OSSE

Orchard

Child and Adult Care Food Programs

Supplement 2

Completing the Adult Day Care (ADC) Application

Version 1.0

August 2017

Table of Contents

1. Summary

The Orchard system is designed to automate application processing for school and day care meal programs sanctioned by the Office of the State Superintendent of Education (OSSE) Division of Health & Wellness (DHW). LEAs, schools, and sponsors renew their existing applications or apply for new programs through Orchard. Approved programs will be available to all the sites they manage. This User Manual will guide sponsors through the application process for the **Child and Adult Care Food Programs (CACFP)** listed below**.** Some of these programs will be stand alone and some will be combined into main and sub-programs depending on the sponsor(s) submitting the application.

- Independent Center (IC)
- Sponsor of Centers (SOC) – See Supplement 1 – Completing the SOC Application
- Adult Day Care (ADC) – See Supplement 2 – Completing the ADC Application
- Family Day Care Homes (FDCH) – See Supplement 3 – Completing the FDCH Application

2. Using the Orchard CACFP Supplemental Documents

Users are requested to refer to the complete **Independent Center** manual Sections 2-4 for information on Orchard logins and passwords, menu options, CACFP Glossary of Terms, program selection, navigation, and application statuses.

Users are requested to refer to the complete **Independent Center** manual Sections 6-10 for information on the site approval process, recalling an application after submission, reviewing the ratified contract and viewing the Site Information Template (SIF).

3. Completing the Adult Day Care (ADC) Application

Click on the **Application ID** hyperlink to begin the application process.

A. General Information Tab

🗒️ *Note: Changes to Sponsor Information in Orchard will not update the authoritative data source until the application is submitted.*

Application Types

Verify the **Application Types** information is correct.

Contact Information

🗒️ *If an existing CACFP application was created, the Orchard system will remember the information entered. Editing is available for all prepopulated information.*

1. Update the **Contact Information**. This is the main contact name and number for this Sponsor/SFA.

2. Ensure the DUNS number is nine digits. If not the system will error:
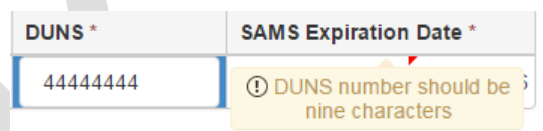
3. Ensure the SAMs expiration date is in the future. Orchard will prohibit date entries less than today's date.

Contacts and Addresses

Enter the contact names for the types listed in the table. Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.

Claim Contacts

1. The system will default with two authorized signer lines. If additional authorized signers are needed, click the **Add Claim Contact** button to add an additional authorized signer or third party claim contact for the program's monthly claims processing.

   Note: Sponsors must add a minimum of two Authorized Signer contacts; and a maximum of six contacts in total.

2. Select the contact type from the dropdown.

3. Enter the contact Name, Title, Phone Number, Extension, and Email address. Continue adding contacts by clicking the **Add Claim Contact** button.

   Note: Several validation errors may appear if you do not enter a correct, zip code, phone number, fax number and email address.
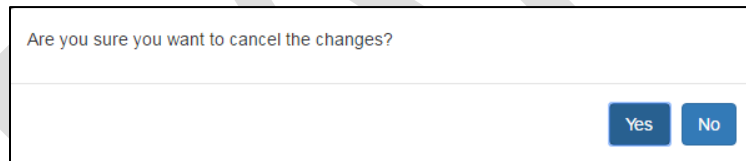
4. Click the **Save** button at the top or bottom of the page.

5. Confirm the save by clicking **OK**.

6. Or, click **Cancel** without saving changes.

7. Confirm **Yes** or **No**.

8. To delete a contact name, click the **Delete** icon.

9. Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.
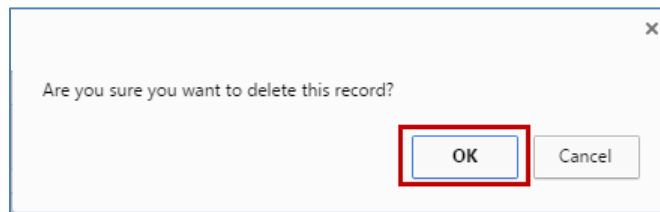
10. Click the Save button at the top or bottom of the page; or click Cancel without saving changes.

 The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

Public Notification

1. Identify the resources used to publicly announce the federal child nutrition programs offered. Add the date of the announcement and the name of the news media used for publication.

2. Click in the field under the **Date release was/will be sent to the media**; and then select the date of the publication from the calendar pop-up.
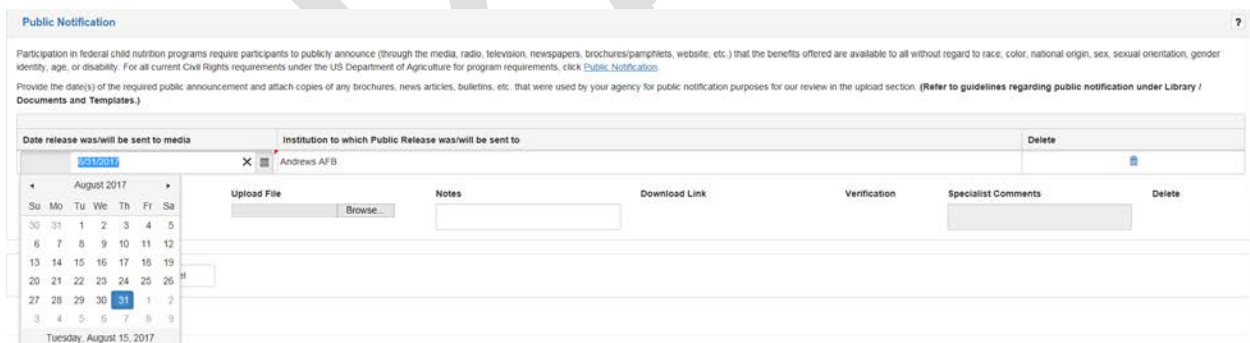
3. Enter the name of the institution, newspaper, website, etc. where the article was/will be published.

4. Click the **Choose File** button or **Browse** button to upload the announcement(s). Select an Excel or .pdf file for uploading.

If there are multiple announcements, scan into one document for upload.

5. Add **Notes** to be read by your State Agency DHW Specialist if desired.

6. Click the **Save** button at the top or bottom of the page; or click **Cancel** without saving changes.

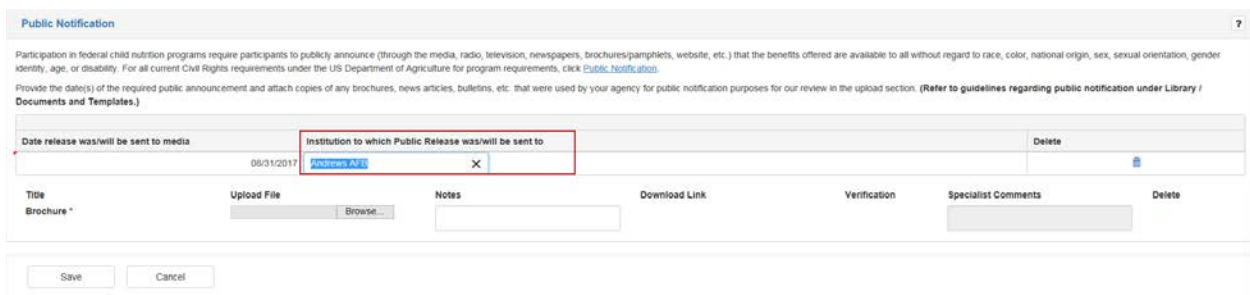7. Confirm the save by clicking **OK**.

The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

8. Once saved, the file can be viewed by clicking on the **Download Link** hyperlink of the file name.

9. The State Agency DHW Specialist will review the file and enter the verification and any other comments. Sponsors/SFAs cannot edit these fields.

10. To delete an institution name, click the **Delete** icon.

11. Confirm the Delete by clicking **OK**; or click **Cancel** without saving the deletion.

12. Click the **Save** button at the top or bottom of the page; or click **Cancel** without saving changes.

The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

13. If the incorrect file was uploaded, click **Choose File** and upload the new file (it will overwrite the current file).

B. Site Management Tab

The Site Information Form (SIF) is uploaded to Orchard to configure each site and determine their programs. The SIF file for CACFP contains all information needed for the IC, ARC, SOC, FDCH, and ADC programs. The sponsor simply fills out the required information for the application and sub-application(s) being submitted.

The Site Information File (SIF) is uploaded to Orchard using a prepared Excel template available under the **Library Tab/Download/Documents and Templates.** The information once uploaded is not editable by the sponsor/SFA. If changes are needed, a new upload will be required.

Do not change the order of the sites on the SIF once the upload has been saved. If corrections need to be made to a single site listed on the SIF, upload the entire SIF again. Do not forget to add a site to the SIF. Payment will not be made for a site not listed in the Application.

*Note: You must know the Site ID in order to complete this upload template.*

Orchard tracks the history of all "saved" uploaded files. Site information can be changed and re-uploaded before submission of the application or during a recall. However, once the site is approved by the state agency, no further changes can be made to the site information.

Uploading the CACFP SIF File

1. Click the **Site Management** tab
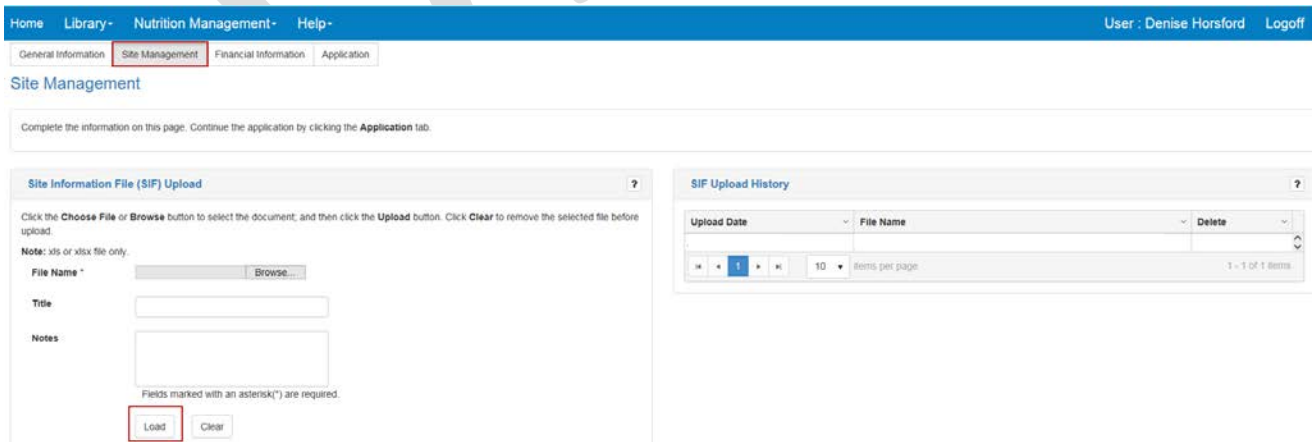
2. Select a file from your computer. The file must be the Excel template downloaded from **Library/Download/Documents and Templates**. If an attempt is made to upload other than an Excel file with extensions .xls or .xlsx Orchard will error "Please select an Excel file."
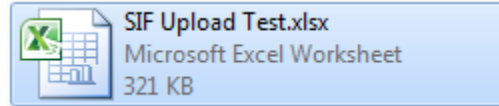
 The file Tab Name "SIFDATA" must not change. If the Tab name is changed, the SIF files WILL NOT upload.

3. Add a document title and any notes relevant to the upload.

4. Click the **Load** button.

5. Orchard will display a message that the SIF file upload was successful.

SIF Upload Saved

Saving the SIF file was successful.

Return to the **Application** tab to complete the application.

[Ok]
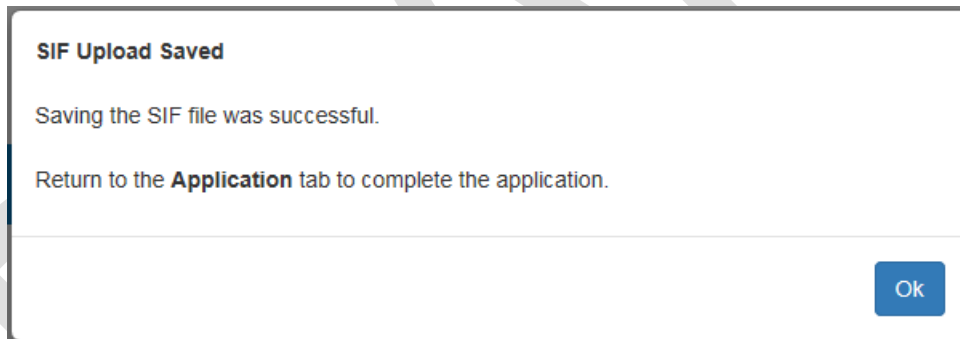
6. Click the **OK** button.

7. If the file did not load, the following message will be displayed:

The uploaded SIF contains validation error(s). Please refer to the Validation Summary list below to reference the changes required. Save the changes then reload the SIF file.

[Ok]
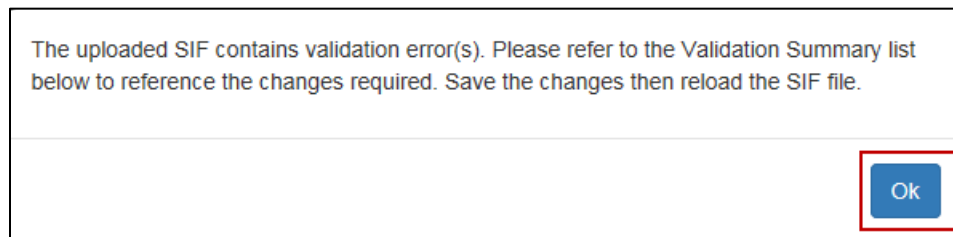
8. Click the **OK** button.

9. Review the SIF Upload Validation Status window, make the corrections noted; and then try uploading the file again.

SIF Upload Validation Status	?
No validation errors	
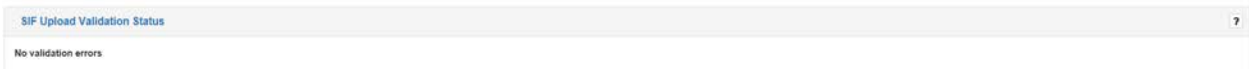
10. The file is added to the **SIF Upload History** table.

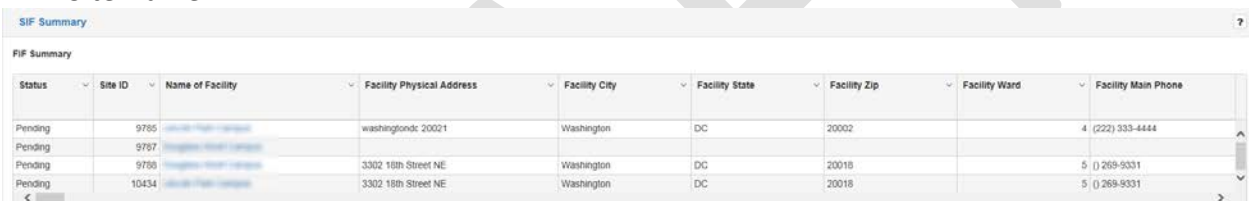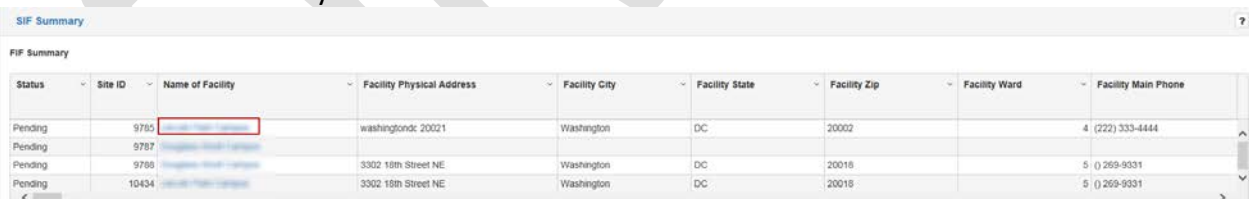| SIF Upload History			?
Upload Date ⌄	**File Name** ⌄	**Delete** ⌄	
Aug 18 2017 8:25AM	CACFP_Site_Information_Form - HIF and FIF VB 20170816 v5.xlsm		
⏮ ◀ **1** ▶ ⏭ 10 ▾ items per page			1 - 1 of 1 items

11. The sites and SIF information are added to the **SIF Summary** window. Use the scroll bar to view all information in this table or to view a formatted copy of the information, click on the Site Name.
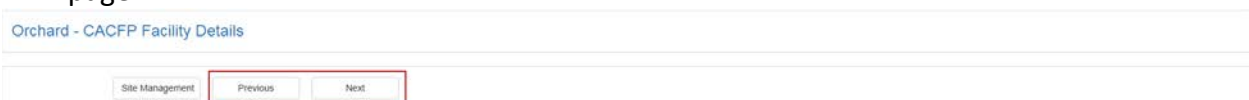
SIF Summary								?
FIF Summary								
Status ⌄	Site ID ⌄	Name of Facility ⌄	Facility Physical Address ⌄	Facility City ⌄	Facility State ⌄	Facility Zip ⌄	Facility Ward ⌄	Facility Main Phone ⌄
Pending	9785		washingtondc 20021	Washington	DC	20002	4	(222) 333-4444
Pending	9787							
Pending	9788		3302 18th Street NE	Washington	DC	20018	5	() 269-9331
Pending	10434		3302 18th Street NE	Washington	DC	20018	5	() 269-9331

Reviewing the SIF File Details

1. Click on the **Site Name** in the **SIF Summary** data window to review SIF information in a formatted summary view.

SIF Summary								?
FIF Summary								
Status ⌄	Site ID ⌄	Name of Facility ⌄	Facility Physical Address ⌄	Facility City ⌄	Facility State ⌄	Facility Zip ⌄	Facility Ward ⌄	Facility Main Phone ⌄
Pending	9785		washingtondc 20021	Washington	DC	20002	4	(222) 333-4444
Pending	9787							
Pending	9788		3302 18th Street NE	Washington	DC	20018	5	() 269-9331
Pending	10434		3302 18th Street NE	Washington	DC	20018	5	() 269-9331

Reminder!

Remember! All fields in this view cannot be edited. If an error is found while reviewing the information, correct the error in the SIF and re-upload the SIF file.

2. Use the action buttons to browse through all sites without returning to the Site Management page.

Orchard - CACFP Facility Details

Site Management   Previous   Next

3. Review the **Facility Information** for accuracy.

4. Review the **Operational Information** for accuracy.

5. Confirm that **Meal Service** information is correct.

Food Preparation Information

Type Of Food Preparation	Used for					Days Used						
	Breakfast	AM Snack (Supplement)	PM Snack (Supplement)	Lunch	Supper	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Self-preparation in an on-site kitchen				Yes		Yes						
Preparation in a central kitchen operated by the facility	Yes		Yes				Yes		Yes			
Preparation in a central kitchen operated by the sponsoring organization	Yes		Yes				Yes		Yes	Yes		
Contract with a Food Service Management Company (FSMC) to deliver meals	Yes			Yes		Yes	Yes	Yes				
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	Yes		Yes				Yes		Yes			
Contract with School Food Authority	Yes		Yes				Yes		Yes			

Food Preparation Personnel

Type Of Food Preparation	Vendor Name	Phone	Address	City	Zip	FSMC contract Execution Date(if applicable)	FSMC contract Expiration Date (if applicable)	If using an extension year, which year?	FSMC license(if applicable)	Current Health Inspection(if applicable)
Preparation in a central kitchen operated by the facility	Testxxx	4435403192	test xxx test	Washigton DC	22022					
Preparation in a central kitchen operated by the sponsoring organization	ven name	4435403192	531 5th st	Washington DC	44444					
Contract with a Food Service Management Company (FSMC) to deliver meals	ven name	4435403192	532 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	931313000726	Passing
Contract with a Food Service Management Company (FSMC) to prepare meals on-site	ven name	4435403192	531 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	931313000726	Passing
Contract with School Food Authority	ven name	4435403192	531 5th st	Washington DC	44444	2017-03-13	2017-03-13	Second	931313000726	Passing

Eligibility

Area Eligibility free and reduced %	12
Date of Determination	2017-03-13
Education and/or Enrichment activities	Enrichment Activites 123

Record Keeping

Function	Name of Staff Responsible and Staff Position Title
Collects Income Eligibility Statements (IES) and determines eligibility category for each enrolled participant	Joe Smith
Maintains a master enrollment list that corresponds with IES forms on file	Sue Black
Maintains record of Title XIX and/or Title XX payments	Sue Black
Takes daily attendance	Sue Black
Completes the HACCP Manager's Self-Inspection Checklist each week	testxxx
Maintain itemized bills, invoices and receipts and/or financial information	testtest
Prepares monthly claim OR submits CACFP information to sponsor for preparing the monthly claim	testtesttest
Maintain all CACFP records for three (3) years plus the current year.Records must be in a central location and accessible upon request.	testtesttest

Enrollment

Child, outside-school-hours, and adult day care centers:	
As of 7/2/2017 12:00:00 AM	45
At-risk after school programs and emergency shelters:	60
Age range of the participants	3 years to 8 years
Institution plan to serve infants within the next year	Yes
Child Care and Outside-School Hours centers:	
Disabled participant older than the age of 13 years	34
Disabled participant older than the age of 18 years	345
Adult Day Care centers:	
Functionality impaired participants under the age of 60 years	90
Functionality impaired participants under the age of 18 years	90

For-Profit Enrollment

Eligibility determined by:	Percentage of Title XIX/XX Beneficiaries
Child Care, Outside-School-Hours centers and At-Risk centers	
Enrolled Children	5000
Title XX or eligible FRP	2000
Maximum Capacity	234
Percentage of Enrolled	40
Percentage of License capacity	854.700854700855
Adult Day Care centers	
Eligibility Participants:	456
Title XIX beneficiaries	56
Title XX beneficiaries	400
Percentage of Title XIX and XX	100

Participant Eligibility

Free	Reduced	Paid	Total
34	45	56	135

CACFP Administration

FunctionName	Name
Prepares/updates dated daily menus that meet CACFP meal pattern requirements	testxxx
Records appropriate menu substitutions as needed	testtesttest
Maintains daily delivery tickets	testtesttesttest
Prepares meals	testtesttesteste
Record the number of meals prepared	Sam Sally
Serves meals	Donald
Takes meal count at the point of service (i.e. when each meal/snack is served)	Roy Raven

6. Validate the information presented in the **Actual Participant's Race and Ethnicity** is correct.

7. Validate the information presented in the **Race and Ethnicity Information for the Eligible Population** is correct.

State Agency Site Approvals

The State Agency approves each site's information separately. At the bottom of each site summary the State Agency answers questions relative to the site they are reviewing. This information cannot be edited by the Sponsor/SFA.

Click the **Site Management** button when you are finished reviewing the sites.

C. Financial Information Tab

1. Select your answer for the Budget and Financial Information questions posed. You must answer **Yes** or **No** to each question. Depending on your selection there may be additional information requested.

If there are multiple documents to be uploaded, scan into one document then upload.

2. If answering **Yes** to **Publicly Funded Program Participation** you must identify the State and Start/End dates of the program participation.

3. If answering **Yes** or **No** to **Total Amount of Federal Funding**, you must upload the requested documents supporting your selection.

4. Confirm your understanding of commodities by selecting **Yes** or **No** for the **Commodities** question.

Commodities
I understand that the institution will receive cash-in-lieu of commodity payments for each lunch and support served.   Yes

I understand that cash-in-lieu of commodity payments must be used to purchase food for Program use.   Yes

5. Upload all required budget document in the area provided. The state specialist will review each document and determine if the information is valid. If needed, they will enter comments for each budget document entered.
    a) Browse for the document
    b) Click **Save** to save the upload
    c) View the document through the download link
    d) Click the **Delete** icon to delete the document

Budget Document Uploads						
Title	Upload File	Notes	Download Link	Verification	Specialist Comments	Delete
Budget *	Browse...		Eddie Ready.pdf	Pending Review		🗑
Budget Narrative *	Browse...		Eddie Ready.pdf	Pending Review		🗑

6. Answer the **Tax Information** questions. You must select Yes or No. As with the financial information, depending on your answer there may be additional requirements.

Tax Information		?
The organization is For-Profit?		Select
The organization is tax-exempt under the Internal Revenue Code of 1986, as amended.		Select
The organization shares the same tax identifications as a chruch?		Select
The organization is a government agency?		Select

7. Click the **Save** button at the top or bottom of the display to save all changes to the information.

 The Save function also validates the information on all tabs of the application. There may not be any errors on the current page; however, the validation summarizes any errors that exit on each tab of the application.

D. Application Tab

The action buttons included on this tab are **Save** – validate and save current changes made to this page; **Cancel** – cancel current changes made to this page; **Submit** – submit the application for approval; and **Delete** – delete this application and start over. If there are validation errors in any tab of the application, they will be listed under the **Validation Summary** data window. Correct the errors on the appropriate tab; and then click **Save**; to remove the errors.

Note: Changes to Sponsor Information in Orchard will not update the authoritative data source until the application is submitted.

Program Selection

Review and ensure the **Program Selection** information is correct for this application.

Program Selection	?
Program	**Selection**
Child and Adult Care Food Program (CACFP)	☑
Adult Day Care (ADC)	☑

CACFP Site Operation

Review and ensure the CACFP Site Operation shows the number of Adult Day Care sites.

CACFP Site Operation		?
Operation	**No. Sites**	
Adult Day Care	2	

Program Contact

Enter the information requested for the individuals who will be the main contacts for the CACFP program Sponsor/SFA.

Contact Type	First Name *	Last Name *	Title *	DOB	Address Line 1 *	City *	State *	Zip Code *	Ward	Email *	Phone Number *	Extension	Fax
Primary CACFP Contact	Linda	Callahan	Super		123 4th Street	Washington	DC	20002		lcallahan1@gmail.com	(202) 111-2222		
Authorized Representative [Owner, Executive Director, Military Commander, or Agency Director]	Eddie	Callahan	Owner		123 4th Street	Washington	DC	20002		ecallahan@gmail.com	(202) 111-2222		
Official Designee of Authorized Representative	Millie	Callahan	Designee		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(202) 111-2222		
Accounting/Finance Contact	Millie	Callahan	Treasurer		123 4th Street	Washington	DC	20002		mcallahan@gmail.com	(202) 111-2222		

Board Members

1. Select a contact type from the dropdown

2. Add the information as requested in this table (note the required fields).

3. Click the **Save** button at the top or bottom of the display to save the information
4. Click the **Delete** icon to remove a contact.

Organization Certification Statements

Certification Statements must be filled out and submitted with this application. These certification statements can be found under **Library/Download/Documents and Templates**.

1. Fill out the certification statements
2. Upload them in the space provided.

   If there are multiple statements to be uploaded, scan into one document then upload.

3. Add comments if desired.

4. If the answer is **Yes** to the first question, then **Supplemental Documentation** must be uploaded to support your answer. If the answer is **No**, then no additional information is needed.

5. If the answer is **Yes** to the second question question, then **Supplemental Documentation** must be uploaded to support your answer. If the answer is **No**, then no additional information is needed.

During the last seven years has, either the institution, any of its responsible principals or responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program, including any of the following Child Nutrition Programs, in any State:
- Child and Adult Care Food Program (CACFP)
- School Breakfast Program (SBP)
- National School Lunch Program (NSLP)
- Afterschool Snack Program (through NSLP)
- Fresh Fruit and Vegetable Program (FFVP)
- Free Summer Meals Programs (FSMP) / Summer Food Service Program (SFSP) / Seamless Summer
- Special Milk Program
- Team Nutrition Program

No

6. Click **Save** at the top or bottom of the page to save your information.

Policy Statement Confirmation

1. Click on the **Policy Statement** hyperlink to review this document.

Policy Statement Confirmation   ?

Please confirm that you have read and agree to the Policy Statement for the free and reduced price meals for pricing and non-pricing sponsors. *   Select

DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
OSSE EDUCATION

Health and Wellness Division

POLICY STATEMENT FOR FREE AND REDUCED PRICE MEALS
FOR PRICING AND NON-PRICING SPONSORS

The School Food Authority (SFA) agrees to participate in the programs selected in Orchard (NSLP, SBP, ASP, SMP, HSA, CACFP At-Risk Supper). The SFA also agrees to receive commodities donated by the United States Department of Agriculture (USDA) and accepts responsibility for providing program benefits to eligible children in the schools under its jurisdiction.

The SFA assures the State Agency (SA) that the school system will uniformly implement the following policy to determine children's eligibility for free and reduced price meals in all National School Lunch Program and School Breakfast Program schools under its jurisdiction.

2. Click the red "X" to close the hyperlink and continue the application.

Policy_Statement.pdf   ❌
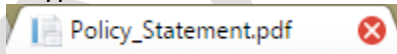
3. Click on **Select** to Accept or Decline the information presented in the Policy Statement.

Policy Statement Confirmation   ?

Please confirm that you have read and agree to the Policy Statement for the free and reduced price meals for pricing and non-pricing sponsors. *   Select
                                                                                                                        Select
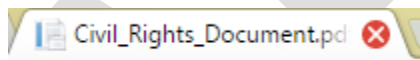   Accept
                                                                                                                        Decline

Civil Rights Affirmation

Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.

Civil Rights Affirmation

1. Click on the **Civil Rights Affirmation** hyperlink and review this document.

Civil Rights Affirmation

Please confirm that you have read and are in compliance with the Civil Rights Affirmation statement. *   Select

DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
OSSE EDUCATION

Health and Wellness Division

CIVIL RIGHTS AFFIRMATION STATEMENT

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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

2. Click the red "X" to close the hyperlink and continue the application.

Civil_Rights_Document.pd ❌

3. Click on **Select** to **Accept or Decline** the information presented in the Pre-Award Civil Rights Statement document.

Civil Rights Affirmation

Please confirm that you have read and are in compliance with the Civil Rights Affirmation statement. *

Select
Select
Accept
Decline

Pre-award Civil Rights Questions

Note: If Decline is chosen the application cannot be submitted for processing by the State Agency.

Pre-Award Civil Rights Questions

1. Answer **Yes** or **No** to the questions posed in this section. All questions <u>require</u> a Yes or No answer.

2. Enter the number of complaints or civil rights lawsuits filed against your Sponsor/SFA.
    a) When "0" is retained, the field below will not be editable.

    b) When a number is entered, the field below will become editable to the user to explain the details of the lawsuit(s).

Pre-Approval and Monitoring

Not required for ADC

Forms & Uploads

Document titles with an asterisk are required to complete the application. Others are required to meet certain conditions to ensure application approval. Some documents can be found in **Library/Download/Documents and Templates** option of Orchard.

If there are multiple documents to be uploaded, scan into one document then upload.

1. Select **Choose File (or Browse)** to upload the file.

Note: Only Excel, PDF or ZIP files can be uploaded.

2. Click on the file name on your local computer and click **Open**.
3. Continue selecting files as needed.
4. Click **Save** to save the uploaded files. The file will move to the **Download Link** column where it can be viewed by clicking on the hyperlink.

5. Add **Notes** to be read by your State Agency DHW Specialist if desired.
6. To remove an uploaded document, click the **Delete** icon.

Note: The State Agency DHW Specialist will review all uploaded files once the application is submitted. They will click the verification checkbox and add any comments regarding the uploaded document(s). These fields cannot be edited by the sponsor/SFA.

7. Click the **Save** button at the top or bottom of the display to save your changes.

State Agency Application Approvals

At the bottom of the page there will be information that is entered during review of the application by the State Agency. This information cannot be edited by the Sponsor/SFA.

E. ADC Application Submission – Confirming the Submission

1. On the **Application** Tab, click the **Submit** button.

2. Checkmark all certifications in the **Submission** window. Each certification must be checked or the submission will fail.

3. Add **Comments/Notes** – These will be included in the **Application Log** for review by the State Agency.

4. Click **Accept & Submit**.

5. Click **OK** to confirm the submission.

> Your application has been submitted to the State Agency. You may view status on the Application Dashboard.
>
> Ok
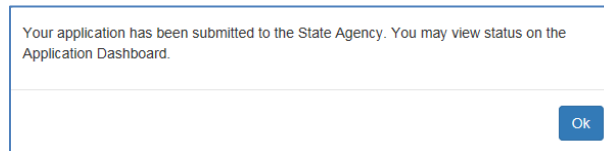
Note: Once the application is submitted, no further editing is allowed by the Sponsor/SFA. If corrections need to be made, the application is available for RECALL up to the time it is ratified by the Manager.

Applications Summary Statuses

The **Applications Summary** will display a series of Application Statuses depending on where the application is in the completion, review and approve process. The status when beginning the application is **Draft**.

Submitted – The application has been submitted for State Agency approvals.
In Review – The application is under review by the State Agency.
Pending Final Review – Passed the State Agency review and is forwarded to manager for final approval.
Recall Request – After submission and some or all site data approved; user request to make additional edits.
Returned for Modification – The application was returned by State Agency for edits to sponsor or site information.
Ratified – All approvals received resulting in a ratified contract.

1. Review the dashboard **Pending Review** status.
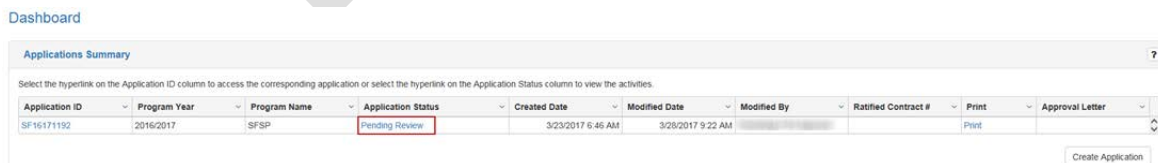
2. Review the **Application Log** for submission history located below the dashboard. Click the status to display the log.