - USDA CACFP Website

The United States Department of Agriculture (USDA) desires people to eat healthy and funds food and nutrition programs to help people obtain healthy food.

One specific division of the food and nutrition programs is Child and Adult Care Food Program (CACFP).

The USDA welcomes anyone with interest in CACFP to visit the USDA Website for additional information.

1.3.1.5 CACFP Program Resource – Food Buying Guide Calculator

Purchasing food is an essential part of the participating in CACFP, and USDA has referenced a food buying calculator. CACFP participants are encouraged utilize this resource as your budget and plan food purchases.

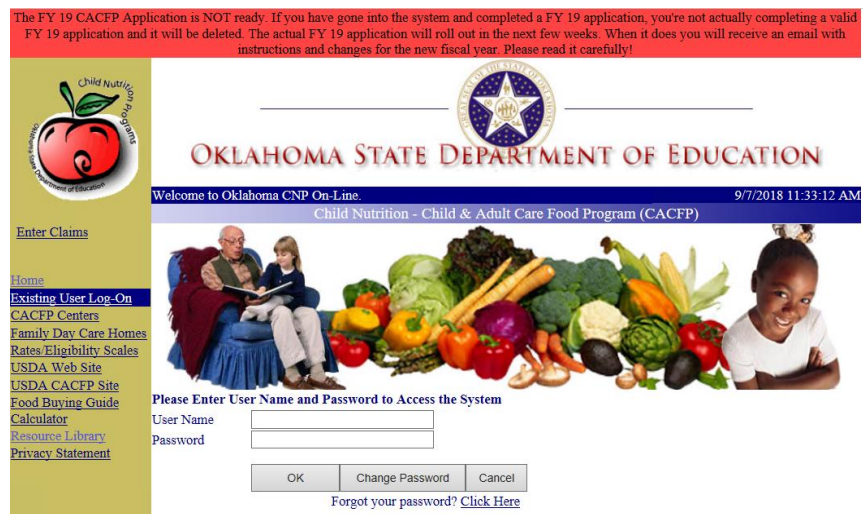
1.4 PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide an overview and instructional support for using the CACFP System.

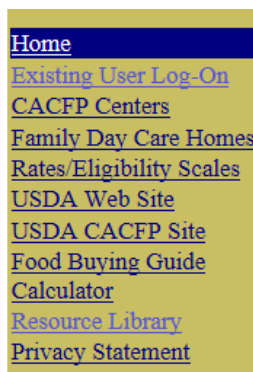
2 APPLICATION ACCESS - LOGIN

2.1 SECURITY AND ACCESS LEVELS

- All users must follow the application process established by the Oklahoma Department of Education to gain access to the CACFP System.
- CNP Staff members must contact a user with the administrator role to create their user profile within Applications to gain access to the system.
- An external entity user must use the following URL to access the Oklahoma Child Nutrition Programs (CNP) Child and Adult Care Food Program (CACFP):
<https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx>
- The URL navigates to the ‘Existing User Log-On’ page for the CACFP System.



- An entity that is not an existing user, must click the ‘Home’ link at the top of the left hand menu to navigate to the ‘Welcome’ page.



- On the ‘Welcome’ page, the entity user clicks the ‘Apply to participate in the Child Nutrition Programs On-Line!’ button to navigate to the ‘On-Line Application’.

The FY 19 CACFP Application is NOT ready. If you have gone into the system and completed a FY 19 application, you're not actually completing a valid FY 19 application and it will be deleted. The actual FY 19 application will roll out in the next few weeks. When it does you will receive an email with instructions and changes for the new fiscal year. Please read it carefully!



OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome to Oklahoma CNP On-Line. 9/7/2018 11:43:10 AM
Child Nutrition - Child & Adult Care Food Program (CACFP)

**Welcome to the Oklahoma Child Nutrition Programs
Child and Adult Care Food Program (CACFP)**

****Parents - Locate a Child Nutrition Provider Near You!!!****

(If you are RENEWING YOUR APPLICATION, please use the EXISTING USER LOG-ON link on the left side of the page.)

Apply to participate in the Child Nutrition Programs On-Line!





The CACFP provides reimbursement for well-balanced, nutritious meals served to individuals enrolled in day care centers, Family Day Care Homes (FDCH), after school programs, emergency shelters, and/or head start programs. Funding is provided to the Oklahoma State Department of Education (state agency) from the United States Department of Agriculture (USDA) based on claims submitted by program participants.

NOTE: The 'Welcome' page also contains information on who can participate, frequently asked questions, policy and contact information.

- On the On-Line Application, the entity user answers questions 1 through 3 and clicks the 'Next' button to navigate to the 'Initial Person' page.

Enter Claims

On-Line Application

Home
Existing User Log-On
CACFP Centers
Family Day Care Homes
Rates/Eligibility Scales
USDA Web Site
USDA CACFP Site
Food Buying Guide
Calculator
Resource Library
Privacy Statement

Please answer the questions below to see if you qualify to apply to the Child and Adult Care Food Program (CACFP):

1. Do you have an Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN)?
 Yes
 No
2. Are you currently excluded from any state or federally administered programs?
 Yes
 No
3. Do you already have an agreement number for the institution you are applying for?
 Yes
 No

WELCOME to the Child and Adult Care Food Program (CACFP). This document will assist you in getting started:

1. [CACFP Software Instructions for NEW Participants](#): This document will instruct you on how to navigate through the CACFP Web site so that you can begin to complete your CACFP Application. Should you have any questions during this process, please call [405-521-3327](tel:405-521-3327). Thank you for your interest in the CACFP!

Should you have any questions during this process, please call [405-521-3327](tel:405-521-3327). Thank you for your interest in the CACFP!

Next

For Additional Information:
Child Nutrition Programs
2500 North Lincoln Blvd., Suite 310
Oklahoma City, OK 73105-4599
[\(405\) 521-3327](tel:405-521-3327) fax: (405) 521-2239

- On the 'Initial Person' page, the entity user enters all applicable data and clicks the 'Submit Request for Access to the CNP System' button at the bottom of the page to send the request to CNP staff for approval.

[Enter Claims](#) Please enter your personal information below.

[Home](#)
[Existing User Log-On](#)
[CACFP Centers](#)
[Family Day Care Homes](#)
[Rates/Eligibility Scales](#)
[USDA Web Site](#)
[USDA CACFP Site](#)
[Food Buying Guide](#)
[Calculator](#)
[Resource Library](#)
[Privacy Statement](#)

Please enter the name and contact information for the Executive Director or Responsible Person for the Tax Identification Number you enter below.

Program CACFP

Executive Director/Responsible Person

Last Name

First Name

Middle Initial

ITIN/EIN

DUNS Number

Phone

FAX

E-Mail Address

Security Question

Security Answer

Last 4 Digits of Social Security Number

CACFP Initial Screening

1. What type of institution are you?

- Adult care center (must have license/permit)
- Child care center (must have license/permit)
- Head Start center (must have license/permit)
- Center Sponsor (must have license/permit for each site under its sponsorship)
- Institution operated by a public school on school grounds, or an Emergency Shelter
- At-Risk center with License (must have license/permit)
- At-Risk center with a DHS report stating your center does not require a license (must provide copy of report)
- Family day care home (FDCH) sponsor (must have a federal tax exemption-501(c)(3)-and have a list of 50 licensed providers who are not participating with another sponsor)

2. Are you operating as a:

- Public
- Private nonprofit (must have your federal tax exemption 501(c)(3))
- For profit

Business Information

License Type:

Tribe:

License Number:

Permit Expiration: mm/dd/yyyy

Entity Name

Mailing Address

Address Line1

Address Line2

ZIP Code - State

City County

Physical Address

Address Line1

Address Line2

ZIP Code - State

City County

Address Where Records Are Kept

Address Line1

Address Line2

ZIP Code - State

City County

Contact Information for CACFP

Contact Person

Last Name First Name

Job Title

Telephone FAX Number

E-Mail Alternate Phone

General Information

Status: PENDING APPROVAL

Institution's Fiscal Year:

Fiscal Year Start: Select Month Time institution opens: (hh:mm) ?

Fiscal Year End: Select Month Time institution closes: (hh:mm) ?

Directions to facility from nearest major intersection:

Assigned Office Staff: JENNIFER WEBER

Submit Request for Access to the CNP System

* At-Risk Programs must contact DHS Licensing Unit to determine if a license is required. You must have a copy of the license or the report from DHS stating the license is NOT required.

Adult day care: A copy of the Department of Health license is required.

An emergency shelter or institutions operated by a public school on school grounds are not required to have a license.

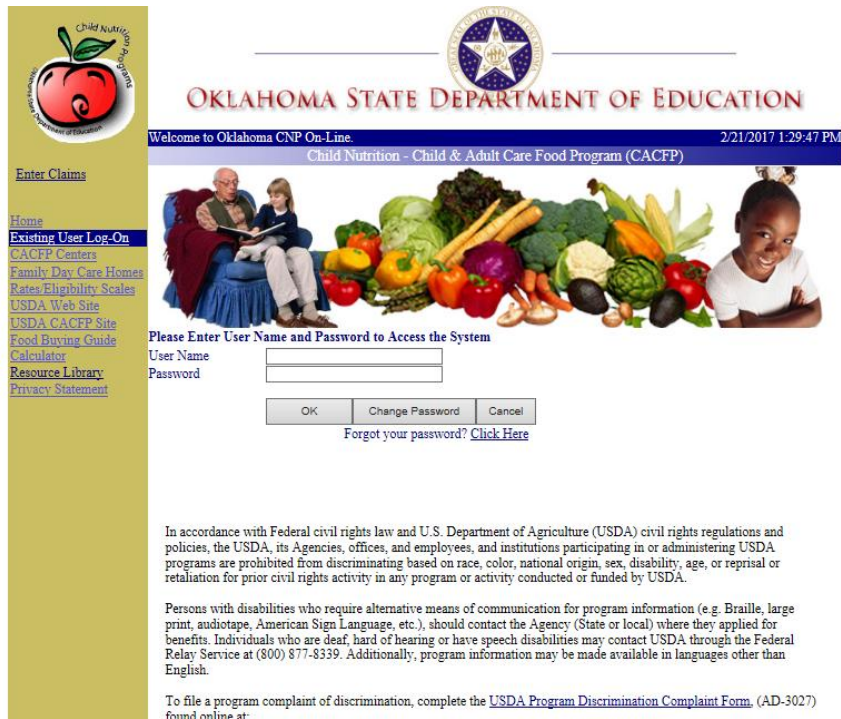
For Additional Information:
Child Nutrition Programs
2500 North Lincoln Blvd., Suite 310
Oklahoma City, OK 73105-4599
(405) 521-3327 fax: (405) 521-2239

NOTE: The entity user may click on the ‘CACFP Software Instructions for new Participants’ for more information on how to navigate through the CACFP web site.

- Each user will be assigned a specific user role, which permits the level of access. The assigned user role is based on the duties and responsibilities within the organization and/or the tasks to be executed within the CACFP System.
- Once Oklahoma Department of Education grants access, the user will be able to log into the CACFP System and perform the tasks within the realm of the assigned user role.

2.2 CACFP SYSTEM LOGIN

1. To log into the CACFP Applications System, enter the following URL into the browser, <https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx>.
2. Enter the User Name and Password into the respective fields. Then, click the “OK” button.

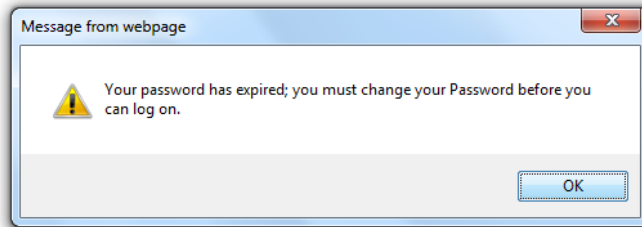


3. The system will authenticate the entered credentials and log the user into the system – granting the ability to interact with the system based on the user role.

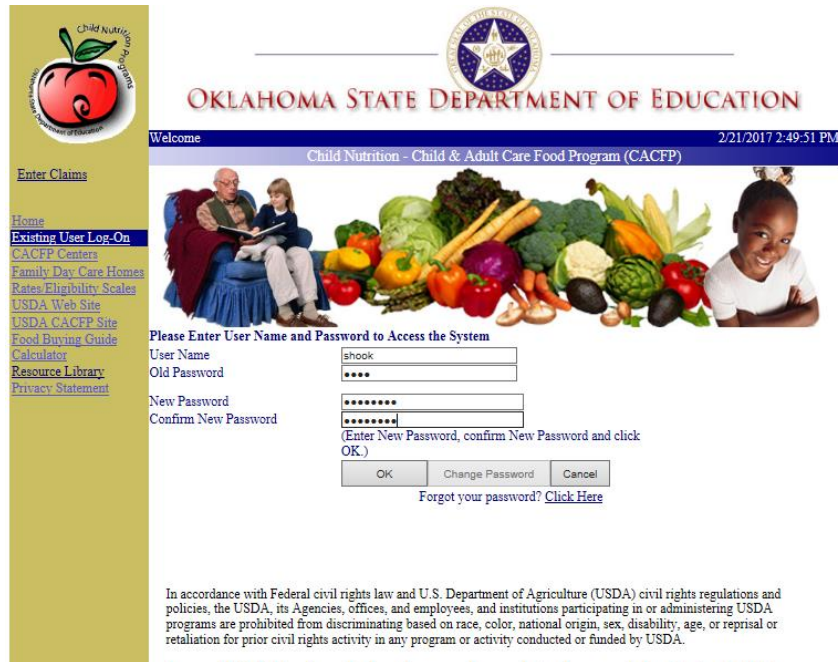
NOTE:

- **New Users:** New users logging in for the first time must update their password.

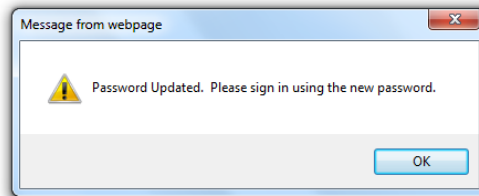
 - a. After entering credentials and clicking the “OK” button, the following message will display requesting a new password creation.



- b. Click the “Ok” button on the Update Password message. At this time, the user will be directed to the Change Password page to enter the new password.



- c. After entering the requested information on the Change Password screen, click the “Ok” button.
- d. The system will verify the entered information and save the updated information. Once the information is saved, the following message will display.



Any incorrect information will cause an Error Message to display.

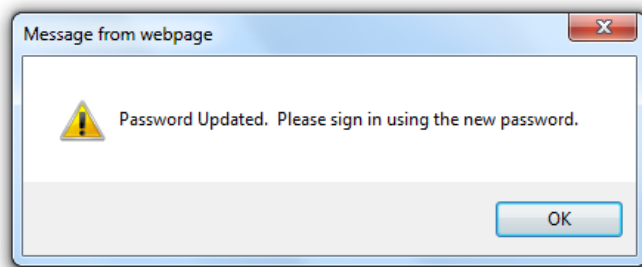
2.3 CHANGE PASSWORD

Users are able to change their password, as needed, to regain access into the system.

1. Enter the following URL into the browser, <https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx>, to access the CACFP System Change Password option.
2. Click the “Change Password” button.
3. Enter the requested information to create a new password, i.e. current User Name, current Password, and New Password.



4. Click the “Ok” button, after entering the required information. Any missing or incorrect information will cause Error Messages.
5. Once the system successfully verifies the entered information, a success message will display.



6. Click the “Ok” button on the Password updated message. Then, the system will redirect the user to the Home Page to login with the new credentials.

2.4 FORGOT PASSWORD

If a user is unable to remember their password, the system will allow the user to update their password to regain access into the system.

1. Enter the following URL into the browser, <https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx>, to access the CACFP System Forgot Password option.

2. Enter the User Name of the user with the forgotten password in the User Name field.

Child Nutrition On-Line
Oklahoma State Department of Education

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome to Oklahoma CNP On-Line 2/21/2017 4:03:36 PM
Child Nutrition - Child & Adult Care Food Program (CACFP)

Enter Claims

Home
Existing User Log-On
CACFP Centers
Family Day Care Homes
Rates/Eligibility Scales
USDA Web Site
USDA CACFP Site
Food Buying Guide
Calculator
Resource Library
Privacy Statement

Please Enter User Name and Password to Access the System

User Name

Password

OK Change Password Cancel

Forgot your password? [Click Here](#)

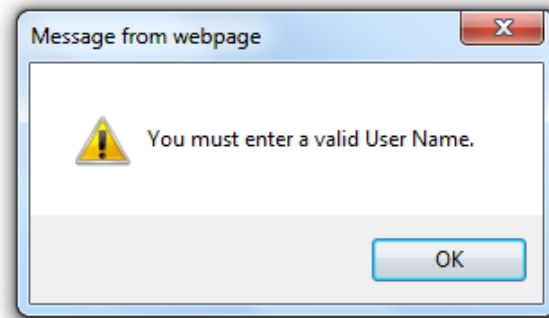
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#). (AD-3027)

3. Click the “Click Here” hyperlink, beneath the selection buttons on the Login page.

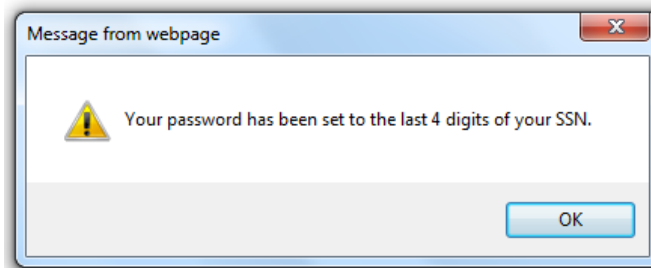
NOTE: If the User Name isn’t entered prior to clicking the “Click Here” button, an error message will display requiring the user to revisit the page to enter the correct information.



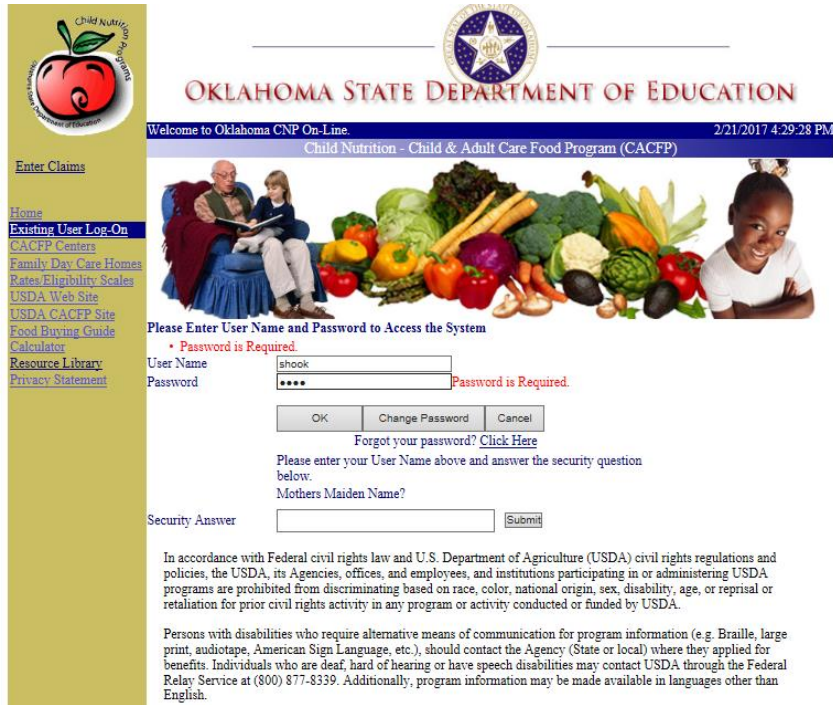
4. Enter the requested Security Question information and click the “Submit” button.



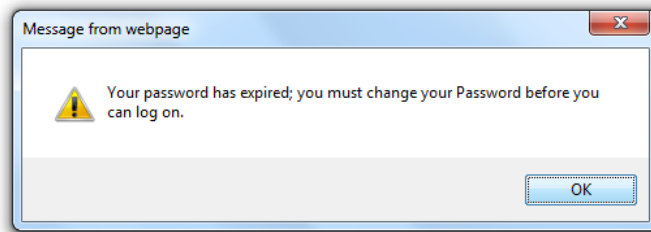
5. The system will reset the password to the Last4 of SSN entered at the time of user creation, and display the following message.



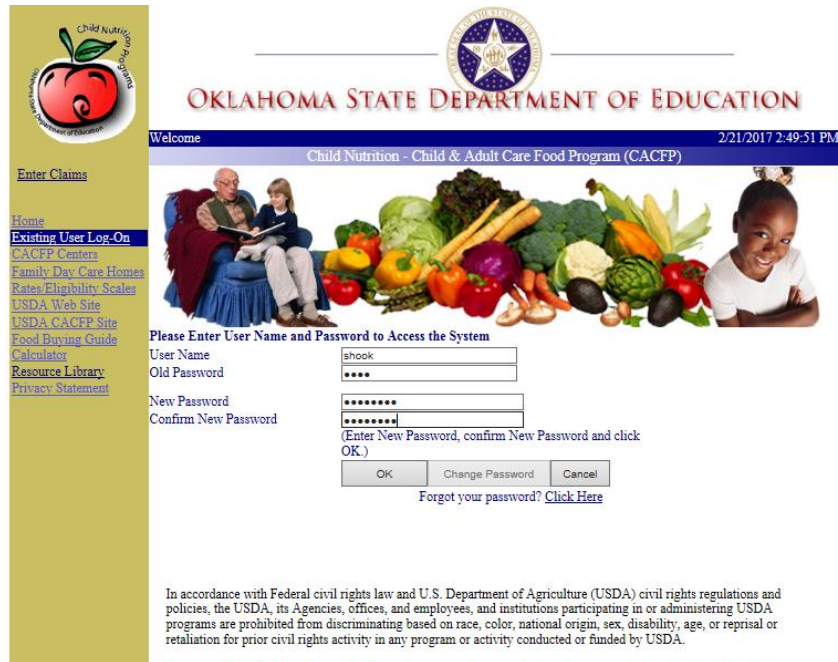
6. Click the “OK” button on the Password Reset message to return to the previously shown page.
7. Enter the User Name in the User Name field and the associated Last 4 of SSN in the Password field. Then, click the “OK” button.



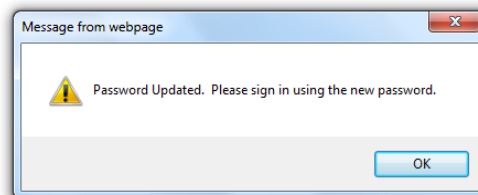
8. The system will validate the information, and require the user to reset their password as it did upon the first login to the system. The following message will display.



9. Upon clicking the “Ok” button on the Update Password message, the user will be redirected to the Change Password page.



10. After entering the requested information on the Change Password screen, click the “Ok” button.
11. The system will verify the entered information and save the updated information. Once the information is saved, the following message will display. Any incorrect information will cause an Error Message to display.



12. Click the “OK” button on the Password Updated message to return to the Login Page.
13. At this time, the user is able to log into the system with the newly created password and regain access to the system.

3 APPLICATIONS WELCOME PAGE

3.1 OVERVIEW

Immediately following a successful login, the user is presented the CACFP Applications System's SNP Welcome Page.

3.2 WELCOME PAGE

The Welcome Page presents several components and access points a user will need to begin their CACFP Applications System tasks. For example, user and organization specific alerts, the pathway to alerts management, as well as organization searches are on the Welcome Page.

Users will interact regularly with the left navigation menu, which will change after logging in, to access more CACFP system features and pages.

The information on the Welcome Page will vary based on the user role as well as organization type.

3.2.1 ALERTS

Alerts are a means of communication between OK CACFP staff and CACFP program participants. Alerts may include USDA updates, CACFP updates and notifications, task assignments for a specific user, user group, and/or organization type (Centers or Homes), etc.

All alerts will display in the Alerts Grid on the Welcome page, with notifications specific to the user logged into the system.

Users of an organization will only be able to view information related to their organization only, i.e. no other organization's information can be viewed.

3.2.2 ALERTS GRID MANAGEMENT

By default the grid will display each alert to the user. However, the grid can be filtered to only show: "New", "Closed", and/or "New and Open" alerts – using the buttons displayed above the grid.

Initially, alerts are set as "New" when added to the grid, with the newest item listed first. Users may click the "Select" button to open an alert for review and updates.

Clicking the "View New" button, will filter the grid to only show "New" alerts, which have not been open and reviewed.

Clicking the "View Closed" button, will filter the grid to only show "Closed" alerts.

Clicking the "New and Open" button will filter the alerts grid to only show "New" alerts, which were opened but the status hasn't been updated.

Child Nutrition - Child & Adult Care Food Program (CACFP)
Welcome to the Oklahoma Special Nutrition Software Demonstration

Welcome NORTHROP G ADMIN 2/23/2017 10:52:32 AM

Alerts: (Default view shows New and Open Alerts)

| Select | Agreement # | Alert Status | Alert Reason | Open Date | View Date | Closed Date |
|--------------------------|-------------|--------------|-----------------|------------|------------|-------------|
| <input type="checkbox"/> | DC-66-118 | In Process | Admin Approval | 01/20/2017 | 01/24/2017 | |
| <input type="checkbox"/> | DC-66-118 | In Process | New Application | 01/20/2017 | 01/20/2017 | |
| <input type="checkbox"/> | ES-01-206 | New | New Application | 01/17/2017 | | |
| <input type="checkbox"/> | ES-01-206 | In Process | Admin Approval | 01/17/2017 | 02/07/2017 | |
| <input type="checkbox"/> | AD-67-114 | In Process | New Application | 01/17/2017 | 01/17/2017 | |

1 2 3 4 5 6 7 8 9 10 ...

Generate Mass Alert/EMail Generate Alert Close All Alerts

3.2.3 UPDATE ALERTS

1. Click the “Select” button associated with the alert to be reviewed and updated.

Child Nutrition - Child & Adult Care Food Program (CACFP)
Welcome to the Oklahoma Special Nutrition Software Demonstration

Welcome NORTHROP G ADMIN 2/23/2017 10:52:32 AM

Alerts: (Default view shows New and Open Alerts)

| Select | Agreement # | Alert Status | Alert Reason | Open Date | View Date | Closed Date |
|--------------------------|-------------|--------------|-----------------|------------|------------|-------------|
| <input type="checkbox"/> | DC-66-118 | In Process | Admin Approval | 01/20/2017 | 01/24/2017 | |
| <input type="checkbox"/> | DC-66-118 | In Process | New Application | 01/20/2017 | 01/20/2017 | |
| <input type="checkbox"/> | ES-01-206 | New | New Application | 01/17/2017 | | |
| <input type="checkbox"/> | ES-01-206 | In Process | Admin Approval | 01/17/2017 | 02/07/2017 | |
| <input type="checkbox"/> | AD-67-114 | In Process | New Application | 01/17/2017 | 01/17/2017 | |

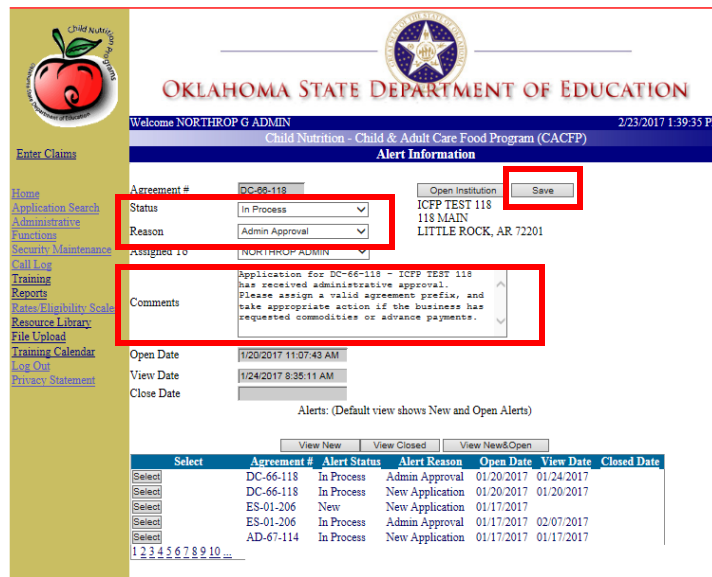
1 2 3 4 5 6 7 8 9 10 ...

Generate Mass Alert/EMail Generate Alert Close All Alerts

2. Enter the desired alert updates.

Status, Reason and Comments are editable fields. Open, View, and Closed Date fields are automatically updated by the system.

Only users within certain roles are able to update the ‘Assigned To’ field.



3. Click the “Save” button to retain any entered information. The system will update any newly added information and display an “Alert Updated” message.
4. Click the “OK” button on the Alert Updated message to return to the alert details page.



NOTES:

- The user may enter additional updates, Open the Institution Maintenance page, or use the left navigation to proceed to the next task.
- The user must manually change the Status field for it to be change from the ‘New’ status.
- The “Close All Alerts” button beneath the alerts grid will close every alert within the grid as well as update the applicable “Closed Date” fields.

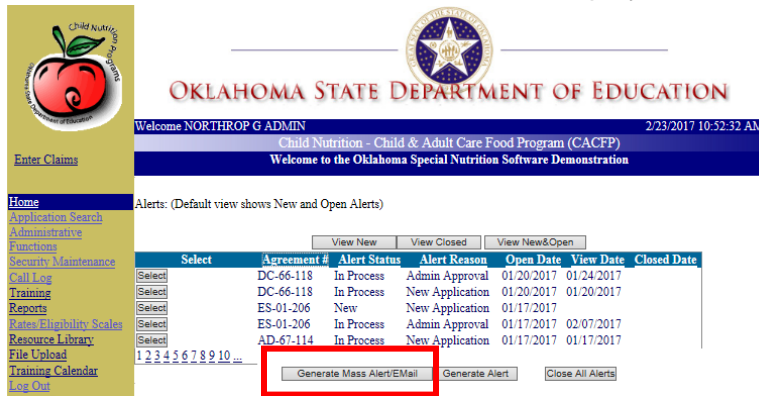
3.2.4 GENERATE MASS ALERTS

Users may send mass or group specific alerts using the Generate Mass Alerts feature, displayed on the Welcome page.

Mass alerts will go to all users within the CACFP System, while group specific alerts will go to

program participants within the specified Program Type (Homes or Centers).

1. Click the “Generate Mass Alerts/EMail” button, displayed below the Alerts grid.



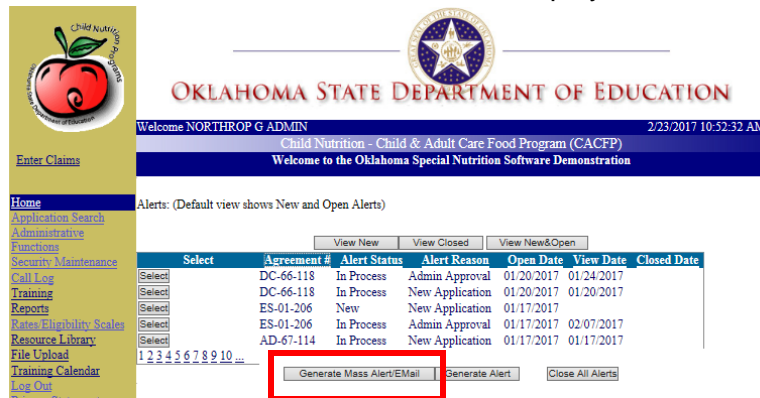
2. Select “

3.2.5 GENERATE MASS EMAILS

Users may send emails to CACFP System users using the Generate Mass Alerts/EMail feature, displayed on the Welcome page.

Generated Emails will be distributed to every user within the system with an Active status. Inactive users will not receive any email notifications.

1. Click the “Generate Mass Alerts/EMail” button, displayed below the Alerts grid.



2. Enter information in the “Subject” field.

3.2.6 GENERATE ALERTS

Users may send alerts to a specific CACFP organization using the Generate Alerts feature, displayed on the Welcome page.

1. Click the “Generate Alerts” button, displayed below the Alerts grid.

- Enter the “Agreement #”, and click the “Find Institution” button. The Agreement Number must be entered in the XX – XX - XXX format.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN 2/23/2017 3:19:28 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Alert Information

Agreement # Find Institution

Reason Admin Approval

Assigned To NORTHROP ADMIN

Comments

Open Date 2/23/2017 2:18:54 PM You must enter a Valid Institution before Saving.

View Date

Close Date

Alerts: (Default view shows New and Open Alerts)

View New View Closed View New&Open

| Select | Agreement # | Alert Status | Alert Reason | Open Date | View Date | Closed Date |
|--------|-------------|--------------|-----------------|------------|------------|-------------|
| Select | DC-66-118 | In Process | Admin Approval | 01/20/2017 | 01/24/2017 | |
| Select | DC-66-118 | In Process | New Application | 01/20/2017 | 01/20/2017 | |
| Select | ES-01-206 | New | New Application | 01/17/2017 | | |
| Select | ES-01-206 | In Process | Admin Approval | 01/17/2017 | 02/07/2017 | |
| Select | AD-67-114 | In Process | New Application | 01/17/2017 | 01/17/2017 | |

- The system will validate the Agreement # and populate the screen with the CACFP organization address associated with the entered Agreement #.

An incorrect Agreement Number or incorrect formatting will result in an “Invalid Agreement Number” Error Message.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN 2/23/2017 3:25:43 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Alert Information

Agreement # DC-66-118 Find Institution

Reason Admin Approval

Assigned To NORTHROP ADMIN

Comments

Open Date 2/23/2017 2:18:54 PM

View Date

Close Date

Alerts: (Default view shows New and Open Alerts)

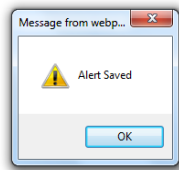
View New View Closed View New&Open

| Select | Agreement # | Alert Status | Alert Reason | Open Date | View Date | Closed Date |
|--------|-------------|--------------|-----------------|------------|------------|-------------|
| Select | DC-66-118 | In Process | Admin Approval | 01/20/2017 | 01/24/2017 | |
| Select | DC-66-118 | In Process | New Application | 01/20/2017 | 01/20/2017 | |
| Select | ES-01-206 | New | New Application | 01/17/2017 | | |
| Select | ES-01-206 | In Process | Admin Approval | 01/17/2017 | 02/07/2017 | |
| Select | AD-67-114 | In Process | New Application | 01/17/2017 | 01/17/2017 | |

- Enter the “Reason”, “Assigned To”, and “Comments” information for the alert.

| Select | Agreement # | Alert Status | Alert Reason | Open Date | View Date | Closed Date |
|--------|-------------|--------------|-----------------|------------|------------|-------------|
| Select | DC-66-118 | In Process | Admin Approval | 01/20/2017 | 01/24/2017 | |
| Select | DC-66-118 | In Process | New Application | 01/20/2017 | 01/20/2017 | |
| Select | ES-01-206 | New | New Application | 01/17/2017 | | |
| Select | ES-01-206 | In Process | Admin Approval | 01/17/2017 | 02/07/2017 | |
| Select | AD-67-114 | In Process | New Application | 01/17/2017 | 01/17/2017 | |

- Click the “Save” button to save the information and submit the alert to the assigned person(s). Any insufficient information will result in an Error Message.
- Click the “OK” button on the “Alert Updated” message.



- Use the left navigation menu to proceed to the next desired task.

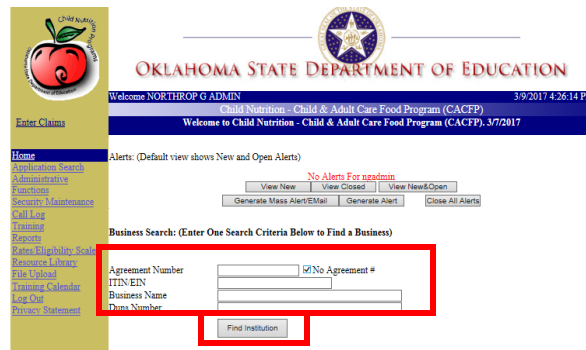
3.2.7 INSTITUTION SEARCH

Users may search for a specific Institution or Site from the Welcome Page. The user may use several pieces of information pertaining to the institution to conduct a search, i.e. License Number, Business Name, Agreement Number, etc.

3.2.7.1 Business Search

- From the Welcome Page, enter information in the Agreement Number, ITIN/EIN, Business Name, No Agreement # checkbox, or DUNS Number. The system does not require information in all fields – a minimum of one field is required to conduct a search.

- Click the “Find Institution” button.



Valid information will result in search results displaying, while invalid information will display a “Facility Not Found” message.

- Click the “Select” button associated with the desired business to access the organization’s Business Maintenance page.



NOTE: Place a checkmark in the “No Agreement #” box to search for businesses entered into the system, but have not been assigned an Agreement Number. Then, click the “Find Institution” button to conduct the search.

3.2.7.2 Site Search

The Site Search allows users to search for sites of a sponsoring organization.

- Enter information in the License Number or Site Name field. The system does not require information to be in all fields – a minimum of one field is required to conduct a search.
- Click the “Find Site” button.

Valid information will result in search results displaying, while invalid information will display a “Facility Not Found” message.

| Select | Agreement # | License | Name | Full Name | Site Num | Phone | Status |
|--------|-------------|------------|---|------------------------------|----------|--------------|--------|
| Select | H-01-07 | 1111118888 | RICKY BOBBYS SPEEDING DAY CARERICKY BOBBY | | | 405 912-3327 | ACTIVE |
| Select | DC-66-203 | 211110203 | ICNP TEST SITE 203A | INICFIRST203A INICLAST203A1 | 3 | 501 203-2033 | ACTIVE |
| Select | DC-66-203 | 211112032 | ICNP TEST SITE 203B | | | 501 203-2042 | ACTIVE |
| Select | DC-66-203 | 211112031 | ICNP TEST SITE 203Z | INICFIRST203B INICLAST203B 2 | 2 | 501 203-2033 | ACTIVE |
| Select | DC-66-204 | 211110204 | ICNP TEST SITE 2041 | INICFIRST204 INICLAST204 | 1 | 501 203-2044 | ACTIVE |

3. Click the “Select” button associated with the desired site to access the site’s Sponsor Business Maintenance page.

3.2.8 ADD NEW INSTITUTION

Users may add a new CACFP business to the system, if it is not found during a Business and/or Site Search.

1. Conduct a Business Search as outlined in section 3.1.3.1.2.
2. Click the “Add New Institution” button above the the search results data grid.

| Select | Agreement # | Name | Phone | Status |
|--------|-------------|-------------------|--------------|------------------|
| Select | 39855201 | PEACE AND HARMONY | 501 223-8184 | PENDING APPROVAL |
| Select | 996885774 | LAKE LANDERS CARE | 501 223-8184 | PENDING APPROVAL |
| Select | 55221876 | FINAL JOY CENTER | 501 223-8184 | PENDING APPROVAL |
| Select | 849671223 | WISE OLD OWLS | 501 223-8184 | PENDING APPROVAL |
| Select | 444211999 | SENIOR FUN CENTER | 501 223-8184 | PENDING APPROVAL |

4 APPLICATION SEARCH

4.1 OVERVIEW

The Application Search feature may be used to access the Application Checklist for a specific organization within the CACFP Applications System.

4.2 APPLICATION SEARCH

An organization’s application will not display in search results if it has not been created. Therefore, if an organization has only entered information on their Business Maintenance page, but hasn’t created an application for a specific Fiscal Year – it won’t appear in the Application Search results.

4.2.1 APPLICATION SEARCH

1. Click the “Application Search” hyperlink in the left navigation.
2. Enter or Select at least one search criteria and click the “Search for Applications” button.

OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Welcome NORTHROP G ADMIN 2/23/2017 4:37:54 PM
 Child Nutrition - Child & Adult Care Food Program (CACFP)
Application Search

Please enter at least one search criteria below to search for applications

| | |
|---------------------------------|--|
| Business Name | <input type="text"/> |
| ITIN/EIN | <input type="text"/> |
| License Type: | None <input type="text"/> |
| Tribe: | None <input type="text"/> |
| License Number: | <input type="text"/> |
| Agreement Number | <input type="text"/> <input type="checkbox"/> No Agreement # |
| Fiscal Year | <input type="text"/> |
| Office Staff | **ALL** <input type="text"/> |
| Field Staff | **ALL** <input type="text"/> |
| Program Type | **ALL** <input type="text"/> |
| Applications older than 15 Days | <input type="checkbox"/> |
| Applications older than 30 days | <input type="checkbox"/> |
| Application Status | **ALL** <input type="text"/> |

For Additional Information:
 Child Nutrition Programs
 2500 North Lincoln Blvd., Suite 310
 Oklahoma City, OK 73105-4599
 (405) 521-3327 ☎ fax: (405) 521-2239 ✉

- Click the “Select” button associated with the desired business’ application to access the Application Checklist page.

| Select | Sect Num | Agct Num | Name | Start Date | End Date | Date Submitted | Status | Type | Coordinator |
|--------|----------|-----------|-----------|--------------|----------|----------------|--------------------|------------------------|------------------|
| Select | A28 | DC-66-101 | ICNP TEST | 101101012011 | 09302012 | 12032012 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A28 | DC-66-101 | ICNP TEST | 101101012012 | 09302013 | 12042012 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A28 | DC-66-101 | ICNP TEST | 101101012014 | 09302015 | 09152015 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A28 | DC-66-101 | ICNP TEST | 101101012015 | 09302016 | 09152015 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A29 | DC-66-102 | ICNP TEST | 102101012014 | 09302015 | 03242016 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A29 | DC-66-102 | ICNP TEST | 102101012012 | 09302013 | | Pending Submission | Non Profit Independent | NORTHROP G ADMIN |
| Select | A29 | DC-66-102 | ICNP TEST | 102101012015 | 09302016 | 02022016 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A30 | DC-66-103 | ICNP TEST | 103101012015 | 09302016 | 02022016 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A31 | DC-66-104 | ICNP TEST | 104101012015 | 09302016 | 02022016 | Approved | Non Profit Independent | NORTHROP G ADMIN |
| Select | A32 | DC-66-105 | ICNP TEST | 105101012015 | 09302016 | 02032016 | Approved | Non Profit Independent | NORTHROP G ADMIN |

- The system will display the organization’s Application Checklist.

| Item Description | Started | Completed by Entity | Approved By CNP | Additional Info Requested |
|---|-------------------------------------|--------------------------|--------------------------|----------------------------------|
| On-Line Documents | | | | |
| Application Questionnaire - CACFP/FDCH-1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Funds Received - CACFP/FDCH-3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Meal Policy Statement - CACFP/FDCH-4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Civil Rights Assurance/Compliance Review - CACFP/FDCH-5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Public Release Verification - CACFP/FDCH-6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| State Agency/Institution Agreement - CACFP/FDCH-7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Officers and Employees - CACFP/FDCH-8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Disclosure of Lobbying Activities - CACFP/FDCH-9 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Application for Participation - CACFP-1 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Adult Questionnaire (if Applicable) - CACFP-1A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Administrative Budget - CACFP-2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |

- Click the hyperlink for the desired form to enter answers or open for review. If a form is selected for review, it will be locked to prevent any editing during the review period.
- After entering the desired information for each form, click the “Submit” button to send the information to the Coordinator for approval. Submit on form and “Submit to CNP” for checklist.
- CNP staff will review the application for approval.

5 CHECKLISTS

5.1 OVERVIEW

Each organization applying to participate in CACFP must complete and submit an application. The application consists of several forms and documents requesting the organization to provide in-depth details about their business, practices, policies, etc.

5.2 CHECKLISTS


Oklahoma State Department of Education will review the submitted CACFP application for approval. The submitted application must meet all requirements to qualify for approval. If any information submitted does not meet the requirements, the application is subject to be declined.


5.2.1 CHECKLIST TYPES

There are multiple checklists available to the varying organization types. Each checklist will have custom forms unique to the organization type, i.e. Center or Home; Sponsor or Single – Sited.

There are 3 types of checklists to accommodate various organization types.

5.2.1.1 Single-Sited Application Checklist





OKLAHOMA STATE DEPARTMENT OF EDUCATION
Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN
Thursday, September 05, 2013 10:04:57 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Return to Home Page
Return to Facility
Return to Checklist

CACFP For-Profit Independent Child/Adult Care Center Checklist

DC-66-106 - ICFP TEST 106

| Contract Period | 10/1/2013 | 9/30/2014 | | Update |
|--|-------------------------------------|---|--------------------------|--|
| Item Description | Started | Completed by Entity | Approved By CNP | Additional Info Requested |
| On-Line Documents | | | | |
| Application Questionnaire - CACFP/FDCH-1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Funds Received - CACFP/FDCH-3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Meal Policy Statement - CACFP/FDCH-4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Civil Rights Assurance/Compliance Review - CACFP/FDCH-5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Public Release Verification - CACFP/FDCH-6 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| State Agency/Institution Agreement - CACFP/FDCH-7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Officers and Employees - CACFP/FDCH-8 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Disclosure of Lobbying Activities - CACFP/FDCH-9 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Application for Participation - CACFP-1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Adult Questionnaire (if Applicable) - CACFP-1A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Administrative Budget - CACFP-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| E-Mail text <input type="text"/> | | | | |
| <input type="button" value="E-Mail"/> | | | | |
| Paper Documents | | | | |
| <input type="button" value="Upload or View Uploaded Documents"/> | Uploaded | Completed <small>(upload, fax, or mail)</small> | Approved By CNP | Additional Info Requested |
| DUNS Registration Expiration | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Certificate of Authority (if applicable) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 12/4/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Electronic Funds Transfer (EFT) (if applicable) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 12/4/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Contract with Outside Entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Contract with School | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Management Company Contract | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Child or Adult Care Center License(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 12/4/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Title XX/Title XIX Contract(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Training Status | | | | |
| No Training Records | | | <input type="checkbox"/> | <input type="checkbox"/> Details |
| I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes. | | | | |
| <input type="button" value="Submit Application to CNP"/> | | | | |
| Coordinator Override Submit Date <input type="text"/> Submitted on: 9/4/2013 10:09:43 AM | | | | |
| Status <input type="button" value="Pending Approval"/> | | | | |
| <input type="button" value="Change Status to"/> | | <input type="button" value="Administrator Approval"/> | | |
| Application Type <input type="button" value="For Profit Independent"/> | | | | |
| <input type="button" value="Change Application Type"/> | | | | |
| <input type="button" value="Business At A Glance Report"/> | | | | |

5.2.1.2 Center Sponsor Application Checklist

OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Thursday, September 05, 2013 10:22:52 AM
 Child Nutrition - Child & Adult Care Food Program (CACFP)

Return to Home Page Return to Facility Return to Checklist

CACFP Center Sponsor Checklist
 For Profit Sponsor can only sponsor Affiliated Centers

DC-66-206 - CSFP TEST 206

| Contract Period | 10/1/2013 | 9/30/2014 | Update | |
|---|-------------------------------------|--|---------------------------------|----------------------------------|
| Item Description | Started | Completed by Entity | Approved By CNP | Additional Info Requested |
| On-Line Documents | | | | |
| Application Questionnaire - CACFP/FDCH-1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Sponsor Application for Participation - CACFP/FDCH-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Funds Received - CACFP/FDCH-3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Meal Policy Statement - CACFP/FDCH-4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Civil Rights Assurance/Compliance Review - CACFP/FDCH-5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Public Release Verification - CACFP/FDCH-6 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| State Agency/Institution Agreement - CACFP/FDCH-7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Officers and Employees - CACFP/FDCH-8 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Disclosure of Lobbying Activities - CACFP/FDCH-9 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Application for Participation - CACFP-1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 2 of 2 | <input type="checkbox"/> 0 of 2 | <input type="checkbox"/> Details |
| Adult Questionnaire (if Applicable) - CACFP-1A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Details |

Email text

| Paper Documents | | | | |
|--|--------------------------|---|--------------------------|----------------------------------|
| Upload or View Uploaded Documents | Uploaded | Completed (optics, tax, or math) | Approved By CNP | Additional Info Requested |
| DUNS Registration Expiration | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Certificate of Authority (if applicable) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 7/15/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| IRS Tax Exempt Letter 501 (c)(3) (Non Profit Only) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 7/15/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Electronic Funds Transfer (EFT) (if applicable) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 7/15/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Contract with Outside Entity | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Contract with School | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Food Service Management Company Contract | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Child or Adult Care Center License(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 7/15/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Title XX/Title XIX Contract(s) | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Job Descriptions | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Indirect Cost Plan | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Pre-Approval Evaluation Form | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Cell Phone Justification | <input type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |

Training Status No Training Records Details

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Coordinator Override Submit Date | Submitted on: 9/4/2013 12:29:32 PM

Status:


Change Status to


Application Type: For Profit Center Sponsor

NOTE:

- Sponsors must complete an “Application for Participation” for each site within their sponsorship.

5.2.1.3 FDCH Sponsor Application Checklist





OKLAHOMA STATE DEPARTMENT OF EDUCATION
Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Saturday, September 07, 2013 8:54:07 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Family Day Care Home Sponsor Checklist

H-40-01 - HS TEST 001

| | | | |
|-----------------|-----------|-----------|---------------------------------------|
| Contract Period | 10/1/2013 | 9/30/2014 | <input type="button" value="Update"/> |
|-----------------|-----------|-----------|---------------------------------------|

| Item Description | Started | Completed by Entity | Approved By CNP | Additional Info Requested |
|---|-------------------------------------|---|---------------------------------|--|
| On-Line Documents | | | | |
| Application Questionnaire - CACFP/FDCH-1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 8/31/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Sponsor Application for Participation - CACFP/FDCH-2 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/5/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Funds Received - CACFP/FDCH-3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 8/31/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Meal Policy Statement - CACFP/FDCH-4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 8/31/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Civil Rights Assurance/Compliance Review - CACFP/FDCH-5 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 8/31/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Public Release Verification - CACFP/FDCH-6 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 8/31/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| State Agency/Institution Agreement - CACFP/FDCH-7 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Officers and Employees - CACFP/FDCH-8 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Disclosure of Lobbying Activities - CACFP/FDCH-9 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Provider Application - FDCH-1A | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 4 of 4 | <input type="checkbox"/> 0 of 4 | <input type="checkbox"/> Details |
| Provider Agreement - FDCH-1B | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 4 of 4 | <input type="checkbox"/> 0 of 4 | <input type="checkbox"/> Details |

E-Mail text

| Paper Documents | Uploaded | Completed (upload, fax, or mail) | Approved By CNP | Additional Info Requested |
|--|--|---|--------------------------|--|
| <input type="button" value="Upload or View Uploaded Documents"/> | | | | |
| DUNS Registration Expiration | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Certificate of Authority (if applicable) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 12/3/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Electronic Funds Transfer (EFT) (if applicable) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 12/3/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| IRS Tax Exempt Letter 501 (c)(3) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 12/3/2012 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Job Descriptions | <input checked="" type="checkbox"/> 2 of 2 | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Indirect Cost Plan | <input checked="" type="checkbox"/> 1 of 1 | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Pre-Approval Evaluation Form | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Office Space/Rental Lease - Unrelated Parties | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Office Space/Rental Lease - Related Parties | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| IRS Form 8829 - Expenses for business use of your home | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Cell Phone Justification | <input checked="" type="checkbox"/> 1 of 1 | <input checked="" type="checkbox"/> 9/4/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Equipment Rental/Lease Agreement | <input checked="" type="checkbox"/> 3 of 3 | <input checked="" type="checkbox"/> 9/5/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Travel Justification for Training | <input checked="" type="checkbox"/> 3 of 3 | <input checked="" type="checkbox"/> 9/5/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Justification for Other Administrative Services | <input checked="" type="checkbox"/> 1 of 1 | <input checked="" type="checkbox"/> 9/5/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |
| Current Policies and Procedures | <input checked="" type="checkbox"/> 1 of 1 | <input checked="" type="checkbox"/> 9/5/2013 | <input type="checkbox"/> | <input type="checkbox"/> Details |

Training Status

| Training Date | Attended | Program | Class Name |
|---------------|-------------------------------------|---------|------------------------|
| 11/01/2012 | <input checked="" type="checkbox"/> | CACFP | APPLICATIONS ENTRY 105 |

I certify to the best of my knowledge and belief that this application is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Coordinator Override Submit Date
Submitted on: 9/4/2013 12:33:10 PM

Status:

NOTE:

- Sponsors must complete a “Provider Application” and “Provider Agreement” for each site within their sponsorship.

5.2.2 CHECKLIST APPROVAL PROCESS

Each applicable form on the checklist will be reviewed for approval, after submission.

During the review process, CNP Staff will review each form to inspect the submitted information. Each form requires approval for the organization to move forward in the CACFP process and program participation.

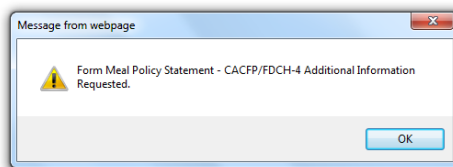
Any questionable responses will cause the reviewing coordinator to request additional information and/or apply a different status to the form.

The reviewing coordinator is able to log into the CACFP application and conduct an Application Search to access the organization’s checklist for review or click “Application” from the Business Maintenance page.

1. Complete an Application Search for the desired organization, using steps listed in Section 4.
2. Click the “Select” button for the desired organization, from the listed search results.
3. Once the checklist displays, click the hyperlink of each form to review.
4. Review the information on the form. Then, click the “Approve” button (Place a checkmark in the “Approved by CNP” checkbox) to approve the form, if applicable.
5. Click the “Return to Checklist” button to specify the outcome of the form review.

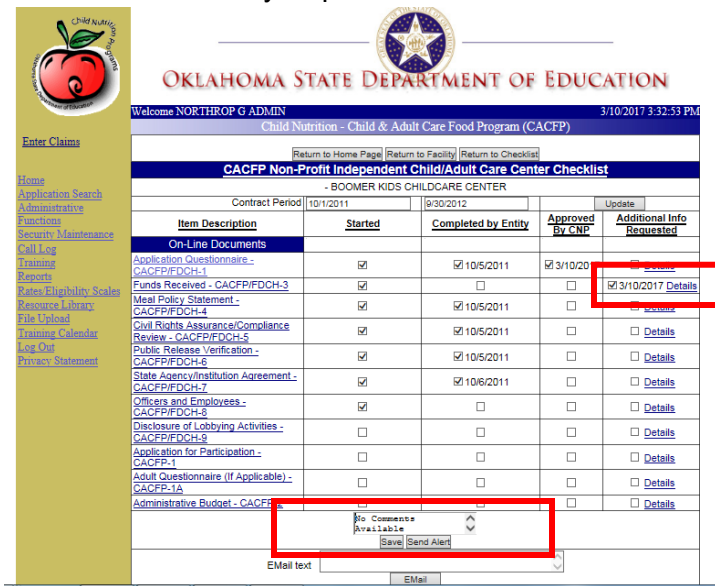
a. To Request Additional Information:

- i. Place a checkmark in the checkbox next to the desired form’s Details hyperlink.
- ii. Click the “OK” button on the Additional Information Requested message to return to the Applications Checklist.



- iii. Click the “Details” hyperlink associated with the applicable form.

- iv. Enter the additionally requested information in the “Comments” textbox.

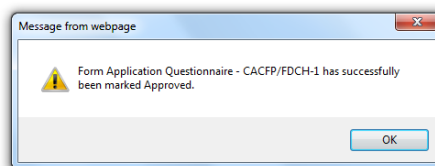


- v. Click the “Save” button.
- vi. If it is desired for the organization to receive an Alert with this information, click the “Send Alert” button.
 1. Click the “OK” button on the Alert Sent message, if applicable, to return to the Application Checklist.



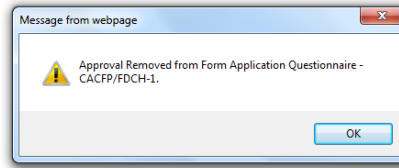
b. To Approve a Checklist Form:

- i. Place a checkmark in the checkbox in the “Approved by CNP” column, for the applicable form.
- ii. Click the “OK” button on the Form Approved message to return to the Applications Checklist.



- iii. Verify the correct form has been approved and has a checkmark in the “Approved by CNP” column.

1. If the wrong form has been approved, uncheck the checkbox in the “Approved by CNP” column.
2. Click the “OK” button on the Form Unapproved message to return to the Applications Checklist.



5.2.3 ADDITIONAL CHECKLIST APPROVAL TIPS

STEPS TO APPROVE THE APPLICATION

1. Click on the **Application Questionnaire** document for inspection from the CHECKLIST. (Refer to Example #6.) The name of the institution is at the top left with the address. Review the questions.
 - Item 1 should be a “NO” answer. If Item 1 is “YES”, check the National Disqualified List (NDL) to ensure the person(s) listed have been removed from the NDL.
 - Item 2 can be “Yes” as long as the institution indicates the United States Department of Agriculture (USDA) Program in which it participated.
 - Item 3 must be answered “NO.”
 - Item 4 must be answered “NO.”
 - For Item 5: Review the list of publicly funded programs in which the institution may participate. If the institution is for-profit, it most likely will indicate participation in Title XX or XIX. If “Commodities” is answered “YES,” be sure to check the document **Application for Participation**, Section D, for “Center Requests Commodity Foods.”
 - Once you have reviewed the **Application Questionnaire** and are ready to check off on it, click **RETURN TO CHECKLIST** and click the box **APPROVED BY CNP** to the right of **Application Questionnaire**. If there is a problem, e-mail the institution.



Example #6

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:20:03 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

[Return to Home Page](#) [Return to Facility](#) [Return to Checklist](#)

Application Questionnaire - CACFP/FDCH-1

[Enter Claims](#)

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Name of Institution

- NANAS FAVORITES
11111111
OKLAHOMA CITY, OK 73165

(Institution means a sponsoring organization, child care center, outside-school-hours care center, at-risk, emergency shelter, or adult day care center which enters into an agreement with the State Agency to assure final administrative and financial responsibility for program operations.)

1. Has your institution or any of its principals or responsible persons been convicted of any activity that indicates a lack of business integrity within the past seven (7) years? A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.

Yes No

If Yes, List Names:

Last Name: First Name: MI: Add
 LastName FirstName MI

2. Has your institution or any of its principals or responsible persons participated any USDA Food and Nutrition Programs within the last seven (7) years?

Yes No

If Yes, which programs:

- Child and Adult Food Program
- National School Lunch Program
- Summer Food Service Program
- School Breakfast Program

3. Has your institution or any of its principals or responsible persons been terminated from any federal, state or locally funded programs (other than a USDA Food and Nutrition Food Program) in the past 7 years?
 Yes * No

If Yes, provide explanation, termination date and name of program:

4. Does your institution owe money to any Federal and/or State Agency?
 Yes * No

5. This certifies that the publicly funded programs (federal, state, or locally funded) listed below are all the programs in which the institution or any of its principals has participated.

| | Currently Participating? | If No, why is the institution or its principals no longer participating in this program? |
|------------------------------------|--|--|
| Title XX (Child Care Centers) | <input type="radio"/> Yes * <input type="radio"/> No | new |
| Title XIX (Adult Day Care Centers) | <input type="radio"/> Yes * <input type="radio"/> No | new |
| Commodities | <input type="radio"/> Yes * <input type="radio"/> No | new |
| | <input type="radio"/> Yes * <input type="radio"/> No | |
| | <input type="radio"/> Yes * <input type="radio"/> No | |

I certify to the best of my knowledge and belief that these statements are true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Once form has been reviewed, click here

Submitted by: LEIGHANN RAUSCH Date: 2/24/2012 3:20:03 PM

[Return to Home Page](#) [Return to Facility](#) [Return to Checklist](#)



[Enter Claims](#)

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OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Thursday, September 05, 2013 9:52:11 AM
 Child Nutrition - Child & Adult Care Food Program (CACFP)

Existing Applications for:
 DC-66-055 - DIANNES LITTLE ANGELS
 1001 E ADDRESS
 OKLAHOMA CITY, OK 73140

| Select | Delete | Fiscal Year | Start Date | End Date | Status |
|---------------------------------------|---------------------------------------|-------------|------------|------------|------------------|
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 2012 | 10/01/2011 | 09/30/2012 | Approved |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 2013 | 10/01/2012 | 09/30/2013 | Approved |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 2014 | 10/01/2013 | 09/30/2014 | Pending Approval |

1

(You may only delete applications which have no on line forms completed)



Complete the information below to add a new application or renewal application:

Fiscal Year

Fiscal Start

Fiscal End

2. Click on the **Funds Received** document for inspection from the CHECKLIST. (Refer to Example #7.) For Private/Non-Profit institutions already participating, you should see numbers entered in at least the **CACFP Funds Received**. **ALL Private/Non-Profit entities** must have a private audit conducted if they have received over \$500,000 per year from Federal funds. **Other Federal Funds** could be Tribal, etc. Once you have reviewed the **Funds Received** and are ready to check off on it, click **RETURN TO CHECKLIST** and click the box **APPROVED BY CNP** to the right of **Funds Received**. If there is a problem, e-mail the institution.

Example #7

OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction
 Welcome LEIGHANN RAUSCH Tuesday, February 28, 2012 10:22:05 AM
 Child Nutrition - Child & Adult Care Food Program (CACFP)

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Child Nutrition Programs Funds Received - CACFP/FDCH-3

- NANAS FAVORITES
 111111111
 OKLAHOMA CITY, OK 73165

United States Department of Agriculture regulations require participating public and private non-profit organizations that receive \$500,000 or more per year in Federal funds to arrange for an annual audit. It is the sponsor's responsibility to pay for the audit. The State Department of Education must receive a copy of the

PLEASE PROVIDE THE FOLLOWING INFORMATION

| | |
|---------------------------------------|------|
| Total CACFP funds received | \$ 0 |
| Total of other Federal funds received | \$ 0 |
| Date of last audit | |

I understand that if any of the information provided above is found to be incorrect, the State Department of Education and Child Nutrition Programs may take administrative action that could result in termination of this agreement. I also understand that if I have intentionally misrepresented the income received by this institution, I will be subject to prosecution.

Once form has been reviewed, click here

[Submit Form](#)
[Print Form](#)

[Return to Home Page](#)
[Return to Facility](#)
[Return to Checklist](#)

3. Click on the **Meal Policy Statement** document for inspection from the CHECKLIST. (Refer to Example #8.) See that the name of the person submitting the application documents is there as well as the date. Once you have reviewed the **Meal Policy Statement** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Meal Policy Statement**. If there is a problem, e-mail the institution.



Example #8

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:25:11 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

[Enter Claims](#)

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**Child Nutrition Programs
Free and Reduced Meal Policy Statement - CACFP/FDCH-4**

- NANAS FAVORITES
11111111
OKLAHOMA CITY, OK 73165

This institution assures the Child Nutrition Programs and the State Department of Education that all children and/or adult participants in attendance will be offered the same meals with no separate charge (over and above the day care fee) or any physical segregation of or other discrimination against any child and/or adult participant on the grounds of race, color, national origin, sex, age, or disability. This policy applies to all facilities included in this Agreement.

(Following applies to CACFP only)

I understand that it is my responsibility to request family income data from the parents of all eligible children (including any residential children in day care homes) and/or from eligible adult participants whose meals will be reimbursed at the blended rate based on free or reduced eligibility. Income information will be collected annually and updated as changes occur to ensure that all children and/or adult participants are reported in the correct eligibility category. The current income eligibility scale prescribed by Federal Regulations will be used to make this determination.

I Have Read and Agree With This Statement

[Print Form](#)

Date Submitted:
Who Submitted:

Once form has been reviewed, click here

[Return to Home Page](#) | [Return to Facility](#) | [Return to Checklist](#)



4. Click on the **Civil Rights Assurance/Compliance** Review document for inspection from the CHECKLIST. (Refer to Example #9.) Scroll to the bottom and click on **NEXT PAGE**. Item 1 must be checked “NO.” Item 2 and Item 3 must have at least one check mark. If none are checked, e-mail the institution for the information. On Item 4, look for a “NO” answer. Should the answer to Item 4 be “YES”, e-mail the institution for further explanation. Once you have reviewed the **Civil Rights Assurance/Compliance Review** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Civil Rights Assurance/Compliance Review**. If there is a problem, e-mail the institution.

Example #9



OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:25:31 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

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[Copy Previous Years Data](#)

Civil Rights Assurance/Compliance Review - CACFP/FDCH-5

- NANAS FAVORITES

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OKLAHOMA CITY, OK 73165

[Enter Claims](#)

- [Home](#)
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The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the Department of Agriculture (7 CFR Part 15), DOJ (28 CFR Parts 42 and 50) and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from USDA; and hereby gives assurance that it must immediately take any measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a Consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

By accepting this assurance, the Program applicant agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized USDA personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, FNS, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from USDA. The person or persons whose electronic signatures appear on the Certificate of Authority have authorized this assurance on the behalf of the Program applicant.

[Click here](#)

[Save](#) [Next Page](#) [Print Form](#)
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OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:25:38 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

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Civil Rights Assurance/Compliance Review - CACFP/FDCH-5

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1. Does the institution have specific membership requirements?

- Yes
- No

If yes, provide explanation below

2. What efforts will be made by the institution to contact minority and grassroots organizations about the opportunity to participate in the program?

- Work with local school.
- Work with local children's coalition.
- Work with local library.
- Work with local church.

3. What other steps will be taken by the institution to ensure minorities have equal opportunity to participate in the program?

- Outreach training in low-income areas.
- Distribution of brochures concerning the CACFP, developed by the institution.
- Contact with Department of Human Services (DHS) support staff.

4. Has any federal agency notified the institution of any non-compliance with the Civil Rights Act of 1964?

- Yes
- No

If yes, give details including dates, names, and results

Submitted By: LEIGH A RAUSCH Submit Date: 2/13/2012 12:35:40 PM

[Save](#)

[Submit Form](#)



[Return to Home Page](#) [Return to Facility](#) [Return to Checklist](#)

Once form has been reviewed, click here



5. Click on the **Public Release Verification** document for inspection from the CHECKLIST. (Refer to Example #10.) Already-participating entities will be a part of the STATE-WIDE public release, which is published in October of every year; therefore for already-participating entities, “state-wide” should be checked. If a specific newspaper is listed **AND** “state-wide” is checked, it is permissible. E-Mail the institution if there is a question as to how the form was completed. Once you have reviewed the **Public Release Verification** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Public Release Verification**. If there is a problem, e-mail the institution.

Example #10

OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction
 Welcome LEIGHANN RAUSCH Tuesday, February 28, 2012 10:25:55 AM
 Child Nutrition - Child & Adult Care Food Program (CACFP)
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Public Release Verification - CACFP/FDCH-6

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- NANAS FAVORITES
 11111111
 OKLAHOMA CITY, OK 73165

USDA Regulations require that all Child Nutrition Program participants submit an annual public release to the media utilizing the **Public Release Statement**. The media that the release is submitted to **MUST** be in the area from which the institution draws its attendance. The State Agency does not require that the participant pay for the announcement; however, the public release must be submitted to the media. **A COPY OF THE CORRESPONDENCE TO THE MEDIA REQUESTING PUBLICATION MUST BE ATTACHED WITH THIS FORM AS PROOF OF SUBMISSION.**

Institution wishes to participate in state-wide public release.

| Edit | Delete | Release Date | Media Name |
|----------------------|------------------------|--------------|-----------------|
| Edit | Delete | 09/01/2011 | DAILY OKLAHOMAN |

On the date indicated below, a public release was submitted to the news media:

Date _____
 Name of Media _____
 Type of Media _____ Radio
 Location of Media _____

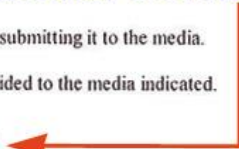
[Save Release](#) [Clear Fields](#) [Print Form](#)

CACFP is not required to send a copy of the actual release to CNP for approval before submitting it to the media.
 Clicking the Submit button below affirms that the recommended public release was provided to the media indicated.

[Submit Completed Form](#)

[Return to Home Page](#) [Return to Facility](#) [Return to Checklist](#)

Once form has been reviewed, click here



6. Click on the **State Agency/Institution Agreement** document for inspection from the CHECKLIST. (Refer to Example #11.) The entity must read the agreement and click on **I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT**. Once you have reviewed the **State Agency/Institution Agreement** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page). If the institution has done this, there will be a check mark in the “COMPLETED BY ENTITY” column of the CHECKLIST. Click the box **APPROVED BY CNP** to the right of **State Agency/Institution Agreement**. If there is a problem, e-mail the institution.

**Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
State Agency/Institution Agreement - CACFP/FDCH-7
Page 1**

Name and Address of Institution

DC-66-055 - DIANNES LITTLE ANGELS
1 S MINE
YUKON, OK 73099

Example #11

Agreement Approval Dates

From 10/1/2013 To 9/30/2014

SECTION A

In order to effectuate the purpose of Public Law 95-627 of the Child Nutrition Amendments of 1978, Sections 107 and 108 of Public Law 105-336 of the Child Nutrition Reauthorization Act of 1998, and the regulations governing the Child and Adult Care Food Program (hereafter referred to as the Program) issued thereunder (United States Department of Agriculture [USDA] Regulation 7 CFR Part 226), the Oklahoma State Department of Education (hereinafter referred to as the Agency) and the institution, whose name and address appear above acting on behalf of each facility listed on Schedule A of the agreement, covenant and agree as follows, agree as follows:

THE INSTITUTION:

Represents and warrants that it will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations at all centers or homes.

Understands and agrees that any publications by the institution may be freely copied by the Agency or by other institutions, . .

- 67. Not allow an FDCH provider to claim another provider's own children.
- 68. Not allow any providers to delegate the authority for the operation of their food service to any other individual.
- 69. Offer training sessions, not less frequently than annually, to SO key staff and to all providers. Providers who do not attend training at least annually shall be declared seriously deficient and proposed for termination by the sponsor. Training topics must include, at a minimum: meal patters, reimbursement process, accurate meal counts, claim submission, and record keeping. Sponsors must document all training, including dates, locations, names of providers/SO key staff attending, and topics covered. SOs must provide certification of provider training to each provider and maintain all documentation so that it is readily available.
- 70. Terminate FDCH providers who have been disqualified from participation in any other publicly funded program for violating that program's requirements or who have been terminated for cause by another SO.
- 71. Ensure that providers do not use the sponsor's suggested cycle menu without making adjustments for individual children's likes and dislikes.
- 72. Not allow preprinted Weekly Meals Served forms to be used by providers to record the meal components served to children in their care. The meal components are to be recorded by the provider daily after each meal is served.

Click here Next Page Print Form

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**Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
State Agency/Institution Agreement - CACFP/FDCH-7
Page 2**

SECTION C RECORD KEEPING REQUIREMENTS (Specific Assurance)

The institution must keep full and accurate records respecting its food service to serve as a basis for the claim for reimbursement and for audit and review purposes. Those institutions with more than one center or multiple day care homes approved for participation in the Program must maintain separate records for each program. The records include the following:

MEALS:

- a. Daily number of meals served to children/adult participants by type of meal.
- b. Day care centers must have daily menus, including the quantities of components prepared.
- c. Day care family homes must maintain a menu that includes the quantities served to individual children.

PROGRAM EXPENDITURES:

Full and accurate records, including source documents (itemized receipts), must be maintained for all costs reported in accordance with the financial management system prescribed by the Agency, i.e. monthly food bills, non-food items.

ADMINISTRATION:

- a. Licensing status.
- b. Tax-exempt status (private institutions only).
- c. Family size and income data for each child/adult participant enrolled at day care centers and claimed in either the free or reduced price category in the appropriate fiscal year. Free and reduced price data for day care home provider's own/residential children.
- d. Documentation of periodic visits to centers and day care homes to monitor compliance with applicable regulations and policies.
- e. Payments to centers and day care homes.
- f. Free and reduced price meal policy statement.
- g. Enrollment forms on each child/adult participant claimed under the Program.
- h. Daily attendance records for enrolled children/adult participants.

SECTION D MEAL PATTERN REQUIREMENTS

Reimbursable meals served to infants, children, or adult participants in the Child and Adult Care Food Program shall contain (as a minimum) the indicated meal pattern quantities and food components. . . .

**CHILD AND ADULT CARE FOOD PROGRAM
INFANT MEAL PATTERN**

| BREAKFAST | BIRTH THROUGH 3 MONTHS | 4 THROUGH 7 MONTHS | 8 THROUGH 11 MONTHS |
|------------------|---|--|--|
| | 4-6 fluid oz breast milk ¹ or formula ² | 4-8 fluid oz breast milk ¹ or formula ² 0-3 Tbsp infant cereal ³ | 6-8 fluid oz breast milk ¹ or formula ² 2-4 Tbsp infant cereal ³ 1-4 Tbsp fruit or vegetable |
| LUNCH/ SUPPER | | | |
| | 4-6 fluid oz breast milk ¹ or formula ² | 4-8 fluid oz breast milk ¹ or formula ² 0-3 Tbsp infant cereal ³ 0-3 Tbsp fruit or vegetable ⁴ | 6-8 fluid oz breast milk ¹ or formula ² 1-4 Tbsp fruit or vegetable AND AT LEAST ONE OF THE FOLLOWING: 2-4 Tbsp infant cereal ³ 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas 1/2-2 oz cheese 1-4 oz (volume) cottage cheese 1-4 oz (weight) cheese food or cheese spread |
| SNACK | | | |
| | 4-6 fluid oz breast milk ¹ or formula ² | 4-6 fluid oz breast milk ¹ or formula ² | 2-4 fluid oz breast milk ¹ , formula ² , or fruit juice ⁵ 0-1/2 slice bread ⁶ or 0-2 crackers ⁶ |

- 1 Infant formula and dry infant cereal shall be iron-fortified.
- 2 It is recommended that breast milk be served in place of formula from birth through 11 months.
- 3 For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.
- 4 A serving of this component shall be optional.
- 5 Fruit juice shall be full-strength.
- 6 Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

NOTE: Do not serve honey or use in food served to infants under one year old.

Click here  [Next Page](#) [Print Form](#)

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Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
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Page 3

ADULT “OFFER VERSUS SERVE” OPTION

Each adult day care center shall offer its adult participants all of the required components (as stated on the Adult Care Food Program Meal Pattern for breakfast, lunch and supper). However, at the discretion of the adult day care center, adult participants may be permitted to decline:

- a. one of the four food items (one serving of milk, one serving of vegetable or fruit and two servings of bread or bread alternate) required at breakfast.
- b. two of the six food items (one serving of milk, one serving of meat or meat alternate, two servings of vegetable and/or fruit, and two servings of bread or bread alternate) required at lunch.
- c. two of the five food items (one serving of meat or meat alternate, two servings of vegetable and/or fruit, two servings of bread or bread alternate) required at supper.

The price of a reimbursable meal shall not be affected if an adult participant chooses to decline a food item.

The “offer vs. serve” option is not applicable to the snack meal. A sufficient quantity of two components must be served for a snack meal to be eligible for reimbursement.

Meal Planning

Institutions shall plan for and order meals on the basis of current participation trends, with the objective of providing only one meal per participant at each meal service. Records of participation and of ordering or preparing meals shall be maintained to demonstrate positive action toward this objective. Regardless of amount of food prepared, only one meal per participant may be claimed for reimbursement at any approved meal service (breakfast, lunch, snack, or supper).

Sanitation

Institutions shall ensure that in storing, preparing, and serving food, proper sanitation and health standards are met which conform with all applicable State and local laws and regulations. Institutions shall ensure that adequate facilities are available to store food or hold meals.

Individual Substitutions

Substitutions of required food components shown in the Child and Adult Care Food Program meal patterns may be made if individual participants are unable, because of medical or other special dietary needs, to consume such foods. Substitutions because of medical needs shall be made only when supported by a statement from a recognized medical authority, which includes recommended alternate foods.

Additional Food

To improve the nutrition of children over one year of age or adult participants, additional foods may be served with each meal (breakfast, lunch, snack, or supper); however, these additional foods may never be served in place of any required component.

Family-Style Meal Service

Meals may be served in a family-style setting provided that the institution is responsible for each child receiving an eligible meal

CERTIFICATION STATEMENT

The Oklahoma State Department of Education and institution mutually agree that if the Oklahoma State Department of Education has reason to believe that an institution or food management company has engaged in any unlawful, fraudulent act with respect to the Child and Adult Care Food Program, evidence found in compliance reviews, investigations, or other audits shall be a basis for non-payment of claims for reimbursement and termination from the Program.

This Agreement shall be effective commencing 10/1/2011 and ending 9/30/2012 unless terminated earlier as herein provided.

This Agreement to reimburse the institution for meals served to eligible participants is conditioned upon continued availability of funds appropriated for Program purposes in a sufficient amount and no legal liability on the part of the government for the payment of any money shall arise unless and until such appropriations shall have been provided.

As authorized representative of DC-66-055 - DIANNES LITTLE ANGELS, I understand and accept financial responsibility, and assure compliance to the terms and stipulations of this Agreement. I certify to the best of my knowledge that all information provided in this Application/Agreement is true and correct. I understand that this information is being given in connection with the receipt of Federal funds. I understand that Agency officials may, for cause, verify this information and that any deliberate misrepresentation may subject me and any other responsible person of this institution to prosecution under applicable Federal and/or State criminal laws.

I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT

Print Form

LEIGHANN RAUSCH 3/6/2012 7:22:40 PM

Return to Home Page Return to Facility **Return to Checklist**

Once form has been reviewed, click here



Click on the **Officers and Employee** document for inspection from the CHECKLIST. Refer to Example #12a—Private/Non-Profit and LLCs



Example #12a

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:28:09 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

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Officers and Employees - CACFP/FDCH-8

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- NANAS FAVORITES
11111111
OKLAHOMA CITY, OK 73165

Federal regulations require that Child Nutrition Programs have on file information regarding all members of the Board of Directors and employees of institutions that participate in any USDA funded food program. Nonprofit and LLC institutions must have at least three board members. No more than 49% of the total make-up of the Board of Directors may be (1) employees receiving compensation from the institution and/or (2) family members (by blood or marriage). This information must be updated immediately if there are any changes in the board members or key employees such as the director or any authorized personnel.

Board Members

Enter Board Member Information Below and click "Save Board Member". To edit a board member, click "Edit", update the information in the fields below, and click "Save Board Member".

| Edit | Delete | LastName | FirstName | MI | TitleDesc | Compensated | Related | DOB |
|---------------------|------------------------|----------|-----------|----|-----------------------|-------------|---------|------------|
| Edt | Delete | DOE | JOHN | A | President or Chairman | No | No | 09/01/1962 |
| Edt | Delete | SMITH | JOE | A | Board Member | No | No | 10/01/1964 |
| Edt | Delete | JONES | JANE | A | Board Member | No | No | 05/29/1946 |

Last Name

First Name

Middle Initial

Address Line 1

Address Line 2

ZIP Code

City

State

Date of Birth

Position on Board

Receives Compensation?

Related to any Other Board Member?

(City and State can be auto populated by entering a valid ZIP Code)

President or Chalman

Yes

Yes

If Yes, Explain Relationship

[Save Board Member](#)

[Add New Board Member](#)


Responsible Principals/Individuals

| Edit | Delete | LastName | FirstName | MI | TitleDesc | DOB | SecondJob | NumHours | Conflict |
|---------------------|------------------------|----------|-----------|----|-----------|------------|-----------|----------|----------|
| Edt | Delete | SMITH | SUZIE | A | Owner | 05/25/1968 | No | 0 | No |

Last Name

First Name
Middle Initial
Position Employee
Date of Birth
Does this individual have a second job (outside or within the institution)? Yes
If Yes, Enter the number of hours this individual works at the second job
Does this outside employment constitute a real or apparent conflict of interest to CACFP duties? N/A

I certify to the best of my knowledge and belief that this information is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Once form has been reviewed, click here
 

Date of Birth

Does this individual have a second job (outside or within the institution)? Yes

If Yes, Enter the number of hours this individual works at the second job

Does this outside employment constitute a real or apparent conflict of interest to CACFP duties? N/A

I certify to the best of my knowledge and belief that this information is true and correct in all aspects. I understand that this information is being given in connection with the receipt of Federal funds and the State Agency personnel may, for cause, verify information. I fully understand that deliberate misrepresentation may subject me and any principal or responsible persons of the institution submitting this application to prosecution under applicable Federal and/or State statutes.

Once form has been reviewed, click here

7. Click on the **Disclosure of Lobbying Activities** document for inspection from the CHECKLIST. (Refer to Example #13.) There should be NOTHING completed on this form unless the institution is involved in lobbying activities. Once you have reviewed the **Disclosure of Lobbying Activities** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Disclosure of Lobbying Activities**. If there is a problem, e-mail the institution.



Example #13

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Janet Barresi, State Superintendent of Public Instruction

Welcome LEIGHANN RAUSCH

Tuesday, February 28, 2012 10:28:23 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

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Disclosure of Lobbying Activities - CACFP/FDCH-9
(Instructions at Bottom of Page)

| | | | | | |
|--|--|-----------------------------|--|---|--|
| 1. Type of Federal Action | | 2. Status of Federal Action | | 3. ReportType | |
| N/A | | N/A | | N/A For Material Change Only Year Quarter Date of Last Report | |
| 4. Name and Address of Reporting Entity | | | 5. If reporting entity in number 4 is a sub-awardee, enter name and address of prime. | | |
| - NANAS FAVORITES 111111111 OKLAHOMA CITY, OK 73165 | | | Name Address City State ZIP Code | | |
| 6. Federal Department/Agency | | | 7. Federal Program Name/Description | | |
| | | | CFDA Number (If Applicable) | | |
| 8. Federal Action Number (If Known) | | | 9. Award Amount (If Known) | | |
| | | | \$0.00 | | |
| 10a. Name and Address of Lobbying Entity | | | 10b. Individual Performing Services (Including address if different from 10a.) | | |
| Name Address City State ZIP Code | | | Last Name First Name Middle Initial Address City State ZIP Code | | |
| 11. Amount of Payment | | | 13. Type of Payment (check all that apply) | | |
| \$ 0.00 N/A | | | <input type="checkbox"/> Retainer <input type="checkbox"/> One Time Fee <input type="checkbox"/> Commission <input type="checkbox"/> Contingent Fee <input type="checkbox"/> Deferred <input type="checkbox"/> Other (Please Specify) | | |
| 12. Form of Payment (Supply Nature and Value for In-Kind Payments) | | | | | |
| N/A Nature Value \$0.00 | | | | | |
| 14. Provide a brief description of services performed or to be performed and dates of service, including Officer(s), Employee(s), or Member(s) contacted for payment indicated in Item 11. | | | | | |
| | | | | | |
| 15. Information requested through this form is authorized by Title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation fact upon which reliance was placed by the item above when this transaction was made or entered into this disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure. | | | | Prepared By: Last Name First Name Middle Initial Title | |

Telephone
Date 2/13/2012 1:25:48 PM

Certification Regarding Lobbying

Applicable to Grants, Sub-grants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal Grant, the making of a Federal loan, the entering into of a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub-recipients shall certify and disclose accordingly.

Name/Address of Organization

L634 - NANAS FAVORITES
11111111
OKLAHOMA CITY, OK 73165

Save
Print Form

Submit Form

Submitted By
LEIGH A RAUSCH
2/13/2012 1:25:48 PM

Approved by
Once form has been reviewed, click here

[Return to Home Page](#) [Return to Facility](#) [Return to Checklist](#)



INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardees or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to the 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include the Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the sub-awardee, leg., the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to sub-contracts, sub-grants, and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include the Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of

Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal agency identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

10. (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonable expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply; Y. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employees(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.

15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

Sponsor Application Instruction Edits – Starting at page 27

#1 - 3: is correct

#12: Administrative Budget

If there is a \$ amount in the CACFP portion, you must click on the expense name, ie., under part "A" #18 Provider Site Training (Example 14A) Click on #18 and then Add Item. (Example 14B) You must enter the amount in the "Annual Cost of CACFP" in the Approved Amount Box, then update and close and close again. This will take you back to the sponsor budget.

Part "D": Make sure that #4 shows that they are in compliance.

Part "E": #3 cannot be in the negative. They have to be financially viable.

SPONSOR APPLICATION

Click on the ***Sponsor Application for Participation*** document for inspection from the CHECKLIST. (Refer to Example #14.) **NOTE:** Independent Centers will not have this form.

Items 1-3: Self Explanatory.

Item 4: The sponsor must indicate what type of entity it is. There must be only one answer.

Item 5: The sponsor must indicate if the institution is a Public School, Private School, Tribe or None of the above. There must be only one answer.

Item 6: If the answer is “YES,” then the sponsor must enter the state in which it participates.

Item 7: The sponsor must indicate the number of facilities by type it has under its sponsorship. This number should match the number of site/provider applications submitted.

Item 8: Number of enrolled participants from all sites/providers must be entered. Center sponsors must enter these figures based on eligibility determinations—free, reduced-price, or not eligible.

Item 9: *For Public and Private Non-Profit Institutions only*—Verify that the sponsor has entered the total federal funds it expended in the previous fiscal year, excluding CACFP reimbursements. The institution’s fiscal year must also be listed.

Item 10: If the sponsor answers “NO,” to this question, each site under the sponsor must have its own 501(c)3 uploaded or faxed to the State office.

Item 11: Self Explanatory. If there is a problem, e-mail the institution.

Example #14

1. (a) Name of institution or sponsoring organization:

HS TEST 001
1001 E ADDRESSAAA
OKLAHOMA CITY OK 73140

Telephone Number: 501 223-8184
County: OKLAHOMA COUNTY

(b) Mailing address, including zip code of the above institution. If post office box is used for correspondence, a physical address where records will be maintained **MUST** be included.

HS TEST 001
1001 E ADDRESS
OKLAHOMA CITY, OK 73140

(c) Purpose or Mission Statement of Organization:

AAA

2. Agreement Number: H-40-01

3. Name and Title of CACFP Sponsoring Organization representative (individual to contact for program information)

Last Name: HSLAST001
First Name: HSFIRST001
Title: DIRECTOR

4. Type of Institution:

- Public (GOVERNMENT-FUNDED [e.g. schools, tribes, universities])
- Private nonprofit (MUST SUBMIT COPY OF TAX EXEMPTION UNDER 501(c)(3))
- Proprietary Title XX
- Proprietary Title XIX (Adult Day Care Only)
- Proprietary Free/Reduced-Price Eligibility

5. Specify if institution is one of the following:

- Public School
- Private School
- Tribe
- None of the above

6. Does your institution operate the CACFP in any other states? No

If yes, where: _____

7. Number of facilities with food service under your administration

Child Care Centers: Adult Care Centers: Outside School Hours Centers:
Day Care Homes: Emergency Shelter: At-Risk:

8. Total number of participants enrolled at facilities under your administration

| | Children (Enter total for I and for II for homes) | Centers Only | | | Total Number of Participants |
|---------|--|------------------------------------|--------------------------------|--------------------------------|---------------------------------|
| | | Adult (adult care centers only) | (a) Free Category | (b) Reduced Price Category | |
| Centers | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |
| Homes | <input type="text" value="40"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="40"/> |

9. **Public or private nonprofit institution ONLY:** Total federal funds expended in the previous fiscal year (Title XX, commodities, grants, etc.), excluding CACFP reimbursements: \$

List months of institution's fiscal year (i.e., October to September): to

10. Are all sites under the sponsorship of the same legal entity (affiliated)? Yes

For Private Nonprofit Unaffiliated Sites Only: Each site must have its own 501(c)(3) form submitted.

11. Will all participants be served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability, and will there be no discrimination in the course of the meal service? Yes



| Administrative Budget Sponsoring Institutions | | | |
|--|---------------------------------------|------------------------------------|----------------------------|
| PART A. - COSTS FOR SPONSOR ANNUAL PROJECTED ADMINISTRATIVE EXPENSES | ENTIRE INSTITUTION BUDGET \$ | CACFP PORTION (IF ANY) \$ | CNP APPROVED \$ |
| ADMINISTRATIVE LABOR | | | |
| 1. Salaries/Employer Taxes (Schedule 1) | 70,000.00 | 12,666.62 | 6,000.00 |
| 2. Benefits (Schedule 2) | 450.00 | 86.67 | 60.00 |
| ADMINISTRATIVE SUPPLIES | | | |
| 3. Equipment purchased \$2,500 and up (Schedule 3) | 2,000.00 | 500.00 | 400.00 |
| 4. Materials/Supplies/Items—Durable (Schedule 4) | 0.00 | 0.00 | 0.00 |
| 5. Materials/Supplies/Items—Expendable (Schedule 5) | 0.00 | 0.00 | 0.00 |
| 6. Printing (Schedule 6) | 2,000.00 | 500.00 | 400.00 |
| 7. Postage (Schedule 7) | 0.00 | 0.00 | 0.00 |
| ADMINISTRATIVE SERVICES | | | |
| 8. Office Space Rental/Lease (Schedule A-8 and A-8[A]) | 10,000.00 | 10,000.00 | 3,000.00 |
| 9. Utilities (Schedule 9) | 0.00 | 0.00 | 0.00 |
| 10. Insurance Premiums (Schedule 10) | 0.00 | 0.00 | 0.00 |
| 11. Contracted/Professional Services (Schedule 11) | 0.00 | 0.00 | 0.00 |
| 12. Equipment Rental/Lease (Schedule 12) | 12,000.00 | 5,700.00 | 4,100.00 |
| 13. Telephone (Schedule 13) | 1,000.00 | 200.00 | 100.00 |
| 14. Advertising/Public Information (Schedule 14) | 0.00 | 0.00 | 0.00 |
| 15. Dues, Memberships, Subscriptions (Schedule 15) | 0.00 | 0.00 | 0.00 |
| TRAVEL | | | |
| 16. Travel—Program Operations (Preapproval visits; monitoring reviews; follow-ups) (Schedule 16) | 2,900.00 | 700.00 | 575.00 |
| 17. Travel—Training (Workshops attended; workshops conducted) (Schedule 17) | 5,400.00 | 2,715.00 | 2,450.00 |
| TRAINING/EDUCATION | | | |
| 18. Provider/Site Training—Materials/Facilities (Schedule 18) | 0.00 | 0.00 | 0.00 |
| 19. Staff Training—Materials/Facilities (Schedule 19) | 0.00 | 0.00 | 0.00 |
| 20. Other Administrative Services (Specify): (Schedule 20) | 6,250.00 | 750.00 | 605.00 |
| 21. INDIRECT COSTS (Upload of Indirect Cost Plan from Checklist) (Schedule 21) | 100.00 | 20.00 | 10.00 |
| 22. TOTAL ADMINISTRATIVE EXPENSES | 112,100.00 | 33,838.29 | 17,700.00 |
| <i>CENTER SPONSORS ONLY</i> PART B. - COSTS FOR SITES ANNUAL PROJECTED OPERATING EXPENSES | | CACFP BUDGET \$ | CNP APPROVED \$ |
| 1. Food and Milk Costs | 0.00 | 0.00 | |
| 2. CACFP Food-Related Supplies | 0.00 | 0.00 | |
| 3. Food Service Labor (Schedule B-1) | 0.00 | 0.00 | |
| 4. Food Service Benefits (Schedule B-2) | 0.00 | 0.00 | |
| 5. TOTAL OPERATING EXPENSES | 0.00 | 0.00 | |

| PART C. ANNUAL PROJECTED REVENUE (INCOME) | | |
|--|---|-------------------|
| SOURCES | | ANNUAL AMOUNT |
| 1. | Child Care or Adult Day Care Fees (Private Pay) | 46,000.00 |
| 2. | Child Care or Adult Day Care Fees (DHS Title XX/XIX) | 100.00 |
| 3. | Medicaid Funding | 3,000.00 |
| 4. | CACFP Reimbursement (New Institutions: License Capacity X Average Rate of ALL Reimbursements X Number of Operating Days Per Year) | 55,000.00 |
| 5. | Federal Funding | 4,000.00 |
| 6. | Grants | 2,000.00 |
| 7. | Donations | 1,000.00 |
| 8. | Miscellaneous | 2,000.00 |
| 9. | Total Annual Income | 112,100.00 |

| PART D. CENTER SPONSORS ONLY ANNUAL COMPLIANCE WITH 15% RULE | |
|--|--|
| 1. | Total CACFP Portion of Projected Administration Budget (A.22, Column 2): |
| 2. | Projected CACFP Reimbursement (C.4): |
| 3. | Reimbursement (D.2) X 15% = (Total in D.1 Cannot Exceed D.3) |
| 4. | Sponsor Is in Compliance With 15% Rule |

| PART E. TOTAL BUDGET | | | |
|-------------------------|-----------------------------|-----------------|-----------------------|
| | | SPONSOR PORTION | CNP APPROVED EXPENSES |
| 1. | Total Expenses (A.22 + B.5) | 112,100.00 | 17,700.00 |
| 2. | Total Revenue (C.9) | 112,100.00 | |
| 3. | Profit/Loss: | 0.00 | |
| 4. | Budget Based on Facilities | | |

Income Comments

Calculate Profit/Loss

| PART F. FDCH SPONSORS ONLY 10% ADMINISTRATIVE FUNDS CARRYOVER | |
|--|--|
| FDCH sponsor desires to carryover up to 10% of administrative reimbursement received from previous fiscal year into new fiscal year: | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Prior Fiscal Year's Total Administrative Expenses: | 35,000.00 |

NOTE: Sponsors selecting the Yes box will be required to submit a year end reconciliation of all administrative funds expended for the year.

- Save and Continue
- Next Page Without Saving
- Print Form

- Return to Home Page
- Return to Facility
- Return to Checklist

← Once form has been reviewed, click here



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OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Saturday, September 07, 2013 9:52:20 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

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Child Nutrition Programs
Child and Adult Care Food Program (CACFP)
Sponsor Application for Participation - CACFP/FDCH-2 - Page 2

Section A - Record Collection And Fund Disbursement

Describe the procedure for collecting records from each facility showing the number of children served each day, costs claimed, and facility size and income information. In addition, for homes, describe the procedures for determining whether the home is Tier I or Tier II and for determining eligibility of provider's children for reimbursement. Describe what method will be used to collect records and how frequently these records are collected. Where will these records be maintained on file? *(Maximum 300 Characters)*

DESCRIPTION MUST BE ENTERED HERE

Describe your system for disbursing CACFP Reimbursement to facilities under your administration within 5 days of receipt from Child Nutrition Programs. (Reimbursement for a facility cannot exceed the CACFP meals claimed for that facility by the sponsoring organization. All operating reimbursement claimed for a day care home/center must be distributed to it.) *(Maximum 300 Characters)*

DESCRIPTION MUST BE ENTERED HERE

Section B - Ethnic and Racial Break-down

- Ethnic/Racial Categories:**
- Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race.
 - Not Hispanic or Latino:** A person not of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin regardless of race.
 - (1) American Indian/Alaskan Native :** A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos)
 - (2) Asian:** A person having origins in any of the far east, Southeast Asia, and the Indian Subcontinent.
 - (3) Native Hawaiian or Other Pacific Islander:** A person native to Hawaii or other Pacific Island.
 - (4) Black or African American:** A person having origins in any Black racial groups.
 - (5) White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Institution's **actual enrollment data** * by ethnic/racial category for each facility under its jurisdiction:

Data must be reported in whole numbers only.

Ethnic Break-down (actual enrollment) 

- Hispanic
 - Not Hispanic

Racial Break-down (actual enrollment)

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


**If you are a sponsoring organization, the data reported should be for all facilities under your administration.*

This ethnic/racial projection is based on

- Comparative Enrollment in facilities
- Personal Knowledge
- Observation of Students
- Voluntary Self Identification on Application Forms

2. Potential eligible beneficiaries are those persons conceivably eligible to receive meals under the CACFP. **These are not the participants enrolled in your center but those living in the area from which you draw your attendance under the age of 12 for all facilities except the At-Risk Program.** At-Risk programs should include students up to the age of 19. Sources used to obtain this information might include census data or public school enrollment data. For adult day care, use the best information available. The estimate should include people over 60 as well as adults chronically impaired.

***Institution's estimated number of potential eligible beneficiaries by ethnic/racial category for the area(s) served:
 DO NOT USE ACTUAL ENROLLMENT DATA***

Ethnic Break-down (estimated potential eligible) 

- Hispanic
 - Not Hispanic

Racial Break-down (estimated potential eligible)

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

Section C - Monitoring

1. Sponsors are required to conduct on-site approval visits of new facilities **PRIOR** to the beginning of operations.

Describe your procedure for conducting pre-approval visits to each proposed child care facility.

(Attach a copy of the Pre-Approval Evaluation Form.) (Maximum 300 Characters)

DESCRIPTION MUST BE ENTERED HERE

2. Sponsors are required to monitor food service operations of facilities under its administration annually. New facilities must have their first review during the **first four weeks of operation**. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

There are two different methods in which a sponsor may conduct reviews to comply with United States Department of Agriculture (USDA) requirements. Indicate which method will be used.

- Conduct one announced and two unannounced reviews* of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
- Review averaging by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after their previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking review. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

* Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

Describe timing of reviews so sites/providers do not anticipate when they will be conducted: (Maximum 300

Characters)

DESCRIPTION MUST BE ENTERED HERE

Will the sponsor comply with these requirements? Yes No

MONITOR STAFFING RATIO

1) Full-time Employees (FTE) Required for Number of Facilities Served

Add Metro and Rural county sites below to determine Full-Time Employees (FTE) required for monitoring:

County Name:

Sites in county:

a. Metro Counties Served

Total Metro Sites = + 75 Metro Limit = FTE

b. Rural Counties Served

| Delete | County# | Sites in County |
|--------|---------|-----------------|
| Delete | Adair | 2 |

Total Rural Sites = 2 + 60 Rural Limit = 0.033 FTE

c. Total FTE required to monitor sites = 0.033 FTE (a + b)

2) FTE Devoted to Monitoring Activities:

Add hours spent per week for all personnel performing monitoring duties:

Name: _____
 # Hours per week spent monitoring: _____

a. List of Monitoring Personnel

| Delete | Personnel | # Hours/Week Spent on Monitoring Duties |
|--------|------------|---|
| Delete | ROB THOMAS | 20.00 |

b. Total hours spent on monitoring duties each week = 20 + 40 hours per week = 0.5 FTE devoted to monitoring activities. The number of FTE devoted to monitoring duties must be equal or exceed the total FTE required to monitor sites (1c).

Section D - Training

Annual (October 1 through September 30) training must be conducted. For center sponsors: Training must be conducted for key site staff involved in the CACFP. For FDCH sponsors: Training must be conducted for providers involved with the CACFP. Key staff/providers must be issued a certificate for the training received. Training methods may include:

- Conference/meeting style.
- Online.*
- Self-paced curriculum.*

*Online and self-paced curriculum must include documentation and post-training test, benchmarks, and e-mail confirmation.

Training topics must include:

1. Meal Pattern
2. Meal counts
3. Record keeping
4. Claims
5. Reimbursement process

Sponsor's designated trainer position:

Will the sponsor comply with this requirement: Yes No

I certify that the information on this Application is true to the best of my knowledge. I will accept final administration and financial responsibility for total CACFP operations at the facilities under my sponsorship and that reimbursement will be claimed only for meals served to enrolled children. The CACFP will be available to all eligible children without regard to race, color, age, national origin, sex, or disability at approved food service facilities. I understand that 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.

Once form has been reviewed, click here

Example #14a

**SCHEDULE A-18
PROVIDER/SITES TRAINING—MATERIALS/FACILITIES**

Unallowable costs include: motivational speakers, social events, entertainment, flowers table decor, alcoholic beverages, door prizes, gifts, substitutes for providers when training is conducted during provider's site's established hours of operation, travel for providers' site employees, and travel for providers' site employees to attend training.

| | Type of Purchase | Total Cost of Purchase | % Allocated to CACFP | Annual Cost to CACFP | GNP Approved |
|-------------------------------------|--|------------------------|----------------------|----------------------|--------------|
| <input checked="" type="checkbox"/> | PRINTING, NOTEBOOKS, FOOD AND BEVERAGES, | \$2,240.00 | 100.000% | \$2,240.00 | \$2,240.00 |

Example #14b

**SCHEDULE A-18
PROVIDER/SITES TRAINING—MATERIALS/FACILITIES**

Unallowable costs include: motivational speakers, social events, entertainment, flowers table decor, alcoholic beverages, door prizes, gifts, substitutes for providers when training is conducted during provider's site's established hours of operation, travel for providers' site employees, and travel for providers' site employees to attend training.

| | |
|------------------------|---------------------|
| Type of Purchase | PRINTING, NOTEBOOKS |
| Total Cost of Purchase | 2,240.00 |
| % Allocated to CACFP | 100.000 |
| Annual Cost to CACFP | 2,240.00 |

Approved Amount: \$
2,240.00

ANNUAL BUDGET SUMMARY—SPONSORING ORGANIZATIONS ONLY

All sponsoring organization must submit an annual budget. For independent centers, the **Administrative Budget** is found on the CHECKLIST. For sponsors, the budget is part of the **Sponsor Application for Participation**.

Administrative Budget for Sponsors:

The first three pages of the budget contain the **SUMMARY**. There are 21 different Schedules included in Part A and two different Schedules included in Part B. For any items listed on the individual Schedules, the totals will automatically be entered into the **SUMMARY**. Refer to FNS Instruction 796-2, Revision 3 for clarification on each budget item. (Refer to Example #15.)

Part A, Schedule A-1: The sponsor must enter **EVERY** employee (except food service labor) in one lump sum. The annual salaries and taxes must be entered for each, noting how much, if any, of the CACFP is used for payment. Each employee must have a job description uploaded or faxed to the State office. The **Bureau of Labor Statistics** Web site must be used to determine whether each employee's salary is in line with other organizations of the same type and whether the job descriptions submitted are appropriate. Once you log into the Bureau of Labor Statistics Web site, you will search for **Wage Data by State** and enter Oklahoma. From this page you will see a list of major occupational groups. You must use your best judgment to determine which group fits the different job descriptions submitted. Compare the job descriptions and salaries submitted with what the Web site indicates. Once satisfied with what the sponsor has submitted, move onto Schedule A-2. The sponsor must have salary costs entered. Some of these costs may or may not be charged to the CACFP.

NOTE: Staff who are paid with both sponsor funds (Administrative Expenses) and CACFP food service funds (Operating Expenses) **MUST** have their hours counted separately. **EXAMPLE:** A teacher working 2,080 hours annually, of which $\frac{3}{4}$ is paid by the SO and $\frac{1}{4}$ is paid by CACFP, should be reported on **Schedule A-1** (Column 1 only) as 1,560 hours and on **Schedule B-1** as 520 hours.

Part A, Schedule A-2: For each employee entered on **Schedule A-1**, the sponsor must enter all the benefits associated with that employee. The amount charged to CACFP should be calculated by using the percentage established in Item 4 of Schedule A-1. The sponsor must have benefit costs entered. Some of these costs may or may not be charged to the CACFP. Benefits do not normally exceed 35% of the total annual salary.

Part A, Schedule A-3: Any equipment the sponsor purchases with an acquisition cost of \$2,500 or more must be depreciated. Verify that the sponsor has entered the information correctly by using the Depreciation Schedule that is part of Schedule A-3.

Part A, Schedule A-4: Any durable supplies are items that have an acquisition cost of less than \$2,500, with a life expectancy of one year or more (i.e., chairs, desks, tables) Verify that the sponsor has adequately reported items projected to be purchased.

Part A, Schedule A-5: Expendable materials and supplies are those with an acquisition cost of less than \$2,500, with a life expectancy of less than one year (i.e., pens, pencils, paper.) Verify that the sponsor has adequately reported items projected to be purchased. The sponsor must have expendable costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-6: Verify any projected costs reported for printing purposes. The sponsor must have printing costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-7: Projected postage costs should be reported. If the sponsor is using a postage machine and the machine costs less than \$2,500, then the cost of the machine would be entered here. If the machine costs more than \$2,500 then it would be reported under Schedule A-3. If a postage machine is being leased the machine costs more than \$2,500, this cost will be reported in Schedule A-12.

Part A, Schedule A-8: Office Space Agreement—If office space is being leased, Schedule A-8 must indicate what kind lease the sponsor has. The kind of lease indicated will dictate which form the sponsor must complete: Schedule A-8(A)—Lease Between Unrelated Parties, Schedule A-8(A)—Lease/Purchase Between Related Parties, or the IRS Form 8829. If the sponsor is using his/her own home, the sponsor must download the IRS form 8829 and complete it. Along with the specific Schedule A-8(A) form completed by the sponsor, a copy of the lease, lease/purchase, or IRS form must uploaded or faxed to the State office.

Part A, Schedule A-9: The sponsor must have utility costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-10: The sponsor must have insurance costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-11: Most sponsors will have contracted professional services costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-12: Equipment is defined as an item with an acquisition cost of \$2,500 or more. If the sponsor is renting or leasing any equipment defined as such, the rental/lease agreement must be uploaded or faxed to the State office.

Part A, Schedule A-13: The sponsor must have telephone costs entered. Some of these costs may or may not be charged to the CACFP. If any portion of cell phones is charged to the CACFP, a copy of the

cellular phone agreement must be uploaded or faxed to the State office. The sponsor must report base rate only, unless calls are itemized.

Part A, Schedule A-14: Some sponsors will have advertising/public information costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-15: Some sponsors will have dues, memberships, and subscription (not for individual use) costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-16: The sponsor must have program operations travel costs entered. Some of these costs may or may not be charged to the CACFP.

Part A, Schedule A-17: Only the portion of the conference/workshop relating to CACFP is an allowable expense. If not Totally paid for by CACFP funds, indicate by inserting an asterisk (*) to the left of the "CONFERENCE/CLASS" name. Indicate the funding source(s).

NOTE: Schedule A-17/line Item 17 of the Administrative Budget Summary shall only be given conditional approval. Sponsors must write the State Agency for specific prior written approval and include conference/workshop agendas before full approval shall be granted.

*Meals will not be allowed to be claimed unless the employee is out overnight at least 18 hours. If a community action agency has a policy allowing meals to be claimed over a lesser amount of time, the sponsor policy must be attached for approval to be granted.

Schedule A-18: Every sponsor is required to conduct provider/site training. Therefore, all sponsors must have these costs. Most of these costs should be charged to the CACFP; however, that is not a requirement.

Schedule A-19: Every sponsor is required to conduct staff training. Therefore, all sponsors must have these costs. Most of these costs should be charged to the CACFP; however, that is not a requirement.

Schedule A-20: Some sponsors will have other administrative services costs entered. Some of these costs may or may not be charged to the CACFP. The sponsor must have ***specific prior written approval*** before it can expend CACFP funds for any purpose listed. Approving the budget during the application process gives only conditional approval for any of these activities.

Schedule A-21: Every sponsor is required to upload one or more Indirect Cost Plans from the Checklist that match the amounts entered on this schedule.

Part B: FOR CENTER SPONSORS ONLY. Center sponsors must also show OPERATING COSTS. Therefore, projected costs for food and milk, CACFP food-related supplies, and food service labor and benefits must be indicated. If a sponsor is new, the sponsor should use the following formula to calculate the projected the costs for food and milk:

Average of all Reimbursements X Average of License Capacities X # of Operating Days per Year

EXAMPLE: A sponsor has 20 sites and each site is going to serve **BREAKFAST, LUNCH, and SNACK** meals. The following rates would be added together: **FREE** breakfast rate + **REDUCED-PRICE** breakfast rate + **NOT ELIGIBLE** breakfast rate + **FREE** lunch rate + **REDUCED-PRICE** lunch rate + **NOT ELIGIBLE** lunch rate + **FREE** snack rate + **REDUCED-PRICE** snack rate + **NOT ELIGIBLE** snack rate. The **TOTAL** of all the rates would then be divided by 20 to get an **AVERAGE RATE OF REIMBURSEMENT**. (**NOTE:** In instances where each site has different meal services, the sponsor would need to obtain the average reimbursement rate for each site individually and then add all of them together and divide by 20.) Next, the **LICENSE CAPACITY** of each site would be added together and divided by three to get an **AVERAGE LICENSE CAPACITY**. The **AVERAGE RATE OF REIMBURSEMENT** would then be multiplied by the **AVERAGE LICENSE CAPACITY** to obtain a **DAILY COST**. The **DAILY COST** would then be multiplied by the **NUMBER OF OPERATING DAYS PER YEAR** the sponsor intends to operate. The **TOTAL** of this calculation should be recorded on Part B, Line #1.

NOTE: For sponsors that do not have a **LICENSE CAPACITY** (i.e., At-Risk sponsors), they would need to use the building capacity or their best estimate of how many children they anticipate participating.

Part B, Schedule B-1: The sponsor must enter **EVERY** employee that has anything to do with the food service (operating expenses). These expenses are charged to the CACFP only. The annual salaries and taxes must be entered for each. Each entry’s data is automatically calculated by the computer. Each employee must have a job description uploaded or faxed to the State office. (**Example #15**) The **Bureau of Labor Statistics** Web site must be used to determine whether each employee’s salary is in line with other organizations of the same type and whether the job descriptions submitted are appropriate. Once you log into the Bureau of Labor Statistics Web site, you will search for **Wage Data by State** and enter Oklahoma. From this page you will see a list of major occupational groups. You must select the occupation of **FOOD PREPARATION AND SERVING RELATED OCCUPATIONS**. Compare the job descriptions and salaries submitted with what the Web site indicates. Once satisfied with what the sponsor has submitted, move onto Schedule B-2. The sponsor must have salary costs entered.

Example #15

| Occupation title | Median hourly wage | Mean hourly wage | Annual mean wage |
|---|--------------------|------------------|------------------|
| Administrative Services Managers | \$27.03 | \$29.97 | \$62,340 |
| Financial Managers | \$38.01 | \$42.49 | \$88,380 |
| Purchasing Managers | \$35.19 | \$36.39 | \$75,680 |
| Education Administrators, Elementary and Secondary School | (4) | (4) | \$68,070 |
| Food Service Managers | \$18.74 | \$21.33 | \$44,380 |
| Training and Development Specialists | \$22.70 | \$24.22 | \$50,370 |
| Accountants and Auditors | \$24.39 | \$27.37 | \$56,940 |
| Preschool Teachers, Except Special Education | \$11.11 | \$12.73 | \$26,480 |
| Self-Enrichment Education Teachers | \$18.08 | \$21.23 | \$44,150 |
| Teachers and Instructors, All Other* | (4) | (4) | \$22,770 |
| Teacher Assistants | (4) | (4) | \$19,740 |
| Chefs and Head Cooks | \$14.33 | \$15.68 | \$32,620 |
| First-Line Supervisors of Food Preparation and Serving Workers | \$12.38 | \$13.37 | \$27,820 |
| Cooks, Institution and Cafeteria | \$8.98 | \$9.48 | \$19,710 |
| Cooks, All Other | \$9.15 | \$9.90 | \$20,600 |
| Food Servers, Nonrestaurant | \$9.01 | \$9.50 | \$19,760 |
| Dishwashers | \$8.52 | \$8.43 | \$17,540 |
| Food Preparation and Serving Related Workers, All Other | \$9.17 | \$10.25 | \$21,320 |
| First-Line Supervisors of Office and Administrative Support Workers | \$20.35 | \$22.02 | \$45,790 |
| Bookkeeping, Accounting, and Auditing Clerks | \$13.68 | \$14.26 | \$29,670 |
| Payroll and Timekeeping Clerks | \$16.05 | \$16.31 | \$33,930 |
| Office and Administrative Support Workers, All Other* | \$15.69 | \$16.46 | \$34,230 |

(1) Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

(2) Annual wages have been calculated by multiplying the hourly mean wage by a "year-round, full-time" hours figure of 2,080 hours; for those occupations where there is not an hourly mean wage published, the annual wage has been directly calculated from the reported survey data.

(3) The relative standard error (RSE) is a measure of the reliability of a survey statistic. The smaller the relative standard error, the more precise the estimate.

(4) Wages for some occupations that do not generally work year-round, full time, are reported either as hourly wages or annual salaries depending on how they are typically paid.

(5) This wage is equal to or greater than \$90.00 per hour or \$187,199 per year.

(8) Estimates not released.

NOTE: Staff who are paid with both sponsor funds (Administrative Expenses) and CACFP food service funds (Operating Expenses) **MUST** have their hours counted separately. **EXAMPLE:** A teacher working 2,080 hours annually, of which $\frac{3}{4}$ is paid by the SO and $\frac{1}{4}$ is paid by CACFP, should be reported on **Schedule A-1** (Column 1 only) as 1,560 hours and on **Schedule B-1** as 520 hours.

Part B, Schedule B-2: For each employee entered on **Schedule B-1**, the sponsor must enter all the benefits associated with that employee. The sponsor must have benefit costs entered. Benefits do not normally exceed 35% of the total annual salary.

Part C: All sponsors must record annual projected revenues.

Part C, Item 1-3: Self Explanatory.

Part C, Item 4: Renewing sponsors should show the CACFP reimbursements that were received in the prior 12-month period. New sponsors must estimate how much CACFP reimbursements are expected. This can be done by using the following formula:

Average of all Reimbursements X Average of License Capacities X # of Operating Days per Year

EXAMPLE: A sponsor has 20 providers/sites and each provider/site is going to serve **BREAKFAST, LUNCH, and SNACK** meals. The following rates would be added together: **FREE** breakfast rate + **REDUCED-PRICE** breakfast rate + **NOT ELIGIBLE** breakfast rate + **FREE** lunch rate + **REDUCED-PRICE** lunch rate + **NOT ELIGIBLE** lunch rate + **FREE** snack rate + **REDUCED-PRICE** snack rate + **NOT ELIGIBLE** snack rate. The **TOTAL** of all the rates would then be divided by 20 to get an **AVERAGE RATE OF REIMBURSEMENT**. (**NOTE:** In instances where each provider/site has different meal services, the sponsor would need to obtain the average reimbursement rate for each provider/site individually and then add all of them together and divide by 20.) Next, the **LICENSE CAPACITY** of each site would be added together and divided by three to get an **AVERAGE LICENSE CAPACITY**. The **AVERAGE RATE OF REIMBURSEMENT** would then be multiplied by the **AVERAGE LICENSE CAPACITY** to obtain a **DAILY COST**. The **DAILY COST** would then be multiplied by the **NUMBER OF OPERATING DAYS PER YEAR** the sponsor intends to operate.

For CENTER Sponsors: The **TOTAL** of the above calculation should be recorded on Part B, Line #1.

For Family Day Care Home Sponsors:

Total # of Homes Anticipated as Participating X Rate of Reimbursement for Each Home


Part C, Item 5-9: Self Explanatory.

Part D: FOR CENTER SPONSORS ONLY. Center sponsors must show that the total CACFP portion of the budget does not exceed 15% of the projected CACFP reimbursement. The formula is self-explanatory. Depending on the outcome of the calculations, the sponsor should indicate compliance or not. If the sponsor has answered “NO,” then the sponsor must be contacted through e-mailed to determine if the sponsor can be approved to participate.

Part E: All sponsors must prove that they are financial viable. If the institution shows a loss, the sponsor must be contacted through e-mail to determine if the sponsor can be approved to participate.

SITE APPLICATION--CENTERS

From the CHECKLIST, click on the ninth document for inspection: ***Application for Participation.*** (Refer to Example #16a.)



Enter Claims

Home

Application Search

Administrative Functions

Security Maintenance

Call Log

Training Reports

Rates/Eligibility Scales

Resource Library

File Upload

Training Calendar

Log Out

Privacy Statement



Example #16a

OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Thursday, September 03, 2013 1:05:28 PM
 Child Nutrition - Child & Adult Care Food Program (CACFP)

THE UNITED STATES DEPARTMENT OF AGRICULTURE
 FOOD AND NUTRITION SERVICE

**Application for Participation for Child Care
 and Adult Care Centers - CACFP-1**
 (CHILD AND ADULT CARE FOOD PROGRAM)

Return to Home Page Return to Facility Return to Checklist

Copy Previous Year

Section A - General

| | |
|--|--|
| <p>A. Name and Address of Center: DC-66-101 - ICNP TEST 101 1001 ADDR TULSA, OK 74130 501 223-8184 TULSA County License Number: 211110101</p> | <p>B. Name of Person Responsible at Child Care or Adult Day Care Center: Last Name LASTNAME First Name FIRSTNAME Middle Initial M Title DIRECTOR</p> |
| <p>C. Is site affiliated with the sponsor? <input type="checkbox"/></p> <p>D. Is center licensed or approved by federal, state, or local authority? <input checked="" type="checkbox"/> Yes (If Yes, Send a Copy of License or Certification)</p> <p>E. Does the center participate in the CACFP program in any other states? <input type="checkbox"/> No If Yes, list states below:</p> | <p>G. Type of Institution: <input type="radio"/> Public (GOVERNMENT-FUNDED [e.g. schools, tribes, universities]) <input checked="" type="radio"/> Private nonprofit (MUST SUBMIT COPY OF TAX EXEMPTION UNDER 501(c)(3)) <input type="radio"/> Proprietary Title XX <input type="radio"/> Proprietary Title XIX (Adult Day Care Only) <input type="radio"/> Proprietary Free/Reduced-Price Eligibility</p> |
| <p>F. Specify if institution is one of the following: <input type="radio"/> Public School <input checked="" type="radio"/> Private School <input type="radio"/> Tribe <input type="radio"/> None of the above</p> | <p>H. Type of Facility: (Select all that apply)</p> <p><input checked="" type="checkbox"/> Child Care Center/Preschool (If Title XX, SUBMIT copy of child care provider contract)</p> <p><input type="checkbox"/> Head Start Center</p> <p><input type="checkbox"/> Adult Day Care Center (If Title XIX, SUBMIT copy of provider contract)</p> <p><input type="checkbox"/> Outside-School-Hours Care Center</p> <p><input type="checkbox"/> At-Risk Program Name of School Within Attendance Area: Purpose of Program:</p> <p><input type="checkbox"/> Emergency Shelter</p> |
| <p>I. Age Range of Enrolled Participants (Enter infants under 1 year as 0): From 0 to 12 years old.</p> | |
| <p>J. Licensed Capacity 20</p> | |

Section 2A - Operating Data

| | |
|--|---|
| <p>A. Hours of Operation: From 0800 to 1800 (hhmm) ?</p> | <p>B. Dates of Operation (mm/dd/yyyy) Start 10/31/2013 End 9/30/2014</p> |
| <p>E. Do you serve meals to participants in shifts? <input type="checkbox"/> No If Yes, Explain</p> | <p>C. Number of operating days per week? 5</p> <p>D. Number of operating weeks per year? 52</p> <p>F. Check all months in which the Child and Adult Care Food program will operate</p> <p><input checked="" type="checkbox"/> January <input checked="" type="checkbox"/> February <input checked="" type="checkbox"/> March <input type="button" value="Select All"/></p> <p><input checked="" type="checkbox"/> April <input checked="" type="checkbox"/> May <input checked="" type="checkbox"/> June <input type="button" value="Select None"/></p> <p><input checked="" type="checkbox"/> July <input checked="" type="checkbox"/> August <input checked="" type="checkbox"/> September</p> <p><input checked="" type="checkbox"/> October <input checked="" type="checkbox"/> November <input checked="" type="checkbox"/> December</p> |

Section 3A - Meal Service Data

Please add data for each meal served, including shift meals

| | | | | | | | |
|------|-----------|-----------|---------------|-----------------|------------|--|---|
| Meal | Breakfast | Meal Time | 0800 (hhmm) ? | Number of Meals | 20 | <input type="button" value="Add/Update Meal"/> | <input type="button" value="Clear Fields"/> |
| | Delete | Edit | Meal Time | Meal | # of Meals | | |
| | Delete | Edit | 1200 | Lunch | 20 | | |
| | Delete | Edit | 1500 | Supper | 20 | | |

Section B - Directions

Please provide detailed directions to this center, starting from nearest major intersection:

TEST DIRECTIONS

Section C - Child and Adult Day Care Center

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|--|--|--------------------------------|-------------------------------------|---------------------------------|-------------------------------|---|---------------------------------------|--|--|--|------------------------------------|--|---|--|--|--|
| <p>A. Is this a Private Non Profit Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, send us a copy of your 501-C-3 Non Profit Status Letter from the IRS)</p> | <p>B. Does your center now participate or have you ever participated in program(s) funded through The Food and Nutrition Service or any other Federally Funded Programs in the past seven years? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes, provide name of program(s) and operation dates.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>C. Does center participate in the Head Start Program? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>E. Actual Number of Participants Enrolled in Program</p> <p>Total Number of Participants Enrolled <input type="text" value="20"/></p> | | | | | | | | | | | | | | | | | | | | |
| <p>D. Method(s) by which meals will be provided</p> <p><input checked="" type="checkbox"/> Preparation at Meal Service Location</p> <p><input type="checkbox"/> Preparation at Central Kitchen</p> <p><input type="checkbox"/> Under Contract With Vendor</p> <p><input type="checkbox"/> Under Contract With Local School System</p> <p><input type="checkbox"/> Under Contract With Food Service Management Company Participants</p> | <p>F. FOR PROFIT SITES ONLY COMPLETE ONE SIDE ONLY</p> <table border="1" style="width: 100%;"> <tr> <td colspan="2"> <input type="radio"/> Title XX/XIX Eligibility </td> <td colspan="2"> <input type="radio"/> Free/Reduced-Price Eligibility </td> </tr> <tr> <td style="text-align: center;"> <input type="text" value="0"/> + <input type="text" value="20"/> </td> <td style="text-align: center;"> <input type="text" value="0"/> </td> <td style="text-align: center;"> Free <input type="text" value="0"/> </td> <td style="text-align: center;"> <input type="text" value="20"/> </td> </tr> <tr> <td style="text-align: center;"> Number Receiving Title XX/XIX </td> <td style="text-align: center;"> Total Enrollment / License Capacity (Whichever is Less) </td> <td style="text-align: center;"> + Red. <input type="text" value="0"/> </td> <td style="text-align: center;"> Number of Approved Free/Reduced-Price Eligibles / License Capacity (Whichever is Less) </td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: center;"> = <input type="text" value="0"/> % </td> </tr> <tr> <td colspan="4" style="text-align: center; font-size: small;"> Note: Save application to update disabled fields (for profit only). </td> </tr> </table> | <input type="radio"/> Title XX/XIX Eligibility | | <input type="radio"/> Free/Reduced-Price Eligibility | | <input type="text" value="0"/> + <input type="text" value="20"/> | <input type="text" value="0"/> | Free <input type="text" value="0"/> | <input type="text" value="20"/> | Number Receiving Title XX/XIX | Total Enrollment / License Capacity (Whichever is Less) | + Red. <input type="text" value="0"/> | Number of Approved Free/Reduced-Price Eligibles / License Capacity (Whichever is Less) | | | = <input type="text" value="0"/> % | | Note: Save application to update disabled fields (for profit only). | | | |
| <input type="radio"/> Title XX/XIX Eligibility | | <input type="radio"/> Free/Reduced-Price Eligibility | | | | | | | | | | | | | | | | | | | |
| <input type="text" value="0"/> + <input type="text" value="20"/> | <input type="text" value="0"/> | Free <input type="text" value="0"/> | <input type="text" value="20"/> | | | | | | | | | | | | | | | | | | |
| Number Receiving Title XX/XIX | Total Enrollment / License Capacity (Whichever is Less) | + Red. <input type="text" value="0"/> | Number of Approved Free/Reduced-Price Eligibles / License Capacity (Whichever is Less) | | | | | | | | | | | | | | | | | | |
| | | = <input type="text" value="0"/> % | | | | | | | | | | | | | | | | | | | |
| Note: Save application to update disabled fields (for profit only). | | | | | | | | | | | | | | | | | | | | | |

Section D - Food Service Staff Pattern

Enter only personnel who will perform Child and Adult Care Food Program related food service functions in this section

| | |
|--------------------------------------|---|
| Name of Position | <input type="text"/> |
| Specific Program Related Duties | <input type="text"/> |
| Number of Personnel in This Position | <input type="text"/> <input type="button" value="Add"/> |

Center Requests

(NOTE: Approved centers which prefer cash-in-lieu of commodities will receive such cash payments. Donated commodities or cash-in-lieu of commodities is provided in addition to CACFP reimbursements.)

Section E - Ethnic / Racial Makeup

Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participant only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Institution's **actual enrollment data** * by ethnic/racial category for each facility under its jurisdiction:

Data must be reported in whole numbers only.

Ethnic Break-down (actual enrollment)

- Hispanic
 - Not Hispanic

Racial Break-down (actual enrollment)

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

*If you are a sponsoring organization, the data reported should be for all facilities under your administration.



Potential eligible beneficiaries are those persons conceivably eligible to receive meals under the CACFP. **These are not the participants enrolled in your center but those living in the area from which you draw your attendance under the age of 12 for all facilities except the At-Risk Program.** At-Risk programs should include students up to the age of 19. Sources used to obtain this information might include census data or public school enrollment data. For adult day care, use the best information available. The estimate should include people over 60 as well as adults chronically impaired.

Institution's estimated number of potential eligible beneficiaries by ethnic/racial category for the area(s) served:
DO NOT USE ACTUAL ENROLLMENT DATA

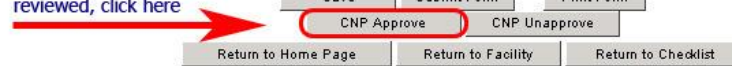
Ethnic Break-down (estimated potential eligible) ?

10 - Hispanic
 10 - Not Hispanic

Racial Break-down (estimated potential eligible)

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

Once form has been reviewed, click here



NOTE: For **CENTER SPONSORS**, there will be a site application for each site in which the sponsor is applying.

Section -A General— Determine if all parts are complete.

Part A-C: Self Explanatory.

Part D—TYPE OF FACILITY: There can be more than one box checked. If “At-Risk” is checked, there must be a “School” **and** a “Purpose.” The “Purpose” must be educational or enrichment in nature.

Part E: Self Explanatory.

Part F—AGE RANGE OF ENROLLED CHILDREN: For “less than 1 year old,” enter “0”. Children older than 12 years of age cannot be served unless the facility is participating in the At-Risk Program.

Part G—License Capacity: The license should be uploaded or faxed to the State office. Ensure that the document is available and current. The license capacity entered in Part G must match the license capacity on the form. This entry must be correct as it carries through to other forms.

Section-2A Operating Data— Determine if all parts are complete.

Part A: Hours of Operation—Times must be indicated in military times.

Part B-D: Self Explanatory.

Part E: Shift Care—If the institution is feeding children in shifts there must be an explanation (i.e., have school-aged children.)

Part F: Self Explanatory.

Section-3A Meal Service Data—Meal start times must be indicated in military time. The number indicated as *meals served* cannot exceed license capacity. Check times between meals and snacks. There must be three hours between main meals and two hours between a main meal and a snack. Suppers may not be served prior to 5:00 p.m. (Except for the Regional Food Bank) and no meals may be served after 10:00 p.m.

Section B—Self Explanatory.

Section C— Determine if all parts are complete.

Part A: If “YES,” the 501(c)3 (nonprofit status letter from the IRS—*not* a STATE TAX EMEMPTION LETTER) must be uploaded or faxed to the State office. Ensure that the document is available.

Part B: If “YES,” there must be an explanation.

Part C: Self Explanatory.

Part D: If **contracting** for food service, there must be a contract uploaded or faxed to the State office.

Part E: The “Total Number Enrolled” must be completed. (This can be different than License Capacity, **BUT** this number **MUST** be the same as the “Actual Enrollment Data” under Section E.)

Part F: *FOR-PROFIT SITES ONLY* must complete. If the Title XX/XIX Section is completed, there must be a Title XX/XIX contract uploaded or faxed to the State office.


Section D—All personnel who perform food related functions must be reported in this section. This would need to include *ANY PERSON* who assists with food service. Department of Human Services—Licensing mandates that day care centers have adequate staff. Make sure at least one cook is listed. For sites that have more than 20 children, they also need at least one person to assist in the meal service. Personnel involved in the paperwork of the CACFP should also be listed.


Section E—Ethnic/Racial Makeup. The *ACTUAL* ethnic/racial breakdown must be the same as the number listed in Section C, Item E. Data entered must be in whole numbers. The Ethnic breakdown and racial breakdown must equal each other. The *ESTIMATED* ethnic/racial breakdown is taken from census data or public school enrollment data. Numbers entered should be much larger than numbers entered under the *ACTUAL*. Data entered must be in whole numbers. The ethnic breakdown and racial breakdown must equal each other.

Once you have reviewed the **Application for Participation** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Application for Participation**. If there is a problem with any of the sections in the **Application for Participation**, e-mail the institution.

SITE APPLICATION—FAMILY DAY CARE HOME PROVIDERS

From the CHECKLIST, click on the tenth document for inspection: **Provider Application**. The user is directed to the FDCH-1a Provider Application List. Here they will approve each application for each provider. They will click the “Select” button next to the provider application that they wish to review. (Refer to Example #16b.)





OKLAHOMA STATE DEPARTMENT OF EDUCATION
 Janet Barresi, State Superintendent of Public Instruction

Example #16b

[Enter Claims](#)

[Home](#)

[Application Search](#)

[Administrative Functions](#)

[Security Maintenance](#)

[Call Log](#)

[Training Reports](#)

[Rates/Eligibility Scales](#)

[Resource Library](#)

[File Upload](#)

[Training Calendar](#)

[Log Out](#)

[Privacy Statement](#)

Welcome BARBARA SIMMONS Friday, March 02, 2012 12:55:39 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)
THE UNITED STATES DEPARTMENT OF AGRICULTURE
 FOOD AND NUTRITION SERVICE

Oklahoma State Department of Education
 Child Nutrition Programs
 Family Day Care Home Provider Application - FDCH-1A
(CHILD AND ADULT CARE FOOD PROGRAM)

Section A - General

| | |
|---|---|
| A. Home Agreement # H-55-01-221 C. Address of Provider 3109 N.W. 29TH OKLAHOMA CITY OK 73107 405 606-6175 OKLAHOMA COUNTY | B. Provider Full Name and Date of Birth Last Name BENFORD First Name ALFRENETTE Middle Initial Date of Birth 4/11/1980 |
| D. Is the Home Licensed? Yes ▾ E. License Number 820047605 F. Licensed Capacity 12 H. Age Range of Enrolled Participants From 0 to 13 I. Number Enrolled in CACFP 24 | G. Name and Address of Sponsoring Organization H-55-01 - RAINBOW FLEET INC. 3024 PASEO OKLAHOMA CITY, OK 73103 405 521-1426 |

Section 2A - Operating Data

| | |
|---|---|
| A. Hours of Operation From 0600 To 0600 (hhmm) B. Number of operating days per week? 5 | C. Do you care for participants in shifts? Yes ▾ <small>(If Yes, Explain)</small> CHILDREN SCHOOL SCHEDULE REQUIRES DIFFERENT MEAL TIMES |
| D. Months of Operation <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"><input checked="" type="checkbox"/> January</div> <div style="text-align: center;"><input checked="" type="checkbox"/> April</div> <div style="text-align: center;"><input checked="" type="checkbox"/> July</div> <div style="text-align: center;"><input checked="" type="checkbox"/> October</div> <div style="text-align: center;"><input checked="" type="checkbox"/> February</div> <div style="text-align: center;"><input checked="" type="checkbox"/> May</div> <div style="text-align: center;"><input checked="" type="checkbox"/> August</div> <div style="text-align: center;"><input checked="" type="checkbox"/> November</div> <div style="text-align: center;"><input checked="" type="checkbox"/> March</div> <div style="text-align: center;"><input checked="" type="checkbox"/> June</div> <div style="text-align: center;"><input checked="" type="checkbox"/> September</div> <div style="text-align: center;"><input checked="" type="checkbox"/> December</div> </div> <p style="text-align: center;"> <input type="button" value="Select All"/> <input type="button" value="Select None"/> </p> | |

Section 3A - Meal Service Data

| | | | |
|--|---|---|---|
| A. Please add data for each meal served, including shift meals Meal <input type="text" value="Breakfast"/> Weekday Meals <input type="radio"/> Yes <input type="radio"/> No Beginning Time <input type="text" value="0715"/> (hhmm) Max. Number of Meals <input type="text" value="12"/> Weekend Meals <input type="radio"/> Yes <input type="radio"/> No | | | |
| <input type="button" value="Add/Update Meal"/> <input type="button" value="Clear Fields"/> | | | |
| Edit Delete Beginning Time Meal Max. # of Meals Weekday Meals Weekend Meals | <input type="button" value="Edit"/> <input type="button" value="Delete"/> | 0715 Breakfast 12 <input type="checkbox"/> <input type="checkbox"/> | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
| 0820 Breakfast 12 <input type="checkbox"/> <input type="checkbox"/> | <input type="button" value="Edit"/> <input type="button" value="Delete"/> | 1115 Lunch 12 <input type="checkbox"/> <input type="checkbox"/> | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
| 0400 PM Snack 12 <input type="checkbox"/> <input type="checkbox"/> | <input type="button" value="Edit"/> <input type="button" value="Delete"/> | 0630 Supper 12 <input type="checkbox"/> <input type="checkbox"/> | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |

Weekend Justification Statement (Maximum 300 Characters)

Section B - Directions (Maximum 1000 Characters)

Please provide detailed directions to this Home, starting from nearest major intersection.
N/A

Section C - Eligibility

| | |
|---|---|
| A. Is family size and income information available at the sponsoring organization to establish eligibility of children in a Tier II home receiving Tier I rates and providers own children? Yes | B. Number of children Provider cares For that are: Provider's Own/Residential 4 Non-Residential Children 20 |
|---|---|

I certify that to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program under any other sponsoring organization. I further certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of age, sex, disability, race, color, or national origin.

By submitting this information, the sponsor is verifying that it has a signed application/agreement for this provider on file at its organization's office.

Save Submit Form Print Form **CNP Approve** CNP Unapprove

Submitted By FELISA K CARGILE

Submit Date 2/27/2011 10:35:42 AM

Return to Site Listing

Return to Home Page Return to Facility Return to Checklist

Once form has been reviewed, click here

NOTE: For **FDCH SPONSORS**, there will be a provider application for each provider in which the sponsor is applying.

Section -A General—Determine if all parts are complete.

Part A-G: Self Explanatory.

Section-2A Operating Data—Determine if all parts are complete.

Part A: Hours of Operation—Times must be indicated in military times.

Part B: Self Explanatory.

Part C: Shift Care—If the institution is feeding children in shifts there must be an explanation (i.e., have school-aged children.)

Part D: Self Explanatory.

Section-3A Meal Service Data—Meal start times must be indicated in military time. The number indicated as *meals served* cannot exceed license capacity. Check times between meals and snacks. There must be three hours between main meals and two hours between a main meal and a snack. Suppers may not be served prior to 5:00 p.m. and no meals may be served after 10:00 p.m. The sponsor must indicate if weekday meals and/or weekend meals are served. If weekend meals are being served there must be a justification statement.

Section B—Self Explanatory.

Section C— Determine if all parts are complete.

Part A: A “YES” or “NO” answer is acceptable.

Part B: The sponsor must indicate the number of children in care for this provider. The total number indicated in both boxes should not exceed the enrollment capacity of the provider (Section A—Part E.)

Once you have reviewed the **Application for Participation** and are ready to check off on it, click **RETURN TO CHECKLIST** (top center of page) and click the box **APPROVED BY CNP** to the right of **Application for Participation**. If there is a problem with any of the sections in the **Application for Participation**, e-mail the institution.

BUDGETS FOR INDEPENDENT CENTERS

Centers that are single-sited must complete a budget, **with** their **Application for Participation**. Under the CHECKLIST, click on the eleventh document for inspection: **Administrative Budget**. The budget is an **ANNUAL PROJECTION** of expenditures and revenues. (Refer to Example #17.)

- 
- [Enter Claims](#)
 - [Home](#)
 - [Application Search](#)
 - [Administrative Functions](#)
 - [Security Maintenance](#)
 - [Call Log](#)
 - [Training](#)
 - [Reports](#)
 - [Rates/Eligibility Scales](#)
 - [Resource Library](#)
 - [File Upload](#)
 - [Training Calendar](#)
 - [Log Out](#)
 - [Privacy Statement](#)



Example #17

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Janet Barresi, State Superintendent of Public Instruction

Welcome NORTHROP G ADMIN Thursday, September 05, 2013 1:44:21 PM
 Child Nutrition - Child & Adult Care Food Program (CACFP)
 Return to Home Page Return to Facility Return to Checklist

CACFP Administrative Budget - CACFP-2

DC-66-101 - ICNP TEST 101

To ensure Program accountability, the Agricultural Risk Protection Act of 2000 mandates that all institutions that receive Federal funding in the Child and Adult Care Food Program have financial viability, be administratively capable, and have in effect internal controls to ensure Program accountability. Therefore, all institutions that participate in the Program must submit a twelve (12) month administrative budget based on your current enrollment. You may use your institutional fiscal year or the calendar year. **An acceptable budget must be received and approved by the State Agency before your application can be processed.**

Budget Year: From To

Independent Institution Budget

**PART A.
ANNUAL PROJECTED ADMINISTRATIVE COSTS**

ADMINISTRATIVE LABOR - (DO NOT INCLUDE FOOD SERVICE LABOR HERE)
 Enter the hourly salary and hours per week for one employee in each position. If you have multiple employees in the same position, indicate this using the "# in this position" field. The weekly salary, annual salary, and total will be calculated for you when you press "Save". CACFP portion of administrative labor would include any paperwork related to the CACFP that is charged to CACFP reimbursement.

| Type of Position <small>(Do not include Food Service Labor/Benefits here)</small> | Hourly Salary <small>(including fringe benefits)</small> | Hours Per Week | Weekly Salary | Annual Salary | Center Portion | CACFP Portion |
|--|---|----------------|---------------------|---------------------|---------------------|--------------------|
| Calculate Portions | | | | | | |
| Director | \$ 10.50 | 40 | \$ 420.00 | \$ 21,840.00 | \$ 19,110.00 | \$ 2,730.00 |
| Assistant Director | \$ 9.00 | 40 | \$ 360.00 | \$ 18,720.00 | \$ 16,380.00 | \$ 2,340.00 |
| Teacher(s) / Caregiver(s) # in this position <input type="text" value="1"/> | \$ 8.00 | 40 | \$ 320.00 | \$ 16,640.00 | \$ 14,560.00 | \$ 2,080.00 |
| Clerical # in this position <input type="text" value="0"/> | \$ 0.00 | 0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Other (Specify Below) <input type="text"/> | \$ 0.00 | 0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Other (Specify Below) <input type="text"/> | \$ 0.00 | 0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| Total Administrative Labor | | | \$ 57,200.00 | \$ 57,200.00 | \$ 50,050.00 | \$ 7,150.00 |

ADMINISTRATIVE LABOR CALCULATION FORM CACFP SINGLE SITE

TO FIGURE PART A, ADMINISTRATIVE LABOR FOR CACFP PORTION, TAKE # OF HOURS PER DAY X # OF DAYS PER WEEK X # OF WEEKS PER YEAR X HOURLY SALARY = CACFP PORTION

NOTE: Enter answers in green fields. Totals will appear in gray fields.

| CACFP Hours | |
|----------------|---|
| Hours per day | |
| Days per week | X |
| Weeks per year | X |
| CACFP Hours | = - |

| Calculate CACFP Portion | |
|--------------------------|--|
| CACFP Hours (From above) | - - |
| Hourly Salary | X |
| Total CACFP Portion | = \$ - |

| Calculate Center Portion | |
|-----------------------------|--|
| Total Annual Salary | |
| CACFP Portion (From above) | - \$ - |
| Total <u>Center</u> Portion | = \$ - |

| ADMINISTRATIVE EXPENSES | | | |
|--|--|-----------------------|----------------------|
| | Annual Amount | Center Portion | CACFP Portion |
| Printing, Office Supplies, Communications | \$ 1,200.00 | \$ 0.00 | \$ 0.00 |
| Mileage (Site Reviews, Shopping) | \$ 1,200.00 | \$ 0.00 | \$ 0.00 |
| Administrative Rent/Utilities/Janitorial Services | \$ 16,440.00 | \$ 0.00 | \$ 0.00 |
| Legal Fees (Including CPA and Audit costs) | \$ 900.00 | \$ 0.00 | \$ 0.00 |
| Miscellaneous (Describe Below) | \$ 0.00 | \$ 0.00 | \$ 0.00 |
| <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> | | | |
| Total Administrative Expenses | | \$ 19,740.00 | \$ 0.00 |
| TOTAL PROJECTED ADMINISTRATIVE COSTS | | \$ 76,940.00 | |
| Administrative Costs Comments | <div style="border: 1px solid gray; height: 30px; width: 100%;"></div> | | |
| <input type="button" value="Save Administrative Costs"/> | | | |
| PART B. | | | |
| ESTIMATED CACFP OPERATIONAL COSTS | | | |
| Projected CACFP Operational Costs | Annual CACFP Amount | | |
| Food Service Salaries/Benefits | \$ 12,376.64 | | |
| Food Service Rent/Utilities/Janitorial Services | \$ 0.00 | | |
| Food Service Equipment | \$ 0.00 | | |
| Food Purchases (Including Delivery) | \$ 18,588.00 | | |
| Non-Food Purchases (Includes Paper Products, Plastic Utensils, Disinfectant, etc.) | \$ 1,200.00 | | |
| Miscellaneous (Describe Below) | \$ 0.00 | | |
| <div style="border: 1px solid gray; height: 20px; width: 100%;"></div> | | | |
| Total Projected CACFP Operational Expenses | | \$ 32,164.64 | |
| Operational Cost Comments | <div style="border: 1px solid gray; height: 30px; width: 100%;"></div> | | |
| <input type="button" value="Save Estimated Operational Costs"/> | | | |

| PART C. SOURCES OF INCOME | |
|---|----------------------|
| Source of Income | Annual Amount |
| Child Care or Adult Day Care Fees (private pay) | \$ 20,963.00 |
| Child Care or Adult Day Care Fees (DHS) | \$ 111,536.00 |
| Medicaid Funding | \$ 0.00 |
| CACFP Reimbursement (if currently on food program) | \$ 0.00 |
| Federal Funding | \$ 0.00 |
| Grants | \$ 0.00 |
| Donations | \$ 0.00 |
| Other (Describe Below) | \$ 0.00 |
| <input type="text"/> | |
| Total Annual Income | \$ 132,499.00 |
| Income Comments | <input type="text"/> |
| <input type="button" value="Save Sources of Income"/> | |
| PART D. ANNUAL BUDGET RECONCILIATION | |
| Total Annual Administrative Labor | 76,940.00 |
| Total Annual Allowable Expenses | 32,164.64 |
| Total Annual Income | 132,499.00 |
| Profit/Loss | 23,394.36 |
| <input type="button" value="Submit Completed Administrative Budget"/> <input type="button" value="Print Form"/> | |
| Submitted By: NORTHROP G CACFP Date Submitted: 9/4/2013 9:44:50 AM | |
| <input type="button" value="Return to Home Page"/> <input type="button" value="Return to Facility"/> <input type="button" value="Return to Checklist"/> | |

Once form has been reviewed, click here

NOTE: Single Sited CACFP Administrative Budget

Part "A" Annual Projected Administrative Costs
 They must have hourly salary and hours per week for at least the Director and Teacher(s). They cannot list a cook in this section. They can open "**Calculate Portions**" and enter all the numbers required in the green spaces. This form will auto calculate for you.

Part "B" Estimated CACFP Operational Costs
 They must list: Food Service Salaries/Benefits (Cook), Food and Non-Food Purchases must be filled in.

Part "C" Sources of Income
 Most generally all centers will have Private Pay, DHS and CACFP.

Part "D"
 This will automatically calculate. The Profit/Loss **cannot** be in the negative. The center must be financially viable.

Determine that budget year dates reflect the correct fiscal year.

The first set of figures titled ***Projected Administrative Costs***, are to reflect the **entire** institution's administrative costs, **not just** administrative costs to the CACFP. At a minimum, there must be entries for Director and Teacher.

The second set of figures titled ***Estimated Operational Costs***, are to reflect the CACFP only. At a minimum, there must be entries for food service salaries/benefits and food purchases.

The third set of figures titled ***Sources of Income***, are to reflect all income to the institution.

The fourth set of figures titled ***Annual Budget Reconciliation***, are to reflect the institution's profit/loss, ensuring that the institution is financially viable. If the last line item in the Profit/Loss **DOES NOT** end in a zero or a positive number, then the institution must be contacted through e-mailed to determine if the institution can be approved to participate

VIEWING UPLOADED DOCUMENTS

Most institutions will be uploading different required documents. If the required documents **ARE NOT** uploaded, then they must be faxed to the State office and uploaded by our staff. Click on **UPLOAD OR VIEW UPLOADED DOCUMENTS**. There are **four** documents that every institution is **REQUIRED** to submit. Those include: **(a)** Certificate of Authority, **(b)** Electronic Funds Transfer, **(c)** Child or Adult Care Center License, if applicable, and **(d)** Title XX/Title XIV Contracts, if applicable (also known as "Child Care Provider Contract" or "DHS Contract Renewal"). Review **all** documents that have been uploaded to make sure the **correct and current** document is actually there. Also ensure that any documents needed throughout the approval process are there as well (i.e., job descriptions.) Should no documents be there at all, the institution must be e-mailed to request the required information.

SENDING ALERTS/REQUESTS AND AN EMAIL

To request information from the institution on anything about the application that needs correction, an **ALERT** can be sent through e-mail. Go to the CHECKLIST. In the column "Additional Information Requested," click the box of the document for which you need further information and **THEN** you will be allowed to click **DETAILS**. This will bring an **ALERT** box directly under the "On-Line Documents" graphic. Type a very "short and to the point" message, i.e., "Please upload or fax Title XX/IXX contract." Click **SAVE**, then click **SEND ALERT**. This will send an alert back to the entity for the requested data. When a "Details" has been checked anywhere, the computer will **UNCHECK** the "Completed" box. The "Submit Application to SNP" (at the bottom of the CHECKLIST page) has again turned **WHITE** which will allow the entity to change the questioned information and click "Submit" once again.

Do **NOT** complete the **E-MAIL** directly below the **ALERT** until all other documents and sections have been reviewed. There may be several sections that need material gathered, thus the **EMAIL** could possibly say, "See details on ..." and proceed to list **all** of the sections requiring more information.

When all sections have been reviewed:

- A. Complete the email message to the entity with the “See details on ...” message. Click **EMAIL**.
- B. To update your work, click on **HOME** in gold box on the left menu.
- C. Go to the entity again by clicking on **SELECT**. Status section will show “In Process”. With the drop down arrow, change **IN PROCESS** to **CLOSE**.
- D. Click **SAVE**. This will then allow the entity to receive the **ALERTS**.

NOTE: An **ALERT** will automatically be sent to **YOUR PAGE** once the institution responds. You will see any alerts sent to you each time you login.

Contact may have to be made to the entity/institution **by phone** in order to gather the necessary information to proceed with the **ADMINISTRATOR APPROVAL**. **Whatever the need be** to gain the information, all questions **must** be answered and blanks **filled in** appropriately before the final approval can be completed.

ADMINISTRATOR APPROVAL COMPLETION

Once an application is ready for approval, click **ADMINISTRATOR APPROVAL** button at the bottom of the CHECKLIST. **DO NOT CLICK ON THE COORDINATOR APPROVAL button!** Clicking **COORDINATOR APPROVAL** will send Barbara an alert and she will not know that it has already been approved.

Once you have clicked on the **ADMINISTRATOR APPROVAL** button you will need to make sure that you go back to the **Business Maintenance** page and verify the institution's **STATUS** is **ACTIVE** after approving the application. Do this by going to the top of the CHECKLIST and clicking on **RETURN TO FACILITY** (which is really the **BUSINESS MAINTENANCE page**). About $\frac{3}{4}$ the way down the page you will see GENERAL INFORMATION. There will be the word STATUS to the left of the page. Use the scroll bar to insert **ACTIVE** and then click the **SAVE** button at the bottom of the page. This application should now show up under applications **APPROVED** when you do an **APPLICATION SEARCH**.

TO CLOSE ALERTS

Any **ALERTS** you have received upon the entity making changes **MUST** be closed. To do so, go to your **HOME** page. Click on **SELECT** of the first Alert. This will bring up the “Alert Information” page. Click on the scroll bar beside “Status”. Change the “In Process” to “Closed.” You **MUST** then click on the **SAVE** on the top right side of the page. This process **MUST** be completed for **EACH ALERT** you see on the “Alert Information” page.

6 ONLINE FORMS

6.1 OVERVIEW

The table below provides a list of all the online forms within the Applications website. The table includes a description of each form and which types of institutions use each form.

6.2 LIST OF ONLINE FORMS

| Online Form | Description | For Profit Adult/Child Care Center | Non-Profit Adult/Child Center | Home Sponsor | Center Sponsor |
|---|---|------------------------------------|-------------------------------|--------------|----------------|
| Application Questionnaire - CACFP/FDCH-1 | This form allows the user to answer questions regarding the business’s integrity. | ✓ | ✓ | ✓ | ✓ |
| Sponsor Application for Participation – CACFP/FDCH-2 | This form contains the general provider information, facility operating data, meal service data, facility directions, child and adult day care information, food service patterns, and racial and ethnic make-up data. | x | x | ✓ | ✓ |
| Funds Received – CACFP/FDCH-3 | This form contains the state, local, and federal funds received during the previous fiscal year. This form also includes the annual audit information required for participating organizations that receive more than \$100,000 per year in state and/or federal funds. | ✓ | ✓ | ✓ | ✓ |
| Meal Policy Statement – CACFP/FDCH-4 | This statement assures that all children and/or adult participants in attendance will be offered the same meals as non-participants and that there will be no discrimination against any child and/or adult. | ✓ | ✓ | ✓ | ✓ |
| Civil Rights Assurance/Compliance Review – CACFP/FDCH-5 | Agreement to comply with Title VI of the Civil Rights Act of 1964 and all requirements imposed by the regulations of the Department of Agriculture, DOJ and FNS directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or disability, be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received federal financial assistance from USDA; and gives assurance that it must immediately take any measures necessary to effectuate the agreement. | ✓ | ✓ | ✓ | ✓ |
| Public Release Verification – CACFP/FDCH-6 | This form must be completed by participating facilities to satisfy USDA regulations that all CNP participants submit an | ✓ | ✓ | ✓ | ✓ |

| Online Form | Description | For Profit Adult/Child Care Center | Non-Profit Adult/Child Center | Home Sponsor | Center Sponsor |
|---|---|------------------------------------|-------------------------------|--------------|----------------|
| | annual public release to the news media. | | | | |
| State Agency/Institution Agreement – CACFP/FDCH-7 | The CACFP agreement contains participant rules and responsibilities for taking part in the child and adult care food program. | ✓ | ✓ | ✓ | ✓ |
| Officers and Employees – CACFP/FDCH-8 | Applicants will list board member, owner, and employee information on this form. | ✓ | ✓ | ✓ | ✓ |
| Disclosure of Lobbying Activities – CACFP/FDCH-9 | This federal form is for all participants. If it does not apply, sign and date. | ✓ | ✓ | ✓ | ✓ |
| Application for Participation – CACFP -1 | This form contains the general provider information, facility operating data, meal service data, facility directions, child and adult day care information, food service patterns, and racial and ethnic make-up data | ✓ | ✓ | x | ✓ |
| Adult Questionnaire (if applicable) –CACFP-1A | Representatives of adult care facilities are required to complete the Adult Questionnaire. | ✓ | ✓ | x | ✓ |
| Administrative Budget – CACFP-2 | All applicants must complete a 12-month administrative budget based on the current facility enrollment. This must be received and approved by the state agency prior to application processing. | ✓ | ✓ | x | x |
| Provider Application – FDCH1A | This list displays all of the homes associated with the sponsor. The user shall select the home through the Site Application Checklist for the FDCH1. The FDCH1 is the agreement for the homes assigned to the sponsoring organization. | x | x | ✓ | x |
| Provider Agreement – FDCH1B | This list displays all of the homes associated with the sponsor. The user shall select the home through the Site Application Checklist for the FDCH2. The FDCH2 is the application for participation for the homes assigned to the sponsoring organization. | x | x | ✓ | x |

Figure 6-1, Online Form Grid

7 PAPER FORMS

7.1 OVERVIEW

The following table is a list of all the paper documents currently on the checklist for each of the types of institutions.

7.2 LIST OF PAPER FORMS:

| Paper Form | Description | For Profit Adult/Child Care Center | Non-Profit Adult/Child Care Center | Home Sponsor | Center Sponsor |
|---|--|------------------------------------|------------------------------------|--------------|----------------|
| DUNS Registration Expiration | All entities doing business with the United States government need a DUNS number. The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by the company Dun & Bradstreet (D&B). Must have a DUNS to register in SAM (System for Award Management) | ✓ | ✓ | ✓ | ✓ |
| Certificate of Authority | Applicants complete the Certificate of Authority to certify that the listed applicant representative has authorization to enter into an agreement on behalf of the institution for the operation of the child nutrition program for that facility. | ✓ | ✓ | ✓ | ✓ |
| Electronic Funds Transfer (EFT) | Applicants that would like to enroll to receive their reimbursements by direct deposit or participants that need to change their direct deposit information will complete the Electronic Funds Transfer form. | ✓ | ✓ | ✓ | ✓ |
| Food Service Contract with Outside Entity | This form is required when the user answers on the Application for Participation that they have a contract to provide their meals from other than the local school system or food service management company. | ✓ | ✓ | ✗ | ✓ |
| Food Service Contract with School | This form is required when the user answers on the Application for Participation that they have a contract to provide their meals from the Local School System or Food Service Management Company. | ✓ | ✓ | ✗ | ✓ |
| Food Service Management Company Contract | Instructions addressing procurement related to FSMC contracts. Section 226.2 of CACFP regulations defines an FSMC as “an organization other than a public or private nonprofit school with which a facility may contract for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the program.” | ✓ | ✓ | ✗ | ✓ |
| Child or Adult Care Center License(s) | The applicant is required to submit verification that they are licensed. | ✓ | ✓ | ✗ | ✓ |
| Title XX/Title XIX Contract(s) | Title XX/Title XIX Contract(s) Form | ✓ | ✗ | ✗ | ✓ |
| IRS Tax Exempt Letter | Applicants are required to submit this information if they are a non-profit organization. | ✗ | ✓ | ✓ | ✓* |
| Job Descriptions | Job Descriptions Form | ✗ | ✗ | ✓ | ✓ |

| Paper Form | Description | For Profit Adult/Child Care Center | Non-Profit Adult/Child Care Center | Home Sponsor | Center Sponsor |
|--|---|------------------------------------|------------------------------------|--------------|----------------|
| Indirect Cost Plan | Indirect Cost Plan | x | x | ✓ | ✓ |
| Pre-Approval Evaluation Form | Pre-Approval Evaluation Form | x | x | ✓ | ✓ |
| Cell Phone Justification | Justification for allocating any program funds for cell phone usage | x | x | ✓ | ✓ |
| Office Space/Rental Lease – Unrelated Parties | The applicant is required to submit verification. | x | x | ✓ | x |
| Office Space/Rental Lease – Related Parties | The applicant is required to submit verification. | x | x | ✓ | x |
| IRS Form 8829 – Expenses for business use of your home | Tax form used to record expenses when home is used for business purposes | x | x | ✓ | x |
| Equipment Rental/Lease Agreement | Justification for allocating any program funds for the rental/lease of equipment | x | x | ✓ | x |
| Travel Justification for Training | Justification for allocating any program funds for traveling for training | x | x | ✓ | x |
| Justification for Other Administrative Services | Justification for use of program funds allocated for any other administrative functions | x | x | ✓ | x |
| Current Policies and Procedures | Businesses need policies and procedures if doing business in CACFP | x | x | ✓ | x |

Figure 7-1, Paper Form Grid

8 SECURITY MAINTENANCE

8.1 OVERVIEW

Security Maintenance offers the ability to manage CACFP System users and their permission levels.

Users may be added to the system and granted the appropriate access level, based on their user role. Once users are added to the system their user profile may be edited and/or deleted.

8.2 SECURITY AND ACCESS LEVELS

| Role | Access |
|--|--|
| Program Administrator - System will allow only one Program Administrator at a time. | Applications and Claims |
| CACFP Program Director - System will allow only one CACFP Program Director at a time. | Applications and Claims |
| Grants Coordinator - Designated/managed by Program Administrator and CACFP Program Director. The CNP managers can also administer this role. | Applications and *Claims *Not ALL Grants Coordinators have access to Claims. This role will have access only IF they were given the rights to access Claims by the Program Administrator, the CACFP Program Director or CNP Managers. |
| Financial Coordinator - Designated/managed by Program Administrator and CACFP Program Director. The CNP managers can also administer this role. | Applications Only |
| Billing Entity Director - Institution and program participants only, not CNP staff. | Applications and <i>Usually</i> *Claims *Not ALL Billing Entity Directors have access to Claims. This role will have access only IF they were given the rights to access Claims by the Program Administrator, the CACFP Program Director or CNP Managers. |
| Billing Entity User - Institution and program participants only, not CNP staff. | Applications and <i>Sometimes</i> *Claims *Not ALL Billing Entity Users have access to Claims. This role will have access only IF they were given the rights to access Claims by the Program Administrator, the CACFP Program Director or CNP Managers. |
| CNP Manager - Additional security level added by request of the state to enable another role the ability to administer grants and financial coordinators. | Applications and Claims |

Figure 8-1, Roles, Security Levels and Accessibility

8.3 USER MANAGEMENT

8.3.1 ADDING NEW USER

As the program and organizations grow, new users must gain access to the system. The (Program) Administrator is able to add new users to the CACFP system.

1. Click the “Security Maintenance” hyperlink, from the left navigation.
2. Enter all of the new user’s information in the Security Maintenance section.
3. Click the “Add New” button at bottom of the page. The system will assign a User ID and password.

NOTES:

- The system will initially assign the password as the ‘Last 4 of SSN’ of the newly entered user.
- On the first system login, the system will prompt the user to change this password to a password selected by the user.

The screenshot shows the 'Security Maintenance' section of the CACFP system. A red box highlights the form for adding a new user. The form includes the following fields and options:

- Search for Existing User or Add New User Below:**
 - User Name, ITIN/EIN, Last Name, First Name (input fields)
 - Status: **ALL** (dropdown menu)
 - Search button
- Security Maintenance Form:**
 - Last Name, First Name, Middle Initial (input fields)
 - View Name History, View ITIN/EIN History (links)
 - Email, Phone, FAX, Alternate Phone (input fields)
 - Start Date (input field)
 - Status: Active (dropdown menu)
 - Security Level: Program Administrator (dropdown menu)
 - Security Question: Mothers Maiden Name? (dropdown menu)
 - Security Answer (input field)
 - Read Only Access, Claims System Access, Application Access, Site/Provider Apps. Only (checkboxes)
 - Last 4 of SSN, Business ID (input fields)
- Bottom of Page:**
 - (UserID and Password will be assigned by the system when data is saved.)
 - User ID (input field)
 - Save, Reset PW, Add New (buttons)

Figure 8-2, Security Maintenance Screen – Add New User to CACFP System

8.3.2 USER SEARCH

CNP Staff Users may search the system to determine if a particular user exists within the CACFP system as well as view the user’s information related.

1. Click the “Security Maintenance” hyperlink, from the left navigation.
2. Enter any known information as search criteria (User Name, ITIN/EIN, Last Name, or First Name) in the “Search for Existing User or Add New User Below” section of the Security Maintenance page.

NOTE:

- a. To view a list of all users, enter no search criteria.
3. Click the “Search” button at bottom of the search fields. The system will display the search results or a message stating the user does not exist in the system.

The screenshot shows the 'Security Maintenance' page with a search interface. The search criteria fields (User Name, ITIN/EIN, Last Name, First Name, and Status) are highlighted with a red box and labeled #1. The search results table is highlighted with a red box and labeled #2. The table lists users with columns for Select, Delete, TIN, User ID, Last Name, First Name, Role, and Status.

| Select | Delete | TIN | User ID | Last Name | First Name | Role | Status |
|---------------------------------------|---------------------------------------|-----------|--------------|------------|------------|-------------------------|----------|
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 33987111 | aabernathy | ABERNATHY | AMANDA | Billing Entity Director | Active |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 444666777 | laabernathy | ABERNATHY | LINDA | Billing Entity Director | Inactive |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 221115555 | anacfirst111 | ACFIRST111 | ACLAST111 | Billing Entity Director | Inactive |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 22110101 | anaclast101 | ACLAST101 | ACFIRST101 | Billing Entity Director | Active |
| <input type="button" value="Select"/> | <input type="button" value="Delete"/> | 22110102 | anaclast102 | ACLAST102 | ACFIRST102 | Billing Entity Director | Active |

1 2 3 4 5 6 7 8 9 10 ...

No Deleted Users Found

Figure 8-3, Security Maintenance Screen – Existing User Search

8.3.3 EDITING EXISTING USER

Program Administrators may edit existing user’s information on the Security Maintenance page. If the user already exists in the system, the User’s Name, Role, Status and TIN will display in the search results.

1. Click the “Security Maintenance” hyperlink, from the left navigation.
2. Enter the User Name, ITIN/EIN, Last Name, or First Name as search criteria in the “Search for Existing User or Add New User Below” section of the Security Maintenance page.
 - a. To view a list of all users, enter no search criteria.
3. Click the “Search” button at bottom of the search fields. The system will display the search results or a message stating the user doesn’t exist in the system.

Child Nutrition Programs
 Oklahoma State Department of Education

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN 5/10/2016, 2:29:41 PM
 Child Nutrition - Child & Adult Care Food Program (CACFP)

Enter Claims
[Home](#)
[Application Search](#)
[Administrative Functions](#)
Security Maintenance
[Call Log](#)
[Training](#)
[Reports](#)

#1

Search for Existing User or Add New User Below

User Name
 ITIN/EIN
 Last Name
 First Name

Status **ALL**

#2

Select Delete 33987111 aabernathy ABERNATHY AMANDA Billing Entity Active Director

4. Click the “Select” button associated with the desired user, from the search results.
5. The chosen name will be shaded and all fields in the Security Maintenance section will populate.

6. Edit the user information as needed.

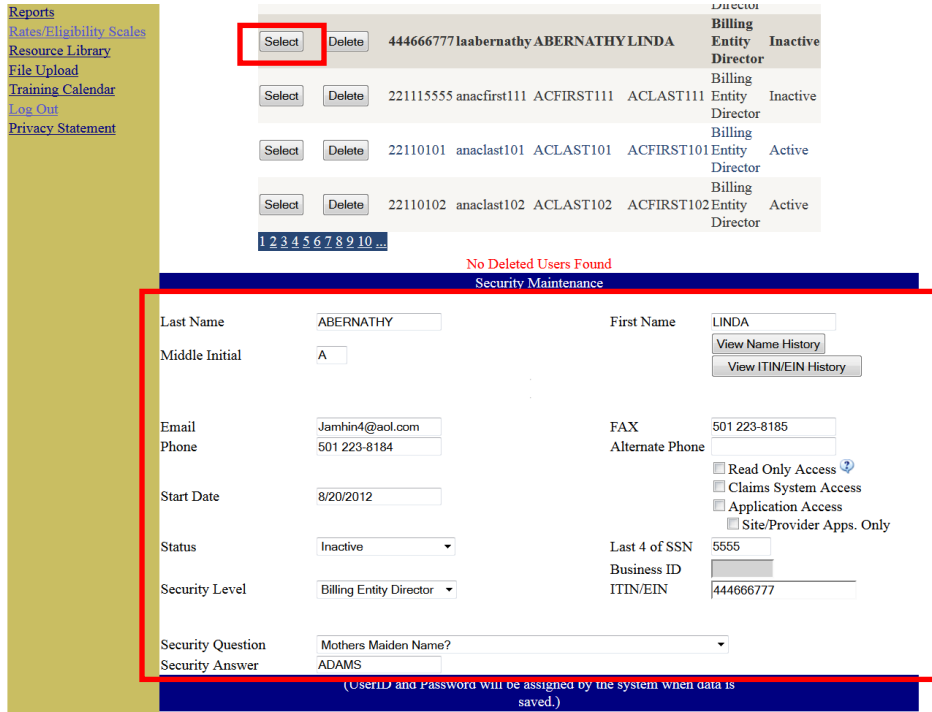


Figure 8-4, Security Maintenance Screen – Editing Existing User Information

8.3.4 DELETING USERS

Program Administrators can also delete a user with access to the CACFP System.

1. Click the “Security Maintenance” hyperlink, from the left navigation.
2. Enter the User Name, ITIN/EIN, Last Name, or First Name as search criteria in the “Search for Existing User or Add New User Below” section of the Security Maintenance page.
 - a. To view a list of all users, search with no criteria entered.
3. Click the “Search” button at bottom of the search fields. The system will display the search results or a message stating the user doesn’t exist in the system.

- Click the “Delete” button associated with the desired user, from the search results.

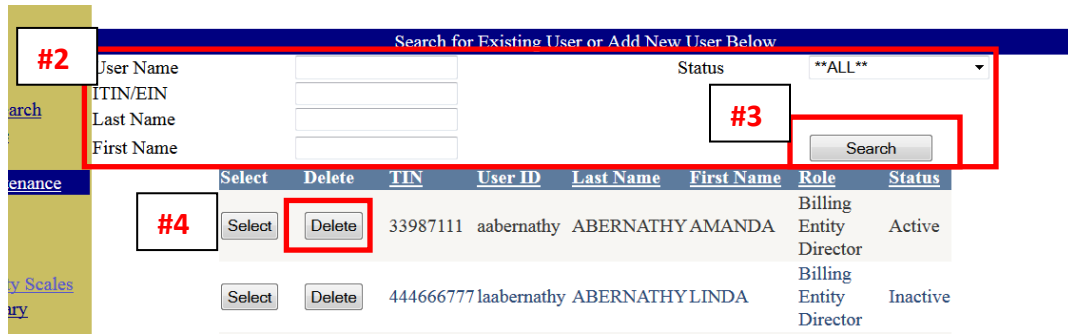
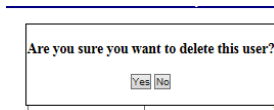
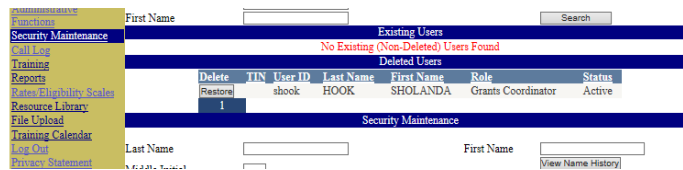


Figure 8-5, Security Maintenance Screen - Delete CACFP System User

- Verify the selected user should be deleted, by selecting “Yes” or “No” in the message window.



- If “Yes”, the system will display a “User Deleted” confirmation message. Click the “OK” button on the message window. The deleted user will appear in the “Deleted Users” section.



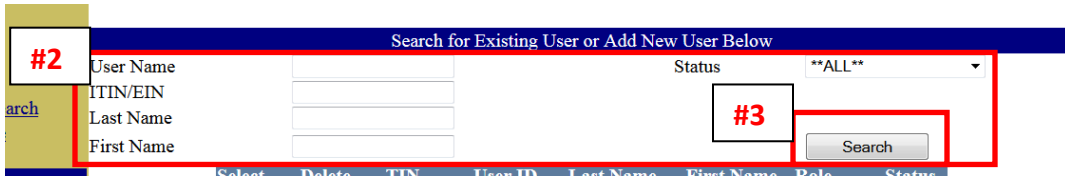
- If “No”, the system will remove the message and return to the Security Maintenance screen displaying the previous search results.

8.3.5 RESTORING USERS

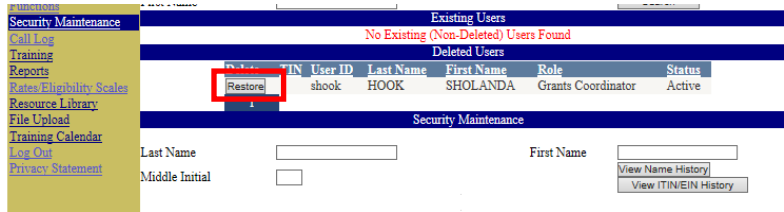
Program Administrators may restore deleted users.

- Click the “Security Maintenance” hyperlink, from the left navigation.
- Enter the User Name, ITIN/EIN, Last Name, or First Name as search criteria in the “Search for Existing User or Add New User Below” section of the Security Maintenance page
 - To view a list of all users, search with no criteria entered.

- Click the “Search” button at beneath of the search fields. The system will display the search results or a message stating the user doesn’t exist in the system.



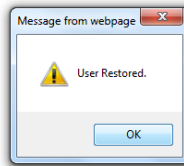
- The desired user should appear in the Deleted Users section.
- Click the “Restore” button associated with the desired user, from the search results.



- Verify you want to Restore the selected user, by selecting “Yes” or “No” in the message window.



- If yes, the system will display a “User Restored” confirmation message. Click the “OK” button on the message window. The previously deleted user will appear in the “Existing Users” section.



- If no, the system will remove the message and return to the Security Maintenance screen with the deleted user(s) displaying in the “Deleted Users” section.

9 ADMINISTRATIVE FUNCTIONS

9.1 OVERVIEW

Administrative Functions provide the ability to complete a variety of actions that will impact the CACFP system or organizations massively.

Administrators are able to enter mass messages to impact all organizations or specific organization types.

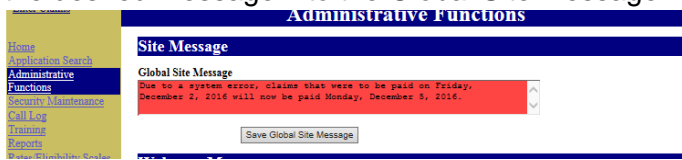
9.2 MESSAGE COMMUNICATIONS

Administrators enter messages that apply to various CACFP participants.

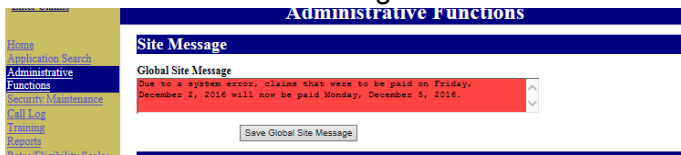
9.2.1 GLOBAL MESSAGE

The Global Message will display on the Welcome Page for all users with access to the system.

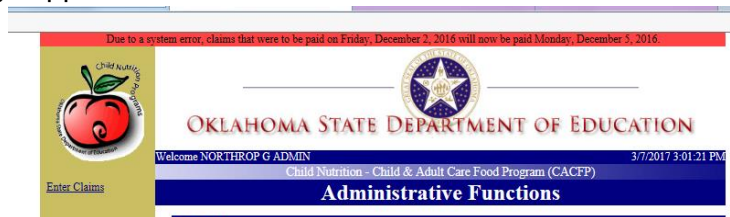
1. Click the “Administrative Functions” hyperlink on the left navigation.
2. Enter the desired message into the Global Site Message field.



3. Click the “Save Global Site Message” button.



4. Review the text within the red strip at the top of the page, to verify the entered Global Message appears.



NOTE:

- The Global Message will display to all users at the top of all pages within the CACFP System.

9.2.2 STAFF WELCOME MESSAGE

The Staff Welcome Message will display on the Welcome Page for all users with access to the system.

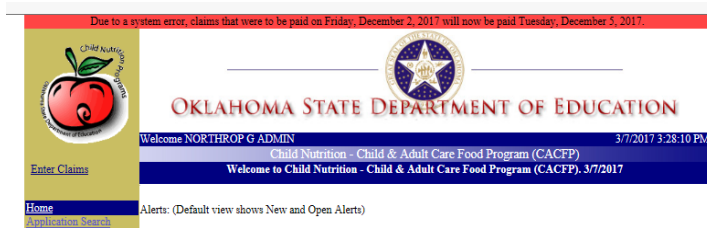
1. Click the “Administrative Functions” hyperlink on the left navigation.
2. Enter the desired message into the Staff Welcome Message field.



3. Click the “Save Messages” button.



4. Go to the Welcome Page to verify the entered Staff Welcome Message appears.



9.2.3 FAMILY DAY CARE HOME (FDCH) WELCOME MESSAGE

The Family Day Care Home (FDCH) Welcome Message will display on the Welcome Page only for Family Day Care Home participants with access to the system.

1. Click the “Administrative Functions” hyperlink on the left navigation.

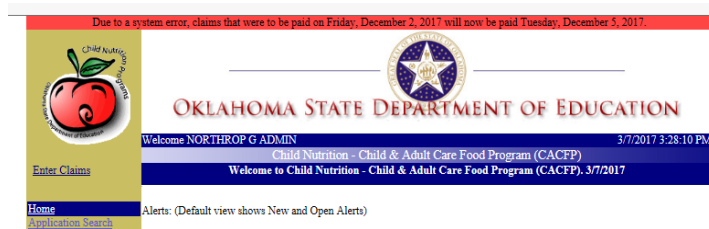
2. Enter the desired message into the Family Day Care Home (FDCH) Welcome Message field.

The screenshot shows a web interface with a left-hand navigation menu containing links like 'Home', 'Rates/Eligibility Scales', 'Resource Library', 'File Upload', 'Training Calendar', 'Log Out', and 'Privacy Statement'. The main content area is titled 'Welcome Messages' and includes a 'Save Global Site Message' button. Below this, there are three message fields: 'Staff Welcome Message', 'Family Day Care Home (FDCH) Welcome Message (Default)', and 'CACFP Welcome Message'. The FDCH field is currently selected and contains the text 'Welcome to Child Nutrition - Child & Adult Care Food Program (CACFP)'. There is an 'Activate Animation' checkbox below each field.

3. Place a checkmark in the “Activate Animation” checkbox, if applicable. The Activate Animation feature will allow the entered FDCH message to scroll across the Welcome Page,
4. Click the “Save Messages” button.

This screenshot is similar to the previous one, but the 'Activate Animation' checkbox for the 'Family Day Care Home (FDCH) Welcome Message (Default)' field is now checked. Additionally, the 'Save Messages' button at the bottom of the form is visible.

5. Go to the Welcome Page, as a Family Day Care Home participant, to verify the entered Family Day Care Home Welcome Message appears.



9.2.4 CACFP WELCOME MESSAGE

The CACFP Welcome Message will display on the Welcome Page for all CACFP participants with access to the system.

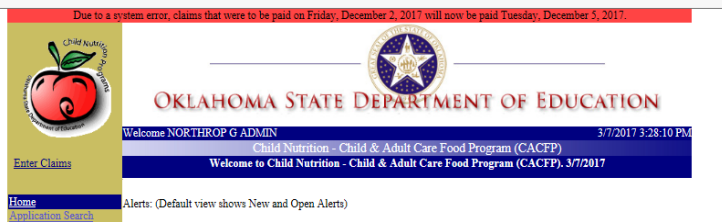
1. Click the “Administrative Functions” hyperlink on the left navigation.
2. Enter the desired message into the CACFP Welcome Message field.

The screenshot shows the 'Welcome Messages' form with the 'CACFP Welcome Message' field selected. The message text is 'Welcome to Child Nutrition - Child & Adult Care Food Program (CACFP)'. The 'Activate Animation' checkbox is unchecked. The 'Save Messages' button is visible at the bottom.

- Place a checkmark in the “Activate Animation” checkbox, if applicable. The Activate Animation feature will allow the entered CACFP message to scroll across the Welcome Page.
- Click the “Save Messages” button.



- Go to the Welcome Page, as a Family Day Care Home participant, to verify the entered Family Day Care Home Welcome Message appears.



9.3 SITE LOCKOUTS

The Site Lockout feature will prevent all institutions from logging into the CACFP system. This feature is usually applied when updates are being made to production server.

A brief test should be performed on any updates made. Make sure to uncheck when updates are done so users can then access system.

- Click the “Administrative Functions” hyperlink on the left navigation.
- Click the “Lock Out All Providers” checkbox to insert a checkmark.
- Click the “Save Lock Out” button.



Figure 9-1, Site Lockouts on Administrative Functions Page

9.4 APPLICATION START/END DATES

Start and End dates feature is used to prevent people from updating applications outside of a certain time frame. Only CACFP Start and End dates are used on this website, i.e. the NSLP and SFSP start and end dates are not applicable.

Start Dates are used to prevent users from starting new FY applications prior to the specified date.

End dates have not been changed to date but start dates can be used.

1. Click the “Administrative Functions” hyperlink on the left navigation.
2. Enter the new CACFP Start and End Dates.

Figure 9-3, Application Start/End Dates on Administrative Functions Page

3. Click Save Dates.

9.5 MASS COMMUNICATIONS

The Mass Communications function limits how many recipients receive a mass email at one time through the mail server.

This may need to be made compatible with servers that do not allow mass emails with recipients over a certain amount.

1. Click the “Administrative Functions” hyperlink on the left navigation.
2. Enter Batch Size.

Figure 9-5, Mass Communications on Administrative Functions Page

3. Click Save email settings.

9.6 BUDGET VALIDATION

This function is not used in Oklahoma.

9.7 LICENSE TRIBES

Determines which tribes are listed in the tribe drop-down in applications website when entering a tribe license type.

9.7.1 ADD LICENSE TRIBE

To add a tribe navigate to the Administrative Functions page using the link in the left hand menu just add name of tribe in box and click “Add License Tribe.”

The screenshot shows the 'License Tribes' interface. At the top, there is a blue header with the text 'License Tribes'. Below the header, there is a text input field labeled 'License Tribe Name' and a button labeled 'Add License Tribe'. Both the input field and the button are highlighted with a red border. Below this, there is a table titled 'License Tribe on Record'. The table has two columns: 'Remove' and 'name'. The 'Remove' column contains 'Select' buttons for each row, and the 'name' column contains the names of the tribes: Cherokee Nation, Chickasaw Nation, Choctaw Nation, and Muscogee Creek Nation.

| License Tribe on Record | |
|-------------------------|-----------------------|
| Remove | name |
| Select | Cherokee Nation |
| Select | Chickasaw Nation |
| Select | Choctaw Nation |
| Select | Muscogee Creek Nation |

Figure 9-7, Add a tribe on the Administrative Functions page

9.7.2 REMOVE LICENSE TRIBE

A tribe can be viewed or removed by clicking “Select” or “Remove.”

The screenshot shows the 'License Tribes' interface. At the top, there is a blue header with the text 'License Tribes'. Below the header, there is a text input field labeled 'License Tribe Name' and a button labeled 'Add License Tribe'. Below this, there is a table titled 'License Tribe on Record'. The table has two columns: 'Remove' and 'name'. The 'Remove' column contains 'Select' buttons for each row, and the 'name' column contains the names of the tribes: Cherokee Nation, Chickasaw Nation, Choctaw Nation, and Muscogee Creek Nation. The 'Select' and 'Remove' buttons for each row are highlighted with a red border.

| License Tribe on Record | |
|-------------------------|-----------------------|
| Remove | name |
| Select | Cherokee Nation |
| Select | Chickasaw Nation |
| Select | Choctaw Nation |
| Select | Muscogee Creek Nation |

Figure 9-8, Vies or remove a tribe on the Administrative Functions page

10 REPORTING

10.1 OVERVIEW

10.2 REPORTS

The CACFP system tracks various activities and tasks completed. Most of that information is collected and conveyed through system reports.

The CACFP System consists of 22 reports, accessible by all users with appropriate security who have access to the system.

Reports can be used to determine updates and collect statistical data.

10.3 REPORT TYPES

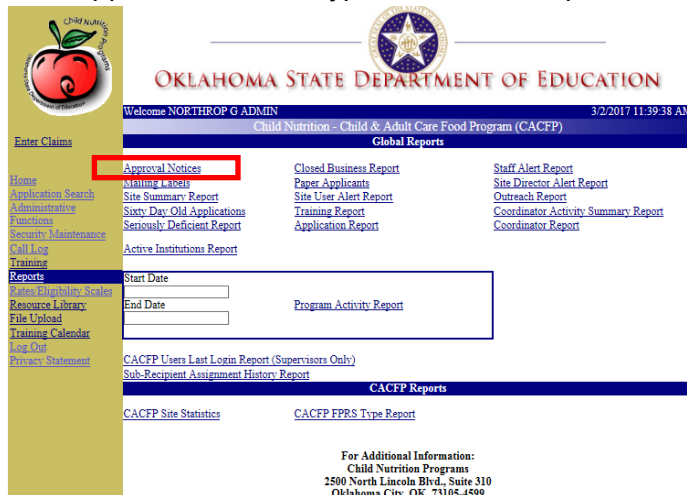
Some reports are accessible to Oklahoma Staff only, while some are accessible to CACFP participants.

10.3.1 APPROVAL NOTICES REPORT

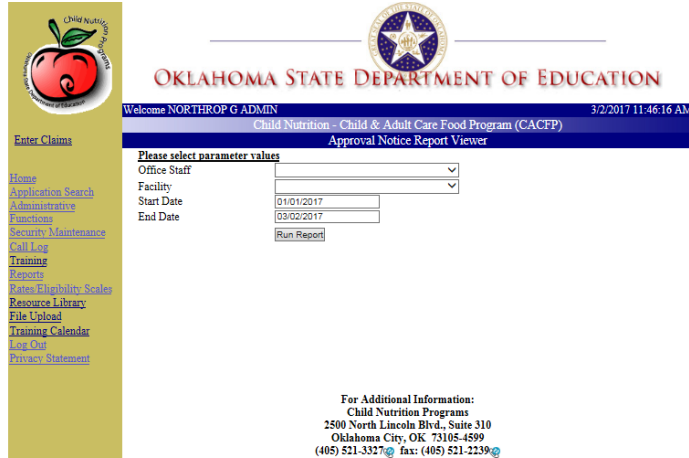
Approval Notices are written notifications sent to providers after their application has been approved.

The Approval Notices Report provides a copy of approval notices for participating organizations during a specified time period.

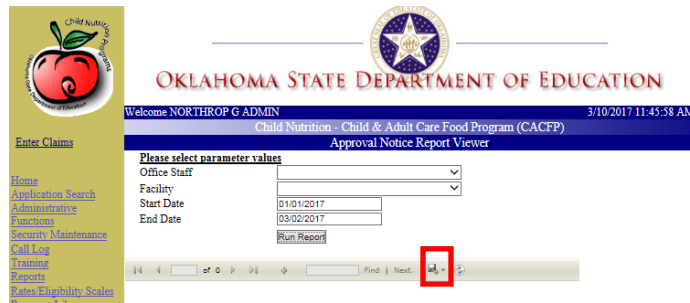
1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Approval Notices” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the Start and End Dates are required.



4. Click the “Run Report” button.
5. Click the “Export” button to export the Approval Notices for printing and/or further data manipulation.



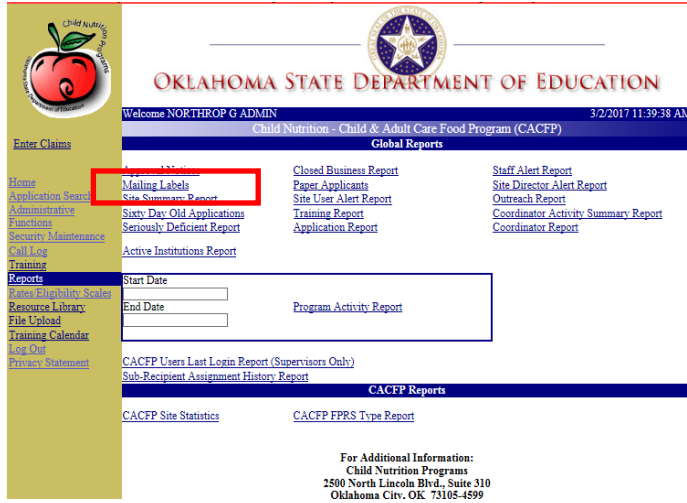
10.3.2 MAILING LABELS REPORT

The Mailing Labels Report will provide a list of organization names and addresses for label printing, based on the entered search criteria.

If no search criteria are entered the report will offer a full list including all organizations within the system.

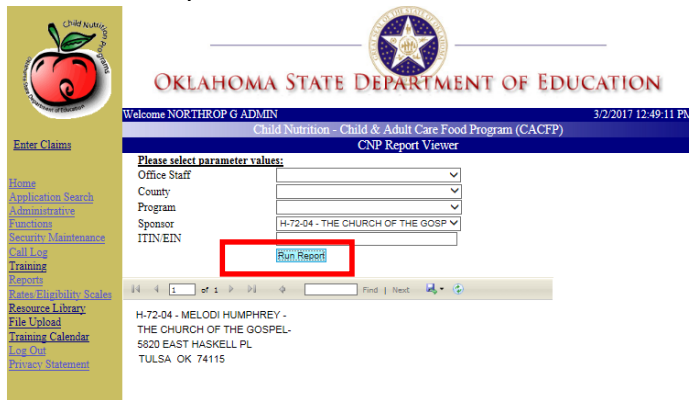
1. Click the “Reports” hyperlink in the left navigation.

2. Click the “Mailing Labels” hyperlink on the Reports Listing page.

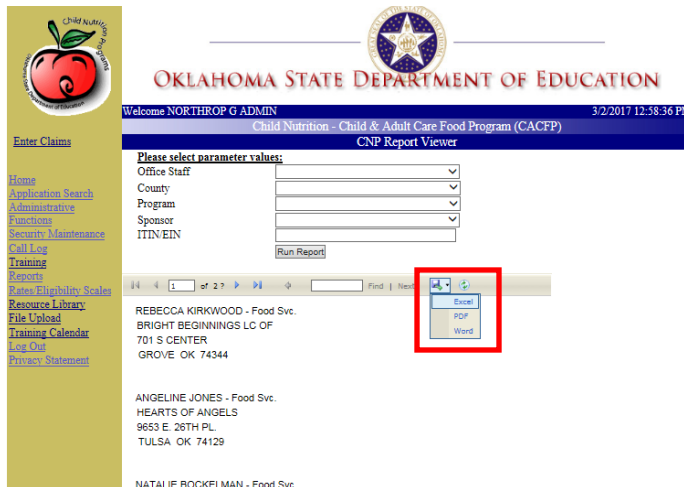


3. Enter the applicable search criteria. Be mindful, no entered search criteria will default each search field to ALL.

4. Click the “Run Report” button.



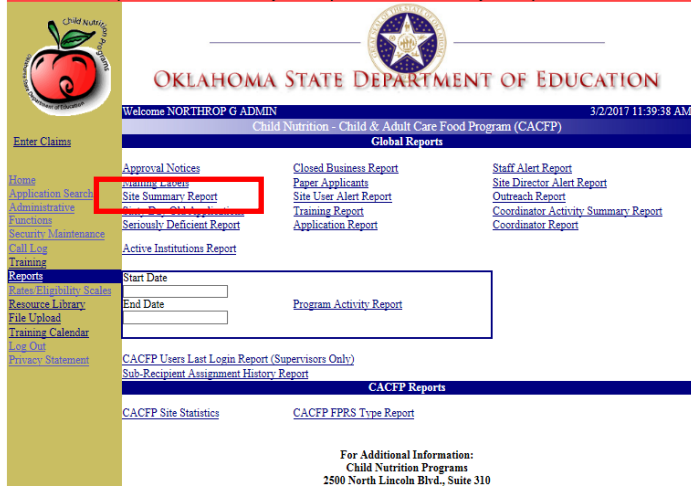
5. Click the “Export” button to export the address labels for printing and/or further data manipulation.



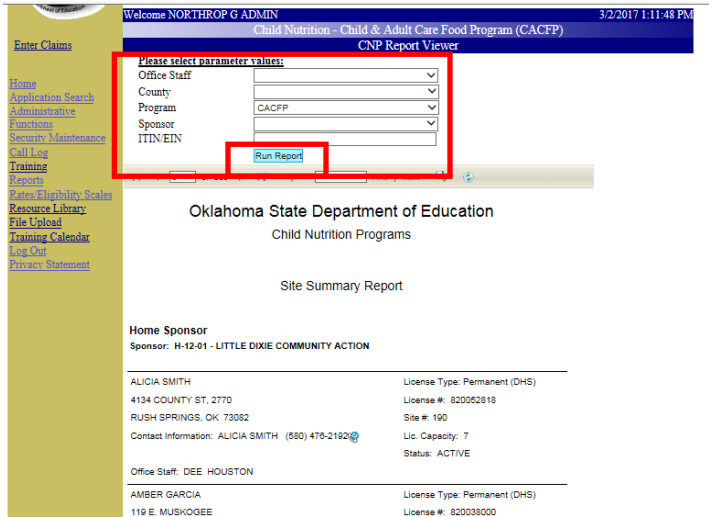
10.3.3 SITE SUMMARY REPORT

The Site Summary Report,

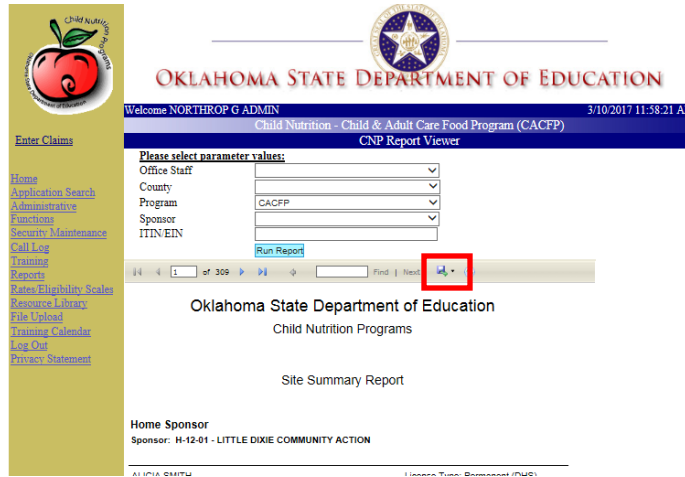
1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Site Summary Report” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the “Program” search criteria defaults to CACFP.
4. Click the “Run Report” button.



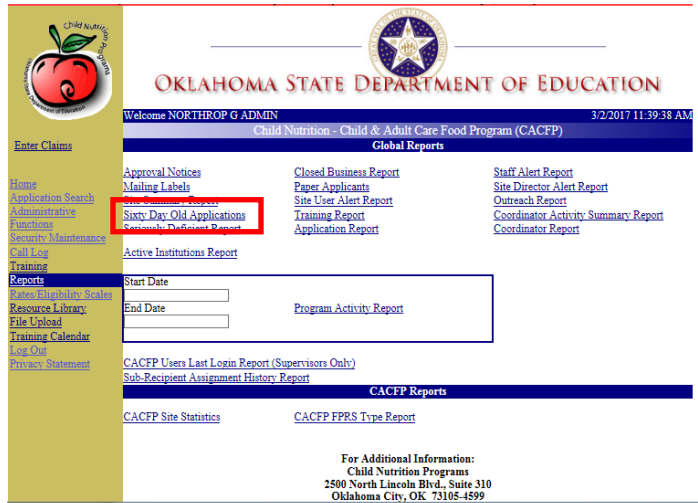
- Click the “Export” button to export the report details for printing and/or further data manipulation.



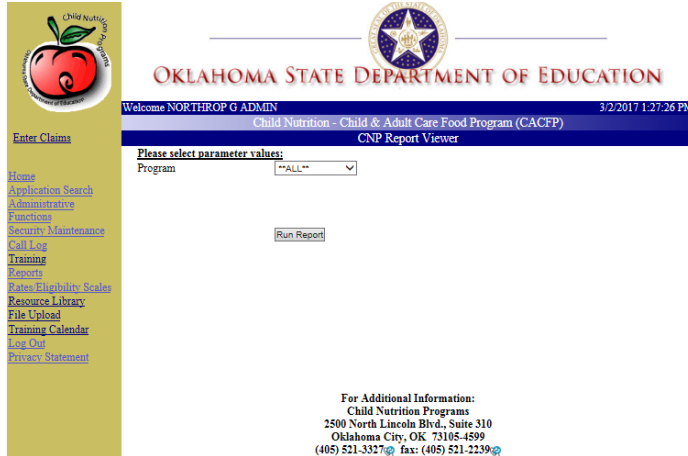
10.3.4 SIXTY DAY OLD APPLICATIONS REPORT

The Sixty Day Old Application Report provides list of organizations that have initiated their application 60 days ago, but has not submitted for review.

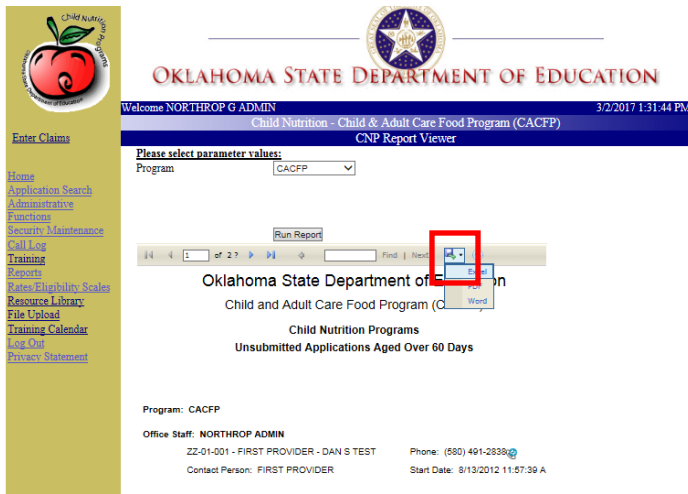
- Click the “Reports” hyperlink in the left navigation.
- Click the “Sixty Day Old Application Report” hyperlink on the Reports Listing page.



3. Change the “Program” search criteria from the defaulted selection, if applicable.



4. Click the “Run Report” button.
5. Click the “Export” button to export the report details for printing and/or further data manipulation.

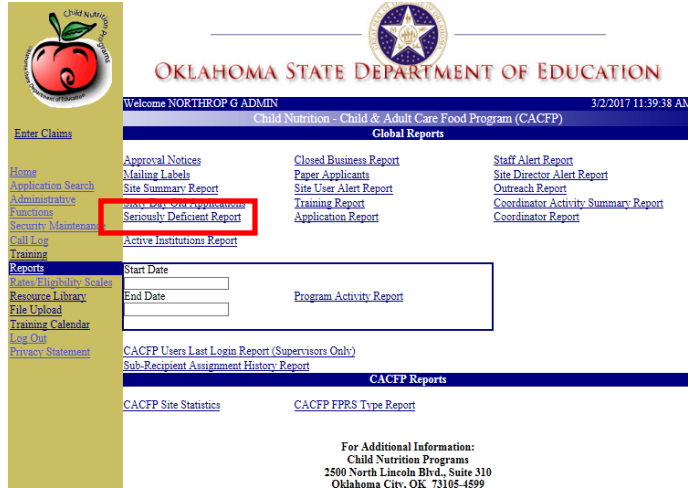


10.3.5 SERIOUSLY DEFICIENT REPORT

The Seriously Deficient Report provides a list of organizations that were declared as Seriously Deficient and will require further inspections to determine the next step.

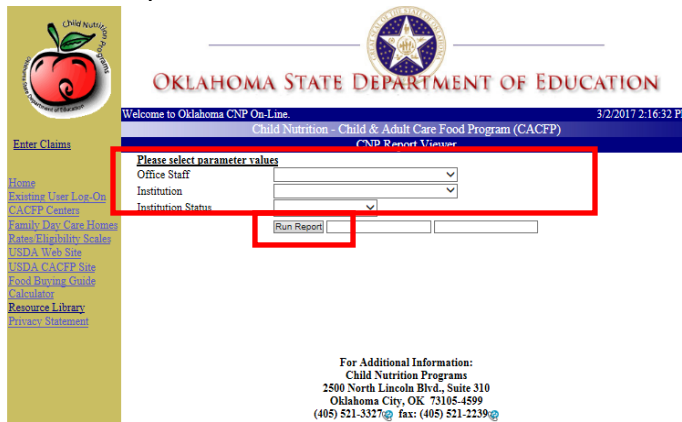
1. Click the “Reports” hyperlink in the left navigation.

2. Click the “Seriously Deficient Report” hyperlink on the Reports Listing page.

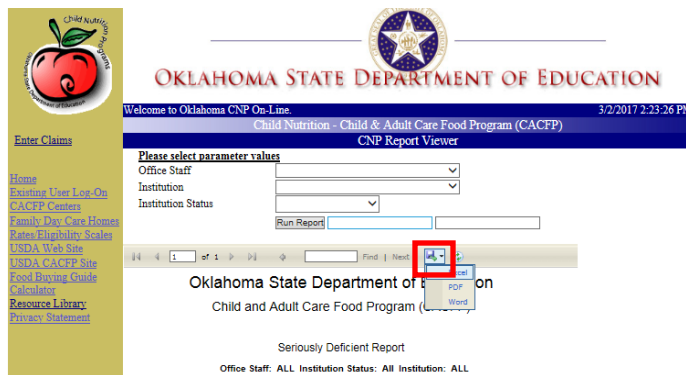


3. Enter the applicable search criteria, in which no entered search criteria will default each search field to ALL.

4. Click the “Run Report” button.



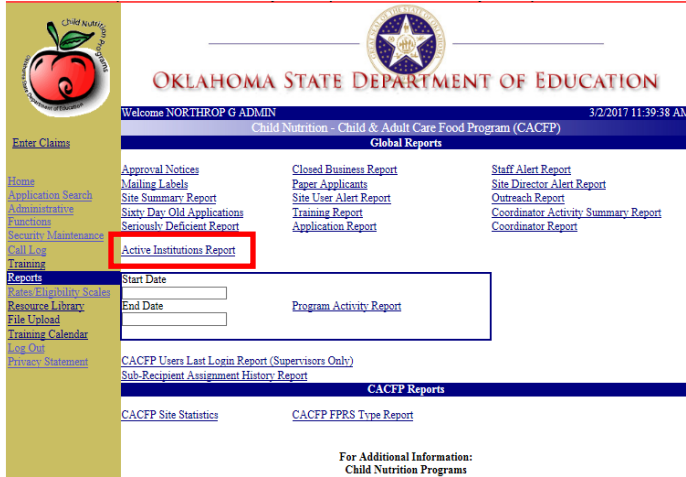
5. Click the “Export” button to export the report details for printing and/or further data manipulation.



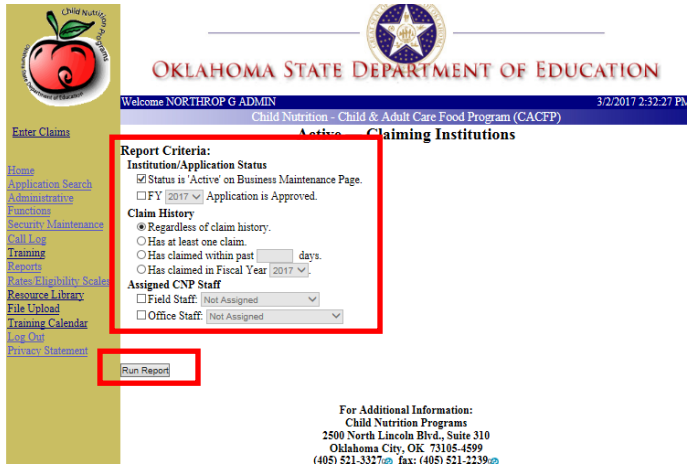
10.3.6 ACTIVE INSTITUTIONS REPORT

The Active Institutions Report provides a list of organizations are active within the CACFP Program. This report also allows the user to view varying details regarding claims.

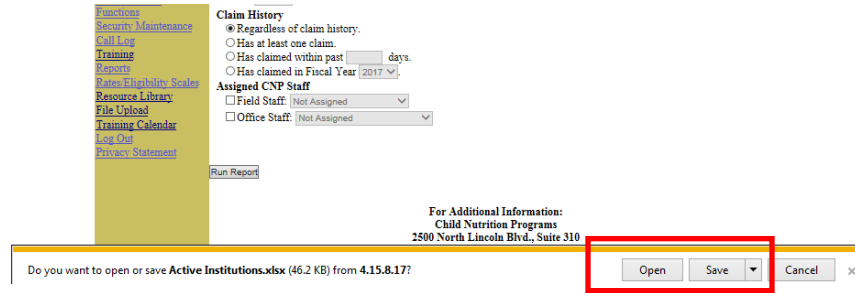
1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Active Institutions Report” hyperlink on the Reports Listing page.



3. Select the applicable search criteria.
4. Click the “Run Report” button.



- Click the “Open” or “Save” button to access the report details for printing and/or further data manipulation.



NOTE: The Active Institutions Report opens in Excel.

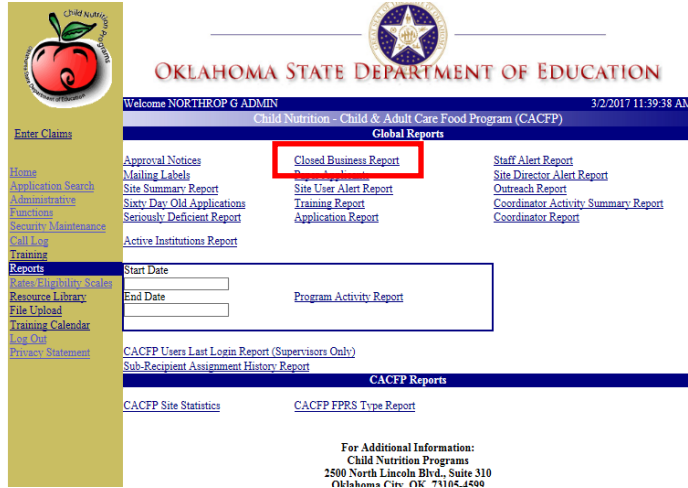
| AgreeNo | Institution | PhysicalCou | Phone | Email | Field Staff | Office Staff |
|-----------|---|-------------|------------|----------------------|-------------------|---------------------|
| H-12-01 | LITTLE DIXIE COMMUNITY ACTION | CHOCTAW | 5803269332 | JYOW@LITLEDIXIE.ORG | JILL LOWE | DEE HOUSTON |
| H-06-01 | OPPORTUNITIES, INC. | BLAINE | 5806235488 | VKELLY@OPPINCOX.ORG | KENDRA MERVELDT | DEE HOUSTON |
| H-16-01 | GREAT PLAINS IMPROVEMENT FDN. | COMANCHE | 5803532364 | VSPENCER@GPIF-CAA.C | NANCY MCCULLOUGH | DEE HOUSTON |
| H-20-01 | HEARTLAND KIDS INC | CUSTER | 5805932272 | BPLOVELACE@PLDI.NET | BECKY GILBERT | DEE HOUSTON |
| H-16-02 | FORT SILL CHILD, YOUTH, AND SCHOOL SVCS | COMANCHE | 5804425825 | ANGIE.M.HART.NAF@M | JERI BUCHANAN | DEE HOUSTON |
| H-26-02 | HELPING HANDS FOOD PROGRAM | MCCLAIN | 4053923524 | HHFP2001@YAHOO.COM | NANCY MCCULLOUGH | DEE HOUSTON |
| H-22-01 | FOR THE CHILDREN FOOD PROGRAM | DEWEY | 5809953509 | THEKIDZCACFP@YAHOC | BECKY GILBERT | DEE HOUSTON |
| H-20-02 | TDC KIDS INC | CUSTER | 5807744862 | TDCKIDS@CEBRIDGE.NE | BECKY GILBERT | DEE HOUSTON |
| H-31-01 | KIBOIS CMNTY ACTION FOUNDATION | HASKELL | 9189679992 | GINGER.BRYANT@KIBOI | TAMMY FLUTE | DEE HOUSTON |
| H-04-01 | OPERATION KIDS | BEAVER | 9726367474 | JAMIE.ROBERTSON@OP | BECKY GILBERT | DEE HOUSTON |
| H-55-01 | RAINBOW FLEET INC. | OKLAHOMA | 4055211426 | JENGLAND@RAINBOWF | DENISE WIELAND | DEE HOUSTON |
| H-47-01 | JUST 4 KIDS | MCCLAIN | 4053879455 | JUST4KIDSP@YAHOO.C | NANCY MCCULLOUGH | DEE HOUSTON |
| H-33-01 | SVYD ALTUS AFB FAM. CHILD CARE | JACKSON | 5804816931 | SANDRA.STRONG.1@US | JERI BUCHANAN | DEE HOUSTON |
| H-59-01 | UNITED COMMUNITY ACTION PROG. | PAWNEE | 9187623041 | CSOUTHERN@UCA.PINC. | KRISTEN SCHOELING | DEE HOUSTON |
| H-56-01 | DEEP FORK COMMUNITY ACTION FDN | OKMULGEE | 9187626826 | CACFP@DEEPFORKCOM | DANA PARKER | DEE HOUSTON |
| H-72-96 | PREFERRED NUTRITION | TULSA | 9182517351 | MIKE.MAGILL@COX.NET | ALBERTA BURGESS | DEE HOUSTON |
| H-74-97 | WASHINGTON CO CHILD CARE FDN | WASHINGTON | 9189773600 | SRACKLIFF@DELAWARE | ALBERTA BURGESS | DEE HOUSTON |
| H-64-01 | MOUNTAIN VIEW FOOD PROGRAM | PUSHMATA | 5802989821 | SUEJOSLIN43@YAHOO.C | JILL LOWE | DEE HOUSTON |
| DC-07-105 | BIG FIVE COMMUNITY SERVICES, INC. | BRYAN | 5809245331 | JBRACKETT@BIGFIVE.OF | KAREN JONES | LEIGHANN RAUSCH |
| DC-09-071 | TLC CHILD CARE CENTER INC. | CANADIAN | 405372380 | TLGREATKIDS@WAVEL | DENISE WIELAND | LEIGHANN RAUSCH |
| DC-09-076 | CHEYENNE AND ARAPAHO | CANADIAN | 4054227694 | VHART@C-A-TRIBES.ORG | DENISE WIELAND | DEBORAH WEATHERFORD |
| DC-09-075 | CHEYENNE ARAPAHO TRB HD STRT | CANADIAN | 4054227636 | CBERG@C-A-TRIBES.ORG | DENISE WIELAND | LEIGHANN RAUSCH |
| DC-14-182 | CROSSROADS YOUTH AND FMYL SVCS | CLEVELAND | 4052926440 | TERRIEV@CROSSROADS | CAROLE PETERS | LEIGHANN RAUSCH |
| DC-16-084 | PLAYCARE INC | COMANCHE | 5803550814 | PAM@PLAYCARE.COM | JERI BUCHANAN | DEBORAH WEATHERFORD |
| DC-25-038 | DELTA COMMUNITY ACTION FDN | GARVIN | 4057561100 | TINAB60@WINDSTREA | FONDI WESEVICH | DEBORAH WEATHERFORD |
| H-72-01 | CHILD CARE RESOURCE CENTER | TULSA | 9188317238 | CMOORE@CCRCTULSA.C | RHONDA STEVENS | DEE HOUSTON |
| DC-26-098 | WASHITA VALLEY CMNTY ACTION | GRADY | 4052245831 | SKEY@WVACC.CHICKAS | NANCY MCCULLOUGH | LEIGHANN RAUSCH |

10.3.7 CLOSED BUSINESS REPORT

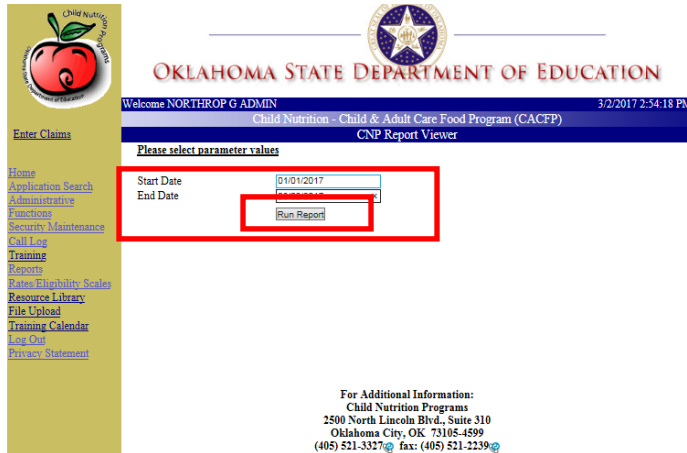
The Closed Business Report provides a list of organizations that are closed and no longer activity participating in CACFP.

- Click the “Reports” hyperlink in the left navigation.

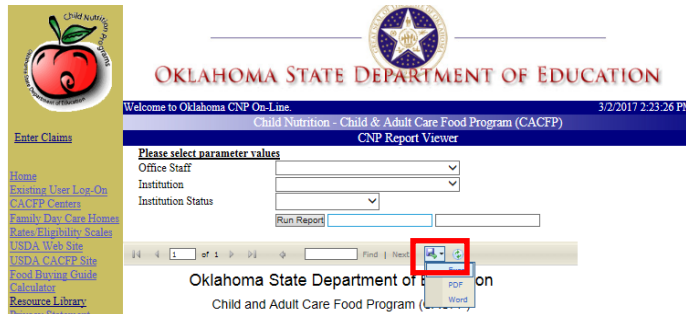
- Click the “Closed Business Report” hyperlink on the Reports Listing page.



- Enter the search criteria Start and End Dates, which are required.
- Click the “Run Report” button.



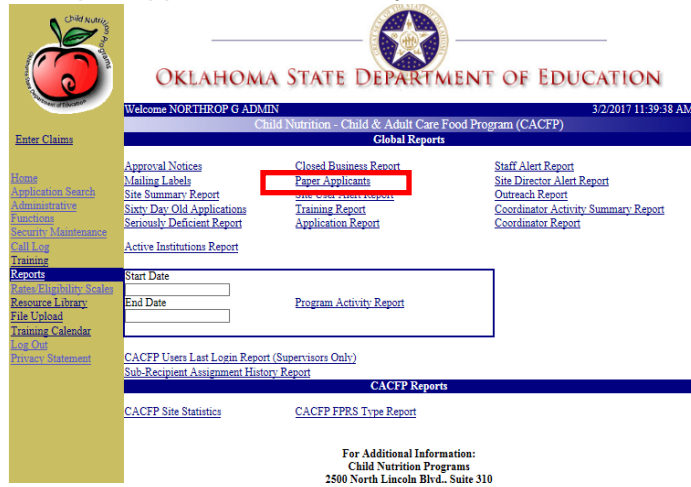
- Click the “Export” button to export the report details for printing and/or further data manipulation.



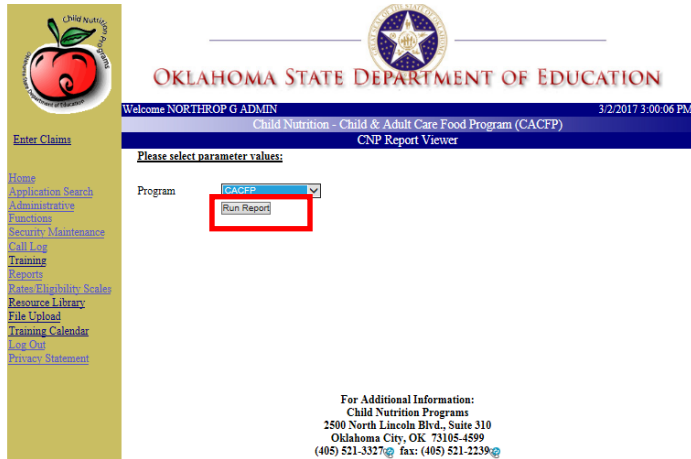
10.3.8 PAPER APPLICANTS REPORT

The Paper Applicants Report provides a list of organizations that are submitting paper applications, and not entering data via online.

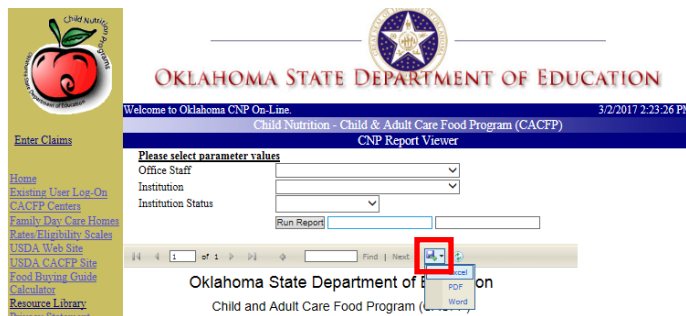
1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Paper Applicants Report” hyperlink on the Reports Listing page.



3. Click the “Run Report” button.



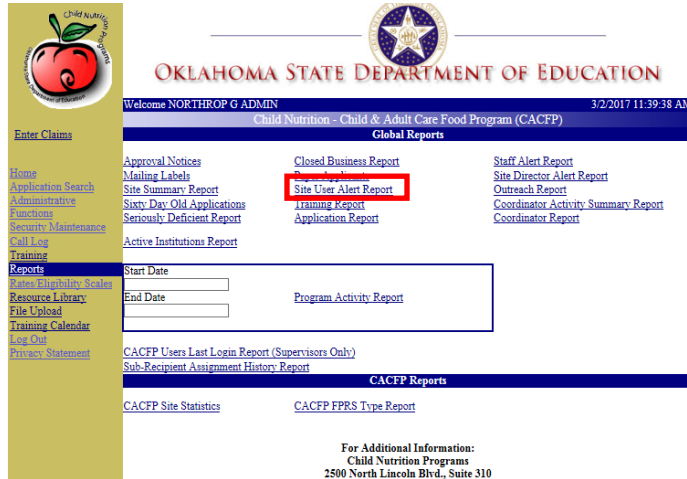
4. Click the “Export” button to export the report details for printing and/or further data manipulation.



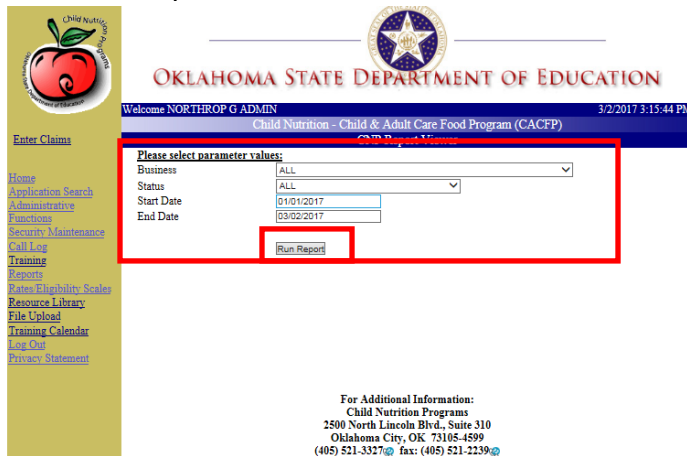
10.3.9 SITE USER ALERT REPORT

The Site User Alert Report provides a list of the alerts sent to a particular user or organization as well as the alert details and status.

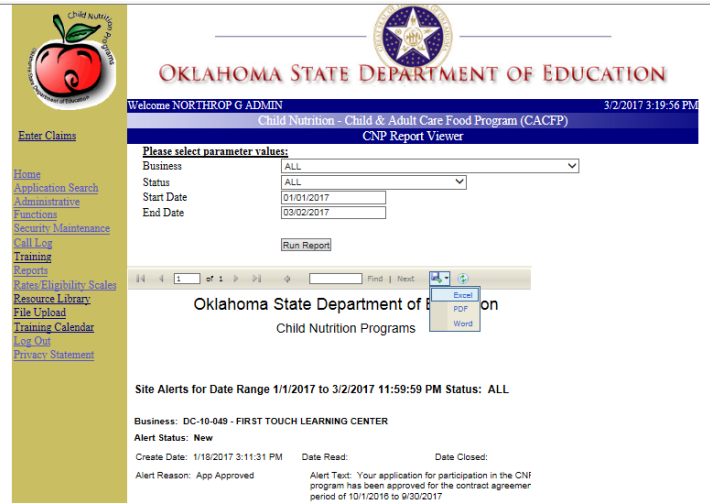
1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Site User Alert Report” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the Start and End Dates are required.
4. Click the “Run Report” button.



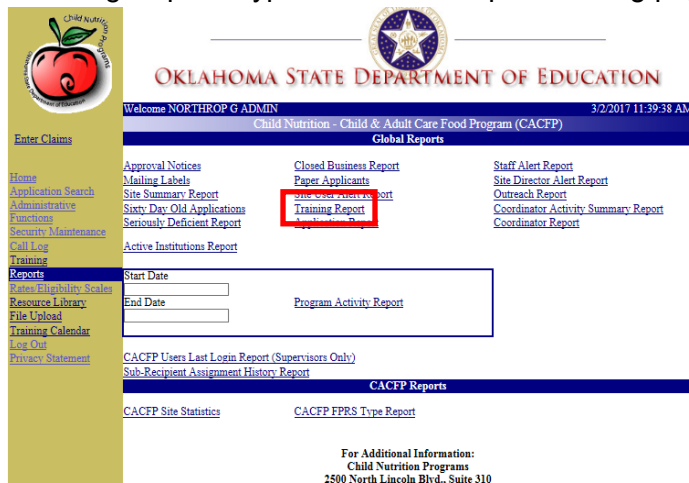
- Click the “Export” button to export the report details for printing and/or further data manipulation.



10.3.10 TRAINING REPORT

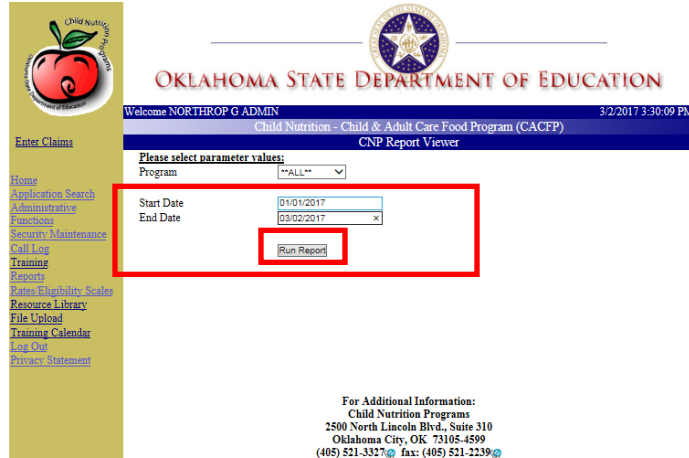
The Training Report provides a list of training that is available.

- Click the “Reports” hyperlink in the left navigation.
- Click the “Training Report” hyperlink on the Reports Listing page.



- Enter the applicable search criteria, in which the Start and End Dates are required.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.

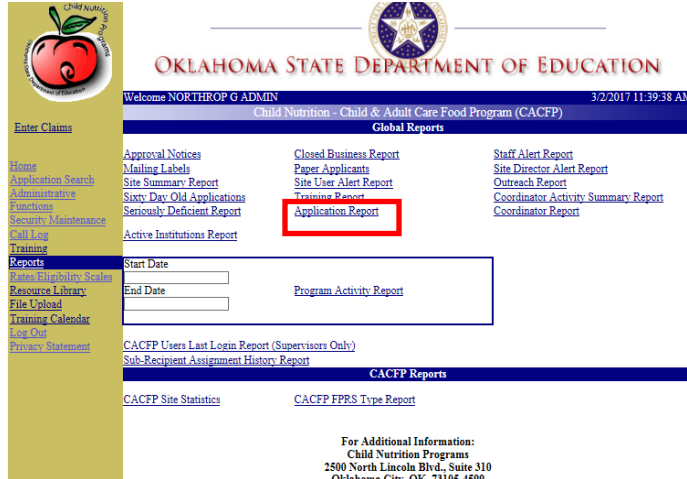


10.3.11 APPLICATION REPORT

The Application Report provides a list of organizations and their application statuses.

1. Click the “Reports” hyperlink in the left navigation.

2. Click the “Application Report” hyperlink on the Reports Listing page.

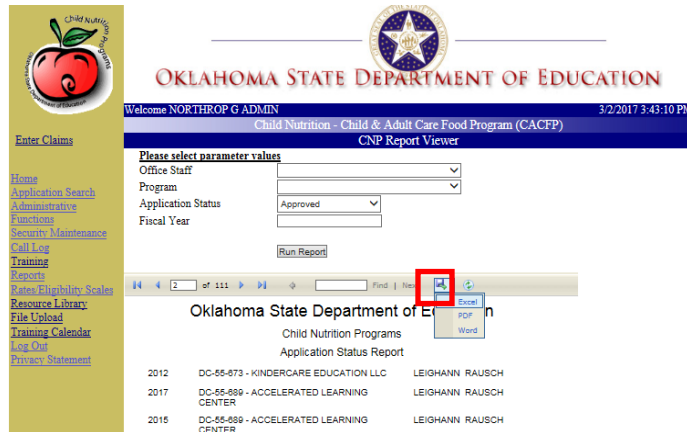


3. Enter the applicable search criteria, in which no entered search criteria will default each search field to ALL.

4. Click the “Run Report” button.



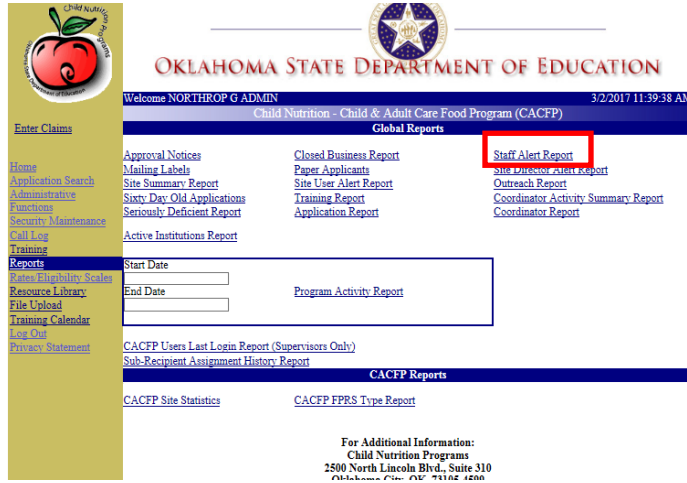
5. Click the “Export” button to export the report details for printing and/or further data manipulation.



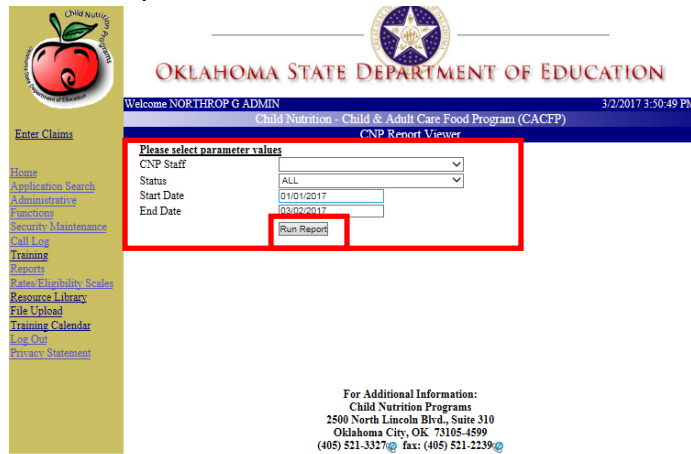
10.3.12 STAFF ALERTS REPORT

The Staff Alerts Report provides a list of alerts and the associated alert details sent to staff members.

1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Staff Alerts Report” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the Start and End Dates are required.
4. Click the “Run Report” button.



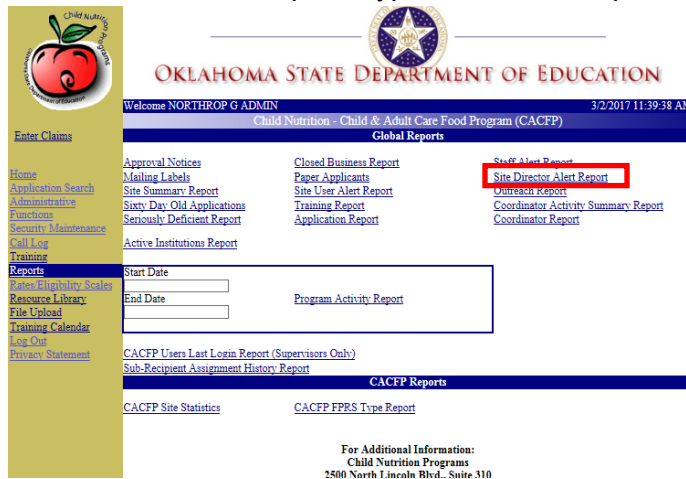
- Click the “Export” button to export the report details for printing and/or further data manipulation.



10.3.13 SITE DIRECTOR ALERT REPORT

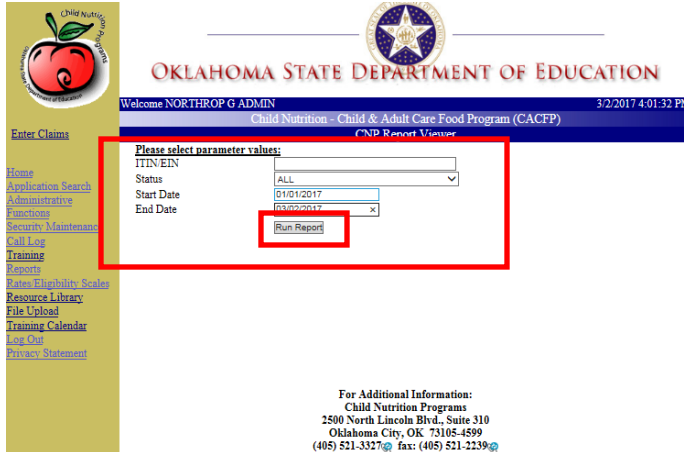
The Site Director Alert Report.

- Click the “Reports” hyperlink in the left navigation.
- Click the “Site Director Alert Report” hyperlink on the Reports Listing page.



- Enter the applicable search criteria, in which the Start and End Dates are required.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.

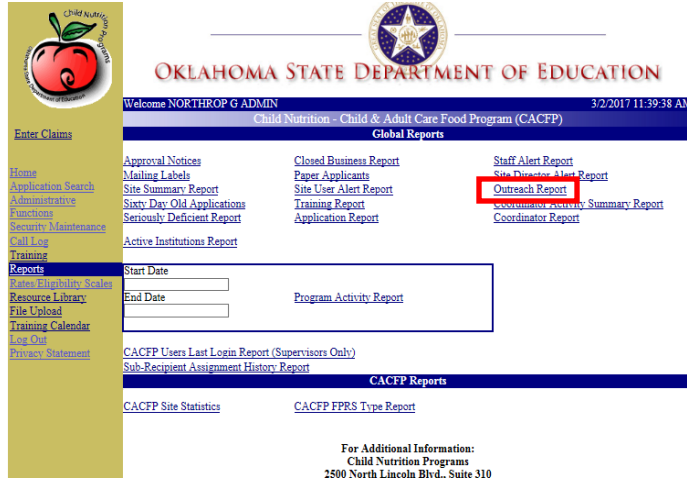


10.3.14 OUTREACH REPORT

The Outreach Report.

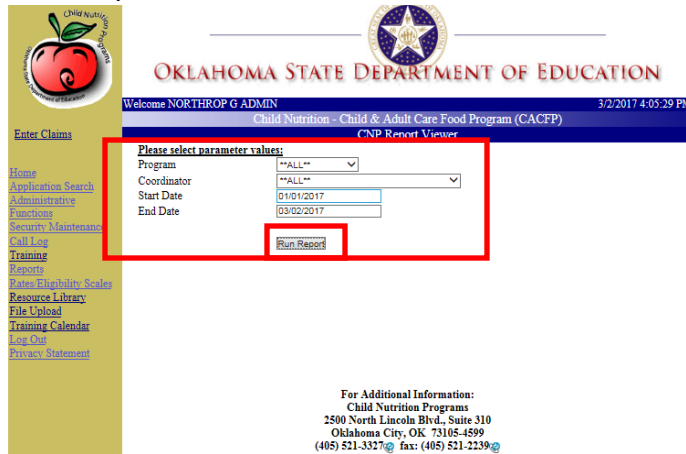
1. Click the “Reports” hyperlink in the left navigation.

2. Click the “Outreach Report” hyperlink on the Reports Listing page.

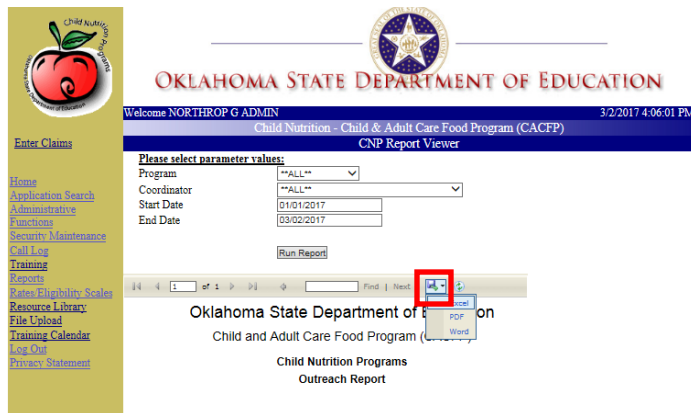


3. Enter the applicable search criteria, in which the Start and End Dates are required.

4. Click the “Run Report” button.



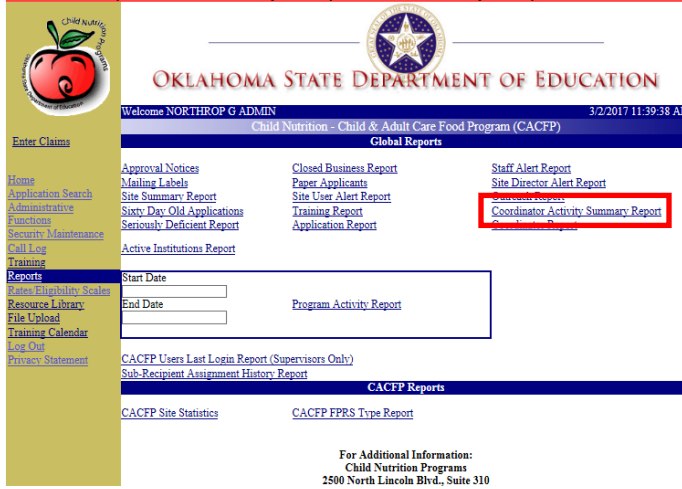
5. Click the “Export” button to export the report details for printing and/or further data manipulation.



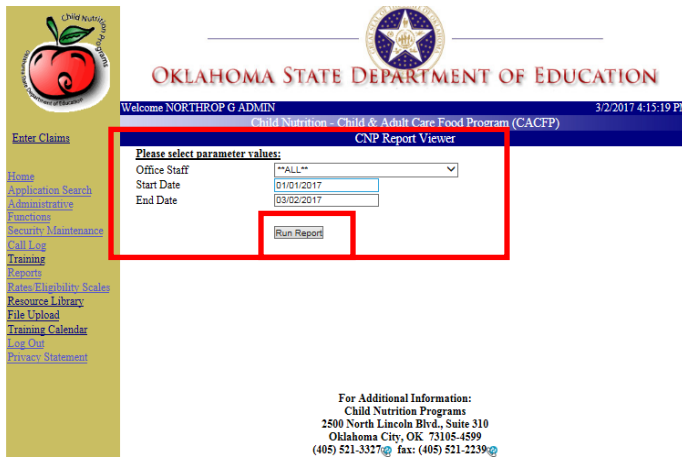
10.3.15 COORDINATOR ACTIVITY SUMMARY REPORT

The Coordinator Activity Summary Report.

1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Coordinator Activity Summary Report” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the Start and End Dates are required.
4. Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

Oklahoma State Department of Education
Child and Adult Care Food Program (CACFP)
Child Nutrition Programs
Office Staff Activity Summary
1/1/2017 to 3/2/2017 11:59:59 PM

| Office Staff | Apps. Received | | Apps. Approved | | Apps. Denied | | Apps. Withdrawn | | Apps. Closed | | Apps. Terminate | |
|----------------|----------------|-------|----------------|-------|--------------|-------|-----------------|-------|--------------|-------|-----------------|-------|
| | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew |
| D. WEATHERFORD | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| L. WREN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| B. SIMMONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| D. PATTERSON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

10.3.16 COORDINATOR REPORT

The Coordinator Report.

- Click the “Reports” hyperlink in the left navigation.
- Click the “Coordinator Report” hyperlink on the Reports Listing page.

Oklahoma State Department of Education
Global Reports

- Approval Notices
- Mailing Labels
- Site Summary Report
- Sixty Day Old Applications
- Seriously Deficient Report
- Active Institutions Report
- Closed Business Report
- Paper Applicants
- Site User Alert Report
- Training Report
- Application Report
- Program Activity Report
- Staff Alert Report
- Site Director Alert Report
- Outreach Report
- Accountability Summary Report
- Coordinator Report**

For Additional Information:
Child Nutrition Programs
1500 North Lincoln Blvd - Suite 410

- Enter the applicable search criteria, in which no entered criteria will default each search field to ALL.

4. Click the “Run Report” button.



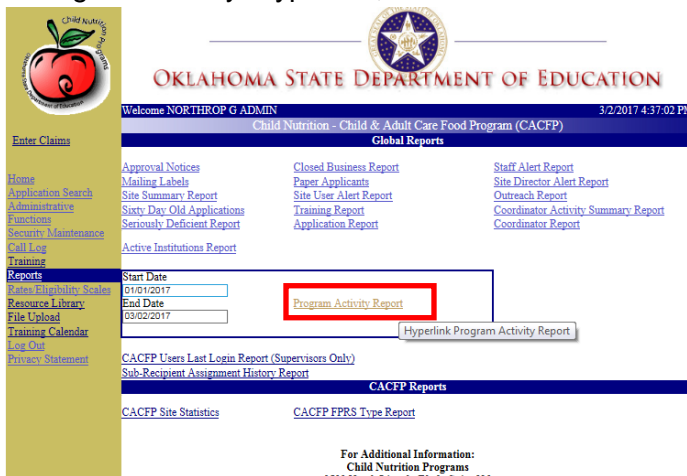
5. Click the “Export” button to export the report details for printing and/or further data manipulation.



10.3.17 PROGRAM ACTIVITY REPORT

The Program Activity Report.

1. Click the “Reports” hyperlink in the left navigation.
2. Enter the Start and End Date for the Program Activity Report, which are required for the search, on the Reports Listing page.
3. Click the “Program Activity” hyperlink, to initiate the search.



4. The report results will display in the browser, replacing the Reports Listing Page.

| Program | Apps Received | | Apps Approved | | Apps Denied | | Apps Withdrawn | | Apps Closed | | Apps Terminated | |
|---------|---------------|-------|---------------|-------|-------------|-------|----------------|-------|-------------|-------|-----------------|-------|
| | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew |
| CACFP | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

10.3.18 CACFP USERS LAST LOGIN REPORT

The CACFP Users Last Login Report provides a list of the last time users logged into CACFP.

1. Click the “Reports” hyperlink in the left navigation.
2. Click the “CACFP Users Last Login Report” hyperlink on the Reports Listing page.

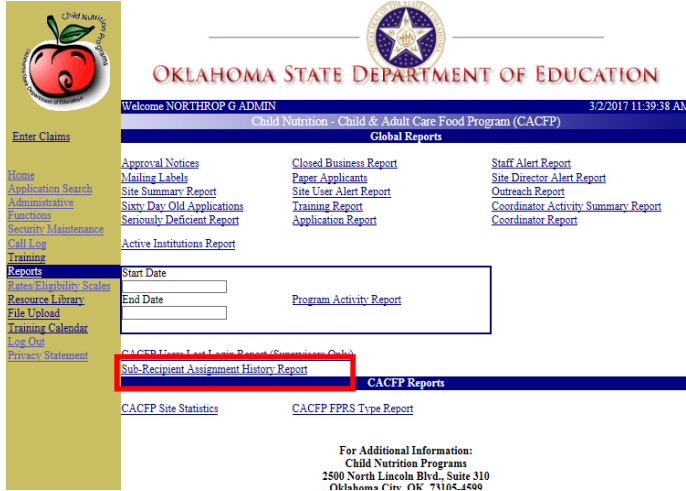
3. Click the “Export” button to export the report details for printing and/or further data manipulation.

| User ID | Name | Last Login |
|--------------|----------------------|------------------------|
| ngadmin | ADMIN, NORTHROP G | 3/2/2017 2:09:30 PM |
| jsmith2 | SMITH, JAN S | 3/1/2017 3:44:01 PM |
| ikirk | KIRK, LISA | 1/19/2017 3:47:33 PM |
| jhildenbrand | HILDENBRAND, JOANIE | 12/13/2016 11:02:37 AM |
| cpeters | PETERS, CAROLE | 12/5/2016 9:38:23 AM |
| dweatherford | WEATHERFORD, DEBORAH | 12/5/2016 9:27:31 AM |
| dhouston | HOUSTON, DEE | 12/5/2016 9:18:54 AM |
| ktreddell | REDDILL, KASSANDRA D | 12/5/2016 9:17:38 AM |
| lrausch | RAUSCH, LEIGHANN | 12/5/2016 9:15:11 AM |
| jweber | WEBER, JENNIFER | 12/5/2016 9:10:42 AM |
| dsweland | WELAND, DENISE | 12/4/2016 11:10:48 PM |
| kmerveldt | MERVELOT, KENDRA | 12/4/2016 4:22:07 PM |

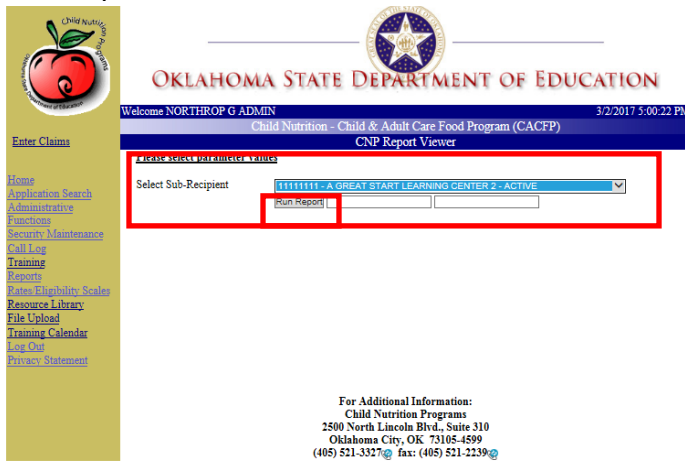
10.3.19 SUB-RECIPIENT ASSIGNMENT HISTORY REPORT

The Sub-Recipient Assignment History Report.

1. Click the “Reports” hyperlink in the left navigation.
2. Click the “Sub-Recipient Assignment History Report” hyperlink on the Reports Listing page.



3. Select the “Sub-Recipient” search criteria, which is required.
4. Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

11111111 - A GREAT START LEARNING CENTER 2

| Sponsor | CCL Number | Name | Change Date |
|-----------|------------|---------------------------------|-----------------------|
| DC-66-121 | 11111111 | A GREAT START LEARNING CENTER 2 | 10/26/2016 2:28:23 PM |
| DC-66-121 | 11111111 | A GREAT START LEARNING CENTER 2 | 10/26/2016 2:22:57 PM |

10.3.20 CACFP SITE STATISTICS REPORT

The CACFP Site Statistics Report provides the number of institutions and sites within each county. This count is also categorized by Institution Type, i.e. Non-Profit Independent, Non-Profit Sponsor, etc.

- Click the “Reports” hyperlink in the left navigation.
- Click the “CACFP Site Statistics” hyperlink on the Reports Listing page.

CACFP Reports

[CACFP Site Statistics](#) [CACFP FPRS Type Report](#)

For Additional Information:
 Child Nutrition Programs
 2500 North Lincoln Blvd., Suite 310

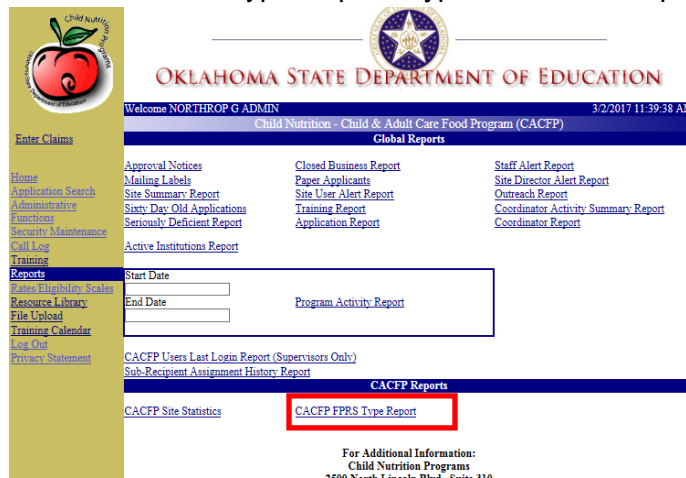
- Click the “Export” button to export the report details for printing and/or further data manipulation.



10.3.21 CACFP FPRS TYPE REPORT

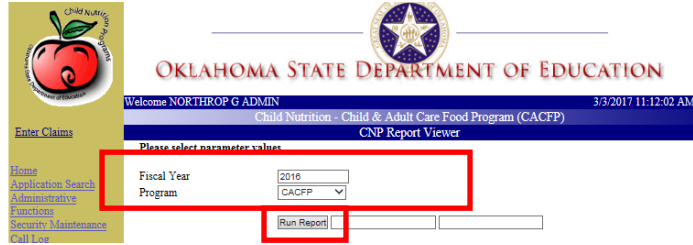
The CACFP FPRS Type Report.

- Click the “Reports” hyperlink in the left navigation.
- Click the “CACFP FPRS Type Report” hyperlink on the Reports Listing page.

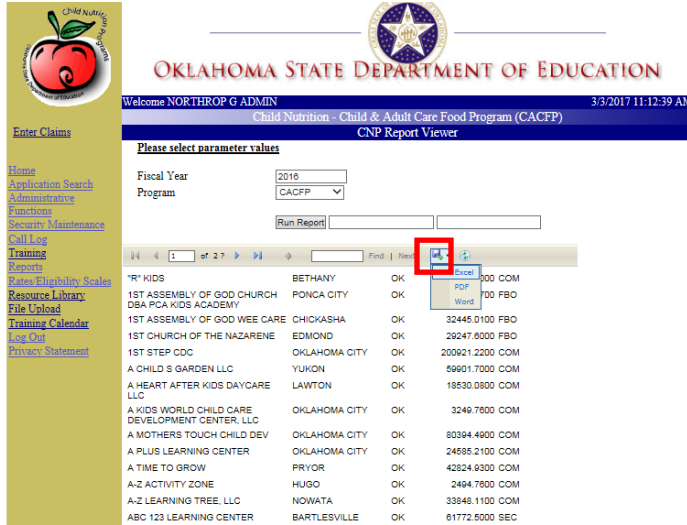


- Enter the “Fiscal Year” search criteria, which is required. The Program search criteria are defaulted to “CACFP”.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.



11 CALL LOG

11.1 OVERVIEW

11.1.1 CALL LOG

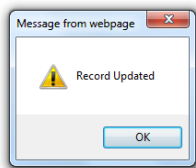
As coordinators complete day to day activities and engage participating organizations, many calls occur. Coordinators are able to maintain notes regarding the calls using the CACFP System Call Log.

The Call Log provides a means to enter the information reported during the phone calls and any follow-up information as a result.

11.1.1.1 Add Call Log Entry

1. Click the “Call Log” hyperlink, in the left navigation.
2. Enter the call details in the “Enter New Call Information” section of the Call Log page. The “Date of Call” field is required and must be entered in the MM/DD/YYYY format.
3. Click the “Save Call” button.

4. Click the “OK” button on the message “Record Updated” window and the system will return to the Call Log page.

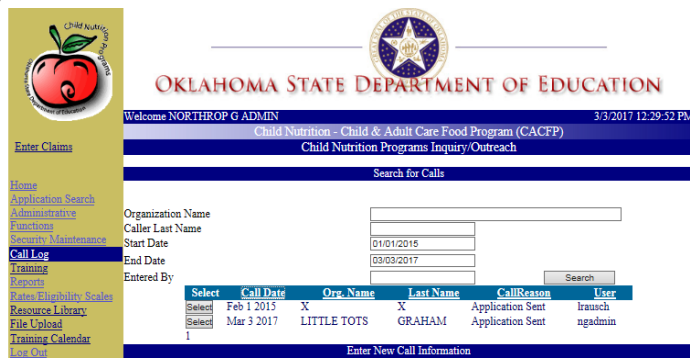


NOTES:

- The “Caller City”, “Caller State”, and “Caller County” fields are auto-populated, after the user enters the Zip Code and tabs to progress to the next field.
- The “Notes” field is required when “Outreach” is selected as the “Reason for Call.
- Click the “Add New” button at the bottom of the Call Log page, to clear any formerly entered information.

11.1.1.2 Search Call Log

1. Click the “Call Log” hyperlink, in the left navigation.
2. Enter applicable search criteria in the “Search for Calls” section.
3. Click the “Search” button. If no match is found, a “No Records Found” message will display.

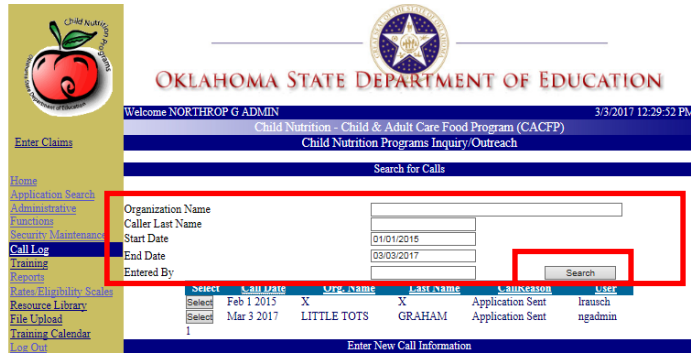


4. Click the “Select” button associated with the desired call entry.
5. The selected call’s information will populate in the “Enter New Call Information” section, on the Call Log page.

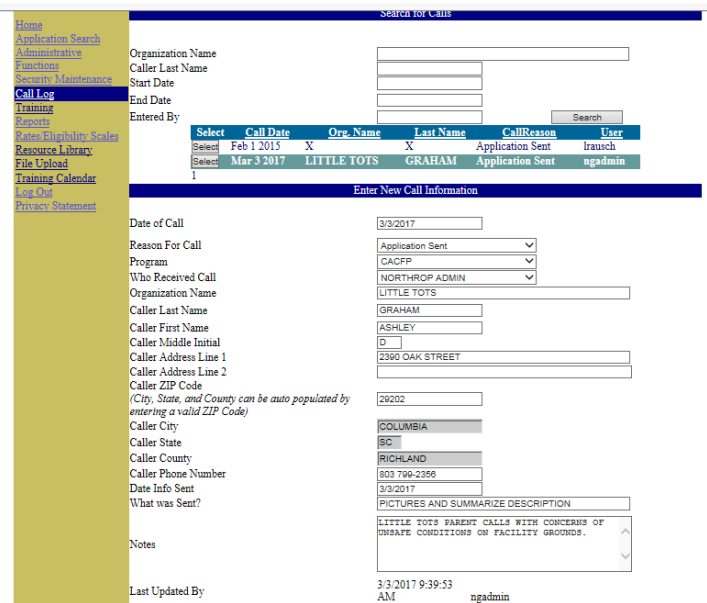
11.1.1.3 Edit Existing Call Log Entry

1. Click the “Call Log” hyperlink, in the left navigation.
2. Enter applicable search criteria in the “Search for Calls” section.

- Click the “Search” button. If no match is found, a “No Records Found” message will display.



- Click the “Select” button associated with the desired call entry.
- The selected call’s information will populate in the “Enter New Call Information” section, on the Call Log page.

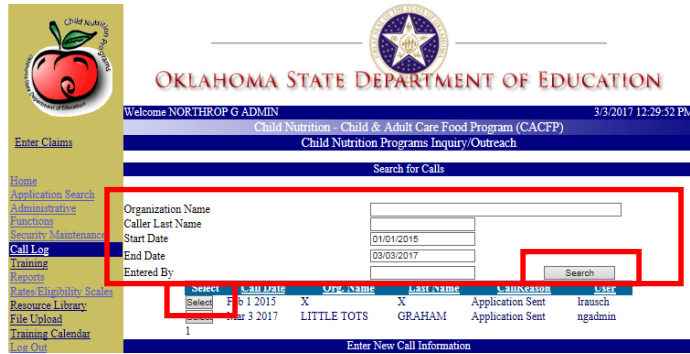


- Update the desired fields.
- Click the “Save Call” button.

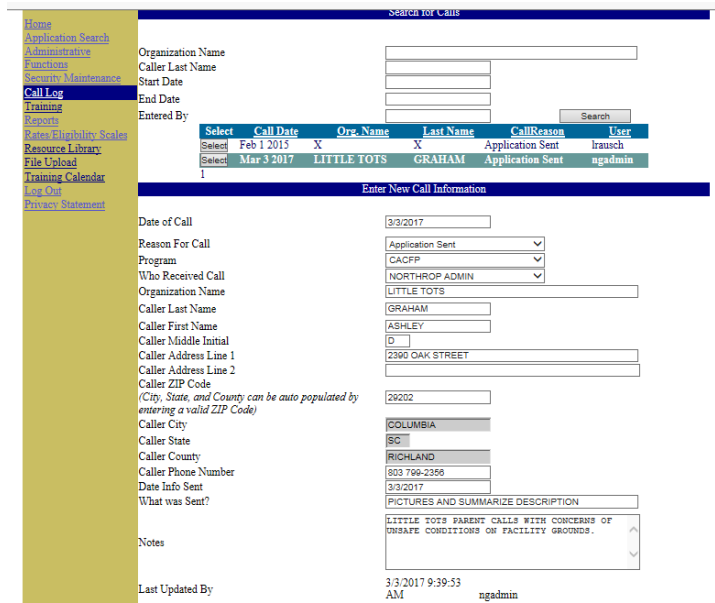
11.1.1.4 Delete Call Log Entry

- Click the “Call Log” hyperlink, in the left navigation.
- Enter applicable search criteria in the “Search for Calls” section.

- Click the “Search” button. If no match is found, a “No Records Found” message will display.



- Click the “Select” button associated with the desired call entry. The selected call’s information will populate in the “Enter New Call Information” section, on the Call Log page.



5. Click the “Delete” button.

| Select | Call Date | Org. Name | Last Name | CallReason | User |
|--------|------------|-------------|-----------|---------------------|---------|
| Select | Feb 1 2015 | X | X | Application Sent | trausch |
| Select | Mar 3 2017 | LITTLE TOTS | GRAHAM | Application Sent | ngadmin |
| Select | Mar 3 2017 | ANGELS | MESH | Program Information | ngadmin |

Enter New Call Information

Date of Call:

Reason For Call:

Program:

Who Received Call:

Organization Name:

Caller Last Name:

Caller First Name:

Caller Middle Initial:

Caller Address Line 1:

Caller Address Line 2:

Caller ZIP Code:
(City, State, and County can be auto populated by entering a valid ZIP Code)

Caller City:

Caller State:

Caller County:

Caller Phone Number:

Date Info Sent:

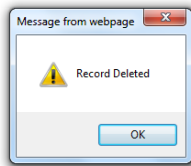
What was Sent?:

Notes:

Last Updated By: 3/3/2017 10:52:24 AM ngadmin

Created on: 3/3/2017 10:52:24 AM

6. Click the “OK” button on the recorded deleted message window and the system will return to the Call Log page.



12 TRAINING

12.1 OVERVIEW

12.1.1 TRAINING

The Training component of the CACFP System allows Program advisors to establish and manage Training sessions.

Program Administrators and Coordinators) are able to create Training Sessions as well as manage the scheduling and attendance for training sessions.

Training sessions can be made available online for program participants to sign up for attendance.

12.1.1.1 Create Training Session

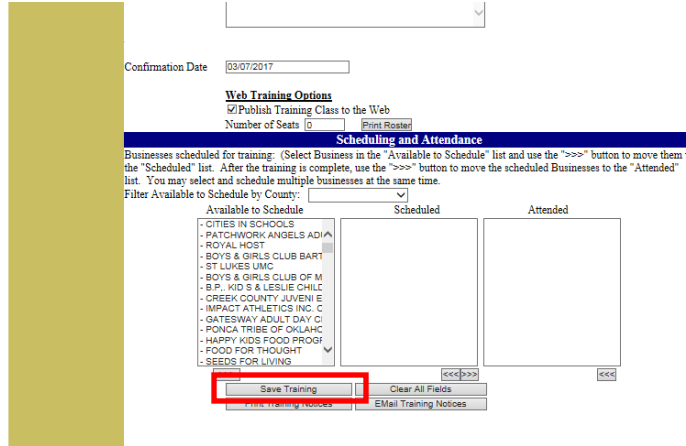
1. Click the “Training” hyperlink in the left navigation.
2. Enter the Training session details in the middle section of the page, below the phrase “Enter/Edit Training below” section. All fields are required, excluding the “Comments” section.

The screenshot shows the 'Child Nutrition Training Records' web application. On the left is a navigation menu with 'Training' selected. The main content area has a search section at the top and a form titled 'Enter/Edit training below' highlighted with a red border. The form contains the following fields and values:

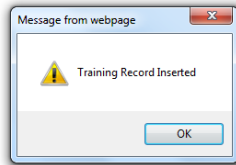
- Date of Training: 03/15/2017
- Time of Training: 11:00 | 1h:00m
- Location Name: Child Training Center
- Address Line 1: 900 Bills Roads
- Address Line 2: (empty)
- ZIP: 29202
- City, State, ZIP: City [COLUMBIA] State [SC]
- County: RICHLAND
- Program: * CACFP/FDCH
- Subject/Name of Class: Meal Prep
- Training Type: Group
- Number of Hours: 2.5
- Comments: (empty text area)
- Confirmation Date: 03/07/2017

Below the form, there are 'Web Training Options' including a checked box for 'Publish Training Class to the Web' and a 'Print Roster' button. At the bottom, there is a note about scheduling businesses for training.

3. Click the “Save Training” button, beneath the “Scheduling and Attendance” section.



4. Click the “OK” button on the training saved message window and return to the Training page.

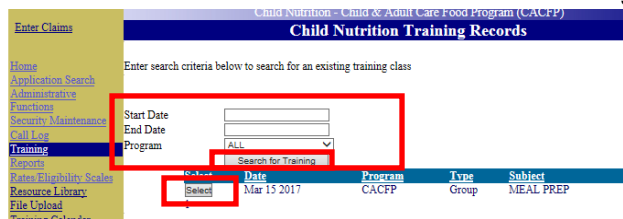


NOTES:

- To remove any previously entered information on the screen, click the “Clear All Fields” button.

12.1.1.2 Search Training Sessions

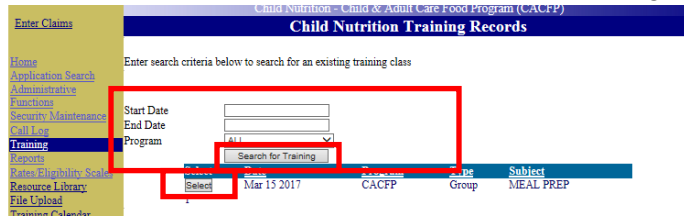
1. Click the “Training” hyperlink in the left navigation.
2. Enter the applicable search criteria. If no search criteria dates are entered, all trainings will display.
3. Click the “Search for Training” button, beneath the search fields in the first section. If no matches are found, a “No Records Found” message will display.
4. Click the “Select” button associated with the desired training session.



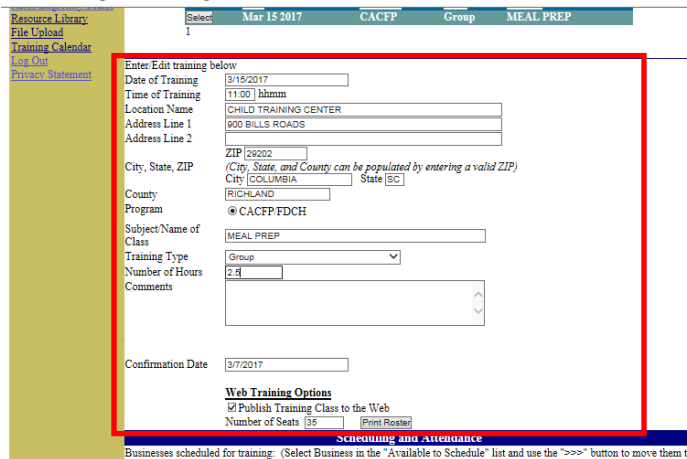
5. The selected Training Session’s details will display in the middle section of the Training page.

12.1.1.3 Edit Existing Training Session

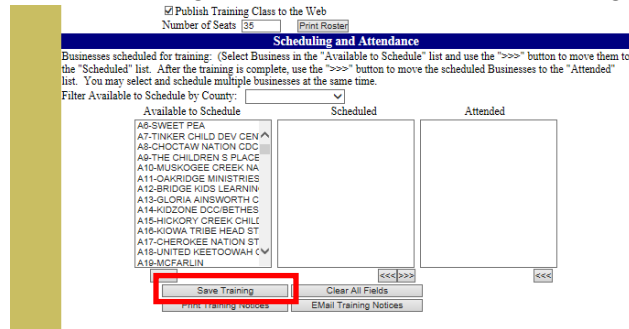
1. Click the “Training” hyperlink in the left navigation.
2. Enter the applicable search criteria.
3. Click the “Search for Training” button, beneath the search fields in the first section.
4. Click the “Select” button associated with the desired training session.



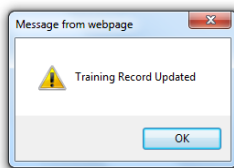
5. Edit the existing training details in the middle section, as needed.



6. Click the “Save Training” button at the bottom of the page.

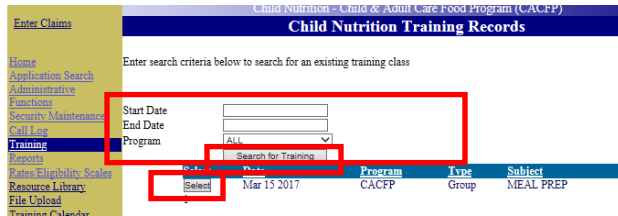


7. Click the “OK” button on the training updated message window and return to the Training page.

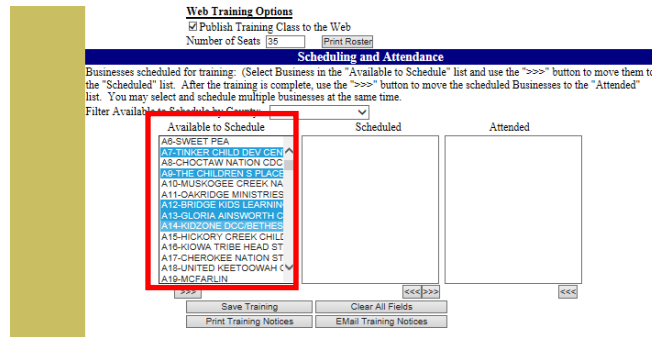


12.1.1.4 Update Training Session Schedules

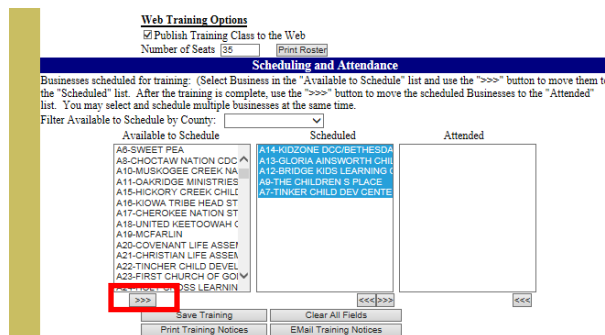
1. Click the “Training” hyperlink in the left navigation.
2. Enter the applicable search criteria.
3. Click the “Search for Training” button, beneath the search fields in the first section.
4. Click the “Select” button associated with the desired training session.



5. Scroll to the Scheduling and Attendance section to review the list of organizations in the “Scheduled” box.
6. Click the desired organization(s) in the “Available to Schedule” box to update the list of Scheduled attendees as needed. To select multiple organizations hold the “CTRL” key on the keyboard.

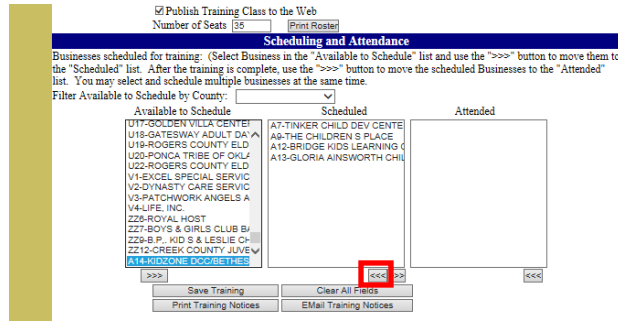


- a. **To Move an Organization from the Available to Schedule List to Scheduled List:** Click the right chevrons button (>>>>) to move the selected organization(s) into the “Scheduled” box.

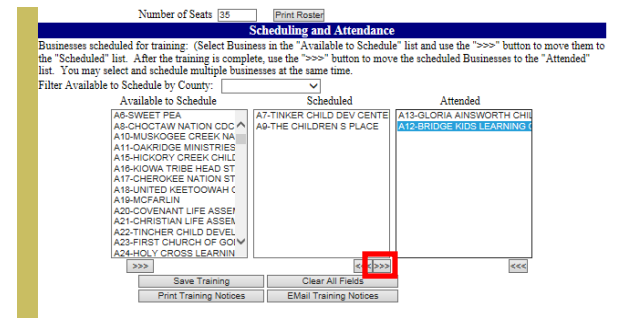


- b. **To Return an Organization to the Availability List from the Scheduled List:** Click the left chevrons button (<<<<) to move the selected organization(s) into

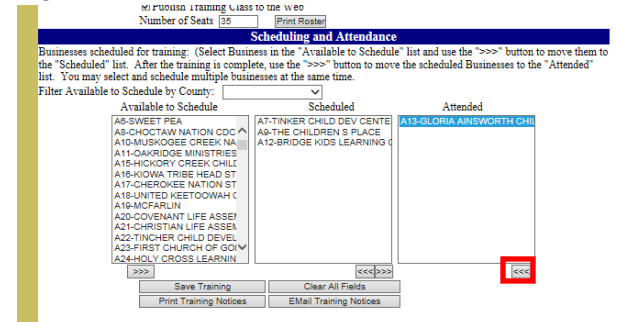
the “Available to Schedule” box.



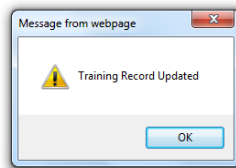
- c. **To Move an Organization to the Attended List from the Scheduled List:**
Click the right chevrons button (>>>>) to move the selected organization(s) into the “Attended” box.



- d. **To Return an Organization to the Scheduled List from the Attended List:**
Click the left chevrons button (<<<<) below the “Attended” box to move the selected organization(s) into the “Scheduled” box.

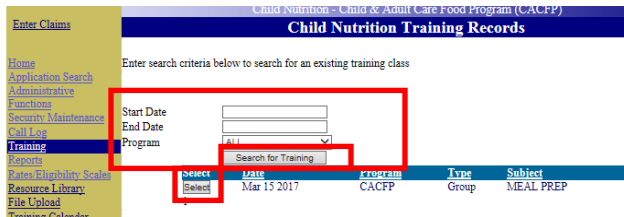


- Click the “Saving Training” button beneath the Scheduling and Attendance section.
- Click the “OK” button on the training updated message window and return to the Training page.

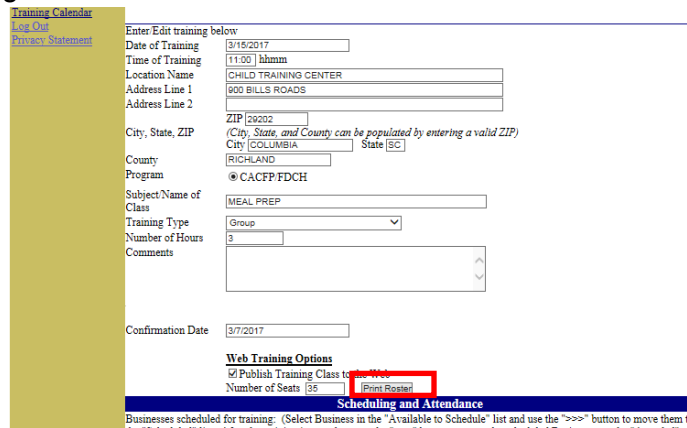


12.1.1.5 Print Training Session Material

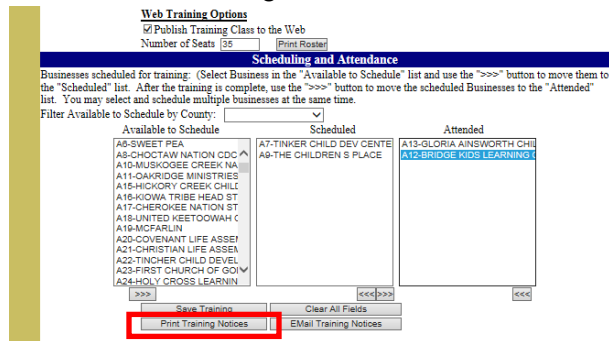
1. Click the “Training” hyperlink in the left navigation.
2. Enter the applicable search criteria.
3. Click the “Search for Training” button, beneath the search fields in the first section.
4. Click the “Select” button associated with the desired training session.



5. Click the appropriate button to print the desired material.
 - a. **To Print the Attendance Roster:** Click the “Print Roster” button above the “Scheduling and Attendance” header.

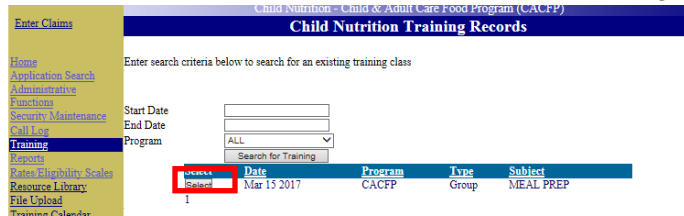


- b. **To Print Training Notices to Mail:** Click the “Print Training Notices” button at the bottom of the “Scheduling and Attendance” section.

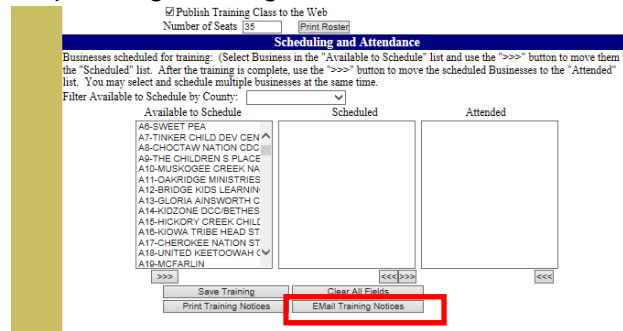


12.1.1.6 Email Training Session Reminders

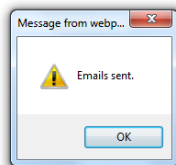
1. Click the “Training” hyperlink in the left navigation.
2. Enter the applicable search criteria.
3. Click the “Search for Training” button, beneath the search fields in the first section.
4. Click the “Select” button associated with the desired training session.



5. Scroll to the “Scheduling and Attendance” section.
6. Click the “Email Training Notices” button for the system to email scheduled attendees a reminder of the upcoming Training session.



7. Click the “OK” button the Email sent message window to return to the Training page.



13 RATES AND ELIGIBILITY

13.1 OVERVIEW

Rates and Eligibility provides the reimbursements rates applied when claims are reviewed and approved.

Users are able to visit the Rates and Eligibility page within the CACFP system to view the rates for current and prior years.

(Program Administrators) will update the rates information from the Claims System. Once updated the newly added rates will populate in the Applications Module on the Rates and Eligibility page.

13.1.1 RATES AND ELIGIBILITY

1. Click “Rates and Eligibility” from the left navigation.
2. Select the desired “Fiscal Year”. Then, allow the page to refresh the page with the applicable rates for the selected year.
3. View the Reimbursement Rates and Eligibility information.

Due to a system error, claims that were to be paid on Friday, December 2, 2017 will now be paid Tuesday, December 5, 2017.

Reimbursement Rates

| Family Day Care Home Rates | | CACFP Care Center Rates | |
|-----------------------------|----------|------------------------------------|----------|
| Tier I Rates | | Breakfast | |
| Breakfast | \$1.31 | Free | \$1.71 |
| Lunch/Supper | \$2.46 | Reduced | \$1.41 |
| Snack | \$0.73 | Paid | \$0.29 |
| Tier II Rates | | Lunch and Supper | |
| Breakfast | \$0.43 | Free | \$1.16 |
| Lunch/Supper | \$1.49 | Reduced | \$2.76 |
| Snack | \$0.20 | Paid | \$0.30 |
| Administrative Rates | | Supplement | |
| 1 - 50 Homes | \$113.00 | Free | \$0.86 |
| 51 - 200 Homes | \$66.00 | Reduced | \$0.43 |
| 201 - 999 Homes | \$67.00 | Paid | \$0.07 |
| 1000+ Homes | \$59.00 | Cash-In-Kind of Commodities | |
| | | Item | \$0.2500 |

Eligibility Scales for Free and Reduced-Price Meals

| Household Size | Free Meals | | | | |
|----------------|------------|---------|-----------------|-----------------|--------|
| | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
| 1 | 15,444 | 1,287 | 644 | 594 | 297 |
| 2 | 20,828 | 1,736 | 868 | 801 | 401 |
| 3 | 26,212 | 2,184 | 1,092 | 1,008 | 504 |

14 FILE UPLOAD

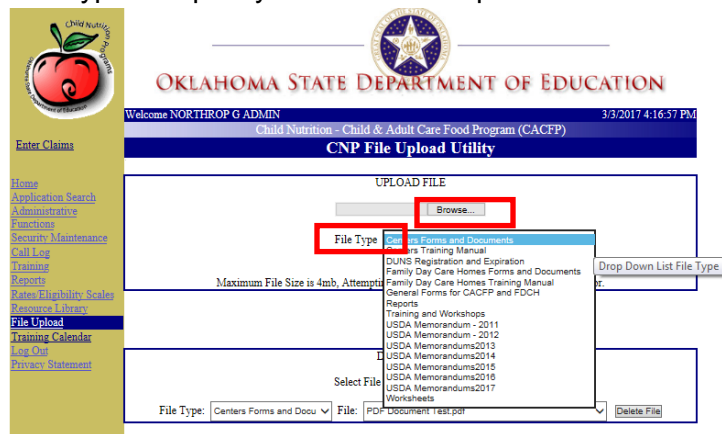
14.1 OVERVIEW

14.1.1 FILE UPLOAD

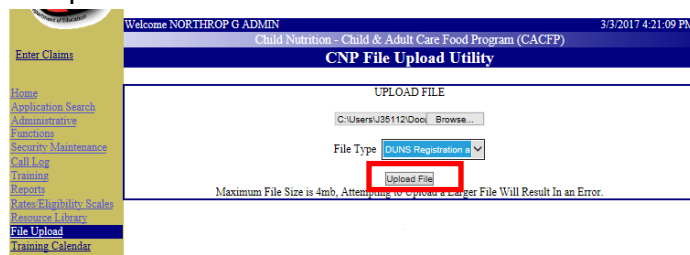
File Upload functionality provides the ability to add additional files to the Resource Library.

14.1.1.1 Upload Files

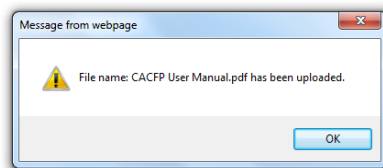
1. Click “File Upload’ in the left navigation.
2. Click the “Browse” button to select the desired file to upload.
3. Select “File Type” to specify the section to upload the new file.



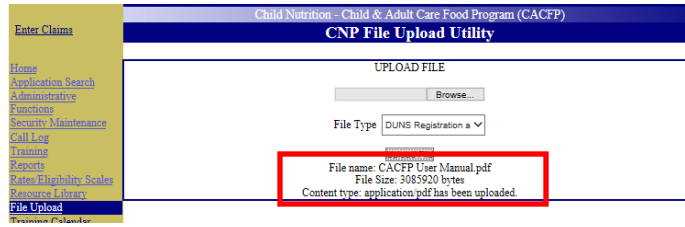
4. Click the “Upload File” button.



5. Click the “OK” button on the File uploaded successful message window to return to the File Upload Page.

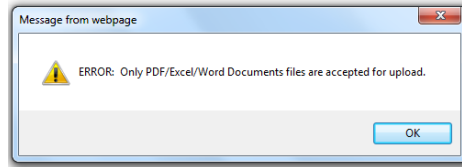


- The system will upload the file as specified and display a success message on the File Upload page.



NOTES:

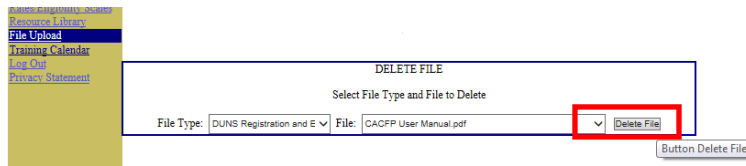
- Only PDFS, Excel, and Word Files are permissible for upload– all other files types will result in an Error Message.



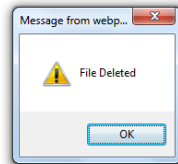
- Visit the Resource Library to confirm the uploaded file appears in the specified section as expected.

14.1.1.2 Delete File

- Click “File Upload’ in the left navigation.
- Click the “File Type” drop down menu to select the desired category to delete a file from.
 - NOTE:** Allow the system time to refresh the drop down lists, after selecting File Type.
- Click the “File” drop down menu to select the file to be deleted.
- Click the “Delete File” button.



- Click “OK” button on the Delete File message window to return to the File Upload page.



15 TRAINING CALENDAR

15.1 OVERVIEW

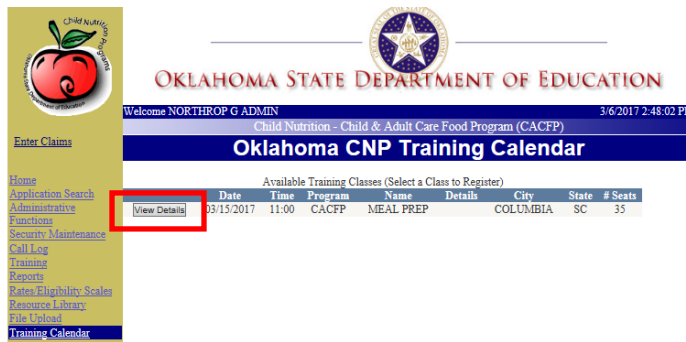
15.1.1 TRAINING CALENDAR

The CACFP Training Calendar lists select trainings for CACFP participants. CACFP System users are able to view upcoming training sessions as well as register to attend the training.

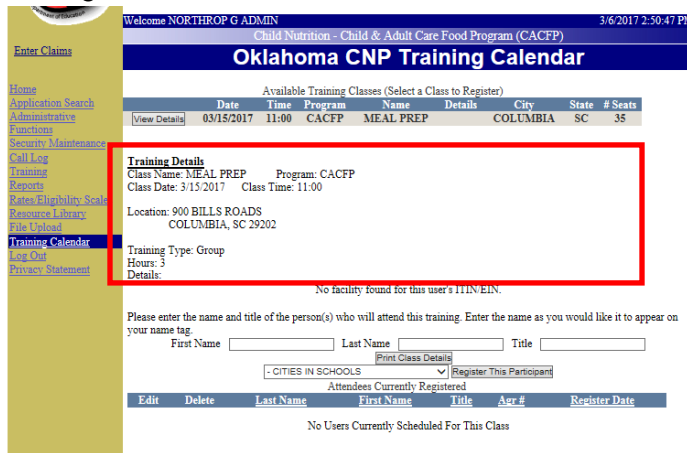
The Training Calendar will also provide the current seating availability for the training session.

15.1.1.1 View Training Sessions

1. Click the “Training Calendar” hyperlink from the left navigation.
2. Click the “View Details” button associated with the desired training session.



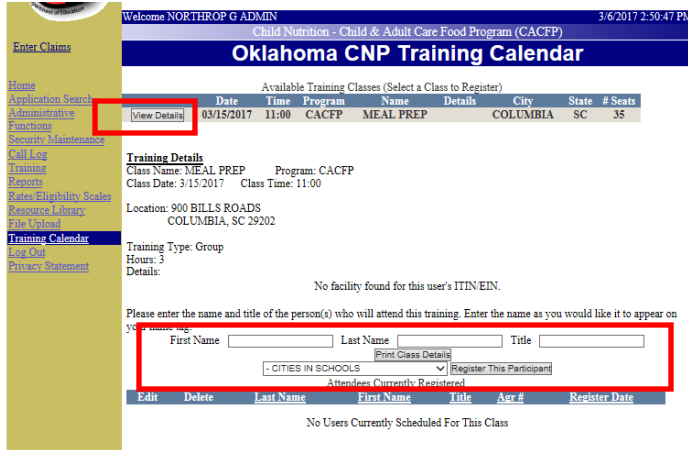
3. View the training session details.



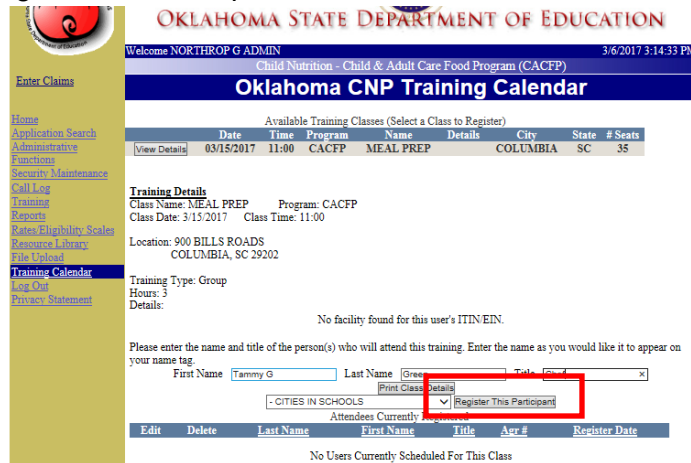
15.1.1.2 Register for Training

1. Click the “Training Calendar” hyperlink from the left navigation.
2. Click the “View Details” button associated with the desired training session.
3. Enter the registrant’s information, i.e. First & Last Name as well as Title.

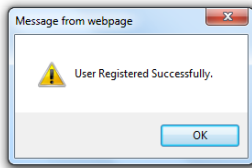
4. Select the organization in which the register is associated.



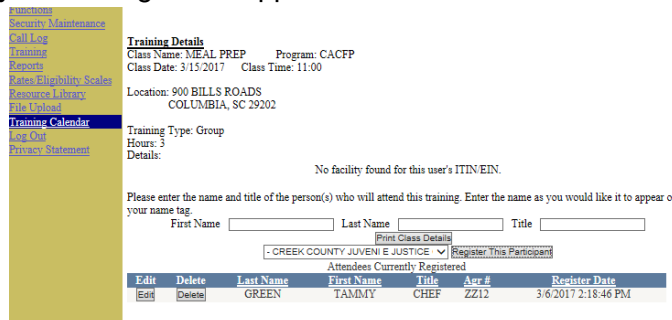
5. Click the “Register this Participant” button.



6. Click the “OK” button on the Successfully Registered message window to return to the Training Calendar page.



7. Verify the newly added registrant appears in the Attendees Currently Registered List.



15.1.1.3 Edit Registered User

1. Click the “Training Calendar” hyperlink from the left navigation.
2. Click the “View Details” button associated with the desired training session.
3. Click the “Edit” button associated with the desired training registrant.

The screenshot shows the 'Oklahoma CNP Training Calendar' page. The left navigation menu includes 'Enter Claims', 'Home', 'Application Search', 'Administrative', 'Functions', 'Security Maintenance', 'Call Log', 'Training', 'Reports', 'Rates/Eligibility Scales', 'Resource Library', 'File Upload', 'Training Calendar', 'Log Out', and 'Privacy Statement'. The main content area displays 'Available Training Classes (Select a Class to Register)' with a table containing one row: 03/15/2017, 11:00, CACFP, MEAL PREP, COLUMBIA, SC, 34. The 'View Details' button for this row is highlighted with a red box. Below the table, the 'Training Details' section shows Class Name: MEAL PREP, Program: CACFP, Class Date: 3/15/2017, Class Time: 11:00, and Location: 900 BILLS ROADS, COLUMBIA, SC 29202. A table of 'Attendees Currently Registered' has one row: GREEN, TAMMY, CHEF, ZZ12, 3/6/2017 2:18:46 PM. The 'Edit' button for this attendee is highlighted with a red box.

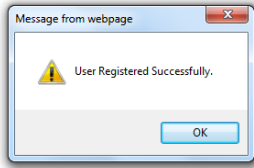
4. Modify the registrant details as desired.

This screenshot shows the 'Training Details' page with the 'Attendees Currently Registered' table. The 'Edit' button for the registrant TAMMY GREEN is highlighted with a red box. The form below the table shows the registrant's details: First Name: TAMMY, Last Name: GREEN, Title: CHEF. The 'Cancel Edit' and 'Print Class Details' buttons are visible. The 'Register This Participant' button is also present.

5. Click the “Register this Participant” button to save any updated information.

This screenshot shows the 'Training Details' page with the 'Attendees Currently Registered' table. The 'Register This Participant' button for the registrant TAMMY GREEN is highlighted with a red box. The form below the table shows the registrant's details: First Name: TAMMY, Last Name: GREEN, Title: CHEF. The 'Cancel Edit' and 'Print Class Details' buttons are visible. The 'Register This Participant' button is also present.

- Click the “OK” button on the Successfully Registered message window to return to the Training Calendar page.



- Verify the newly added registrant appears in the Attendees Currently Registered List.

Training Details
 Class Name: MEAL PREP Program: CACFP
 Class Date: 3/15/2017 Class Time: 11:00
 Location: 900 BILLS ROADS
 COLUMBIA, SC 29202
 Training Type: Group
 Hours: 3
 Details:

No facility found for this user's ITIN/EIN.

Please enter the name and title of the person(s) who will attend this training. Enter the name as you would like it to appear on your name tag.

First Name Last Name Title

- CREEK COUNTY JUVENILE JUSTICE

| Attendees Currently Registered | | | | | | |
|-------------------------------------|---------------------------------------|-----------|------------|-------|-------|---------------------|
| Edit | Delete | Last Name | First Name | Title | Att # | Register Date |
| <input type="button" value="Edit"/> | <input type="button" value="Delete"/> | GREEN | TAMMY | CHEF | ZZ12 | 3/6/2017 2:18:46 PM |

NOTE:

- Click the “Cancel Edit” button if no details should be modified.

Training Details
 Class Name: MEAL PREP Program: CACFP
 Class Date: 3/15/2017 Class Time: 11:00
 Location: 900 BILLS ROADS
 COLUMBIA, SC 29202
 Training Type: Group
 Hours: 3
 Details:

No facility found for this user's ITIN/EIN.

Please enter the name and title of the person(s) who will attend this training. Enter the name as you would like it to appear on your name tag.

First Name Last Name Title

- CREEK COUNTY JUVENILE JUSTICE

| Attendees Currently Registered | | | | | | |
|-------------------------------------|---------------------------------------|-----------|------------|-------|-------|---------------------|
| Edit | Delete | Last Name | First Name | Title | Att # | Register Date |
| <input type="button" value="Edit"/> | <input type="button" value="Delete"/> | GREEN | TAMMY | CHEF | ZZ12 | 3/6/2017 2:18:46 PM |

15.1.1.4 Delete Registrant

- Click the “Training Calendar” hyperlink from the left navigation.
- Click the “View Details” button associated with the desired training session.

- Click the “Delete” button associated with the desired training registrant.

Oklahoma CNP Training Calendar

Available Training Classes (Select a Class to Register)

| Date | Time | Program | Name | Details | City | State | # Seats |
|------------|-------|---------|-----------|---------|----------|-------|---------|
| 03/15/2017 | 11:00 | CACFP | MEAL PREP | | COLUMBIA | SC | 34 |

Training Details
 Class Name: MEAL PREP Program: CACFP
 Class Date: 3/15/2017 Class Time: 11:00
 Location: 900 BILLS ROADS
 COLUMBIA, SC 29202

Training Type: Group
 Hours: 3
 Details: No facility found for this user's ITIN/EIN.

Please enter the name and title of the person(s) who will attend this training. Enter the name as you would like it to appear on your name tag.

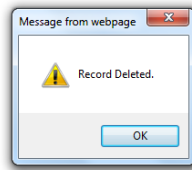
First Name: Last Name: Title:

- CREEK COUNTY JUVENILE JUSTICE

Attendees Currently Registered

| Edit | Delete | Last Name | First Name | Title | Arr # | Register Date |
|-------------------------------------|---------------------------------------|-----------|------------|-------|-------|---------------------|
| <input type="button" value="Edit"/> | <input type="button" value="Delete"/> | GREEN | TAMMY | CHEF | ZZ12 | 3/6/2017 2:18:46 PM |

- Click the “OK” button on the Successfully Deleted message window to return to the Training Calendar page.



- Verify the recently deleted registrant does not appear in the Attendees Currently Registered List.

Oklahoma CNP Training Calendar

Available Training Classes (Select a Class to Register)

| Date | Time | Program | Name | Details | City | State | # Seats |
|------------|-------|---------|-----------|---------|----------|-------|---------|
| 03/15/2017 | 11:00 | CACFP | MEAL PREP | | COLUMBIA | SC | 33 |

Training Details
 Class Name: MEAL PREP Program: CACFP
 Class Date: 3/15/2017 Class Time: 11:00
 Location: 900 BILLS ROADS
 COLUMBIA, SC 29202

Training Type: Group
 Hours: 3
 Details: No facility found for this user's ITIN/EIN.

Please enter the name and title of the person(s) who will attend this training. Enter the name as you would like it to appear on your name tag.

First Name: Last Name: Title:

- B.P. KIDS & LESLIE CHILD DEVELOP

Attendees Currently Registered

| Edit | Delete | Last Name | First Name | Title | Arr # | Register Date |
|-------------------------------------|---------------------------------------|-----------|------------|-------|-------|---------------------|
| <input type="button" value="Edit"/> | <input type="button" value="Delete"/> | GREEN | TAMMY | CHEF | ZZ9 | 3/6/2017 2:39:33 PM |
| <input type="button" value="Edit"/> | <input type="button" value="Delete"/> | GREENWICH | TAMMY | CHEF | ZZ12 | 3/6/2017 2:37:55 PM |

16 LOGOUT

16.1 OVERVIEW

16.1.1 LOGOUT

After completing the desired tasks, the user may exit the CACFP Application Module.

16.1.1.1 Logout

1. Click the “Log Out” hyperlink from the left navigation.



17 CLAIMS ACCESS - LOGIN

17.1 OVERVIEW

CACFP System users will have access to Claims, based on the permissions assigned to their user role in Applications.

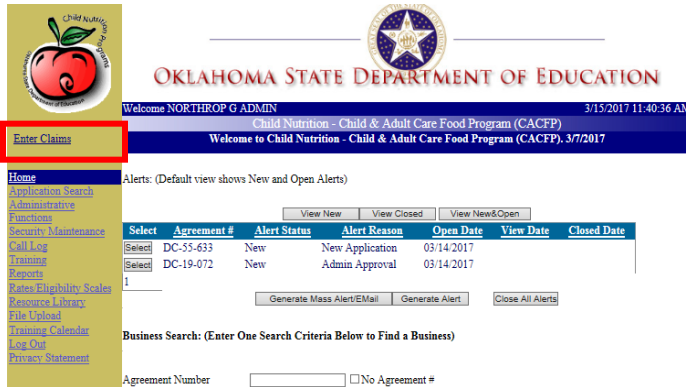
Once the user has successfully completed the application process in the Applications Module and provided monthly meals, they will proceed into Claims to submit a claim.

Users may also be able to complete various reporting tasks.

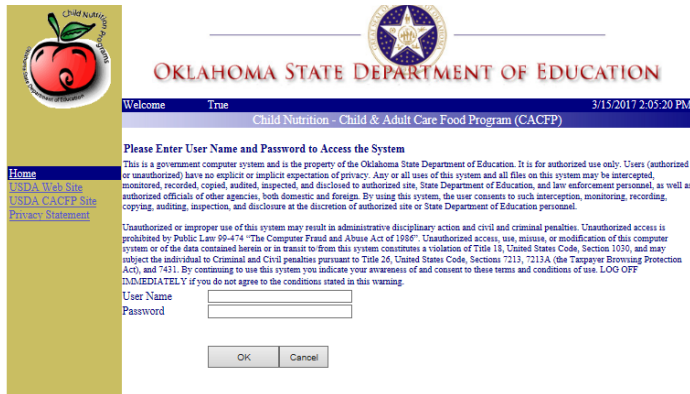
17.2 CACFP SYSTEM LOGIN

- To access the CACFP Claims System, click the “Enter Claims” hyperlink displayed in the left navigation of the CACFP Applications System.

The hyperlink will redirect the user to the CACFP Claims System.



- Enter the User Name and Password into the respective fields, of the Claims System login page. Then, click the “OK” button.



- The system will authenticate the entered credentials and log the user into the system – granting the ability to interact with the system based on the user role.

Note:

- a. Users will use the same account information used to access the Applications Module.

18 CLAIMS

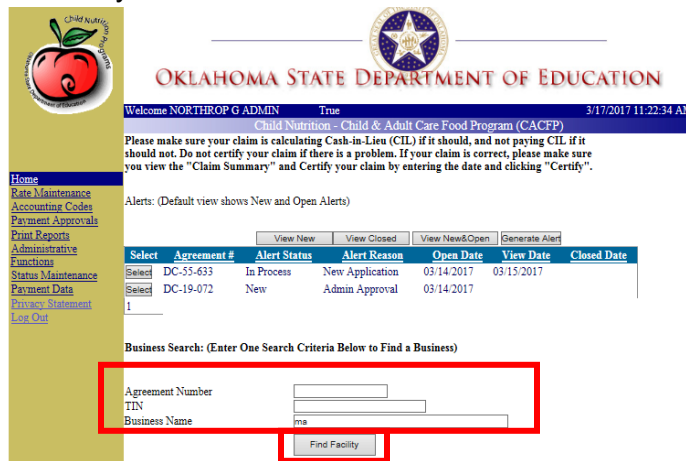
18.1 OVERVIEW

18.1.1 CLAIMS

To receive funding the organization must submit a claim for each participating facility. ...

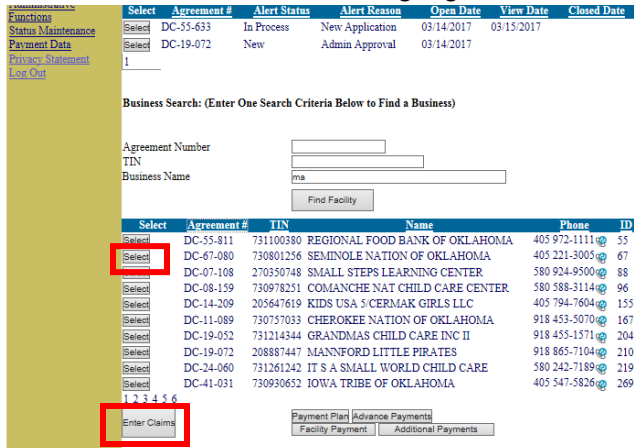
18.1.2 ENTER CLAIM

1. From the Welcome Page, enter information in the Agreement Number, TIN, and/or Business Name fields. The system does not require information in all fields – a minimum of one field is required to conduct a search.
2. Click the “Find Facility” button.



Valid information will result in search results displaying, while invalid information will display a “Facility Not Found” message.

3. Click the “Select” button associated with the desired business.
4. Once the selected business has been highlighted, click the “Enter Claims” button.



19 RATE MAINTENANCE

19.1 OVERVIEW

19.1.1 RATE MAINTENANCE

Each year the CACFP reimbursement rates are subject to change. Once the United States Department of Agriculture (USDA) notifies of the updated rates, Program Administrators will log into the Claims System to update the rates appropriately.

Program Administrators will update the rates each year.

19.1.1.1 Rate Maintenance Updates

Rates changes should be updated annually for the claims system to calculate reimbursements correctly.

The system will use the entered rates, for the applicable year, to calculate the claim reimbursements upon claim submission.

1. Click the “Rate Maintenance” hyperlink, on the left navigation.
2. Click the “Fiscal Year” drop down to select the desired year.
3. Allow the system to refresh the rates information for the selected year.

The screenshot displays the 'Rate Maintenance' interface. At the top, it says 'OKLAHOMA STATE DEPARTMENT OF EDUCATION' and 'Child Nutrition - Child & Adult Care Food Program (CACFP)'. The user is identified as 'NORTHROP G ADMIN' with the date '3/17/2017 2:48:37 PM'. The 'Fiscal Year' is set to '2017'. There are three tables for rate updates:

| FDCH Rates | |
|--------------------|----------|
| Tier I Breakfast | 1.3100 |
| Tier I Lunch | 2.4600 |
| Tier I Supplement | 0.7300 |
| Tier I Supper | 2.4600 |
| Tier II Breakfast | 0.4800 |
| Tier II Lunch | 1.4900 |
| Tier II Supplement | 0.2000 |
| Tier II Supper | 1.4900 |
| Homes 1 - 50 | 112.0000 |
| Homes 51 - 200 | 88.0000 |
| Homes 201 - 999 | 87.0000 |
| Homes 1000+ | 59.0000 |

Save Home Rates

| CACFP Rates | |
|--------------------|--------|
| Breakfast Free | 1.7100 |
| Breakfast Reduced | 1.4100 |
| Breakfast Paid | 0.2900 |
| Lunch Free | 3.1600 |
| Lunch Reduced | 2.7600 |
| Lunch Paid | 0.3000 |
| Supplement Free | 0.8600 |
| Supplement Reduced | 0.4300 |
| Supplement Paid | 0.0700 |
| Supper Free | 3.1600 |
| Supper Reduced | 2.7600 |
| Supper Paid | 0.3000 |
| Cash in Lieu | 0.2300 |

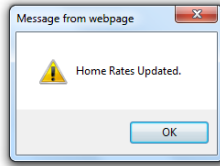
Save Center Rates

| Interest Rate | |
|---------------|----------|
| Interest Rate | 2.0000 % |

Save Interest Rate

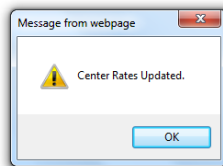
4. Enter the desired updates.
 - **Update FDCH Rates:**
 - a) Enter the new FDCH Rates.
 - b) Click the “Save FDCH Rates” button.

- c) Click the “OK” button on the Home Rates updated message window to return to the Rates Maintenance page.



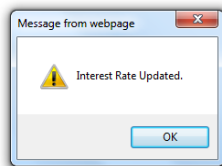
- **Update CACFP Rates:**

- a) Enter the new CACFP Rates.
- b) Click the “Save Centers Rates” button.
- c) Click the “OK” button on the Centers Rates updated message window to return to the Rates Maintenance page.



- **Update Interest Rate:**

- a) Enter the new Interest Rate.
- b) Click the “Save Interest Rate” button.
- c) Click the “OK” button on the Interest Rate updated message window to return to the Rates Maintenance page.

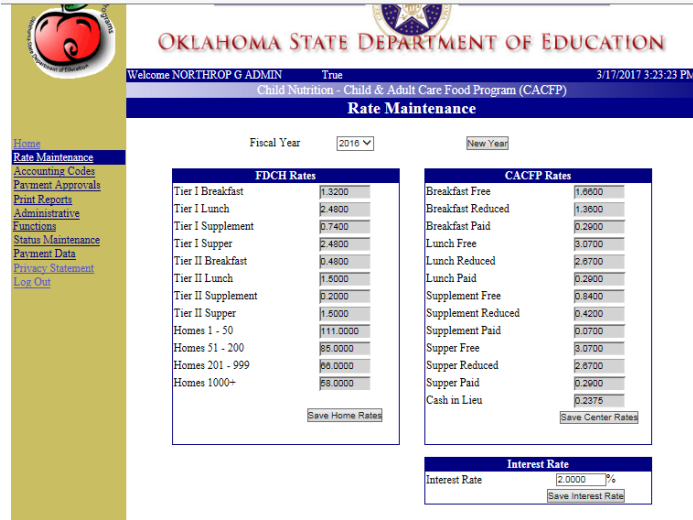


NOTE: If a previous fiscal year is selected, no updates are allowed.

19.1.1.2 Add New Fiscal Year Rates

1. Click “Rates Maintenance” hyperlink, on the left navigation menu.

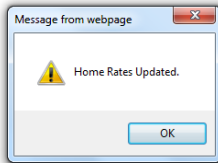
2. Click the “New Year” button.



3. Enter the new rates into each respective section, FDCH, CACFP, and Interest.

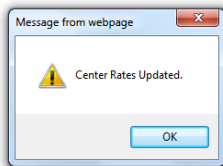
- **Update FDCH Rates:**

- Enter the new FDCH Rates for each field.
- Click the “Save FDCH Rates” button.
- Click the “OK” button on the Home Rates updated message window to return to the Rates Maintenance page.



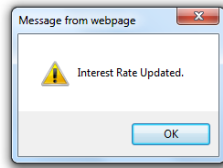
- **Update CACFP Rates:**

- Enter the new CACFP Rates for each field.
- Click the “Save Centers Rates” button.
- Click the “OK” button on the Centers Rates updated message window to return to the Rates Maintenance page.



- **Update Interest Rate:**

- a) Enter the new Interest Rate.
- b) Click the “Save Interest Rate” button.
- c) Click the “OK” button on the Interest Rate updated message window to return to the Rates Maintenance page.



4. Enter additional updates or click an option from the left navigation to proceed to the next task.

20 ACCOUNTING CODES

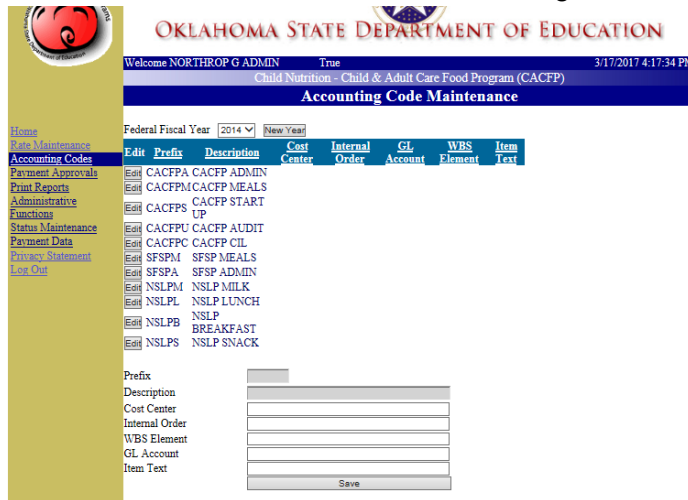
20.1 OVERVIEW

20.1.1 ACCOUNTING CODES

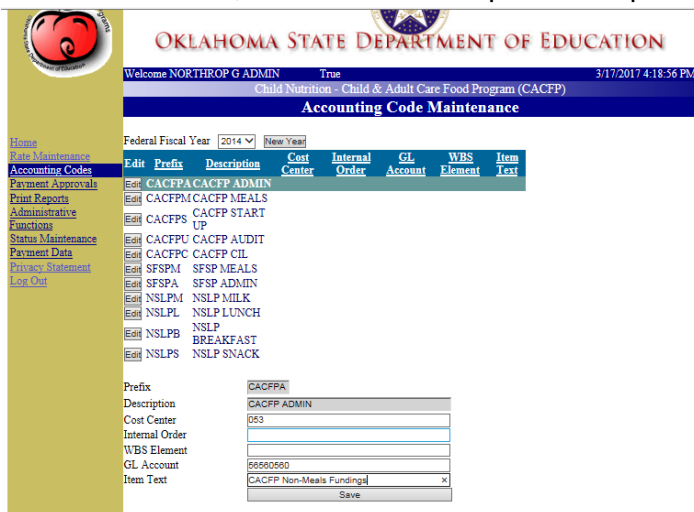
Accounting Codes are used by Oklahoma’s Department of Education to specify which program type receives funds as well as maintain how much is allocated to each fund type.

20.1.1.1 Update Accounting Codes

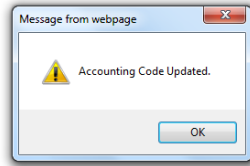
1. Click the “Accounting Codes” hyperlink on the left navigation menu.
2. Click the “Federal Fiscal Year” drop down to select the desired fiscal year.
3. Allow the system time to refresh the screen with the codes for the selected year. Click the “Edit” button associated with the desired accounting code to be modified.



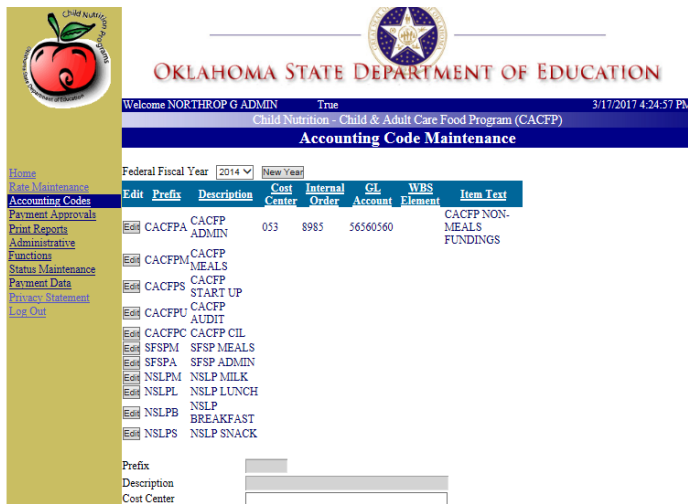
4. Enter the desired updates in the Cost Center, Internal Order, WBS Element, GL Account, and Item Text fields, in which all are required except WBS Element.



5. Click the “Save” button.
6. Click the “OK” button on the Account Code Updated message to return to the Accounting Codes page.

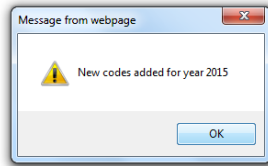


7. The newly updated information should appear in the Accounting Codes grid, within the appropriate section.

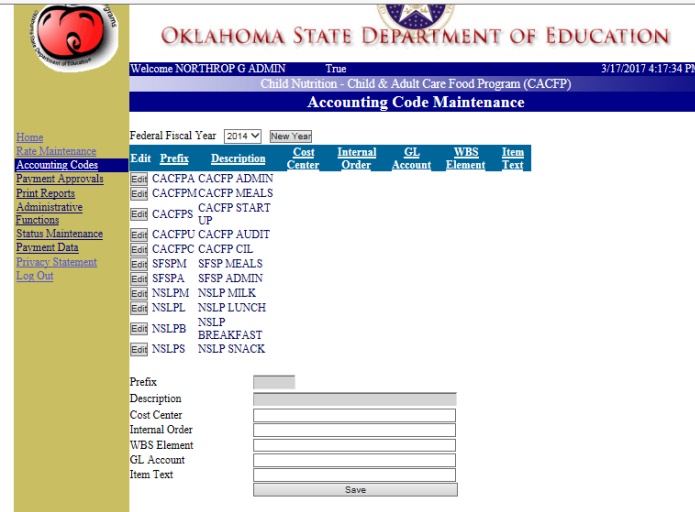


20.1.1.2 Add New Fiscal Year

1. Click the “Accounting Codes” hyperlink on the left navigation menu.
2. Click the “New Year’ button.
3. Click the “OK” button on the “New Year Codes Added” message to return to the Accounting Codes page.

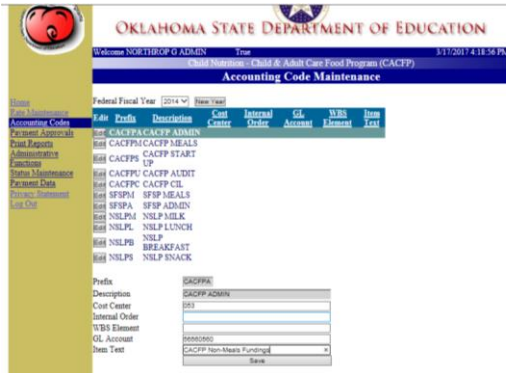


- Click the “Edit” button associated with the desired accounting code to be modified.

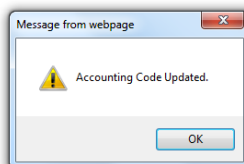


NOTES:

- The system will mimic the accounting codes used from the previous year, when a new year is added.
- Enter the desired updates in the Cost Center, Internal Order, WBS Element, GL Account, and Item Text fields, in which all are required except WBS Element.



- Click the “Save” button.
- Click the “OK” button on the Account Code Updated message to return to the Accounting Codes page.



8. The newly updated information should appear in the Accounting Codes grid, within the appropriate section.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN True 3/17/2017 4:24:57 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Accounting Code Maintenance

Federal Fiscal Year: 2014

| Edit | Prefix | Description | Cost Center | Internal Order | GL Account | YBS Element | Item Text |
|-------------------------------------|--------|----------------|-------------|----------------|------------|-------------|--------------------------|
| <input type="button" value="Edit"/> | CACFPA | CACFP ADMIN | 053 | 8985 | 56560360 | | CACFP NON-MEALS FUNDINGS |
| <input type="button" value="Edit"/> | CACFPM | CACFP MEALS | | | | | |
| <input type="button" value="Edit"/> | CACFPS | CACFP START UP | | | | | |
| <input type="button" value="Edit"/> | CACFPU | CACFP AUDIT | | | | | |
| <input type="button" value="Edit"/> | CACFPC | CACFP CIL | | | | | |
| <input type="button" value="Edit"/> | SFSPM | SFSP MEALS | | | | | |
| <input type="button" value="Edit"/> | SFSPA | SFSP ADMIN | | | | | |
| <input type="button" value="Edit"/> | NSLPM | NSLP MILK | | | | | |
| <input type="button" value="Edit"/> | NSLPL | NSLP LUNCH | | | | | |
| <input type="button" value="Edit"/> | NSLPB | NSLP BREAKFAST | | | | | |
| <input type="button" value="Edit"/> | NSLPS | NSLP SNACK | | | | | |

Prefix

Description

Cost Center

21 PAYMENT APPROVALS

21.1 OVERVIEW

As organizations submit claims, the Oklahoma Department of Education must approve the claims to be paid.

Program Administrators will specify the date to process the claim paid from the Payment Approvals section.

22 CLAIMS REPORTING

22.18.1 OVERVIEW

22.2 REPORTS

The CACFP Claims System tracks various activities and tasks completed. Most of that information is collected and conveyed through system reports.

The CACFP Claims System consists of 29 reports, accessible by all users with correct security who have access to the system.

Reports can be used to determine updates and collect statistical data.

22.3 REPORT TYPES

Some reports are accessible to Oklahoma Staff only, while some are accessible to CACFP participants.

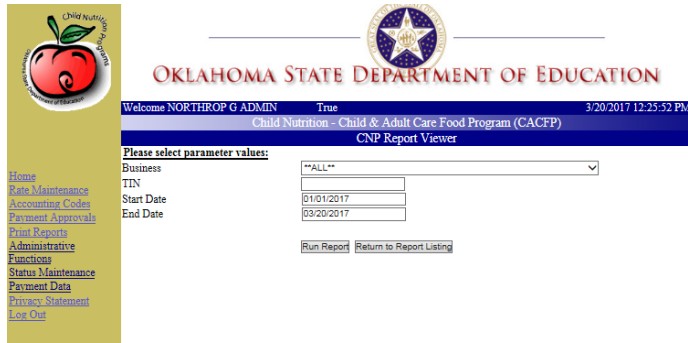
22.3.1 ADDITIONAL PAYMENT REPORT

The Additional Payments Report.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Additional Payment” hyperlink on the Reports Listing page.



3. Enter the applicable search criteria, in which the Start and End Dates are required.

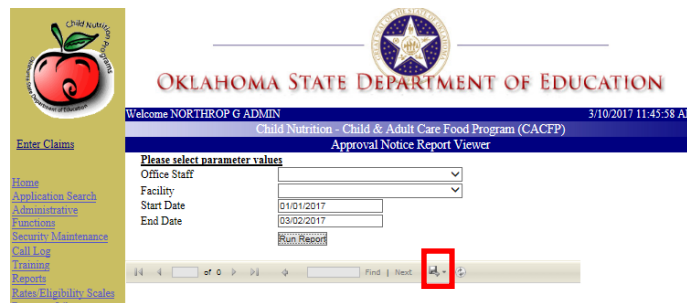


NOTE:

- The “Business” search criteria will default to ‘ALL’ if not manually updated.

4. Click the “Run Report” button.

5. Click the “Export” button to export the Approval Notices for printing and/or further data manipulation.



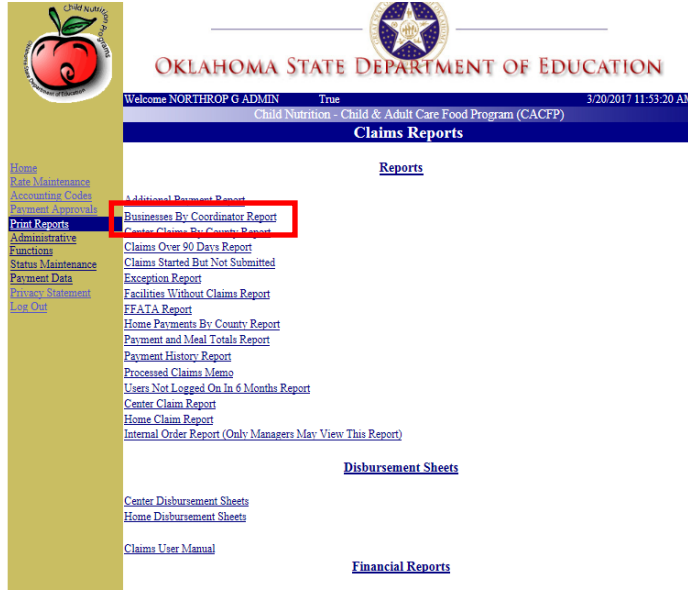
22.3.2 BUSINESS BY COORDINATOR REPORT

The Business by Coordinator Report will provide a list of organization names and addresses assigned a specific coordinator.

If no search criteria are entered the report will offer a full list including all organizations within the system.

1. Click the “Print Reports” hyperlink in the left navigation.

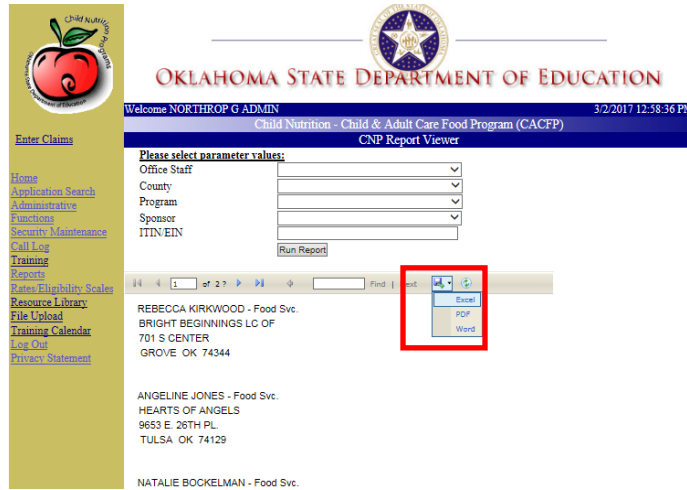
2. Click the “Business by Coordinator” hyperlink on the Reports Listing page.



3. Select the “Coordinator” search criteria from the drop down list. Be mindful, no entered search criteria will default the field to ALL.
4. Click the “Run Report” button.



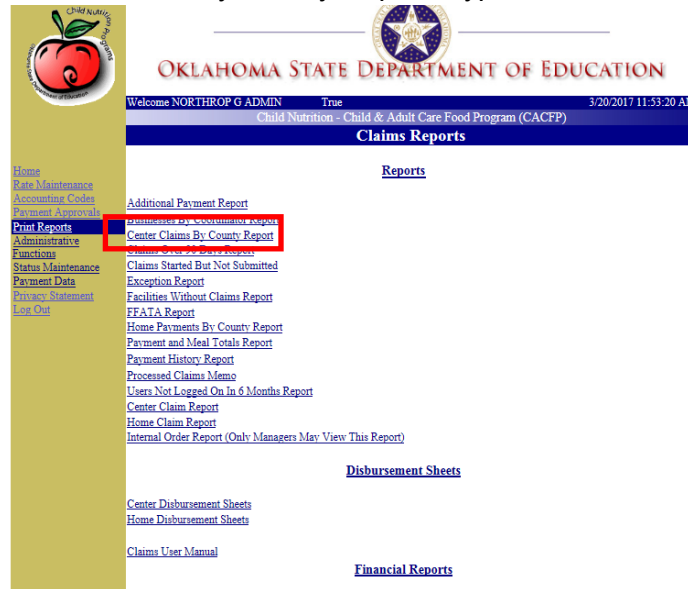
- Click the “Export” button to export the address labels for printing and/or further data manipulation.



22.3.3 CENTER CLAIMS BY COUNTY REPORT

The Site Summary Report.

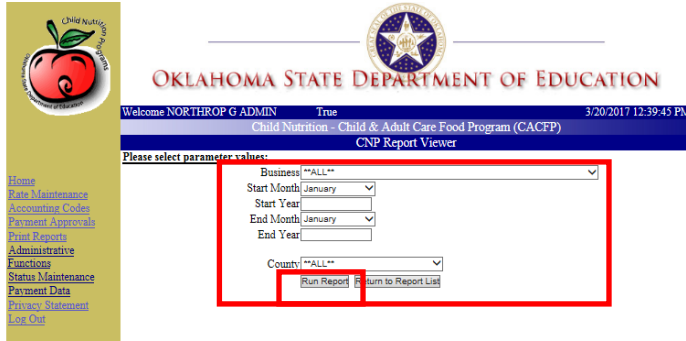
- Click the “Print Reports” hyperlink in the left navigation.
- Click the “Center Claims by County Report” hyperlink on the Reports Listing page.



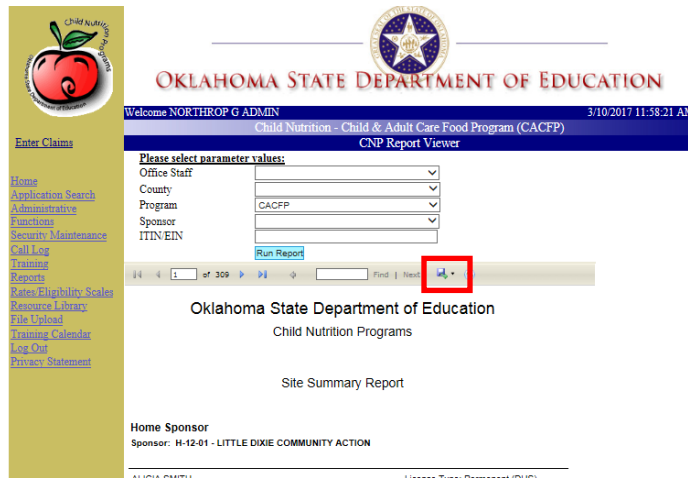
- Enter the applicable search criteria, in which the “Start Year” and “End Year” search criteria are required.

Be mindful, no selections for “Business”, “Start Month”, “End Month”, and “County” will result in defaulted values.

- Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

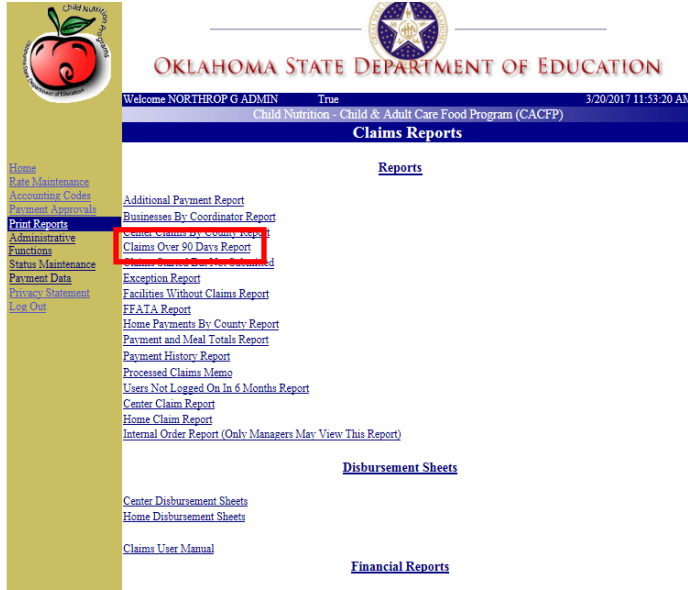


22.3.4 CLAIMS OVER 90 DAYS REPORT

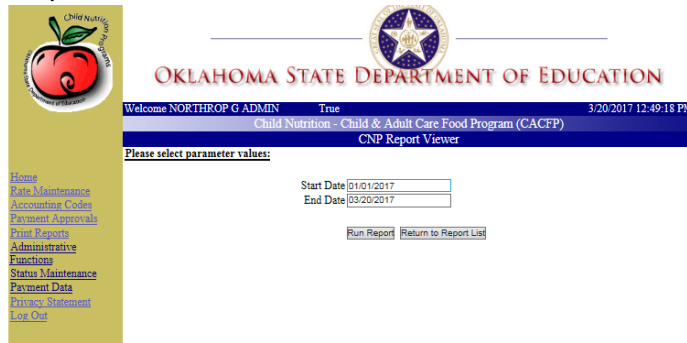
The Claims Over 90 Days Report provides list of organizations that have outstanding claims that have not been submitted in over 90 days.

- Click the “Print Reports” hyperlink in the left navigation.

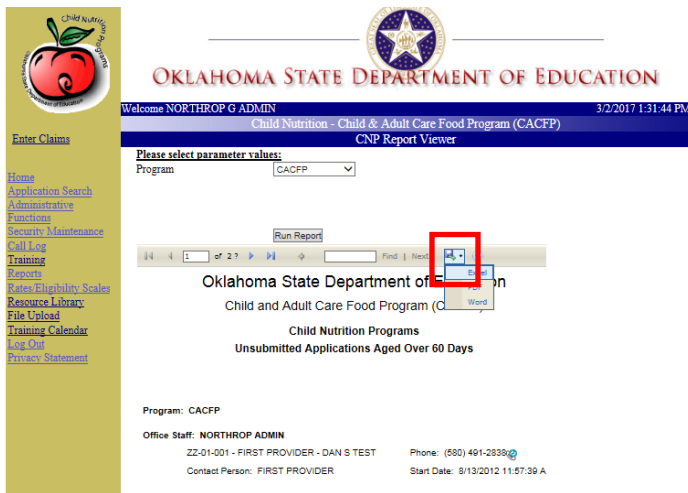
- Click the “Claims Over 90 Days Report” hyperlink on the Reports Listing page.



- Enter the required search criteria, Start and End Dates.



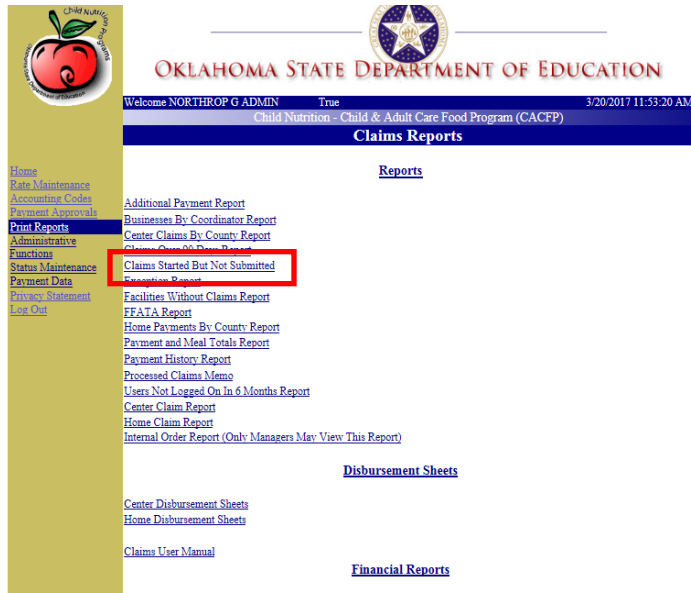
- Click the “Run Report” button.
- Click the “Export” button to export the report details for printing and/or further data manipulation.



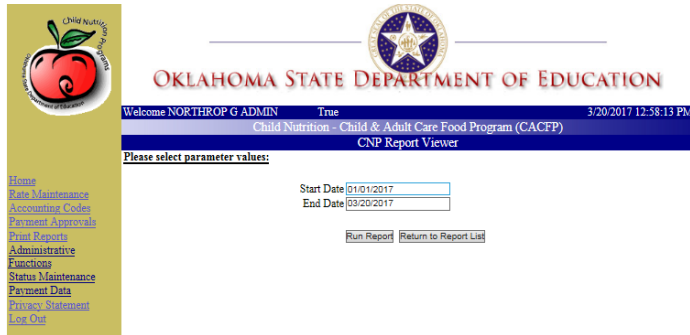
22.3.5 CLAIMS STARTED BUT NOT SUBMITTED REPORT

The Claims Started but not Submitted Report provides a list of organizations that initiated their monthly claim, but did not submit the claim.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Claims Started but not Submitted Report” hyperlink on the Reports Listing page.

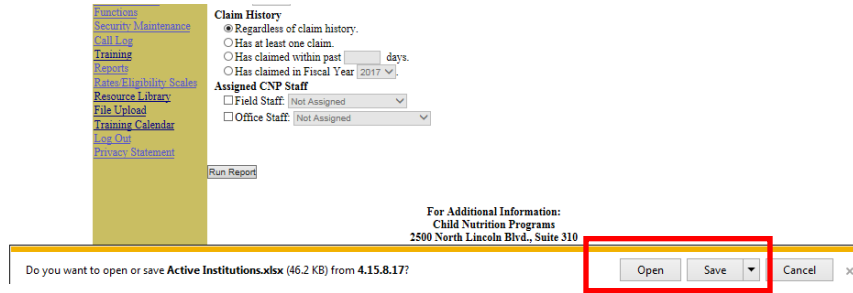


3. Enter the required search criteria, Start and End Dates.

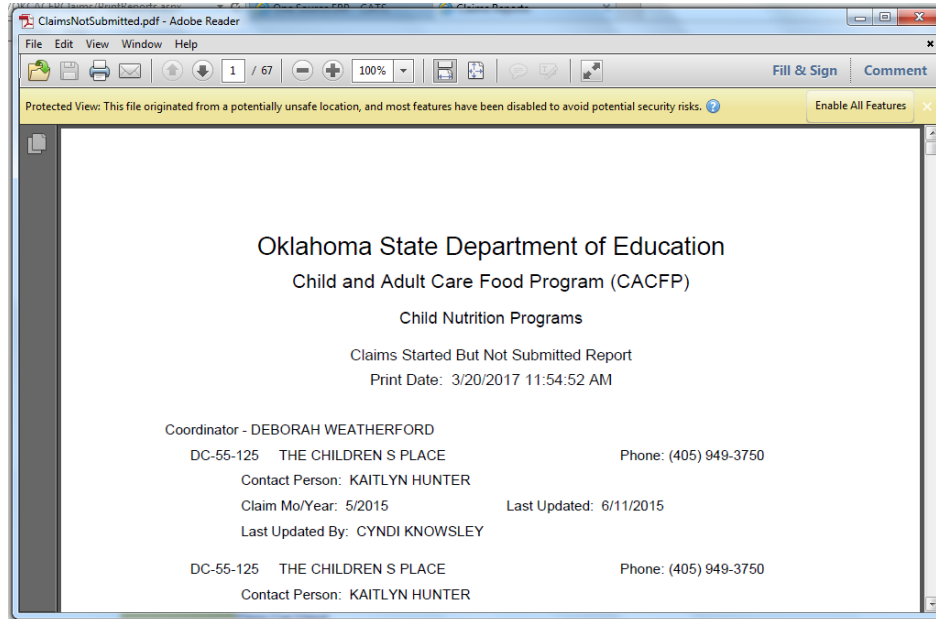


4. Click the “Run Report” button.

- Click the “Open” or “Save” button to access the report details for printing and/or further data manipulation.



- Review the report.

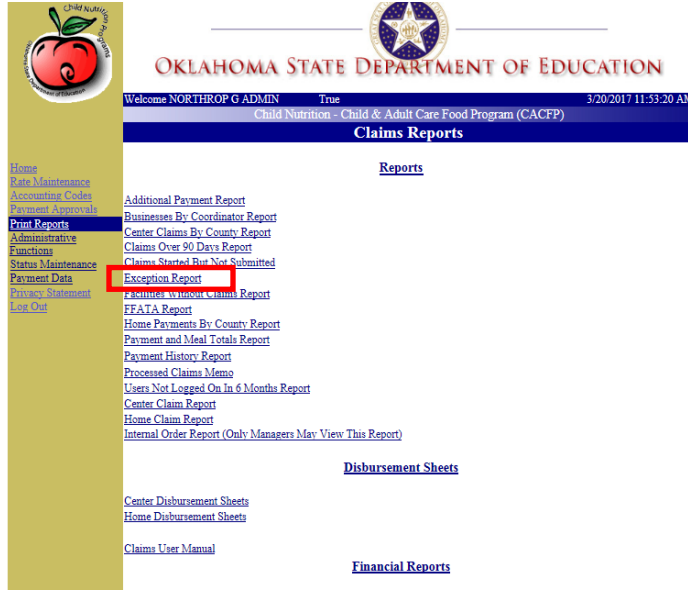


22.3.6 EXCEPTION REPORT

The Exception Report.

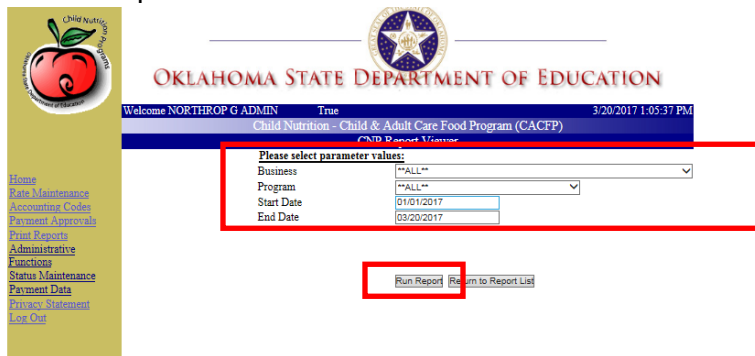
- Click the “Print Reports” hyperlink in the left navigation.

7. Click the “Exception Report” hyperlink on the Reports Listing page.



8. Select the applicable search criteria, in which Start and End Dates are required. Be mindful, no search criteria selected for ‘Business’ and ‘Program’ will default to ‘ALL’ value.

9. Click the “Run Report” button.



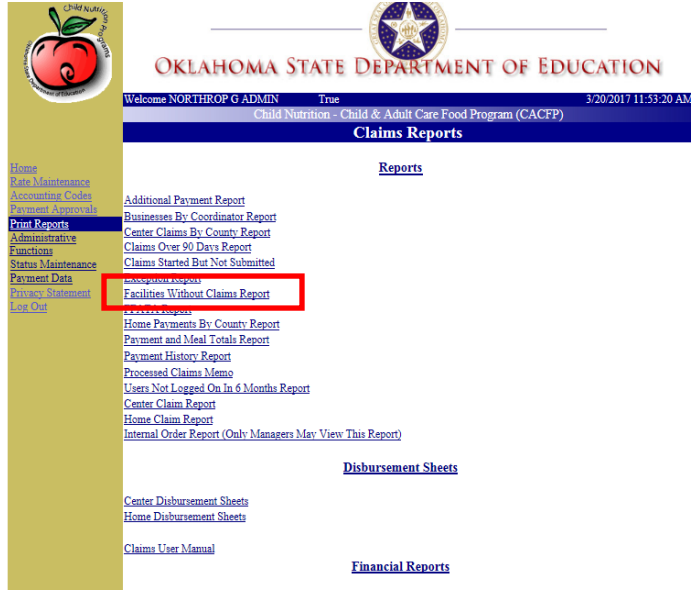
10. Click the “Export” button to access the report details for printing and/or further data manipulation.

22.3.7 FACILITIES WITHOUT CLAIMS REPORT

The Facilities without Claims Report provides a list of organizations that are closed and no longer activity participating in CACFP.

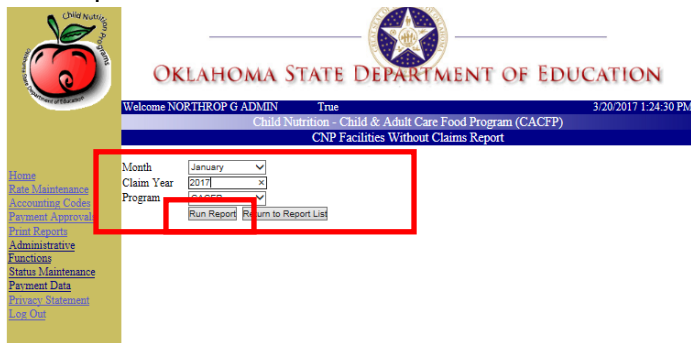
6. Click the “Print Reports” hyperlink in the left navigation.

7. Click the “Facilities without Claims Report” hyperlink on the Reports Listing page.

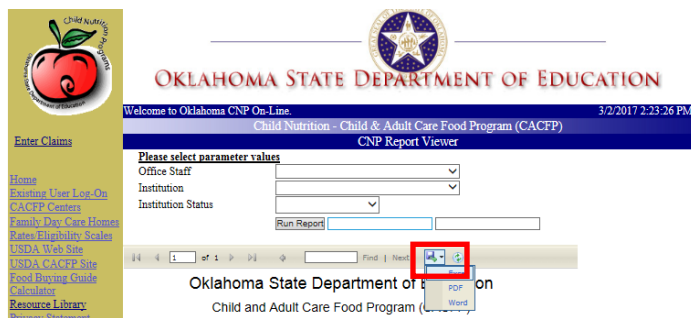


8. Enter the applicable search criteria, in which Claim Year is required.

9. Click the “Run Report” button.



10. Click the “Export” button to export the report details for printing and/or further data manipulation.

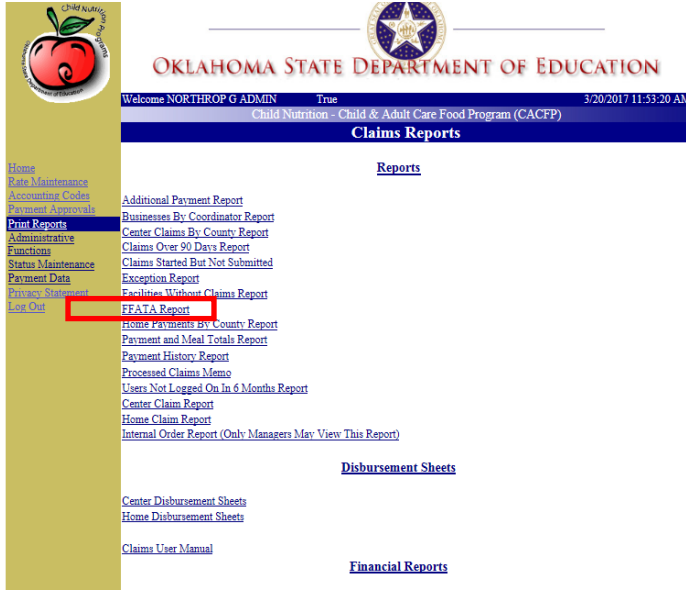


22.3.8 FFATA REPORT

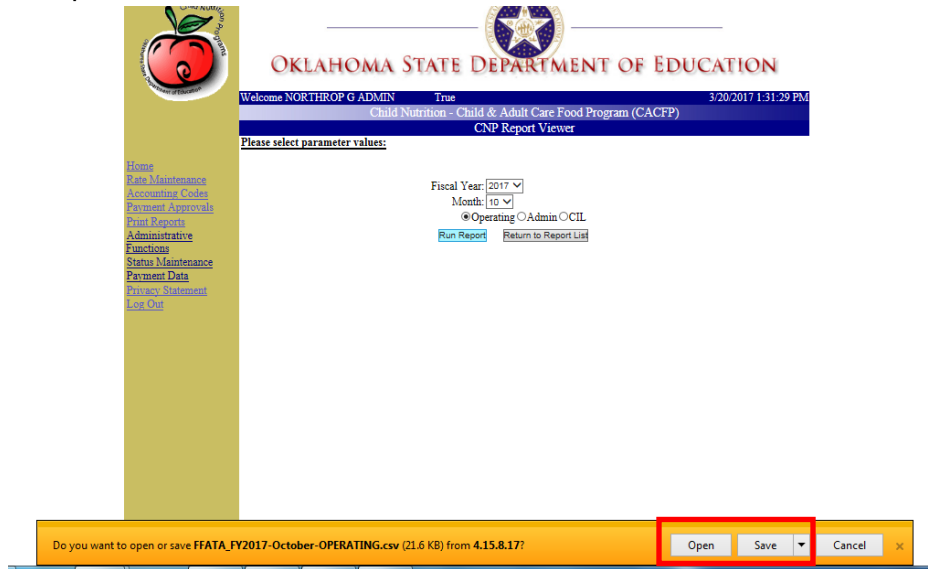
The FFATA Report.

1. Click the “Print Reports” hyperlink in the left navigation.

2. Click the “FFATA Report” hyperlink on the Reports Listing page.



3. Select the applicable search criteria, in which the funding type (Operating, Admin, or CIL) is required.
4. Click the “Run Report” button.
5. Click the “Open” Or “Save” buttons to access the report details for printing and/or further data manipulation.



NOTE: The FFATA Report opens in Excel.

| ID | Additional Award ID | Subaward | Subaward | DUNS#4 | POP City | POP State | POP Zip#4 | POP Coun | Compens: | Compens: Top Empl | Sub DUNS | Sub DUNS | Sub POP | Sub POP | Sub POP |
|----|---------------------|----------|----------|--------|----------|-----------|-----------|-----------|------------|-------------------|----------|----------|----------|---------|-----------|
| 2 | NO | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 13654249 | ATOKA | OK | 74525-000 |
| 3 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 80735806 | DURANT | OK | 74702-195 |
| 4 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.22E+08 | DURANT | OK | 74701-281 |
| 5 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 77345494 | TAHLEQU | OK | 74464-545 |
| 6 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 95453171 | HUGO | OK | 74743-380 |
| 7 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.36E+08 | NORMAN | OK | 73069-688 |
| 8 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 7.87E+08 | LAWTON | OK | 73501-360 |
| 9 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 56585128 | JAY | OK | 74346-063 |
| 10 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.89E+08 | CHICKASH | OK | 73023-074 |
| 11 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.2E+08 | STIGLER | OK | 74462-000 |
| 12 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.2E+08 | STIGLER | OK | 74462-000 |
| 13 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.2E+08 | TISHOMIN | OK | 73460-160 |
| 14 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 9.45E+08 | HOBART | OK | 73651-182 |
| 15 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.07E+08 | MUSKOGEE | OK | 74401-445 |
| 16 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 74282765 | OKLAHOM | OK | 73109-592 |
| 17 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.65E+08 | OKLAHOM | OK | 73110-488 |
| 18 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 8.09E+08 | OKLAHOM | OK | 73112-561 |
| 19 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 21848576 | OKLAHOM | OK | 73122-000 |
| 20 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 72588254 | NOVI | MI | 48375-555 |
| 21 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.16E+08 | PORTLANI | OR | 97232-205 |
| 22 | YES | 171760K3 | 10 | 2016 | 8.1E+08 | Oklahoma | Oklahoma | 73105-459 | United Ste | NO | YES | 1.16E+08 | PORTLANI | OR | 97232-205 |

22.3.9 HOME PAYMENTS BY COUNTY REPORT

The Home Payments by County Report.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Home Payments by County Report” hyperlink on the Reports Listing page.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN True 3/20/2017 11:53:20 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)

Claims Reports

Reports

- Additional Payment Report
- Businesses By Coordinator Report
- Center Claims By County Report
- Claims Over 90 Days Report
- Claims Started But Not Submitted
- Exception Report
- Facilities Without Claims Report
- FFATA Report
- Home Payments By County Report**
- Payment History Report
- Processed Claims Memo
- Users Not Logged On In 6 Months Report
- Center Claim Report
- Home Claim Report
- Internal Order Report (Only Managers May View This Report)

Disbursement Sheets

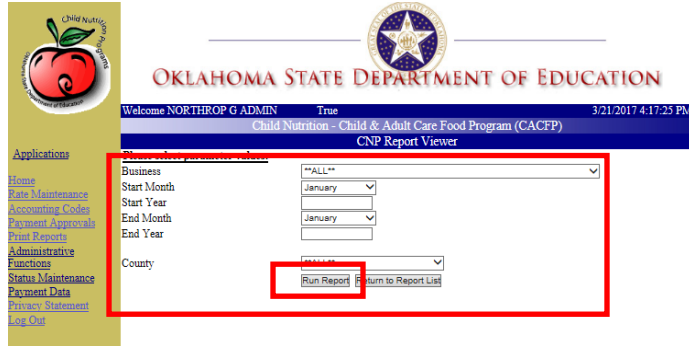
- Center Disbursement Sheets
- Home Disbursement Sheets

Financial Reports

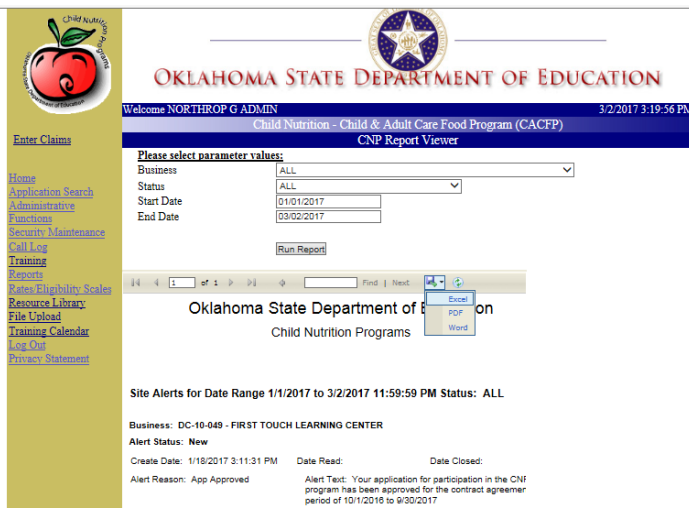
Claims User Manual

3. Enter the applicable search criteria, in which the Start and End Years are required.

- Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

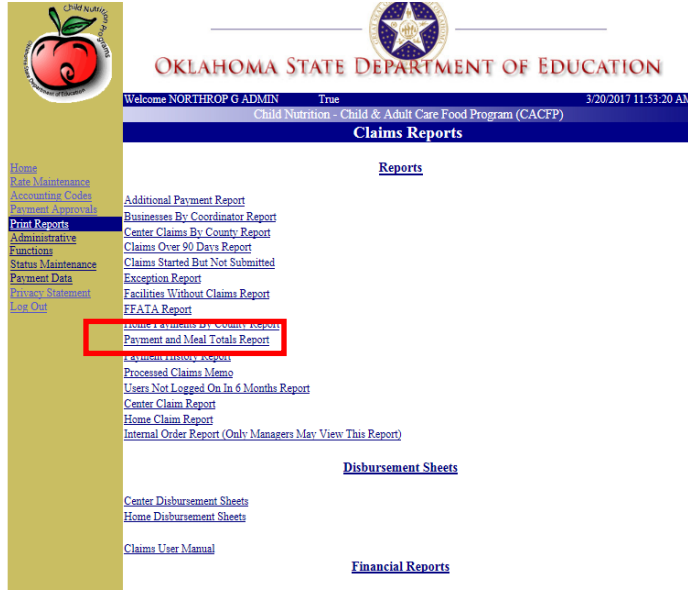


22.3.10 PAYMENT AND MEAL TOTALS REPORT

The Payment and Meal Totals Report.

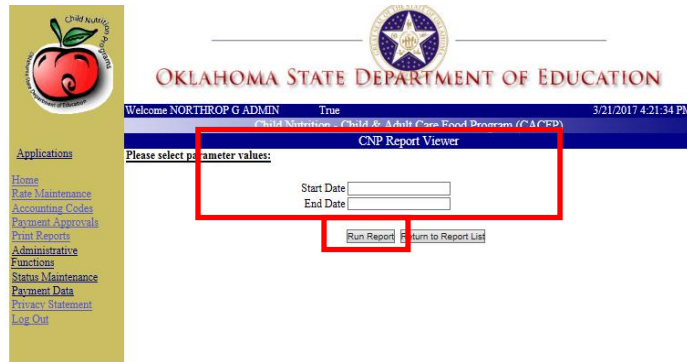
- Click the “Print Reports” hyperlink in the left navigation.

2. Click the “Payment and Meal Totals Report” hyperlink on the Reports Listing page.

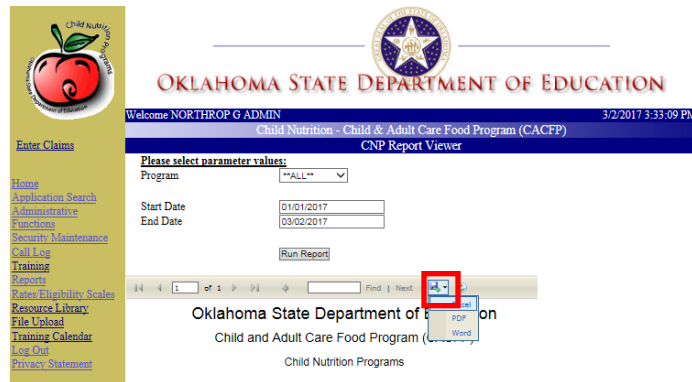


3. Enter the applicable search criteria, in which the Start and End Dates are required.

4. Click the “Run Report” button.



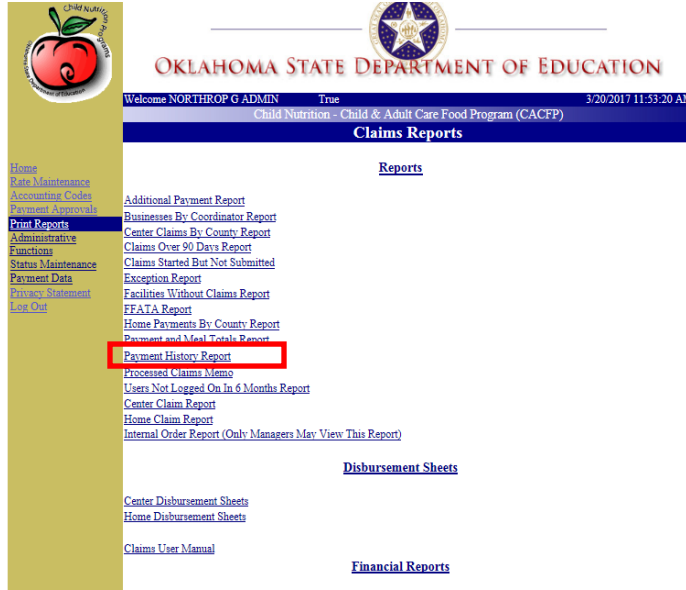
5. Click the “Export” button to export the report details for printing and/or further data manipulation.



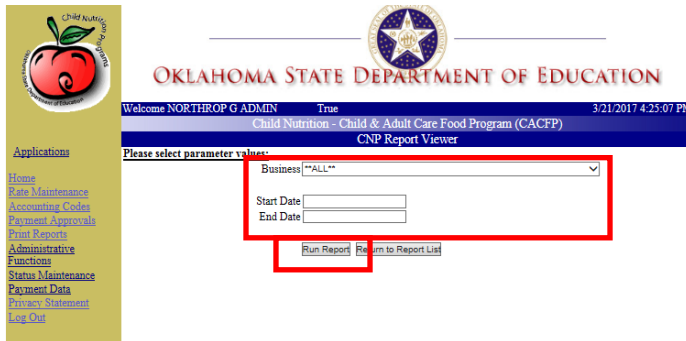
22.3.11 PAYMENT HISTORY REPORT

The Payment History Report provides a list of organizations and their payment history.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Payment History Report” hyperlink on the Reports Listing page.



3. Enter the search criteria, in which the Start and End Dates are required.
4. Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN 3/2/2017 3:43:10 PM

Child Nutrition - Child & Adult Care Food Program (CACFP)
CNP Report Viewer

Please select parameter values

Office Staff: [Dropdown]
 Program: [Dropdown]
 Application Status: Approved [Dropdown]
 Fiscal Year: [Dropdown]

[Run Report]

2 of 111 [Find] [Export] [Excel] [PDF] [Word]

Oklahoma State Department of Education
 Child Nutrition Programs
 Application Status Report

| | | |
|------|---|-----------------|
| 2012 | DC-55-673 - KINDERCARE EDUCATION LLC | LEIGHANN RAUSCH |
| 2017 | DC-55-689 - ACCELERATED LEARNING CENTER | LEIGHANN RAUSCH |
| 2015 | DC-55-689 - ACCELERATED LEARNING CENTER | LEIGHANN RAUSCH |

22.3.12 PROCESSED CLAIMS MEMO REPORT

The Processed Claims Memo Report provides a list of submitted claims that have been processed, i.e. sent for batch.

- Click the “Print Reports” hyperlink in the left navigation.
- Click the “Processed Claims Memo Report” hyperlink on the Reports Listing page.

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome NORTHROP G ADMIN True 3/20/2017 11:53:20 AM

Child Nutrition - Child & Adult Care Food Program (CACFP)
Claims Reports

Reports

Additional Payment Report
 Businesses By Coordinator Report
 Center Claims By County Report
 Claims Over 90 Days Report
 Claims Started But Not Submitted
 Exception Report
 Facilities Without Claims Report
 FFATA Report
 Home Payments By County Report
 Payment and Meal Totals Report
 Payment History Report
Processed Claims Memo
 Home Not Logged On for 6 Months Report
 Center Claim Report
 Home Claim Report
 Internal Order Report (Only Managers May View This Report)

Disbursement Sheets

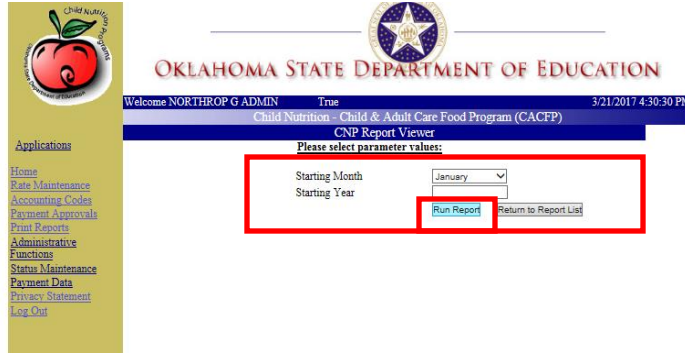
Center Disbursement Sheets
 Home Disbursement Sheets

Claims User Manual

Financial Reports

- Enter the applicable search criteria, in which the Start Year is required.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.

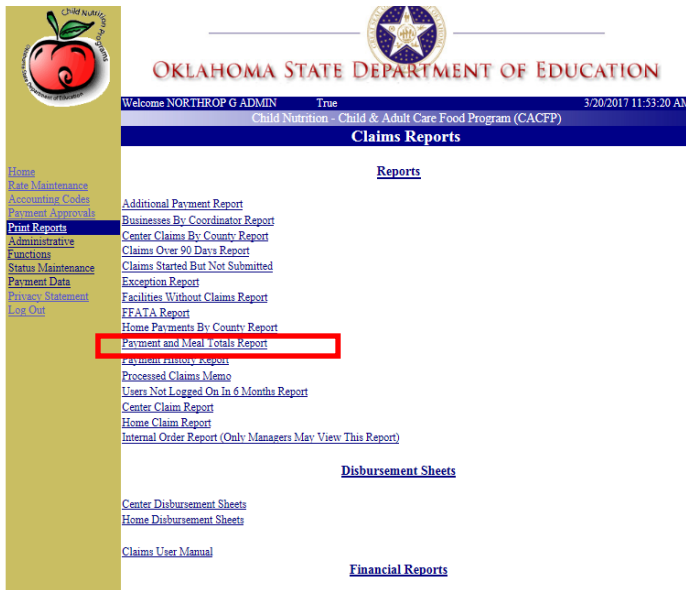


22.3.12.1 User Not Logged On In 6 Months Report

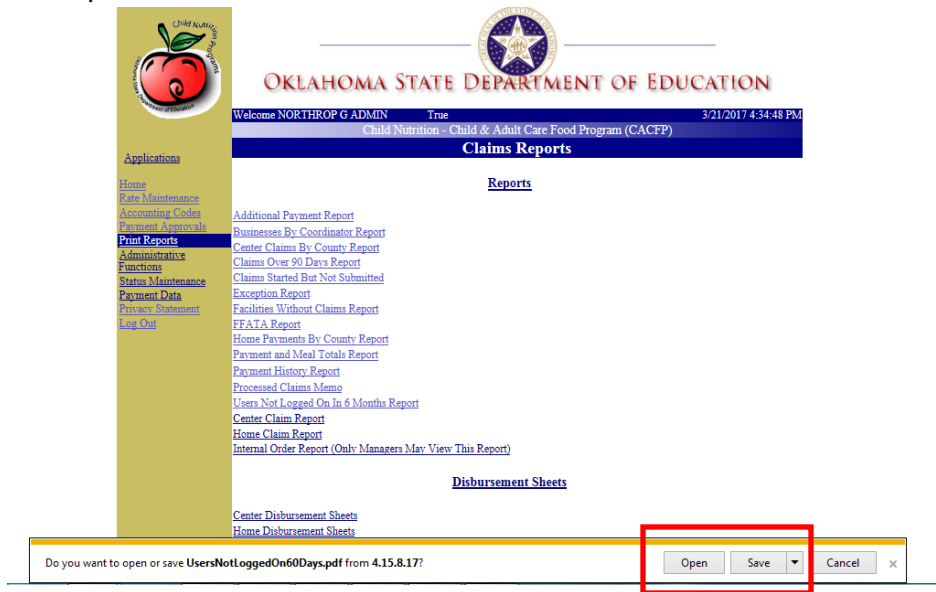
The User Not Logged On in 6 Months Report provides a list of user that have not logged on in the last six months.

1. Click the “Print Reports” hyperlink in the left navigation.

- Click the “Users Not Logged on In 5 Months Report” hyperlink on the Reports Listing page.



- Click the “Open” Or “Save” button to access the report details for printing and/or further data manipulation.



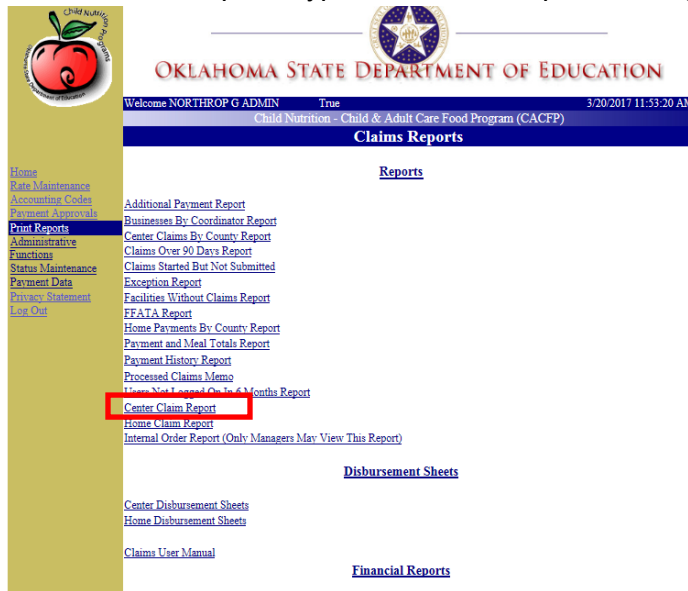
NOTE: The User Not Logged On in 6 Months Report opens as a PDF.

| User ID | Name | TIN | Last Logon Date |
|------------|--------------------|-----------|-----------------|
| fprovider | FIRST PROVIDER | 012345678 | NONE |
| sprovider | SECOND PROVIDER | 012345677 | NONE |
| vrs pencer | VIRGINIA R SPENCER | 730752239 | NONE |
| ddvassella | DEBRA D VASELLA | 730718189 | NONE |
| jlboswell1 | JANICE L BOSWELL | 730710910 | NONE |
| jesconzo | JAMES E SCONZO | 730753739 | NONE |
| dpomerson | DONNA POMERSON | 362616190 | NONE |

22.3.12.2 Center Claim Report

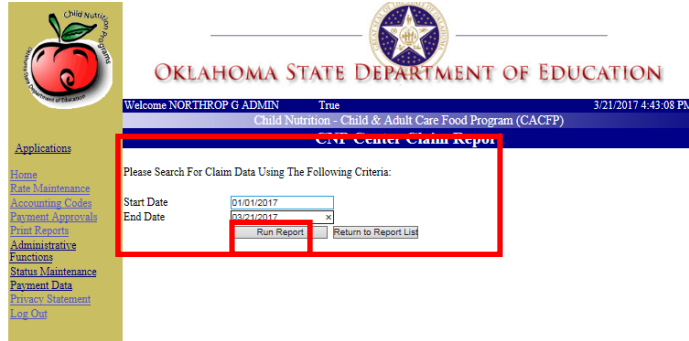
The Center Claim Report provides a list of claims for Centers.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Center Claim Report” hyperlink on the Reports Listing page.

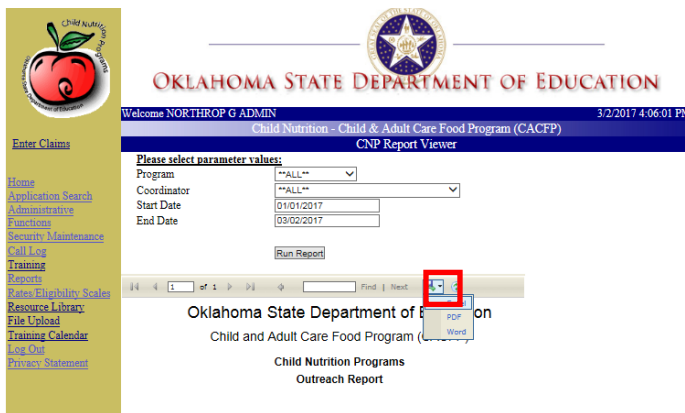


3. Enter the search criteria.

- Click the “Run Report” button.



- Click the “Export” button to export the report details for printing and/or further data manipulation.

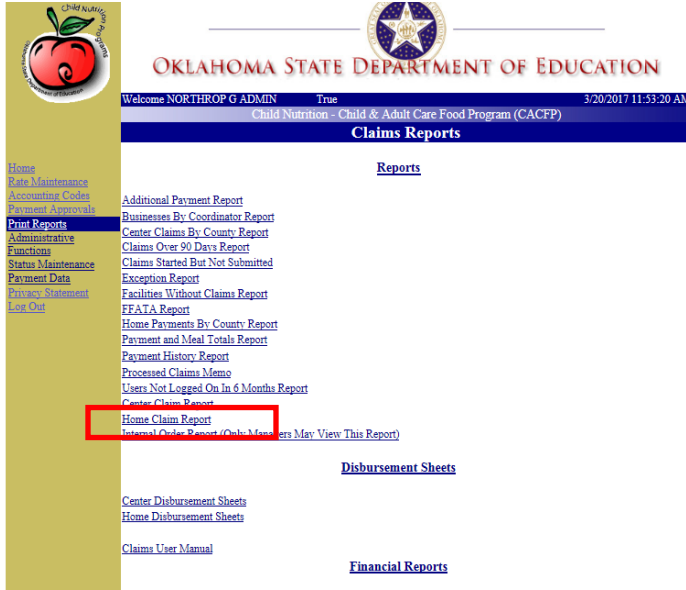


22.3.13 HOME CLAIM REPORT

The Home Claim Report provides a list of claims for Homes.

- Click the “Print Reports” hyperlink in the left navigation.

2. Click the “Home Claim Report” hyperlink on the Reports Listing page.

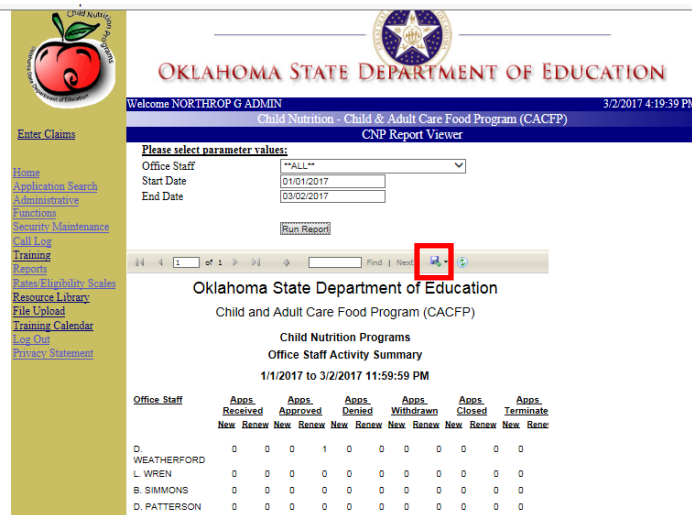


3. Enter the search criteria.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.



22.3.14 INTERNAL ORDER REPORT

The Internal Order Report (Only Managers May View This Report).

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Internal Order Report” hyperlink on the Reports Listing page.

3. Enter the applicable search criteria, in which Start and End Dates are required.
4. Click the “Run Report” button.

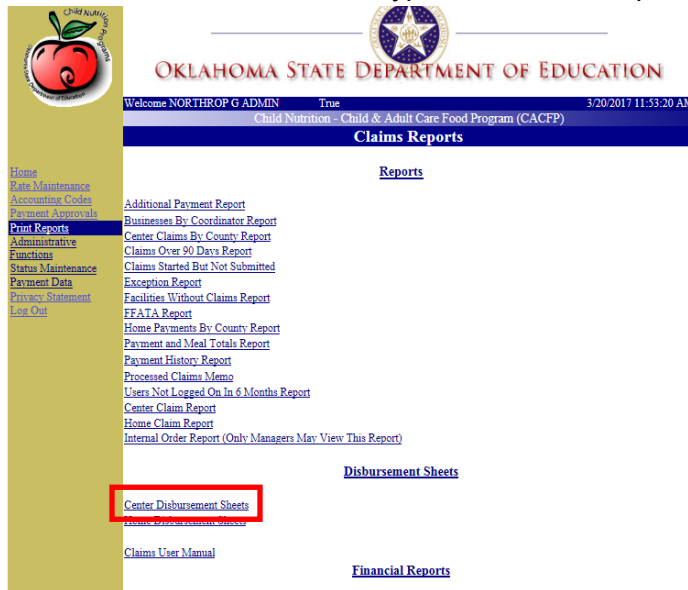
- Click the “Export” button to export the report details for printing and/or further data manipulation.



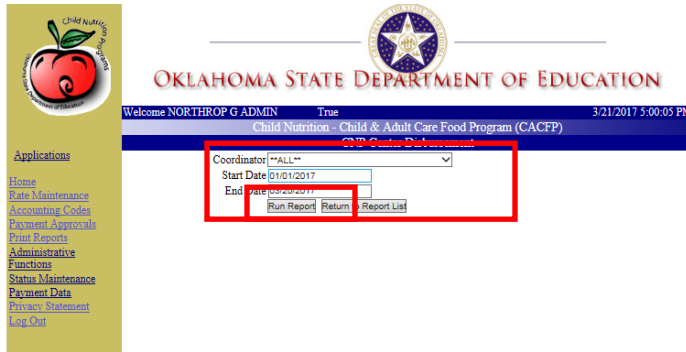
22.3.15 CENTER DISBURSEMENT SHEETS REPORT

The Center Disbursement Sheets Report.

- Click the “Print Reports” hyperlink in the left navigation.
- Click the “Center Disbursement Sheets” hyperlink, on the Reports Listing page.



- Enter the applicable search criteria, in which the Start and End Dates are required. Be mindful, if no Coordinator is not selected the default value is set to ALL.



- Click the “Run Report” button.
- Click the “Export” button to export the report details for printing and/or further data manipulation.

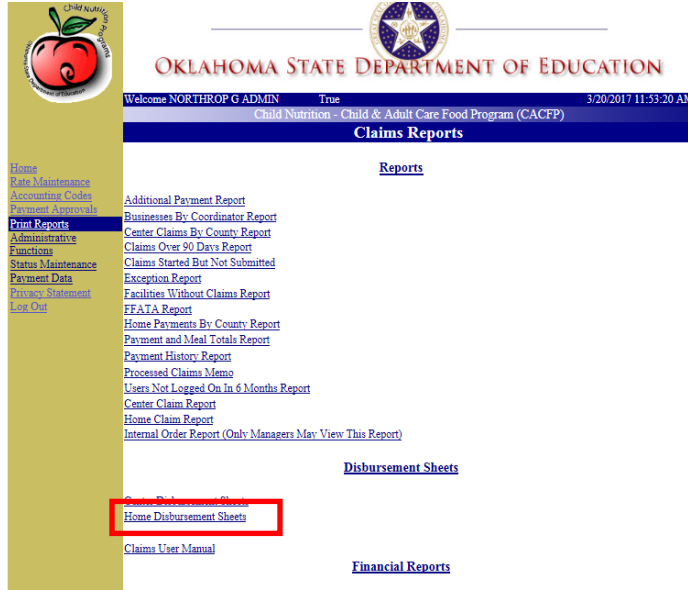
| Child Nutrition Programs | | | | | | | | | | | | |
|---|---------------|----------|---------------|----------|-------------|----------|----------------|----------|-------------|----------|-----------------|----------|
| Program Activity Report for Date Range 01/01/2017 to 03/02/2017 | | | | | | | | | | | | |
| Program | Apps Received | | Apps Approved | | Apps Denied | | Apps Withdrawn | | Apps Closed | | Apps Terminated | |
| | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew | New | Renew |
| CACFP | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

22.3.16 HOME DISBURSEMENT SHEETS REPORT

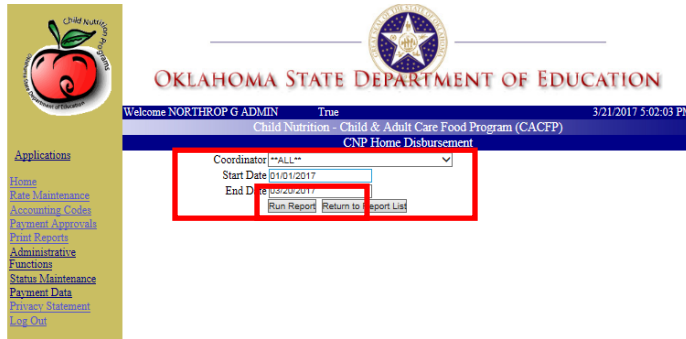
The Home Disbursement Sheets Report.

- Click the “Print Reports” hyperlink in the left navigation.

- Click the “Home Disbursement Sheets Report” hyperlink on the Reports Listing page.



- Enter the applicable search criteria, in which the Start and End Dates are required. Be mindful, if no Coordinator is selected the default value is set to ALL.
- Click the “Run Report” button.



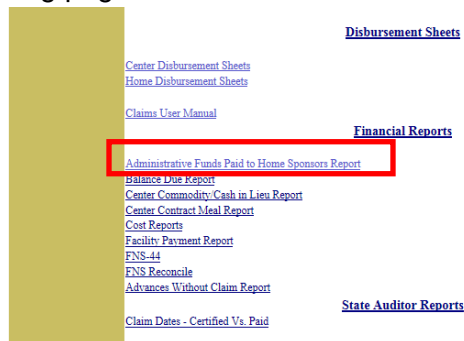
- Click the “Export” button to export the report details for printing and/or further data manipulation.



22.3.17 ADMINISTRATIVE FUNDS PAID TO HOME SPONSORS REPORT

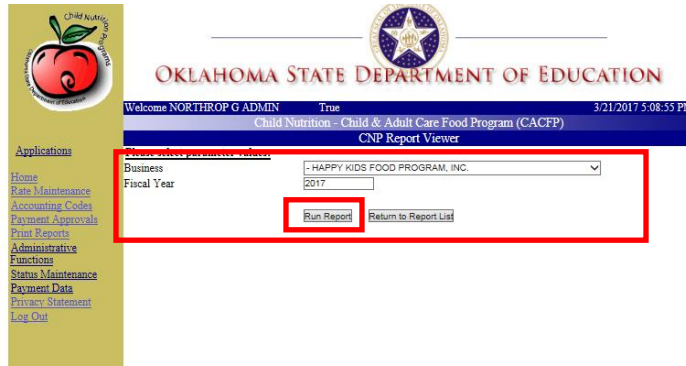
The Administrative Funds Paid to Home Sponsors Report.

- Click the “Print Reports” hyperlink in the left navigation.
- Click the “Administrative Funds Paid to Home Sponsors Report” hyperlink on the Reports Listing page.



- Enter the applicable search criteria, in which the Fiscal Year is required. Be mindful, if no “Business” is selected, the default value is set to ALL.

4. Click the “Run Report” button.



5. Click the “Export” button to export the report details for printing and/or further data manipulation.



22.3.17.1 Balance Due Report

The Balance Due Report provides the number of institutions and sites within each county. This count is also categorized by Institution Type, i.e. Non-Profit Independent, Non-Profit Sponsor, etc.

1. Click the “Print Reports” hyperlink in the left navigation.
2. Click the “Balance Due” hyperlink on the Reports Listing page.



- Click the “Open” Or “Save” buttons to access the report details for printing and/or further data manipulation.



NOTE: The Balance Due Report opens as a PDF.

The screenshot shows an Adobe Reader window displaying a PDF report. The report title is 'Balance Due Report as of 3/21/2017 4:12:19 PM'. The report content includes the following table:

| Fiscal Year | Agreement Number | Facility Status | Amount Owed to CNP | Last Updated |
|-------------|------------------|-----------------|--------------------|------------------------|
| 2016 | DC-10-042 | CLOSED | \$94,806.70 | 8/15/2016 9:39:16 AM |
| 2016 | DC-55-827 | ACTIVE | \$241.08 | 11/29/2016 10:20:09 AM |
| 2016 | DC-55-832 | ACTIVE | \$1,497.85 | 10/20/2016 7:32:39 PM |
| 2016 | DC-72-555 | ACTIVE | \$29,886.98 | 9/9/2016 3:48:17 PM |

23 LIST OF ACRONYMS

23.1 CACFP ACRONYMS

The following is a list of acronyms used in this in OK CACFP:

| Term | Definition |
|----------|--|
| CCL | Child Care Licensing |
| CNP | Child Nutrition Program |
| DCC | Day Care Center |
| FDCH | Family Day Care Home |
| FFATA | Federal Funding Accountability and Transparency Act |
| FNS | Food and Nutrition Service |
| FSIA | Family-Size and Income Application |
| FY | Fiscal Year |
| I | Tier I Home |
| II-H | Tier II-All Higher Home |
| II-L | Tier II-All Lower Home |
| II-M | Tier II-Mixed Home |
| ITIN/EIN | Individual Taxpayer Identification Number/Employer Identification Number |
| OKCACFP | Oklahoma Child and Adult Care Food Program |
| SNP | Special Nutrition Program |
| SO | Sponsoring Organization |
| TIN | Tax Identification Number |

Appendix A TERMINOLOGY

Active – security status in which the user is allowed system access (based upon the security level). The security level dictates the amount of security the user has access to within the system.

Administrative Review—a review conducted by the Oklahoma State Department of Education, Child Nutrition Programs (the State Agency) on participating institution to assess compliance of the performance standards of the CACFP.

Adult Day Care Center—any public or private nonprofit organization or any proprietary Title XIX center (as defined in this section) that (a) is licensed or approved by federal, state, or local authorities to provide nonresidential adult daycare services to functionally impaired adults (as defined in this section) or persons aged 60 years or older in a group setting outside their homes on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall offer a structured, comprehensive program that provides a variety of health, social, and related support services to enrolled adult participants through an individual plan of care.

Adult Day Care Facility—a licensed or approved adult day care center under the auspices of a sponsoring organization (SO).

Adult Participant—a person enrolled in an adult day care center who is functionally impaired or aged 60 years or older.

Agreement Number – a sequence of characters that contains a prefix and a number, in which the prefix identifies the program that the business is associated. The agreement number is a unique number identifier.

Alert – a message that informs the business director, business user or DCC staff member of an action taken within the web application on a business.

Appeal—the fair hearing or review of records provided upon request to (a) an institution who has been given notice by the state agency of any action or proposed action that will affect its participation or reimbursement under the program or (b) a day care home that has been given a notice of proposed termination for cause.

Application Checklist – the application checklist is an integral part of the process of completing, submitting and processing new applications and reapplications for CNP business entities. The person entering the application uses the checklist to track completion of each form required for the program application.

Approved – refers to the status of an application in which the user has submitted the application to the assigned coordinator and the coordinator endorses a contract between the CNP unit and the business.

Area-eligible facility—an institution operating an at-risk program that is located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for free or reduced-price meals.

Area-Eligible—a provider determined to be a Tier I home based on school or census data.

At-Risk Program—an institution that provides regularly scheduled activities, which include an educational or enrichment component after the school day has ended in settings that are structured and supervised for school-age children aged 18 years and under.

Attendance—an enrolled child who attends at least one day during the month. This child may or may not have participated in a reimbursable meal service.

Authorized Representative—the individual who signs and accepts responsibility for monthly claims for reimbursement and correspondence from the state agency.

Blended Rate—the ratio of the number of enrolled participants in an institution in each reimbursement category (free, reduced-price, or not eligible) to the total of enrolled participants in the institution.

Categorical Eligibility—a participant who is automatically eligible to be counted in the free participation data because the family qualifies for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and/or Food Distribution Program on Indian Reservations (FDPIR) benefits. For adult care, this also includes Supplemental Security Income (SSI) and Medicaid in addition to the above.

CCL Number – the unique case number designated by the Child Care Licensing Unit for a day care facility or home. Also called a Facility Number or License Number.

Census Data—for the purpose of CACFP, a geographical area in which 50 percent of the children residing in the area are members of households whose incomes meet the eligibility guidelines.

Certificate of Authority – the formal document that authorizes a user to manage applications for a particular business / agreement number.

Children—(a) persons aged 12 years and under, (b) children of migrant workers aged 15 years or less, and (c) mentally or physically disabled persons, as defined by the state, enrolled in an institution or a child care facility serving a majority of persons aged 18 and under.

Closed – refers to the status of the application in which the coordinator has ended the contract between the CNP unit and the business.

Contact Person – this person is designated to act on behalf of the business or a specific site. This person may or may not be the authorized representative.

Contract Year – the specific year for the program application. The NSLP contract year is July 1 through June 30 each year. The SFSP contract year is January 1 through December 31 each year. The CACFP contract year is October 1 through September 30 each year.

Coordinator – the case manager that is assigned to a specific business.

Cycle Menu—a menu that meets minimum meal pattern requirements that is established by the institution or facility for a specified number of days.

Denied – refers to the status of an application in which the user has submitted the application but the coordinator determines that the business does not meet the eligibility requirements to allow an active contract between the two parties.

Economic Unit—a group of related or nonrelated individuals who are not residents of any institution or boarding house but who share housing and/or all significant income and expenses. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.

Edit Checks—checks that a sponsor must perform on all facility records to ensure accurate claims. Sponsor must perform the following edits each month: the facility has been approved to serve the meal types being claimed, meals are not claimed over license capacity, and the number of meals claimed does not exceed the number derived by multiplying approved meal types times days of operation times enrollment.

Eligibility—the classification of a CACFP participant in the participation data on the claim for reimbursement. A participant may be classified as free, reduced-price, or not eligible.

Emergency Shelter—a public or private nonprofit organization whose primary purpose is to provide temporary shelter and food service to homeless families with children.

Enrolled Child—a child whose parent or guardian has submitted to an institution/facility a signed document that indicates that the child is enrolled for child care and eats at least one meal a month. All enrolled children must have the opportunity to participate in the CACFP.

Enrollment Form—a form that must be completed annually for every child enrolled. It must include the normal days/ hours in care and the normal meals the child will receive.

Entity Type – the program type the business is operating as. Entity types: For Profit Adult, For Profit Center Sponsor, For Profit Independent, Home Sponsor, Non-profit Adult, Non-Profit Center Sponsor, and Non-Profit Independent.

Exclusion – to remove from participation, consideration, or inclusion. This refers to the business being disbarred, terminated or suspended from being a participant by any unit of the federal government or any unit of a state government.

Executive Director / Responsible Person – director of the business or the person responsible for all correspondence between the Child Nutrition Programs and the business.

Expanded Categorical Eligibility—children in Tier II homes participating in or subsidized under any federally or state supported child care or other benefit program with an income-eligibility limit that does not exceed 185 percent of income guidelines for poverty. Meals served to these children are automatically eligible for Tier I reimbursement. Expanded categorical eligibility does not apply to a provider’s classification as a Tier I home or to the eligibility of the provider’s own children. Expanded categorical eligibility does not apply to a provider’s classification as a Tier I home or to the eligibility of the provider’s own children.

Facility Number – the unique case number designated by the Child Care Licensing Unit for a day care facility or home. Also called a License Number or CCL Number.

Facility—a family day care home provider, day care center (child or adult), at-risk program, emergency shelter, or outside-school-hours care center under a sponsoring organization.

Family Day Care Home—a licensed, organized family day care home (FDCH) provider who cares for nonresidential enrolled children, in a private home, under the auspices of an SO.

Family Household—a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Federal Fiscal Year—a period of 12 months beginning with October 1 of any calendar year and ending with September 30 of the following calendar year. The CACFP operates on a federal fiscal year.

First Claim Visit—a visit conducted by the state agency after the institution has been approved to assist the institution in completing its first claim.

Five-Day Reconciliation—a comparison of records for a five-day period that includes a review of enrollment and attendance records to determine the number of participants for each meal service; to compare to meal counts; to determine meal count accuracy; and to, if necessary, determine disallowance, over claim, or other action.

Focused/Follow-Up Review—an unannounced review conducted after an institution has been declared seriously deficient to ensure that the noncompliance areas found in the administrative review (AR) and/or audit have been fully and permanently corrected.

Foster Child Attending a Center—a child who is a ward of the court or welfare agency attending a day care center while the foster parents work. All foster children are categorically eligible and automatically included in the free participation data.

Foster Child Attending an FDCH—a child who is taken to an FDCH provider while the foster parent works. The foster child is categorically eligible for Tier I rates.

Foster Child Residing With Provider—a child who is ward of the court or welfare agency and has been placed in residence in a provider’s household. The foster child is treated as the provider’s own child. If the foster parent/provider wants to claim his or her foster child, the provider must have an approved Family-Size and Income Application (FSIA) on file and qualify for Tier I reimbursement based on verified income, verified categorical eligibility, school data, or census data, just as he or she would do in claiming any of his or her own children. The foster child is not considered a household of one but is included as a household member of the foster family.

Free—to a participant from a family that meets the income standards for free meals; to a child who is automatically eligible for free meals by virtue of being a part of a household that is a SNAP, TANF, or FDPIR recipient; to an adult participant who is automatically eligible for free meals by virtue of being a part of a household that is a SNAP, TANF, or FDPIR recipient or is an SSI or Medicaid participant.

Functionally Impaired Adult—chronically impaired disabled persons aged 18 years or older, including victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living are markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one’s grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

Head Start Centers – refers to a childcare facility that is funded by Head Start grants provided by the federal government.

Home Based Center – refers to a childcare facility that is owned by individuals or groups of individuals that are providing licensed or registered childcare in a home type setting.

Household Contact—a system developed by the state agency that will be implemented by the sponsor whenever fraud is suspected and cannot be proved otherwise.

Hyperlink– a computer instruction that connects one part of a program or an element on a list to another program or list.

Inactive – security status in which the user is not allowed system access.

Income to the Program—any funds used in a sponsorship’s food service program, including, but not limited to, all monies, other than program payments, received from other federal, state, intermediate, or local government sources, and other income, including cash donations or grants from organizations or individuals.

Income-Eligibility Guidelines (IEGs)—the household-size and income levels prescribed annually by the Secretary of Agriculture for determining eligibility for Tier I reimbursement. The

Tier I guidelines are 185 percent of the annual poverty guidelines.

Institution—an SO, child care center, outside-school-hours care center, adult day care center, or an area-eligible at- risk program that enters into an agreement with the state agency to assume final administrative and financial responsibility for program operations.

Interface - a program designed to communicate information from one system of computing devices or programs to another.

Key Staff—any individuals with CACFP duties.

Less-Than-Arms-Length Transaction—one under which one party to the transaction is able to control or substantially influence the actions of the other(s). Such transactions include, but are not limited to, those between divisions of an organization; organizations under common control through common officers, directors, or members; and an organization and a director, trustee, officer, key employee of the institution, or immediately family, either directly or through corporations, trusts, or similar arrangements in which a controlling interest is held. All less-than-arms-length transactions require specific prior written approval.

License Number – the unique case number designated by the Child Care Licensing Unit for a day care facility or home. Also called a Facility Number or CCL Number.

Mailing Address –the address where the provider will receive any notification mailed by the licensing division or staff. This address may differ from the site address and owner Address.

Medicaid Recipient—an adult participant who receives assistance under Title XIX of the Social Security Act, the Grant to States for Medical Assistance Programs—Medicaid.

National Disqualified List—the list maintained by USDA of institutions, responsible principles, and responsible individuals disqualified from participation in the program.

Non-Pricing – an institution in which there is no separate identifiable charge made for meals served to participants.

Nonprofit Food Service—all food service operations conducted by the institution principally for the benefit of enrolled participants, from which all of the program reimbursement funds are used solely for the operation or improvement of such food service. The food service operation account of an institution must be in a nonprofit status.

Nonresidential—individual participants who are not maintained in care for more than 24 hours on a regular basis.

Not Eligible—a participant who does not qualify for free or reduced-price meals.

Operating Costs—expenses incurred by an institution in serving meals to participants under the program and allowed by the institution’s approved budget.

Overt Identification—any act that openly identifies children as eligible to receive meals reimbursed at Tier I rates.

Owner Address –the owner’s personal address. This address may differ from the mailing and site address.

Participant—an enrolled child who participates in at least one reimbursable meal service during a month.

Password – an arbitrary string of characters chosen by a user or system administrator and used to authenticate the user when he attempts to log on, in order to prevent unauthorized access to his account.

Pending Approval – refers to the status of an application in which the user has finished all of the forms and other criteria for their application checklist and has submitted the application to the assigned coordinator for processing.

Pending Submission – refers to the status of an application in which the user has started one or more forms or other criteria within their Application Checklist, but has not submitted the application to the Assigned Coordinator. This is the default status of an application until further action has been made by the user.

Performance Standards—the standards by which the sponsor must comply and operate according to USDA regulations in order to be in compliance.

Pricing –a separate identifiable charge made for meals served to participants.

Principal—any individual who holds a management position within, or is an officer of, an institution, including members of the institution’s board of directors. (This includes, but is not limited to, owners, executive directors, chairmen of the board, and authorized representatives.)

Private For Profit – refers to a childcare center that is a sole proprietorship or joint ownership. This facility could also be incorporated.

Private Non-Profit – refers to a childcare facility that is owned by a group of individuals that have been incorporated. Private Non-Profit is recognized by the Secretary of State and granted 501(c) (3) status

Program Administrator – the administrator of the Child Nutrition Program.

Program Coordinator –the lead coordinator for a specific CNP Program, i.e., CACFP (Child and Adult Care Food Program).

Program—the Child and Adult Care Food Program (CACFP).

Proprietary Title XX/Title XIX Center—any private, for-profit center (a) providing nonresidential day care services for which it receives compensation from amounts granted to the states under Title XX/Title XIX of the Social Security Act and (b) in which Title XX/Title XIX beneficiaries were not less than 25 percent of enrolled eligible participants or license capacity during the calendar month preceding initial application or reapplication for Program participation or has 25 percent of enrolled participants who are eligible for free or reduced-price meals.

Provider’s Own Children—all residential children in the provider’s household who are part of the economic unit of the family. A family is a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Therefore, a provider’s own children include children by birth or adoption, foster children, grandchildren, or housemates’ children who are part of the economic unit. Informal extended family situations frequently exist, and all such children should be included in the provider’s household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the childcare situation, are not considered the **provider’s own**.

Public Non-Profit – refers to a childcare facility that is operated by the city, county, state, and monies funded through taxes or bonds. Examples include YMCA’s, city recreational centers, and Boys and Girls Clubs.

Publicly Funded Program—a federal, state, or locally funded program in which the institution or any of its principals have participated (i.e., commodities, Title XX, or Title XIX).

Reduced-Price Eligible—a participant from a family that meets the income standards for reduced-price meals.

Related-Party Transaction—a transaction between the institution and its parent corporation, corporate divisions, subsidiaries, an employee(s), officer(s), agent(s) of the institution or a member of the immediate family, either directly or indirectly, through corporations, trusts, or similar arrangements in which they hold a controlling interest, no matter how represented. All related party transactions are less-than-arms-length transactions.

Responsible Principal or Responsible Individual—(a) a principal, whether compensated or uncompensated, who the state agency or USDA determines to be responsible for a sponsor’s serious deficiency; (b) any other individual employed by or under contract with a sponsor who the State Agency determines to be responsible for a sponsor’s serious deficiency; or (c) an uncompensated individual who the state agency or USDA determines to be responsible for a sponsor’s serious deficiency.

Review Averaging—one of the two methods that an SO may use to meet the review requirements for providers.

Review Elements—the minimum content required when reviewing providers; at a minimum, all reviews must include: CACFP meal pattern, licensing or approval; participation in, or attendance at, sponsor training; meal counts; menu and meal records; requirements pertaining to annual enrollment forms; determination whether the home has corrected problems noted on previous

reviews; and a five-day reconciliation of meal counts with enrollment and attendance records.

Review Official—the independent and impartial official who conducts a hearing or review of records.

SAP ID – the AASIS Vendor Number used for billing identification.

School Based – CACFP operated by a public or private school.

School Data—for the purpose of CACFP, an FDCH that is located in an area served by a school site in which at least 50 percent or more of the students enrolled are certified eligible to receive free or reduced-price school meals.

Seriously Deficient—the status of a sponsor that has been determined to be noncompliant in one or more aspects of its operation of the CACFP.

Site – facility that a business owns or sponsors. The site is associated to the business by the business' TIN.

Site Address – the site address is the physical location of the childcare facility. This address may differ from the mailing and owner addresses.

SNAP List—a list of FDCHs claiming eligibility for Tier I reimbursement based on the provider's participation in the Supplemental Nutrition Assistance Program (SNAP). This list must be submitted to the state agency by April 1 of each year.

Sponsor – one who assumes responsibility for another person or group.

Sponsoring Organization (SO) or Multisited Institution—a public or nonprofit organization that is entirely responsible for the administration of the food program in: (a) one or more day care homes; (b) a child care center, outside-school-hours care center, area-eligible at-risk program, or adult day care center which is a legally distinct entity from the SO; (c) two or more child care centers, outside-school-hours care centers, or adult day care centers; or (d) any combination of child care centers, adult day care centers, day care homes, and outside-school-hours care centers. The term sponsoring organization also includes a for-profit organization which is entirely responsible for administration of the program in any combination of two or more child care centers, adult day care centers, and outside-school-hours care centers which are part of the same legal entity as the SO and which are proprietary Title XX or Title XIX centers as defined in this section (Proprietary Title XX Center, Proprietary Title XIX Center).

SSI Participant—an adult participant who receives assistance under Title XVI of the Social Security Act, or the Supplemental Security Income (SSI) for the Aged, Blind, and Disabled Program.

Submit – the mechanism in which the user notifies the assigned coordinator that the application has been completed and is ready for processing.

Suspended—the status of an FDCH that is temporarily ineligible for participation (including program payments).

Terminated - refers to the status of the contract between the business and the Child Nutrition Program in which the business had an active contract with one or more programs and because they failed to perform in accordance with the requirements of their contract, the coordinator rescinded the agreement.

Termination for Cause—the termination of an FDCH’s program agreement by the SO due to the FDCH’s violation of the agreement.

Termination for Convenience—termination of an FDCH’s program agreement by either the SO or the FDCH due to considerations unrelated to either party’s performance of program responsibilities under the agreement.

Tier I Home (I)—an FDCH provider who qualifies as a Tier I home based on school data, census data, or verified household income.

Tier II-All Higher Home (II-H)—a Tier II FDCH where **ALL** children are certified as eligible for the higher reimbursement rate, based on FSIA’s obtained on enrolled children.

Tier II-All Lower Home (II-L)—a Tier II FDCH where **NONE** of the children are certified as eligible for the higher reimbursement rate, based on FSIA’s obtained on enrolled children.

Tier II-Mixed Home (II-M)—a Tier II FDCH enrolling at least one child in each reimbursement category (higher and lower).

TIN – a tax identification number assigned by the state in which a business or entity is operated that identifies it for filing and paying taxes related to the business or entity.

Title XIX—Title XIX of the Social Security Act that authorized the Grants to States for Medical Assistance Programs— Medicaid.

Title XVI—Title XVI of the Social Security Act that authorizes the Supplemental Security Income for the Aged, Blind, and Disabled Program—SSI.

Title XX—Title XX of the Social Security Act that authorizes the grants to states for childcare.

Training Session—required training conducted by the SO to all key SO staff and providers. Minimum required training topics include meal patterns, meal counts, record keeping, claims, and reimbursement process. Training methods that may be used include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, post training test and benchmarks, e-mail confirmation, questions and answers, and sign-in/log-in records.

URL – an abbreviation for Universal Resource Locator, a title that refers to the formal address of a form on the Internet.

User ID – a sequence of characters, different from a password, that is used as identification and is required when logging on to a multi-user computer system, LAN, bulletin board system, or online service. Also called User Name or User Identifier.

Web Application – the collaboration of Web browser forms used to access programs within the Special Nutrition Program; designed to allow users to create and maintain applications, reports, notices, etc.

Withdrawn - refers to the status of an application in which the business initiated an application but chose not to continue and requested the coordinator to remove the application from consideration to participate in the program for which they were applying.