



Orchard

Child and Adult Care Food Programs (CACFP) Applications Management Version 2.0

October 2018

Disclaimer. The data entered into the sample application used to produce this manual is not the actual data for any sponsor identified herein.

Table of Contents

1.	Summary.....	4
2.	Logging into Orchard.....	4
	A. Resetting the Orchard Password	4
	B. Launching and Logging into Orchard	7
	C. Home Page Menu Options.....	8
	Library	8
	Help.....	11
	Nutrition Management.....	13
	D. General Navigation	13
3.	CACFP Application Set Up.....	15
	A. Selecting your Application	15
	B. Understanding the Applications Dashboard.....	16
	C. Reviewing the Application Log.....	17
	D. Understanding the Application Pages	18
	E. Deleting an Application.....	18
4.	Completing the CACFP Independent Center (IC) Application	19
	A. Program Information	19
	Organization	19
	Application.....	23
	Financial Information.....	28
	Documents.....	30
	B. Site Management.....	33
	Site Information	33
	Site Summary	41
5.	Completing the CACFP Sponsor of Centers (SOC) Application.....	42
	A. Program Information	42
	Organization	42
	Application.....	46
	Financial Information.....	50
	Management Plan.....	52
	Documents.....	58
	B. Site Management.....	61

Site Information	61
Site Summary	69
6. Completing the CACFP Family Day Care Home (FDCH) Application	70
A. Program Information	71
Organization	71
Application	74
Financial Information	79
Management Plan	81
Documents	86
B. Site Management	89
Home Information	89
Home Summary	96
7. Organization Acceptance	98
Confirm and Accept	98
8. State Agency	100
Site SA Approval	100
SA Determination	102
9. Dashboard Updates	102

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.

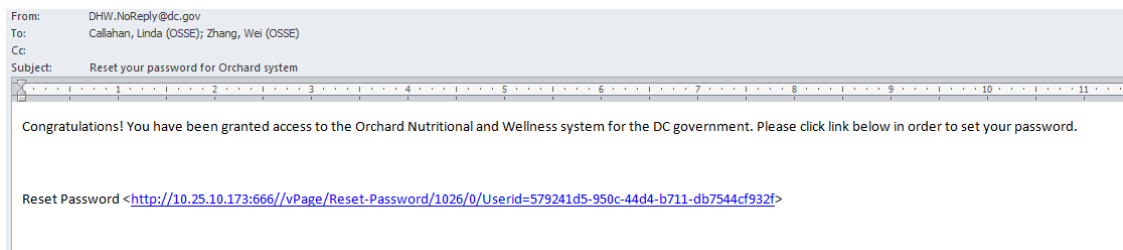
- Independent Center (IC)
- Adult Day Care (ADC)
- Sponsor of Centers (SOC)
- Family Day Care Homes (FDCH)

2. Logging into Orchard

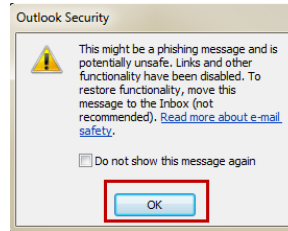
After your username is set up in Orchard by the State Agency, you will receive an email requesting you to re-set your password.

A. Resetting the Orchard Password

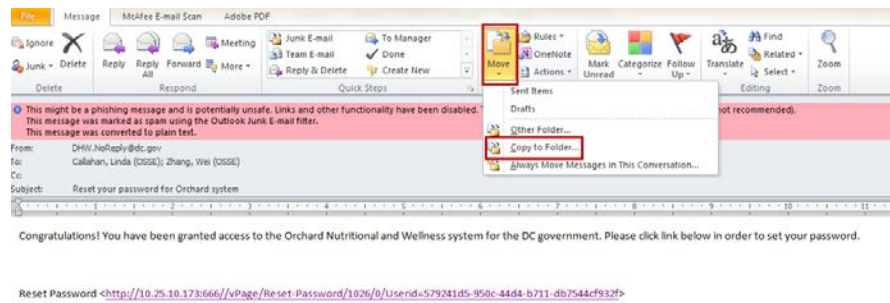
 **Note: The email is coming from system, not a person, so it may end up in the Junk Mail folder of your mail system. Please check there before contacting the Call Center.**



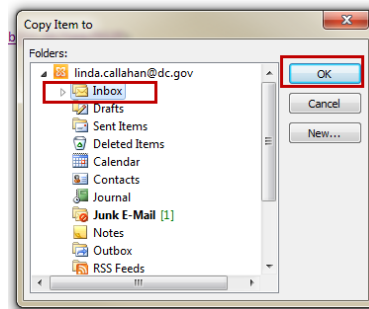
1. Click on the link provided.
2. A message **MAY** appear requiring the message be moved to the Inbox of your mail system.



3. Click **OK**.
4. Under the Move icon, click **Copy to Folder**.

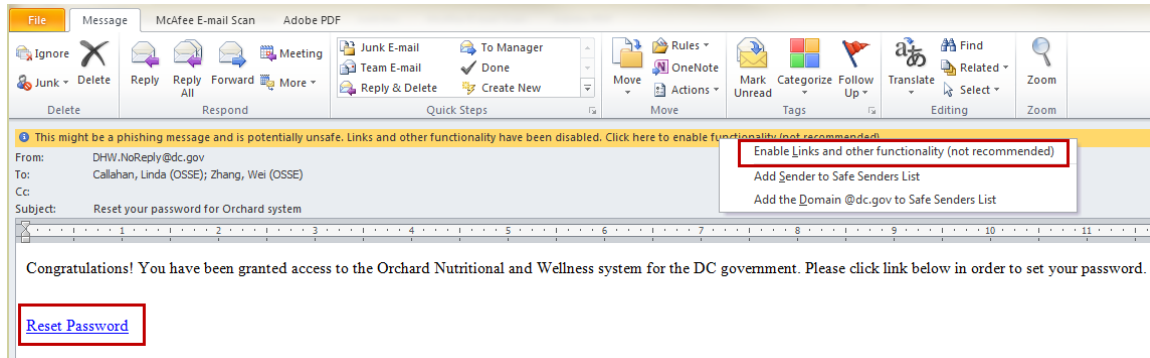


5. Click **Inbox**; and then click **OK**.



6. Click on your **Inbox**.
7. Open on the message just moved.

- Click the pink bar (changes to yellow); then click **Enable Links and other functionality (not recommended)** to enable the Reset Password link to be activated.



- Click the **Reset Password** link.

Reset Password

User Registration Information	User Reset Password
<p>Login Email ID <input type="text" value="jenny.wright@DCPS.com"/></p> <p>First Name <input type="text" value="Jenny"/></p> <p>Last Name <input type="text" value="Wright"/></p> <p>Phone <input type="text" value="2025551212"/></p> <p>Job Title <input type="text" value="Specialist"/></p> <p>Role Name <input type="text" value="Sponsor"/></p> <p>Current Sponsor: DC Public Schools Current Sites: All Sites</p>	<p>Login Email ID <input type="text" value="jenny.wright@DCPS.com"/></p> <p>Password <input type="password"/></p> <p>Confirm password <input type="password"/></p> <p><input type="button" value="Reset Password"/></p>



IMPORTANT! Passwords must be a minimum of eight (8) characters and maximum of twenty (20) characters; including at least one upper-case letter, one lower-case letter, one number and one special character, i.e. School#1.

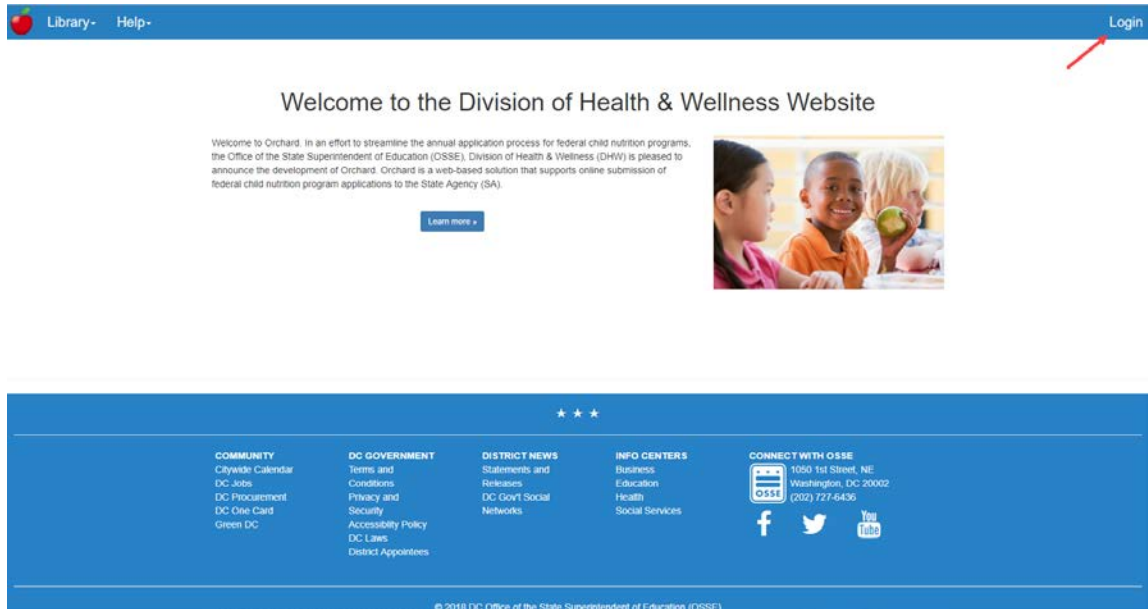
- Enter your new password and enter again to confirm; and then click the **Reset Password** button.
- The system will confirm the reset.



- Users can log in from here by clicking the "**click here to log in**" hyperlink.

B. Launching and Logging into Orchard

1. Enter URL: <https://orchard.osse.dc.gov>
2. Click **Login** on the Orchard welcome screen.



3. Enter your Email (username) and password; and then click **Login**.

Login

Note: This website must be viewed on Internet Explorer version 10 or above. It is also supported by Chrome 43 and above.

Email

Password
(Enter 8 to 20 characters, case-sensitive)

Remember me?

- Click the checkbox to accept the **User Access Agreement**; and then click **OK** to enter Orchard or click **Cancel** to return to the login screen.

User Access Agreement

I certify that I am an administrator currently employed by a District of Columbia public school, public charter school, child care center, sponsoring organization or other educational institution, and that I am accessing the District of Columbia's Division of Health and Wellness System (DHWS) for the purposes of operating a Child Nutrition Program. I agree that any information entered will be true and correct in all respects and that all records available support the data entered. I agree to protect any data that I access from further disclosure to any other person or entity outside of my organization, unless such a person or entity is legally entitled to access such data. I further certify that all claims submitted are true, correct, and accurate based on the records and documentation collected by myself or my designee.

I Agree

C. Home Page Menu Options

Library



Note: Orchard users do not need to be logged in to see the Library menu options.

Site Directory

The **Site Directory** under the Library menu option is the resource for locating a sponsor's (entity's) **Site IDs** which are stored in the authoritative data repository.

Library
Help
Login

Directories
Site Directory

Download
Documents and Templates

Welcome to the Division of Health & Wellness Website

Program Year: 2018/2019 Apply Filter Clear Filter

Site Directory ?

This list of identification numbers are used for detecting and reporting data associated with each site in Orchard. If a specific site or a new site is not listed please contact your assigned program specialist and provide the organization name, site name, site address and effective date.

Sponsor Name	Site ID	Site Name	Year Period	Address	City	State	Zip	Ward	Main Phone Number
	11006		2018/2019	xyz	xyz	DC	20145	3	
	11013		2018/2019	1050 OSSE Ave	Washington	DC	20007	6	
	11012		2018/2019	1050 OSSE St	Washington	DC	20005	5	
	11011		2018/2019	1050 1st St NE	Washington	DC	20001	2	
	8559		2018/2019		Washington	DC	20032		(202) 544-2646

1 2 3 4
5 items per page
1 - 5 of 17 items

Documents and Templates

Documents and Templates under the **Library** tab list the documents needed for users to complete their FFVP application. There are also documents under the General list that will need to be downloaded, completed and uploaded when requested within the application. General Instructions

for downloading the files are contained on this page. Also available is a download of Adobe Reader if this program is needed to complete the forms.



The Permanent Agreement located as a download on this page is mandatory for sponsors/SFAs to download and read. An electronic certification is within the application submission process requiring user acceptance of the Permanent Agreement.



1. Click **Library/Download/Documents and Templates**
2. Click on the **Download** hyperlink of the document you want to view or complete.
3. The documents are segmented into specific program areas. General documents will display upon entry to this screen.

Download the application forms and documents listed below before accessing the Application Management Dashboard link. The forms below can be downloaded, filled in online and saved to your local drive using Adobe Acrobat Reader. If you do not have Adobe Reader, click on the link below and follow the download instructions.



Adobe Reader allows you to view PDF documents. Use Adobe Reader to view, search, digitally sign, verify, print, and collaborate on Adobe PDF files.

How to download the Orchard SIF template and forms needed for application submission.

1. Click the [Download](#) hyperlink next to the form.
2. Click on the form to Open.
3. Save the form to your local hard drive.
4. Open the form and fill in the information.
5. Save the completed form for upload to your Orchard application.

Some or all of the following documents must be submitted for approval of your Orchard Application. Required upload areas are clearly marked on the pages of the Application.

General Documents

A-133 Audit Exemption Certification	Download
ACH Form	Download
DUNS Numbers and SAMS Registration - How To	Download
Master Supply Form	Download
Permanent Agreement	Download
W-9	Download

[Child and Adult Care Food Program \(CACFP\) Documents](#)

[Fresh Fruit and Vegetable Program \(FFVP\) Documents](#)

[Local Wellness Policy \(LWP\) Documents](#)

[National School Lunch Program \(NSLP\) Documents](#)

[Summer Food Service Program \(SFSP\) Documents](#)

4. Click on the **Child and Adult Care Food Program (CACFP) Documents** section to view the documents needed for the CACFP application. Click on the section heading again to collapse the list.



Child and Adult Care Food Program (CACFP) Documents

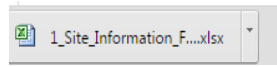
Adult Day Care Center Supplemental Application	Download
Advance Payment Request Form	Download
CACFP Site Information Form (SIF)	Download
Certification Statements	Download
Church Affiliated Letter	Download
D-U-N-S Number Form	Download
Facility Staff Training Form	Download
Family Day Care Provider Training Form	Download
FDCH Agreement	Download
FDCH Provider Transfer Request Form	Download
FDCH Start Up or Expansion Funds Application	Download
Healthy Tots Reimbursement Election Form	Download
IC/ADC - Budget	Download
Letter to Household Adult Care	Download
Letter to Household Childcare	Download
Letter to Household Family Day Care Homes Tier II	Download
Letter to Provider to Qualify as Tier I	Download
Public Notification	Download
Sponsor Org Facility Combined Sponsor Budget	Download
Sponsoring Org Staff CACFP Administrative Duties Form	Download
Sponsoring Org Cash Agreement	Download
Sponsoring Org Facility Pre-Approval Form	Download
Sponsoring Org Home Pre-Approval Form	Download
Sponsoring Org Non-Cash Agreement	Download
Sponsoring Org Staff Food Service Duties Form	Download
Sponsoring Org Staff Training Form	Download
U.S. Military Delegation of Signature Letter	Download

5. Click on the **Local Wellness Policy (LWP) Documents** to complete your downloads before beginning the application process. Click on the section heading again to collapse the list.

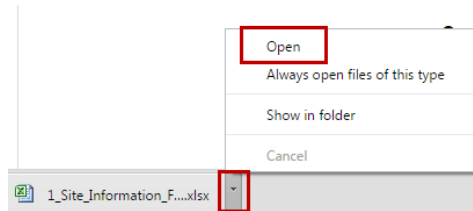
Local Wellness Policy (LWP) Documents

Local Wellness Policy Checklist	Download
Local Wellness Policy Requirements Memo	Download
Local Wellness Policy Template	Download
LWP Annual Self Evaluation & Action Plan Tool	Download

- Depending on the Windows version, there will be a popup somewhere at the bottom of the screen with the file name.



- Click on the small arrow to the right of the name; and then click **Open**. Or simply click on the file name.



- The file will launch. Once opened, click **File/Save As** and save the file to your local computer for completion before uploading later in the application process.

Help



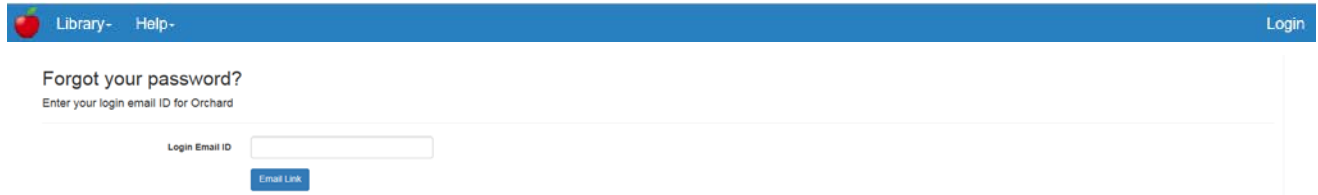
Note: Orchard users do not need to be logged in to see the Help menu options



- Click **Help** then **User Guides** to download a copy of the most current User Guides.



- Click **Help** then **Forgot Password** to reset your current Orchard password.



- Click **Help** then **Contact Us** to see a list of Orchard application specialists' phone and email addresses. The **OSSE Call Center** number is also on this page for immediate assistance with a technical issue.

National School Lunch Program (NSLP) Contacts	Child and Adult Care Food Program / Summer Food Service Program Contacts	Orchard Technical Assistance
<p>Elizabeth Leach, School Programs Manager (202) 531-2680 Elizabeth.Leach@dc.gov</p> <p>Erica Walther, Compliance Manager (202) 262-0893 Erica.Walther@dc.gov</p> <p>Barbara Adams, Program Specialist/Procurement/New SFAs (202) 741-6408 BarbaraAdams@dc.gov</p> <p>Lazette Wells, Program Specialist (202) 741-6418 Lazette.Wells@dc.gov</p> <p>Andrea Belloli, Program Specialist/FFVP (202) 724-1398 Andrea.Belloli@dc.gov</p>	<p>Suzanne Henley, Program Manager (202) 654-6118 Suzanne.Henley@dc.gov</p> <p>Elisabeth Sweeting, Program Coordinator - Summer Food Service Program (202) 724-7628 Elisabeth.Sweeting@dc.gov</p> <p>Karyn Kennedy, Program Specialist - Summer Food Service Program (202) 251-8582 karyn.kennedy@dc.gov</p> <p>Erica Nelson, Program Specialist (202) 724-7804 Erica.Nelson@dc.gov</p> <p>Katrina Florek, Program Specialist (202) 442-4011 Katrina.florek@dc.gov</p> <p>Sheena King, Program Specialist (202) 727-8129 Sheena.king@dc.gov</p>	<p>Autumn Morgan, System Coordinator - Child Nutrition Program Autumn.Morgan@dc.gov</p> <p>Please direct all application and program related questions to your assigned program specialist. All system related inquiries should be directed to osse.orchard@dc.gov.</p> <p>OSSE Call Center</p> <p>For technical issues related to these applications please call 202-719-6500. Technicians are standing by Monday through Friday 8 a.m. to 5 p.m. to answer your technical questions.</p>

Nutrition Management



Users must be logged in to Orchard to see this menu option.



Select **Applications** – to view the applications dashboard containing current programs specific to the logged in user. First time entry will require the user to click **Create Application** to identify the program application they will be completing. See Section 3.A for complete instructions on selecting an application.



ATTENTION: There is a 60 minute automatic logout if there is no activity on the site. Save your work on a regular basis.


D. General Navigation

1. **Toaster Pop-ups** – In the upper right corner of the screen you will continually see the following pop-up called a “toaster”. It is meant to let the user know which application is being worked on and its workflow status.



2. Hyperlinks are shown in blue type, i.e. [BL15160032](#)
3. Fields in grey cannot be edited as they are prepopulated from another form.
City:
4. Throughout the application, required fields will be marked with a red asterisk “*”.
5. Action Buttons are located at the bottom of the screen. These may change depending on the page being viewed.

Save Cancel Return or < Prev Form Save Cancel Next Form >

 **Note: When Next Form > is clicked, the system will automatically save all information entered from the previous form.**

6. Side menu indicators assist with completing the CACFP application. As sections are completed a checkmark will be added to section name. These options may change based on the Application.

Program Information
Organization
 Application
 Site Summary
 Site Information
 Documents
 Organization Acceptance
 Confirm and Accept
 State Agency
 SA Determination

- a. Full Page/Cancel Full Page View: ☰
- b. Expand view using the indicator.

Schedule
 AR Schedule
 Document Uploads
 Master Document List

- c. Information Indicator: ⓘ = mouse over information about a question, term or answer.

3. CACFP Application Set Up



A. Selecting your Application

1. Log into Orchard with the assigned user name and password.



2. From the **Nutrition Management** menu option click **Applications**.
3. Click on the **Create Application** button.



 **Note: Sponsor/SFAs who have participated in the current program year will see an entry for the FY2018 program. When selecting the FY2019 radio button, information from the previous year's contract will populate the application. New Sponsor/SFAs will use the same FY2019 option to create their initial application; however there will be no data carried forward. The system will show  if the option is not allowed.**

4. CACFP Applications available for **Creation** will display in the pop up box.

Program Selection

CACFP

Child and Adult Care Food Program - FY2019

Child and Adult Care Food Program - FY2018

N: This application should be selected by organizations wishing to participate in one of the CACFP programs during the current fiscal year ending September 30th.

National School Lunch Program

Special Milk


SFSP

Summer Food Service Program

FFVP

Fresh Fruit and Vegetable Program



Note: CACFP applications not available to the sponsor for renewal will show a  when trying to select this program option.

5. Click the radio button on **Child and Adult Care Food Program – FY2019** and then click **Save & Continue**.
6. Click **Nutrition Management/Applications** to review the dashboard entries before beginning the application.

B. Understanding the Applications Dashboard

1. The **Applications Summary** dashboard will list the program just selected. The program has an application process that needs to be completed for the current School Year (SY).

2. The columns are representative of the following information:

Field Label	Description
Program Name	The program for which the sponsor is applying.
Year	The program year the application covers.
Specialist	The SA specialist assigned to review the sponsor's application.
Status	Application Status changes based on an action by the sponsor or the State Agency. Draft – The application has not been started or is being worked on. Pending Review – The application has been submitted for State Agency approvals. Recall Requested – The sponsor/SFA has requested to recall the application for editing. Returned for Modification – The application was returned by the program specialist for sponsor/SFA edits. Ratified – All approvals received resulting in a ratified contract.
Version	The current application/contract version.
Confirmation Letter	Once uploaded by the DHW specialist, the contract approval letter will be available for viewing by the Sponsor/SFA.

C. Reviewing the Application Log

The **Application Log** will record activity throughout the approval process of the application including: submissions, recalls, returns, and final ratification. Click the hyperlink in the status column to view the log entries as they accumulate through the approval process.

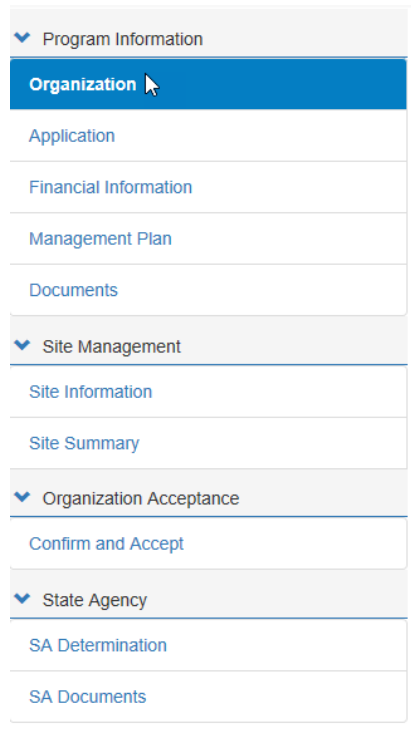
Sample Status Log:

Action Log Id: IC17181317 Version: All						
Version	Action	Comments	Modified By	Modified Date		
1	Approved			12/13/2017		
1	Approved			12/12/2017		
1	Pending Final Review			12/6/2017		
1	Submitted	Hello, I have corrected the invalid errors. Kindly, Cora		11/28/2017		
1	Returned for Modification	Please make the corrections indicated on the Financial Information and Application tabs. In addition, on the Financial Information tab, please answer the question on what BCC plans to do if the reimbursement exceeds cost.		11/1/2017		

◀ ▶ 1 2 ▶▶ 5 items per page 1 - 5 of 6 items ↻

D. Understanding the Application Pages

The left-side menu of the application is designed to guide the user through the application process. As sections are completed, a check mark will be added as a visual indicator of a completed section. Sections do not have to be completed in order; however, some information does prepopulate other sections of the application. These will be addressed when discussed.



E. Deleting an Application

1. If an application was selected in error, click on the **Program** name in the dashboard.

Program	Year	Specialist	Status	Version	Confirmation Letter
CACFP	2019		Draft	1	

- Then click on the **Delete** button lower left on any of the left-side menu sections.

The screenshot shows the 'Organization' page for 'Adventureland Day Nursery' for fiscal year 2019. The page is in 'Draft' status. The left sidebar contains a menu with 'Delete' highlighted at the bottom, indicated by a red arrow. The main form area contains the following sections:

- Tax ID:** 520601769, **DUNS:** 147219463, **SAMS Expiration Date:** 10/03/2018
- Main Contact:**
 - *First Name: [Empty], *Last Name: Brown, *Title: Ass't director
 - *Phone: (202) 722-0828, *Extension: [Empty], *Fax: (202) 722-5138, *Email: hannesbrown@yahoo.com
- Physical Address:**
 - *Address: 6320 16th ST NW, *City: Washington, *State: District of Columbia, *Zip Code: 20011, Ward: 4
- Mailing Address:**
 - Mailing address is same as the physical address.
 - *Address: 4015 Kansas Avenue NW, *City: Washington, *State: District of Columbia, *Zip Code: 20011, Ward: 4
- Payment Contact:**
 - Payment contact is same as the main contact.
 - *First Name: Thelma, *Last Name: B. Coler, *Title: Owner

At the bottom of the form are buttons for 'Prev Form', 'Save', 'Cancel', and 'Next Form'.

4. Completing the CACFP Independent Center (IC) Application

Click on the **Program** name in the dashboard.


The screenshot shows the dashboard for 'LAC Inc.' with filters for 'Year: Current' and 'Organization: LAC Inc.'. A 'Create / Renew Application' button is visible. Below is a table of applications:

Program	Year	Specialist	Status	Version	Confirmation Letter
CACFP	2019		Draft	1	

The 'CACFP' row is highlighted with a red box. The table has 5 items per page and 1 of 1 items.

A. Program Information

Organization

 **Warning!** The Organization information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

- Fill in the information as shown on the **Organization** page. Required fields are marked with a "red" asterisk.

- Add the DUNS number (9 digits) and the SAMS expiration date (the date cannot be in the past).
- Enter the Main Contact information, Physical, and Mailing Address. If the mailing is the same as the contact, click the checkbox to signify this is the case. (The Mailing Address fields will collapse.)

The screenshot shows the 'Organization' section of the CACFP Application form. The form is titled 'LAC Inc. FY: 2019 Draft' and is for 'Organization'. The fields are as follows:

- Tax ID:** 7777777
- DUNS:** 123123123
- SAMS Expiration Date:** 08/01/2020
- Main Contact:**
 - First Name:** Linda
 - Last Name:** Callahan
 - Title:** Owner
 - Phone:** (777) 888-9999
 - Extension:**
 - Fax:**
 - Email:**
- Physical Address:**
 - Address:** 1050 1st Street NE
 - City:** Washington
 - State:** District of Columbia
 - Zip Code:** 20002
 - Ward:** 6
- Mailing Address:**
 - Mailing address is same as the physical address.

- Enter the Payment Contact. If the payment contact is the same as the Main Contact, click the checkbox to signify this is the case. (The Payment Contact fields will collapse.)

The screenshot shows the 'Payment Contact' and 'Payment Address' sections of the CACFP Application form. The fields are as follows:

- Mailing Address:**
 - Mailing address is same as the physical address.
- Payment Contact:**
 - Payment contact is same as the main contact.
 - First Name:** Ben
 - Last Name:** Forjoe
 - Title:**
 - Phone:** (202) 281-1700
 - Extension:**
 - Fax:**
 - Email:** bforjoe@friendshipschools.org
- Payment Address:**
 - Use Physical Address
 - Use Mailing Address
 - Enter Different Address
 - Address:** 120 Q STREET NE
 - City:** WASHINGTON
 - State:** District of Columbia
 - Zip Code:** 20002
 - Ward:**
- Payment Method:**
 - Check
 - Direct Deposit

Navigation buttons: < Prev Form, Save, Cancel, Next Form >

- Choose the Payment address or add a new address. If an existing address is used the payment address fields will collapse.

- 6. Choose a Payment Method. The resulting form if checkboxes were employed will look like the following.

LAC Inc. FY: 2019 Draft Organization

Tax ID: 7777777 *DUNS: 123123123 *SAMS Expiration Date: 08/01/2020

Main Contact
*First Name: Linda *Last Name: Callahan *Title: Owner
*Phone: (777) 888-9999 Extension: Fax: Email:

Physical Address
*Address: 1050 1st Street NE *City: Washington *State: District of Columbia *Zip Code: 20002 Ward: 6

Mailing Address
 Mailing address is same as the physical address.


Payment Contact
 Payment contact is same as the main contact.

Payment Address
 Use Physical Address Use Mailing Address Enter Different Address

*Payment Method: Check Direct Deposit

- Enter the names and contact information of Authorized Signature(s) & Third Party Authorization individuals. Click the **Add Additional Authorization Contact** button to add all relevant individuals.



Note: If any contacts were added in error, use the delete  icon to remove them.

Program Information

- Organization
- Application
- Financial Information
- Documents
- Site Management
- Organization Acceptance
 - Confirm and Accept
- State Agency
 - SA Determination
 - SA Documents

LAC Inc. FY: 2019 Draft Organization

Payment Address

Use Physical Address Use Mailing Address Enter Different Address

*Payment Method: Check Direct Deposit

Authorized Signature(s) & Third Party Authorization

* Authorized Signer Third Party

*First Name: Eddie *Last Name: Callahan *Title: Treasurer

*Phone: (202) 555-1212 *Extension: *Email:

* Authorized Signer Third Party

*First Name: Millie *Last Name: Callahan *Title: Secretary

*Phone: (202) 555-1212 *Extension: *Email:

Add Additional Authorization Contact

- Answer the Federal Funding question with **Yes or No**.

Federal Funding

*Does the institution receive \$750,000 or more per year in total federal funding:

- Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

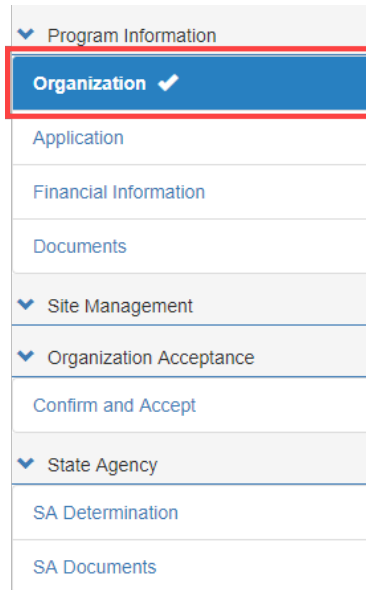
* Authorized Signer Third Party **Required**

*First Name: **Required**

*Last Name: Callahan

*Title: Secretary

10. Once saved, the left menu will show a completion checkmark for this page.

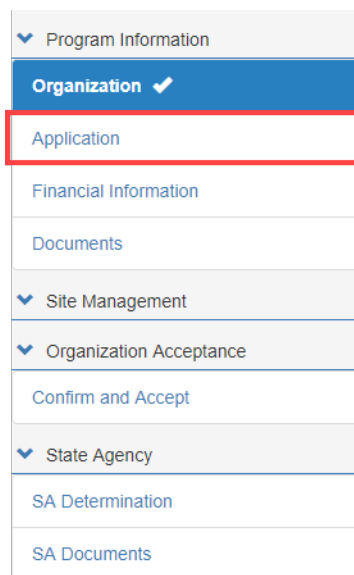


Application

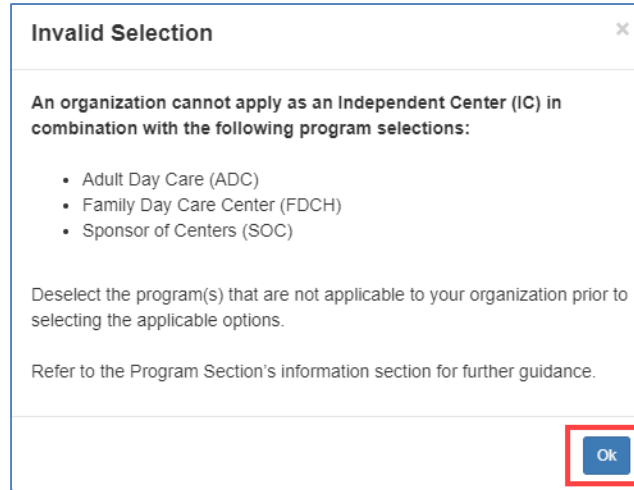


Warning! The Application information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Application** side menu option to complete the required application information or from the **Organization** page, click **Next Form >**.



2. Select the Food Program you will be delivering. If an incorrect is program selected, the system will guide the user into selecting the correct one. For example, if an organization first selects **Independent Center**, then clicks **Family Day Care Center**, the system will pop up the following warning.



3. Click **OK** to remove the selection.
4. Checkmark **Independent Center (IC)**, **At-Risk (ARC)** and **Healthy Tots Act (HTA)**.



5. Complete the **Primary CACFP and Authorized Representative** sections. If the Authorized Representative name and contact information is the same as the Primary CACFP contact, simply click the checkbox Same as Primary Contact .

LAC Inc. FY: 2019 Draft Application

Program Selection

Child and Adult Care Food Program (CACFP)
 Independent Center (IC)
 Family Day Care Center (FDCH)
 Sponsor of Centers (SOC)
 Adult Day Care (ADC)

At-Risk (ARC)
 Emergency Shelter
 Healthy Tots Act (HTA)
 Outside School Hours Care Center (OSHCC)

Primary CACFP Contact

*First Name:
 *Last Name:
 *Title:
 *DOB:

*Phone:
 Extension:
 Fax:
 Email:

Authorized Representative

Executive Director
 Corporate Official / Owner
 Military Commander

Same as Primary Contact

*First Name:
 *Last Name:
 *Title:
 *DOB:

*Phone:
 Extension:
 Fax:
 Email:

*Address:
 *City:
 *State:
 *Zip Code:

6. Answer the questions in the **Seriously Deficient Status** panel. At any time if **Yes** is selected, a text box will display and the Sponsor/SFA will need to explain the answer more fully.

Seriously Deficient Status

Seriously Deficient (SD):

* Has your institution or any person working for your institution, including board members and principal officers (e.g. Owner, Board President), ever been determined seriously deficient or currently declared seriously deficient in the District or any other State for its operation of any USDA Child Nutrition Program?

* If yes, please explain:

National Disqualified List (NDL):


* Has your institution or any person working for your institution, including board members ever been terminated or disqualified in the District or any other state from and USDA Child Nutrition Program other State for its operation of any USDA Child Nutrition Program?

7. In the **Public Notification** panel, click the Public Notification hyperlink to review program requirements. Then add the Media Outlet of the notification and the date it was/will be released.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#)

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Library / Documents and Templates.)

*Media Outlet: *Date Release was/will be sent to media: 

8. In the **Policy Statement Confirmation** panel, click the Policy Statement hyperlink to review the policy. Select **Accept** in the dropdown.

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. ▼

- a. If the Sponsor/SFA attempts to select **Accept** or **Decline** before launching the policy document the system will display the following message.
- b. Click **OK** to return.

The applicant must open and review the linked Policy Statement prior to accepting.

9. Launch the **Civil Rights Affirmation** statement, read, then close. The system will not let you answer the Civil Rights question without first opening the document.

Civil Rights Affirmation

*Please confirm that you have read and are in compliance with the [Civil Rights Affirmation Statement](#). ▼

10. Answer all the Pre-award Civil Rights questions.

LAC Inc. FY: 2019 Draft Application

Pre-award Civil Rights Questions

The information below must be provided by all participating organizations applying for the Child and Adult Care Food Program. Failure to provide this information will delay processing of the application.

* 1. Are there membership requirements as a prerequisite for enrollment? No

* 2. If prerequisites exist, is the participating organization open to all persons without regard to race, color, national origin, sex, disability, age, or reprisal or retaliation for the prior civil rights activity in any program or activity conducted or funded by USDA? (this is the only question where N/A is an acceptable answer). N/A

* 3. Does the participating organization offer benefits and services to all persons without regard to 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? Yes

* 4. Is the complete nondiscrimination statement included on all printed materials such as enrollments packets and forms or any other program materials distributed to the public and on websites? Are graphic materials inclusive 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? Yes

* 5. Are justice for All posters (the non discrimination poster) displayed at the point of service in each meal site? Yes

* 6. Has the participating organization taken all reasonable steps to ensure meaningful access to all meal sites for eligible participants from households comprised of limited English proficiency individuals? Yes

* 7. The State Agency provides annual training regarding civil rights. Is training provided by the participating organization to all new and current employees to assure that these persons are competent in civil rights enforcement or the operation of the program in a nondiscriminatory manner? Yes

* 8. Are disabled participants including those with special dietary needs, provided program benefits as appropriate? Yes

* 9. How many complaints or civil rights lawsuits have been filed against the institution? (If more than zero complaints have been filed - please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper federal authorities were notified. 0

Please explain:

11. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

12. Once saved, the left menu will show a completion checkmark for this page.


Program Information
Organization ✓
Application ✓
Financial Information
Documents
Site Management
Site Information
Site Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

Financial Information



Warning! The Financial information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.


1. Click on the **Financial Information** side menu option to complete the required financial information or from the **Application Page**, click **Next Form >**.

2. If the answer to the **Publicly Funded Program Participation** is **Yes**, list all programs/states and dates the program was funded. Use the **Add Fund Programs** button to add additional programs. If the program was added in error, use the Delete  icon.

LAC Inc. FY: 2019 Draft Financial Information

Publicly Funded Program Participation

*In the past seven (7) years, has the institution or its principals participated in any publicly funded program in any State? Yes

*Program Name *State *Start Date End Date Delete 

Add Fund Programs Add Fund Programs

- In the **Commodities** section, select **Accept** or **Decline** if your organization if accepting or declining cash-in-lieu of commodity payments.

Commodities

*Please indicate if your organization is accepting or declining to receive cash-in-lieu of commodity payments for reimbursable lunch and supper meals served in facilities.
Upon acceptance sponsoring organization(s) may not allocate any cash-in-lieu of commodity payments for administrative expenses. By accepting your organization agrees that all cash-in-lieu payments will be used to purchase food for Program use.

Accept

- In the **Reimbursement Exceeding Costs** panel, explain how surplus funds are used to support and improve food service operations. If no surplus funds are realized from year to year, use N/A.

Reimbursement Exceeding Costs

*Explain how surplus funds will be used to support and improve food service operations if CACFP reimbursements exceed costs.

New kitchen equipment and staff.

- Indicate whether your organization is For-profit, Non-profit or a Public Agency in the next panel, **Tax Information**.
- If your organization shares the same tax identification as a religious organization, list the organization's name, representative and phone number.

Tax Information

*Is your organization for-profit, non-profit, or public agency (i.e. military, government agency)?

For-profit Non-profit Public Agency

*Does this organization share the same tax identification as a religious organization?

Yes

* Religious Organization (RO) Name

* RO - Representative

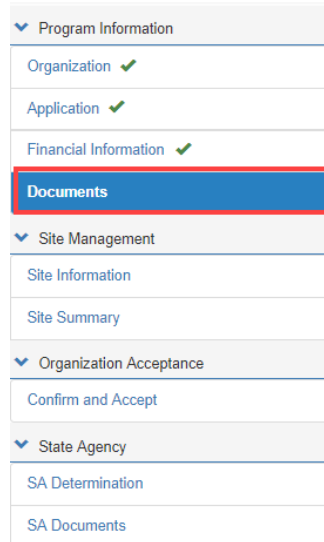
* Phone

- Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.
- Once saved, the left menu will show a completion checkmark for this page.


- Program Information
 - Organization ✓
 - Application ✓
 - Financial Information ✓**
 - Documents
- Site Management
 - Site Information
 - Site Summary
- Organization Acceptance
 - Confirm and Accept
- State Agency
 - SA Determination
 - SA Documents

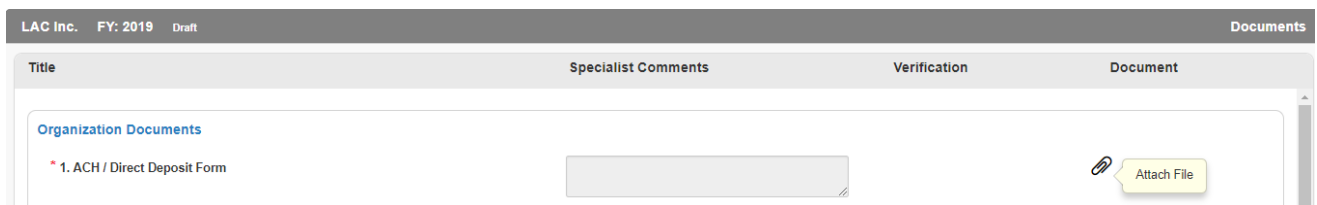
Documents

1. Click on the **Documents** side menu option to complete the required document uploads or from the **Financial Information** page, click **Next Form >**.

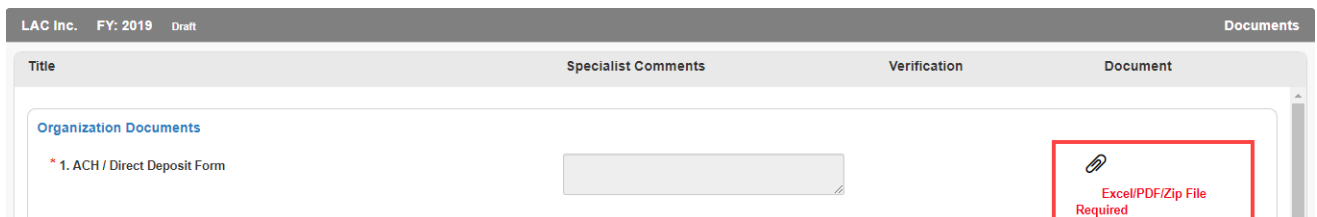




Note: Some required documents may be available in the *Library/Documents and Templates* option of the main menu. (See pages 7 thru 9 of this manual.)

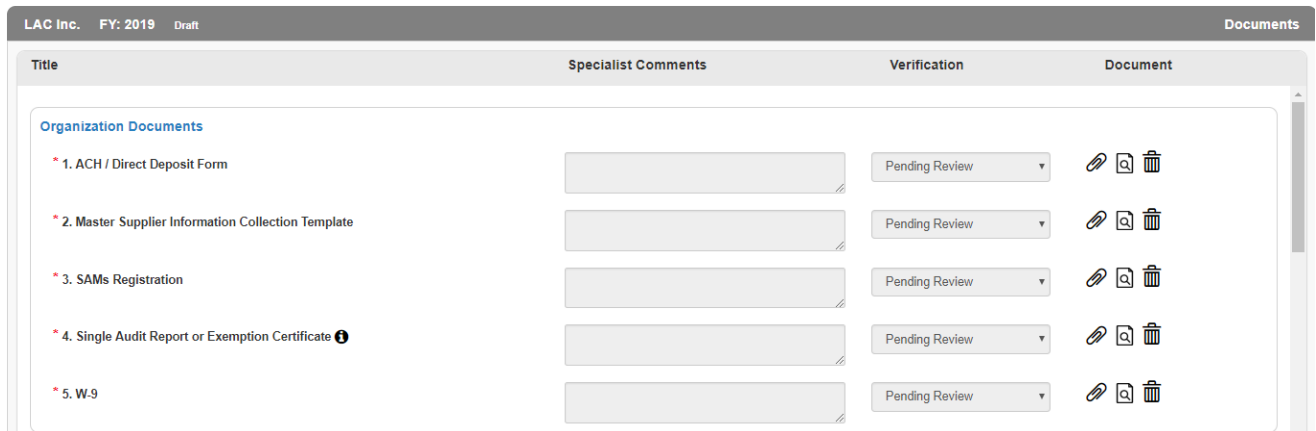
2. Upload the **Organization Documents** and the **Required Documents** in the areas provided using the paperclip  icon.




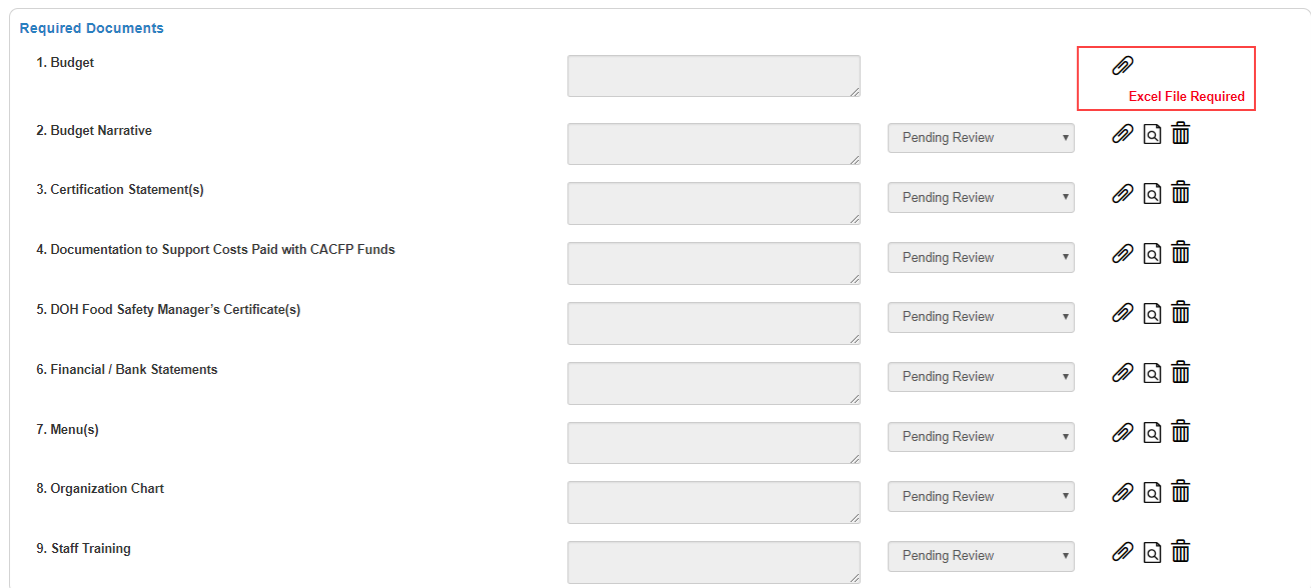
3. In the **Organization Documents** panel, files must be either Excel, PDF or Zip or the following message will appear after attempting to upload.




- Once uploaded, the user will have the option of viewing the document using the magnifying glass  or deleting the uploaded file using the delete  icon.




- For more information about the upload needed, click on the information  icon.
- Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
- If particular file formats are required, the system will also error as shown below.





8. Upload any supplemental documents to support your application. For example if you are participating in Adult Day Care (ADC) go to that section and upload the supporting document as shown below. Use the information  icons to more fully understand what to upload.

ADC Only

1. TXIX Medicaid Participation Documentation 

Pending Review ▼


9. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in “red” and show the word **Required** in red text or just show **Required**.
10. Once saved, the left menu will show a completion checkmark for this page.

▼ Program Information
Organization ✓
Application ✓
Financial Information ✓
Documents ✓
▼ Site Management
Site Information
Site Summary
▼ Organization Acceptance
Confirm and Accept
▼ State Agency
SA Determination
SA Documents

11. Once all the pages are complete in Program Information, click the Down Arrow to collapse the section.

▼ Program Information
Organization ✓
Application ✓
Financial Information ✓
Documents ✓
▼ Site Management
Site Information
Site Summary

B. Site Management

Site Information

1. Click on the **Site Information** side menu option to complete the required document uploads or from the **Documents** page, click **Next Form >**.


The screenshot shows a vertical menu with the following items:

- Program Information (with a right-pointing arrow)
- Site Management (with a downward-pointing arrow)
- Site Information** (highlighted with a red box)
- Site Summary
- Organization Acceptance (with a downward-pointing arrow)
- Confirm and Accept
- State Agency (with a downward-pointing arrow)
- SA Determination
- SA Documents



2. Each SFA/Sponsor site(s) will be in the list at the top of the form. Users can move back and forth between sites using the Prev Site and Next Site commands.

The screenshot shows the top of the form with the following elements:

- Header: LAC Inc. FY: 2019 Draft Site Information
- Navigation: < Prev Site (highlighted with a red box)
- Site Selection: LAC's Site (11018) (dropdown menu)
- Navigation: Next Site > (highlighted with a red box)

3. There are also six tabs to this form that will need information for each site: General, Meal Service Info, Enrollment, Management Plan, Documents and SA Site Approval. Begin with the General tab which is the default upon entering this form. When all sites have been addressed the system will show a  when trying to click Next Site >.



Note: When the site is complete, click **Next Site >** to begin entering the next site's data. The warning icon  will be visible for the site name until all tab information has been entered. Once entered the checkmark icon will display next to the site name .

General

LAC Inc. FY: 2019 Draft Site Information

◀ Prev Site LAC's Site (11018) ⚠ Next Site ▶

General Meal Service Info Enrollment Management Plan Documents Site SA Approval

*Is this site applying to participate in the CACFP? Yes No

* Site Type: ⓘ

Adult Day Care (ADC) Emergency Shelter

At-Risk (ARC) Head Start

Child Care Center (CCC) Outside School Hours Care Center (OSHCC)

*Tax Status: Non Profit

1. The default is **Yes** for the site participating in CACFP based on the application type.
2. Checkmark the **Site Type** based on selections made early in the application page.
3. Select either **Title XX** or **Title XIX** if appropriate. Once selected, additional information must be entered.

LAC Inc. FY: 2019 Draft Site Information

◀ Prev Site LAC's Site (11018) ⚠ Next Site ▶

General Meal Service Info Enrollment Management Plan Documents Site SA Approval

*Is this site applying to participate in the CACFP? Yes No

* Site Type: ⓘ

Adult Day Care (ADC) Emergency Shelter

At-Risk (ARC) Head Start

Child Care Center (CCC) Outside School Hours Care Center (OSHCC)

*Tax Status: For Profit (TXF)

*Monthly Eligibility Determined by:

Percentage of TitleXX Beneficiaries

Free/Reduced-Price Eligibility Percentage

ADC-Percentage of Title XIX Beneficiaries

6. If **Non-Profit**, no additional information is required.
7. Use the radio button in the next panel to select the **Affiliation Status**. If **Unaffiliated**, add the type of agreement with the sponsor. Answer the **Seriously Deficient** question posed.

*Affiliation Status: Affiliated Unaffiliated

*Type of agreement with Sponsor: Cash Non-Cash

*Seriously Deficient: ⓘ Yes No

8. The **Physical Address** of the site is entered by the DHS manager when the sponsor is set up. This information can be edited on this page.

Physical Address

*Address: *City: *State: *Zip Code: *Ward:

*Phone: Fax: Ext:

9. For **Area Eligible School**, enter the school name, free and reduced percentage, initial date of 5-year eligibility determination, and the address of the school.

Area Eligible School

School Name: F&R%: Initial Date of 5 Year Eligibility Determination:

Address: City: State: Zip Code: Ward:

10. Click the checkbox in the **Site Contact** area if the contact is the organization’s main contact entered on the Organization page; or, enter a new site contact name.

Site Contact

Same as the organization's main contact

*First Name: *Last Name: *Title:

*Phone: Fax: Email:

11. In the **Hours of Operation** panel, enter the school start and end times. If the program does not span a full year, enter the Start and End dates of program participation.

*Hours of Operation: *End:

*Dates of Program Operation: Year Round *Start: *End:

12. Enter the **Operating Days** the program is offered, the number of **Days of Food Service** per month the program is available, and indicate whether you adhere to Federal and District holiday closures.

*Operating Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Days of Food Service:

*Closed on all Federal and District Holidays:

List Dates for Holidays and Vacations:

13. Sponsor/SFAs must enter date for **Certification/Inspection Information** regarding Fire and Health inspections. As well as current **License Information** and the **DOH Certified Food**

Manager overseeing the program. Use the Add Additional Food Manager button to list multiple food managers.

The screenshot displays three sections of the application form:

- Certification/Inspection Information:** Includes fields for Fire Inspection Exp. Date (06/01/2018), Health Inspection Issue Date(s) (06/04/2018), and another date field (07/19/2018).
- License Information:** Includes a question "Does this site have a valid License?" with radio buttons for Yes, No, and Renewal Requested. It also has fields for License Type (Local Certification), License Number (111122222), Expiration Date (08/05/2021), License Capacity (40), Age Range for License Restriction, and Certifying Agency (District Food Authority).
- Department of Health (DOH) Certified Food Manager:** Includes a table with columns for Name (Linda Ann Callahan), Issue Date (02/02/2016), and Expiration Date (02/03/2020). There is a trash icon next to the entry and an "Add Additional Food Manager" button below.

At the bottom of the form, there are navigation buttons: "Prev Form", "Save", "Cancel", and "Next Form".

14. When all information has been entered on the **General** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word "required" in red and outline in red the field in question or error.




Note: Use the tabs to move through this section of the application. If **Next Form >** is clicked the system will move to the next left menu option.

Meal Service Info

1. Checkmark all USDA programs in which this site participates. If participation is outside USDA, enter the name of the sponsor and dates of sponsorship.

The screenshot shows the "Meal Service Info" tab selected in the application. It includes the following fields:

- Site Type** and **Tax Status** dropdown menus.
- USDA Program Participation:** A section with a heading "Select all USDA Programs this site participates in: N/A". Below this are several checkboxes for programs: NSLP, SBP, AASP, FFVP, SFSP, SSO, and SMP. The NSLP checkbox is checked.
- A note: "If this site participated in a different USDA program under another sponsor, within the last 12 months, provide:"
- Name of sponsor:** A text input field.
- Dates of Sponsorship:** Fields for Start (mm/dd/yyyy) and End (mm/dd/yyyy) dates.

2. Within the **Meal Service Schedule**, indicate if you are a **Local 5 Participant** then list the meal types to be served, the times and type of meal prep.
3. If multiple shifts are needed as in the case of Summer Camps, click the **Add Additional Shift** button and indicate the meal types to be served, the times and type of meal prep for the additional shift. Use the delete icon  if this button was clicked in error.

4. Lastly, explain your meal reimbursement procedures if the number of meals exceeds USDA regulations.

Meal Service Schedule

Reimbursement will only be issued for meals approved by the State Agency. Select the "meal type" to indicate which meals reimbursement will be requested. Also indicated all corresponding information regarding times served and meal preparation method. Sites utilizing vendors, School or Food Service Management Company, are required to submit contracts for new sites or if changes are being made to the previously submitted contract.

*Local 5 Participant? Yes No

*Meal Type	Start	*Service Time: End	Full Day 4	Offer vs. Serve	*Type of Meal Prep
<input checked="" type="checkbox"/> Breakfast	8:00 AM	10:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preparation in a central kitchen operated by the sponsor
<input checked="" type="checkbox"/> AM Supplement	10:30 AM	11:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Self-preparation
<input checked="" type="checkbox"/> Lunch	12:00 PM	2:00 PM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Preparation in a central kitchen operated by the sponsor
<input type="checkbox"/> PM Supplement			<input type="checkbox"/>	<input type="checkbox"/>	Select
<input type="checkbox"/> Supper			<input type="checkbox"/>	<input type="checkbox"/>	Select

Add Additional Shift

Vendor Name: DC Direct Food Service

Contract Exp. Date: 08/01/2018

Meal Reimbursement Procedure:

If more than two meals and one snack, or two snacks and one meal, are selected above, explain how the agency will ensure that reimbursement is not claimed for more than two meals and one snack, or two snacks and one meal, per child per day. (Emergency shelters are authorized to claim up to three meals per child per day.)

5. When all information has been entered on the **Meal Service Info** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word "required" in red and outline in red the field in question or error.

Enrollment

1. Enter the information on this tab after choosing the Enrollment **As of Date**. Then enter participants **Age Range** and **FRP** meal distribution in the fields provided.

LAC Inc. FY: 2019 Draft Site Information

Prev Site LAC's Site (11016) Next Site

General Meal Service Info **Enrollment** Management Plan Documents Site SA Approval

Site Type: At Risk Center, Head Start Tax Status: For Profit(TOX)

Enrollment Information **As of:** 08/01/2018

Age Range of Current Participants

From: 5 years To: 13 years

Free	Reduced	Paid	Total	F&R%
20	10	10	40	75.00%

- Based on selections made on the General tab, the fields in the next section may or may not be editable. If an error was made, return to the General tab, select the program then Save. The fields in this section will adjust.

Child Care Center, Head Start	<input type="text" value="5"/>
No. of disabled participants 13 through 18 years old	<input type="text" value="2"/>
No. of disabled participants 18 years and older	<input type="text" value="0"/>
If infants (birth up to one year of age) are not currently enrolled or participating, does the institution plan to serve infants within the next year?	<input type="text" value="No"/>
Outside School Hours Care Center (OSHCC)	<input type="text" value="0"/>
At Risk Center & Emergency Shelter	<input type="text" value="30"/>
Adult Day Care	<input type="text" value="0"/>
No. of non-functionally disabled participants 60 years and older	<input type="text" value="0"/>
No. of functionally disabled participants 18 years and older	<input type="text" value="0"/>

- Complete the **Civil Rights Information** in the fields provided. Enter the Ethnicity information then indicate the population source. If ward is selected, you must enter the ward number.

Child Care Center, Head Start	<input type="text" value="5"/>
No. of disabled participants 13 through 18 years old	<input type="text" value="2"/>
No. of disabled participants 18 years and older	<input type="text" value="0"/>
If infants (birth up to one year of age) are not currently enrolled or participating, does the institution plan to serve infants within the next year?	<input type="text" value="No"/>
Outside School Hours Care Center (OSHCC)	<input type="text" value="0"/>
At Risk Center & Emergency Shelter	<input type="text" value="30"/>
Adult Day Care	<input type="text" value="0"/>
No. of non-functionally disabled participants 60 years and older	<input type="text" value="0"/>
No. of functionally disabled participants 18 years and older	<input type="text" value="0"/>

- When all information has been entered on the **Enrollment** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word **“required”** in red and outline in red the field in question or error.

Management Plan

1. Enter the names and titles of the individuals responsible for the listed administrative duties and recordkeeping.

The screenshot shows the 'Management Plan' tab in a web application. The 'Administrative Duties/Record Keeping' section lists eight tasks, each with a corresponding text input field for the staff member's name and title. The tasks and their assigned staff are as follows:

Task	Name(s)/Title
1. Approves and maintains Income Eligibility Statements (IES)	Millie Callahan/Secretary
2. Completes CACFP Financial Report and maintains programs fiscal ledgers, receipts, invoices, etc.	Eddie Callahan/Treasurer
3. Completes the weekly HACCP Manager's Self-Inspection checklist	Linda Callahan/Owner
4. Completes/maintains participant(s) attendance records	June Callahan/Registrar
5. Maintains a master enrollment list that corresponds with IES forms on file	June Callahan/Registrar
6. Maintains centralized archive CACFP records consisting of three(3) years plus the current year	Millie Callahan/Secretary
7. Maintains record of Title XIX and/or Title XX payments	Eddie Callahan/Treasurer
8. Prepares monthly claim forms & or submits CACFP information to sponsor for preparing the monthly claim	Millie Callahan/Secretary

2. Enter the names and titles of the individuals responsible for the listed food service duties and tasks.

The screenshot shows the 'Food Service Duties/Tasks' section in a web application. The 'Food Service Duties/Tasks' section lists eight tasks, each with a corresponding text input field for the staff member's name and title. The tasks and their assigned staff are as follows:

Task	Name(s)/Title
1. Completes production records (quantity of food prepared)	Oliver Callahan/Supervisor
2. Completes/maintains participant(s) attendance records	Millie Callahan/Secretary
3. Maintains daily delivery tickets	Pete Callahan/Warehouseman
4. Menu - maintains daily menus to ensure CACFP meal pattern compliance	Louie Callahan/Chef
5. Menu - records appropriate menu substitutions as needed	Louie Callahan/Chef
6. Prepares meals	Louie Callahan/Chef
7. Serves Meals	Abby Callahan/Server
8. Takes meal count at the point of service (i.e. when each meal/snack is served)	Abby Callahan/Server

3. When all information has been entered on the **Management Plan** tab, click **Save**. If any errors or missing required information is encountered the system will identify these areas with the word "required" in red and outline in red the field in question or error.

Documents

Upload any supplemental documents identified for the programs selected on the General tab of the application. Add any notes you want the specialist to review regarding the uploaded documents.

Title	Specialist Comments	Verification	Document
Supplemental Documents			
1. Head Start Agreement	<input type="text"/>	Pending Review	
2. Healthy Tots Enhanced Reimbursement Selection Form	<input type="text"/>		
3. Pre-approval Visit Review Form	<input type="text"/>	Pending Review	
4. Provider Transfer Request	<input type="text"/>		
5. Notice of Temporary Deferral of Serious Deficiency Determination	<input type="text"/>		
6. Termination Notice (for Cause or Convenience)	<input type="text"/>		
7. Misc.	<input type="text"/>		

Notes

1. Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
2. If particular file formats are required, the system will error.
3. When all information has been entered on the **Documents** tab, click **Save**. If any errors or missing required information is encountered the system will identify these areas with the word “required” in red and outline in red the field in question or error.

Site SA Approval

See Section 8 of this manual.

Site Summary

1. Click on the **Site Summary** side menu option.

Program Information

- Site Management
 - Site Information ✓
 - Site Summary**
- Organization Acceptance
 - Confirm and Accept
- State Agency
 - SA Determination
 - SA Documents

2. The information in the **Site Summary** page is a culmination of the information provided in the Site Information pages for a quick review by the approving Specialist. It quickly shows the sites that are participating in the CACFP program. The site information must be entered first to generate this summary.

Sample Site Summary:

Adventureland Day Nursery FY: 2019 Pending Review Site Summary

Site List

Total Sites: 4 Eligible Sites: 0 Active Sites: 4

Site Name	Status	Applying	Active	Site Type	Tax Status
Adventureland Day Nursery II		Yes	Yes	CCC	For Profit(TXX)
Adventureland I		Yes	Yes	CCC	For Profit(TXX)
Adventureland II		Yes	Yes	CCC	For Profit(TXX)
Adventureland Day Nursery		Yes	Yes	CCC	For Profit(TXX)

Items per page: 5 1 - 4 of 4 items

Service Days

Monday: 2 Tuesday: 2 Wednesday: 2 Thursday: 2 Friday: 2 Saturday: 0 Sunday: 0

Site Type(s)

Number of Sites Operating:	Affiliated	Unaffiliated	Number of Sites Operating the following:
Adult Day Care (ADC)	0	0	For Profit (TXX)
At Risk Center (ARC)	0	0	For Profit (TXX)
Child Care Center (CCC)	2	0	Non Profit
Emergency Shelter	0	0	
Head Start	0	0	
Outside School Hours Care Center (OSHCC)	0	0	

Meal Service

Number of Sites Serving the following meal type(s):	USDA Program Participation
Breakfast: 2	Number of Sites Operating the following:
AM Supplement: 0	NSLP: 0 SFSP: 0
Lunch: 2	SBP: 0 SSO: 0
PM Supplement: 2	ASSP: 0 SMP: 0
Supper: 0	FFVP: 0

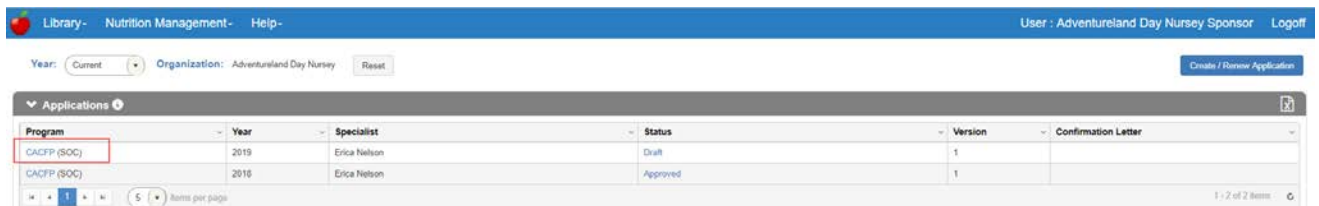
Local Program Participation

Number of Sites Operating the following:	Agreement Type	Additional Information
Full Day 4: 0	Number of Sites with the following:	Number of Sites Operating the following:
HTA Local 5: 2	Cash Agreement: 0	Offer Vs Serve: 0
	Non-Cash Agreement: 0	Seriously Deficient: 0
		Sites with multiple meal shifts: 0

Prev Form Save Cancel Next Form

5. Completing the CACFP Sponsor of Centers (SOC) Application

Click on the **CACFP Program** name in the dashboard.



Program	Year	Specialist	Status	Version	Confirmation Letter
CACFP (SOC)	2019	Erica Nelson	Draft	1	
CACFP (SOC)	2018	Erica Nelson	Approved	1	

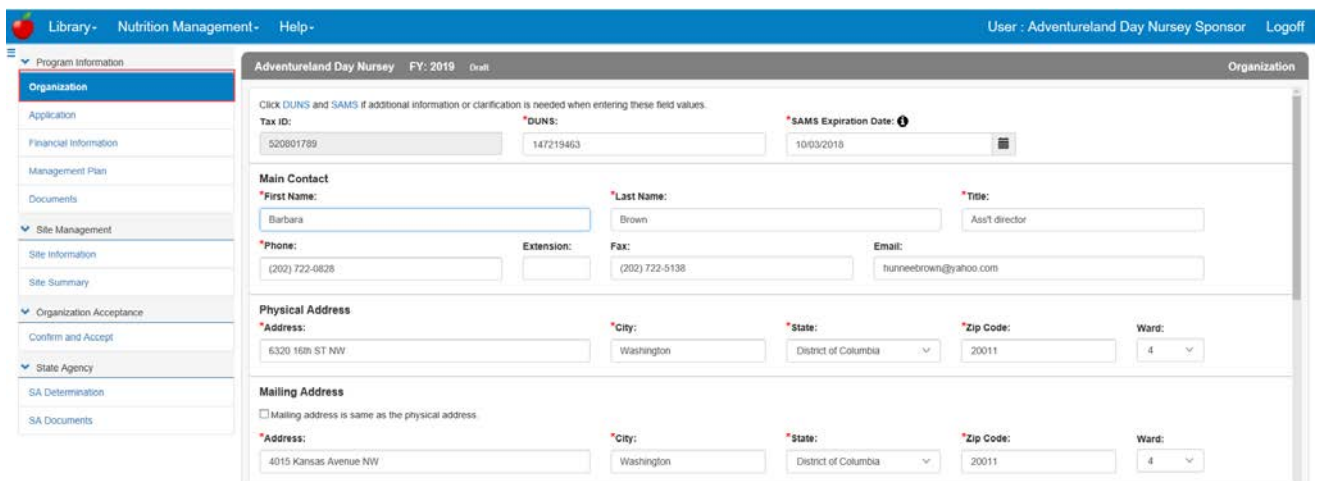
A. Program Information

Organization



Warning! The Organization information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Fill in the information as shown on the **Organization** page. Required fields are marked with a “red” asterisk.
2. Add the DUNS number (9 digits) and the SAMS expiration date (the date cannot be in the past).
3. Enter the Main Contact information, Physical, and Mailing Address. If the mailing is the same as the contact, click the checkbox to signify this is the case. (The Mailing Address fields will collapse.)



Adventureland Day Nursey FY: 2019 Draft

Click DUNS and SAMS if additional information or clarification is needed when entering these field values.

Tax ID: 520801789 *DUNS: 147219463 *SAMS Expiration Date: 10/03/2018

Main Contact

*First Name: Barbara *Last Name: Brown *Title: Ass't director

*Phone: (202) 722-0628 *Extension: *Fax: (202) 722-5138 *Email: huneebrown@yahoo.com

Physical Address

*Address: 6320 16th ST NW *City: Washington *State: District of Columbia *Zip Code: 20011 *Ward: 4

Mailing Address

Mailing address is same as the physical address.

*Address: 4015 Kansas Avenue NW *City: Washington *State: District of Columbia *Zip Code: 20011 *Ward: 4

4. Enter the **Payment Contact**. If the payment contact is the same as the Main Contact, click the checkbox to signify this is the case. (The Payment Contact fields will collapse.)

The Planning Council FY: 2019 Draft Organization

Mailing Address
 Mailing address is same as the physical address.
 *Address: 5365 Robin Hood RD *City: Norfolk *State: Virginia *Zip Code: 23513 Ward: [dropdown]

Payment Contact
 Payment contact is same as the main contact.
 *First Name: Kimberly *Last Name: Malone *Title: [dropdown]
 *Phone: (757) 622-9268 Extension: [dropdown] Fax: [dropdown] Email: kmalone@theplanningcouncil.org

Payment Address
 Use Physical Address Use Mailing Address Enter Different Address
 *Address: 5365 Robin Hood RD *City: Norfolk *State: Virginia *Zip Code: 23513 Ward: [dropdown]
 *Payment Method: Check Direct Deposit

5. Choose the **Payment Address** or add a new address. If an existing address is used the payment address fields will collapse.
6. Choose a **Payment Method**. The resulting form if checkboxes were employed will look like the following.

LAC Inc. FY: 2019 Draft Organization

Tax ID: 7777777 *DUNS: 123123123 *SAMS Expiration Date: 08/01/2020

Main Contact
 *First Name: Linda *Last Name: Callahan *Title: Owner
 *Phone: (777) 888-9999 Extension: [dropdown] Fax: [dropdown] Email: [dropdown]

Physical Address
 *Address: 1050 1st Street NE *City: Washington *State: District of Columbia *Zip Code: 20002 Ward: 6


Mailing Address
 Mailing address is same as the physical address.

Payment Contact
 Payment contact is same as the main contact.

Payment Address
 Use Physical Address Use Mailing Address Enter Different Address
 *Payment Method: Check Direct Deposit

7. Enter the names and contact information of Authorized Signature(s) & Third Party Authorization individuals. Click the **Add Additional Authorization Contact** button to add all relevant individuals. When identifying the **Official Designee**, a date of birth for this individual is required.



Note: If any contacts were added in error, use the delete  icon to remove them.

Authorized Signature(s) & Third Party Authorization

Authorized Signer Third Party Official Designee

*First Name: *Last Name: *Title:

*Phone: Extension: Email: 

Add Additional Authorization Contact

8. Answer the Federal Funding question with Yes or No.

Federal Funding

*Does the institution receive \$750,000 or more per year in total federal funding:

[← Prev Form](#) [Save](#) [Cancel](#) [Next Form →](#)

9. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in “red” and show the word **Required**, in red text or just show **Required**.

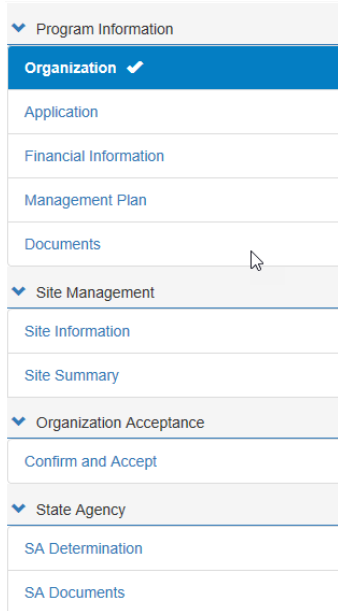
Payment Contact

Payment contact is same as the main contact.

*First Name: *Last Name: *Title:

*Phone: Extension: Fax: Email:

10. Once saved, the left menu will show a completion checkmark for this page.

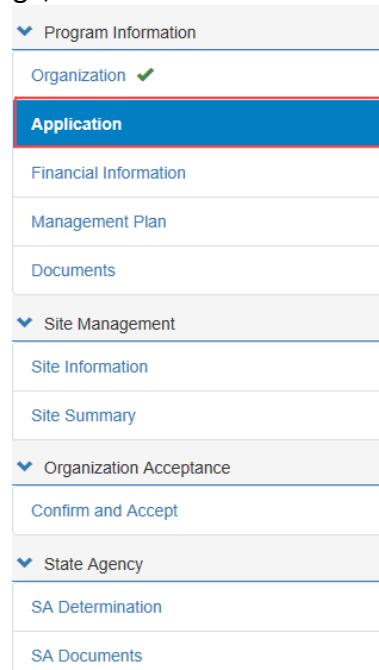


Application

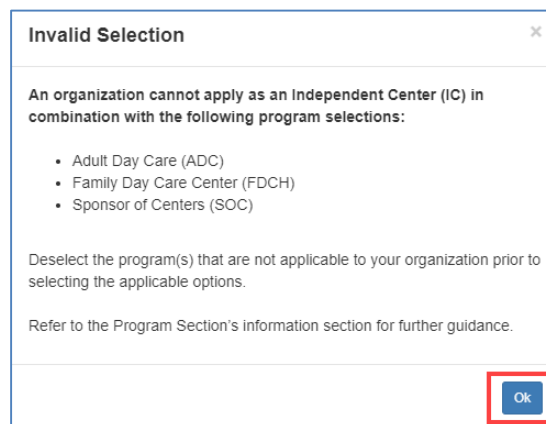


Warning! The Application information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Application** side menu option to complete the required application information or from the **Organization** page, click **Next Form >**.



2. Select the Food Program you will be delivering. If an incorrect is program selected, the system will guide the user into selecting the correct one. For example, if an organization first selects **Independent Center**, then clicks **Family Day Care Center**, the system will pop up the following warning.



3. Click **OK** to remove the selection.
4. The CACFP selection will prefill based on the application selected.
5. Checkmark **Sponsor of Centers (SOC)**.

Adventureland Day Nursey FY: 2019 Draft Application

Program Selection

Child and Adult Care Food Program (CACFP)
 Independent Center (IC)
 Family Day Care Center (FDCC)
 Sponsor of Centers (SOC)
 Adult Day Care (ADC)

At-Risk (ARC)
 Emergency Shelter
 Healthy Tots Act (HTA)
 Outside School Hours Care Center (OSHCC)

6. Complete the **Primary CACFP and Authorized Representative** sections. If the Authorized Representative name and contact information is the same as the Primary CACFP contact, simply click the checkbox Same as Primary Contact.

Primary CACFP Contact

*First Name: Brenda
 *Last Name: Brown
 *Title: FSM
 *DOB: 01/31/1966

*Phone: (202) 213-0548
 Extension:
 Fax: (202) 722-5138
 Email: hunnecbrown@yahoo.com

Authorized Representative

Executive Director
 Corporate Official / Owner
 Military Commander

Same as Primary Contact

*First Name: Theima
 *Last Name: Cofer
 *Title: Owner
 *DOB: 10/27/1929

*Phone: (202) 722-0828
 Extension:
 Fax: (202) 722-5138
 Email: adventureland_cofer1@verizon.net

*Address: 4015 Kansas Ave NW
 *City: Washington
 *State: District of Columbia
 *Zip Code: 20011

7. Answer the questions in the **Seriously Deficient Status** panel. At any time if **Yes** is selected, a text box will display and the Sponsor/SFA will need to explain the answer more fully.

Seriously Deficient Status

Seriously Deficient (SD):
 * Has your institution or any person working for your institution, including board members and principal officers (e.g. Owner, Board President), ever been determined seriously deficient or currently declared seriously deficient in the District or any other State for its operation of any USDA Child Nutrition Program? Yes ▾

* If yes, please explain:


National Disqualified List (NDL):
 * Has your institution or any person working for your institution, including board members ever been terminated or disqualified in the District or any other state from and USDA Child Nutrition Program other State for its operation of any USDA Child Nutrition Program? No ▾

8. In the **Public Notification** panel, click the Public Notification hyperlink to review program requirements. Then add the Media Outlet of the notification and the date it was/will be released.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#).

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Library / Documents and Templates.)

*Media Outlet: *Date Release was/will be sent to media: 

9. In the **Policy Statement Confirmation** panel, click the Policy Statement hyperlink to review the policy. Select **Accept** in the dropdown.

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. Accept ▾

- c. If the Sponsor/SFA attempts to select **Accept** or **Decline** before launching the policy document the system will display the following message.
- d. Click **OK** to return.

The applicant must open and review the linked Policy Statement prior to accepting.

Ok

10. Launch the **Civil Rights Affirmation** statement, read, then close. The system will not let you answer the Civil Rights question without first opening the document.

Civil Rights Affirmation

*Please confirm that you have read and are in compliance with the [Civil Rights Affirmation Statement](#).

Accept

11. Answer all the **Pre-award Civil Rights** questions.

LAC Inc. FY: 2019 Draft Application

Pre-award Civil Rights Questions

The information below must be provided by all participating organizations applying for the Child and Adult Care Food Program. Failure to provide this information will delay processing of the application.

* 1. Are there membership requirements as a prerequisite for enrollment? No

* 2. If prerequisites exist, is the participating organization open to all persons without regard to race, color, national origin, sex, disability, age, or reprisal or retaliation for the prior civil rights activity in any program or activity conducted or funded by USDA? (this is the only question where N/A is an acceptable answer). N/A

* 3. Does the participating organization offer benefits and services to all persons without regard to 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? Yes

* 4. Is the complete nondiscrimination statement included on all printed materials such as enrollments packets and forms or any other program materials distributed to the public and on websites? Are graphic materials inclusive 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? Yes

* 5. Are justice for All posters (the non discrimination poster) displayed at the point of service in each meal site? Yes

* 6. Has the participating organization taken all reasonable steps to ensure meaningful access to all meal sites for eligible participants from households comprised of limited English proficiency individuals? Yes

* 7. The State Agency provides annual training regarding civil rights. Is training provided by the participating organization to all new and current employees to assure that these persons are competent in civil rights enforcement or the operation of the program in a nondiscriminatory manner? Yes

* 8. Are disabled participants including those with special dietary needs, provided program benefits as appropriate? Yes

* 9. How many complaints or civil rights lawsuits have been filed against the institution? (If more than zero complaints have been filed - please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper federal authorities were notified. 0

Please explain:

12. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

13. Once saved, the left menu will show a completion checkmark for this page.

Program Information
Organization ✓
Application ✓
Financial Information
Management Plan
Documents
Site Management
Site Information
Site Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents


Financial Information



Warning! The Financial information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Financial Information** side menu option to complete the required financial information or from the **Application** Page, or click **Next Form >**.

Program Information
Organization ✓
Application ✓
Financial Information
Management Plan
Documents
Site Management
Site Information
Site Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

- If the answer to the **Publicly Funded Program Participation** is **Yes**, list all programs/states and dates the program was funded. Use the **Add Fund Programs** button to add additional programs. If the program was added in error, use the Delete  icon.

Adventureland Day Nursey FY: 2019 Draft Financial Information

Publicly Funded Program Participation

*In the past seven (7) years, has the institution or its principals participated in any publicly funded program in any State?

No

- In the **Commodities** section, select **Accept** or **Decline** if your organization if accepting or declining cash-in-lieu of commodity payments.

Commodities

*Please indicate if your organization is accepting or declining to receive cash-in-lieu of commodity payments for reimbursable lunch and supper meals served in facilities. Upon acceptance sponsoring organization(s) may not allocate any cash-in-lieu of commodity payments for administrative expenses. By accepting your organization agrees that all cash-in-lieu payments will be used to purchase food for Program use.

Accept

- In the **Reimbursement Exceeding Costs** panel, explain how surplus funds are used to support and improve food service operations. If no surplus funds are realized from year to year, use N/A.

Reimbursement Exceeding Costs

*Explain how surplus funds will be used to support and improve food service operations if CACFP reimbursements exceed costs.

New kitchen equipment and staff.

- Indicate your **Accounting Method** used to report expenses and income.

Accounting Method

*Which accounting methods is your organization utilizing to consistently report expenses and income?

Accrual Cash Modified Accrual

- Indicate whether your organization is For-profit, Non-profit or a Public Agency in the next panel, **Tax Information**.

- If your organization shares the same tax identification as a religious organization, list the organization's name, representative and phone number.

Tax Information

*Is your organization for-profit, non-profit, or public agency (i.e. military, government agency)?

For-profit Non-profit Public Agency

*Does this organization share the same tax identification as a religious organization?

Yes

* Religious Organization (RO) Name: St. Phillips

* RO - Representative: Reverend Joseph Longview

* Phone: (202) 555-1212

- Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

9. Once saved, the left menu will show a completion checkmark for this page.

Program Information
Organization ✓
Application ✓
Financial Information ✓
Management Plan
Documents
Site Management
Site Information
Site Summary
Organization Acceptance
Confirm and Accept
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SA Determination
SA Documents

Management Plan



Warning! The Management Plan information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Management Plan** side menu option to complete the required management information or from the **Financial Information** Page, or click **Next Form >**.

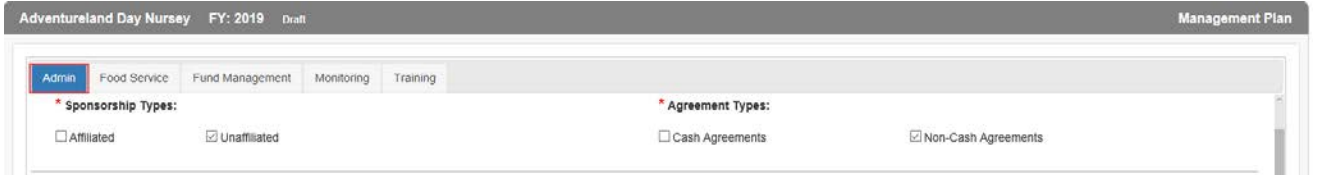
Program Information
Organization ✓
Application ✓
Financial Information ✓
Management Plan
Documents
Site Management
Home Information
Home Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

2. The management plan consists of five tabs that must be completed by the Sponsor/SFA.

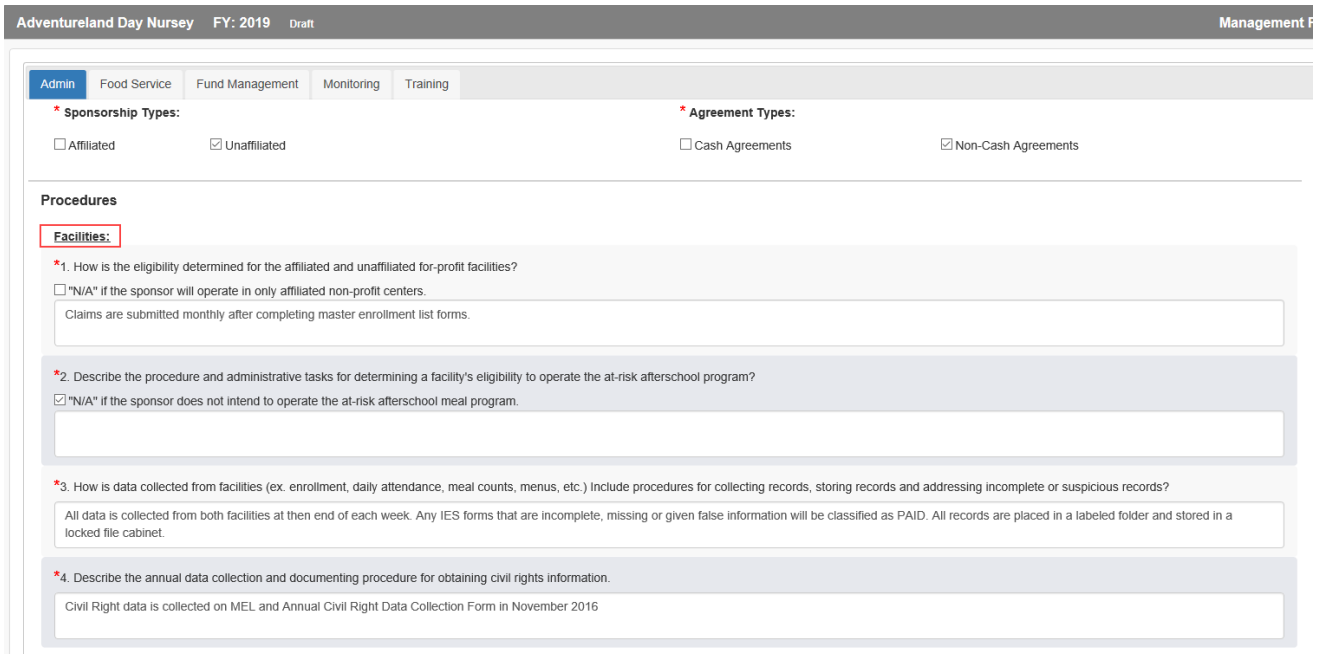


Admin

1. Click on the **Admin** tab.
2. Enter the sponsorship and agreement types in the first section.



3. Enter a complete answer for each of the questions listed.



- Next, enter the name(s) and title(s) of the responsible individuals for record keeping; and then click **Save**.

Duties/Record Keeping ⓘ	Name(s)/Title
Approves and maintains Income Eligibility Statements (IES)	Eddie Callahan/Owner
Conducts pre-approval and monitoring visits	Millie Callahan/Secretary
Completes CACFP Financial Report and maintains program's fiscal ledgers, receipts, invoices, etc.	Pete Callahan/Treasurer
Completes the weekly HACCP Manager's Self-Inspection Checklist	Linda Callahan/Executive Director
Completes/maintains participant(s) attendance records	Linda Callahan/Executive Director
Maintains a master enrollment (MEL) list that corresponds with IES forms on file	Millie Callahan/Secretary
Maintains centralized archive CACFP records consisting of three (3) years plus the current year.	Eddie Callahan/Owner
Maintains record of Title XIX and/or Title XX payments	Pete Callahan/Treasurer
Prepares monthly claim form and/or submits CACFP reimbursement request	Linda Callahan/Executive Director

Food Service

- Click on the **Food Service** tab.
- Click the **Sponsor** radio button.
- Enter the name(s) and title(s) of the responsible individuals for food service; and then click **Save**.

Adventureland Day Nursey FY: 2019 Draft Management Plan

Admin **Food Service** Fund Management Monitoring Training

Indicate who will perform the duties listed below: Sponsor Facilities / Homes

Food Service Duties / Tasks ⓘ	Name & Title
Assembles deliveries	Jane Doe
Completes production records (quantity of food prepared)	John Doe
Completes/maintains participant(s) meal count	Mary Doe
Delivers Meals	Doe Doe
Completes production records (quantity of food prepared) Maintains daily delivery tickets	Sam Doe
Menus - maintains daily menus to ensure CACFP meal pattern compliance	Jane Doe
Menus - records appropriate menu substitutions as needed	Carol Doe
Prepares Meals	Pete Doe

Fund Management

1. Click on the **Fund Management** tab.



Note: If the SOC applicants have marked a Sponsorship type of "Affiliated" OR "Unaffiliated" with "Non-Cash Agreements" on the Admin page of the Management Plan, they are required to respond to the Disbursement and Collection of Funds questions numbers 6. And 7. If the applicants chose Cash Agreements with any sponsor type, they will be only see questions 1 through 5.

2. Enter a complete answer for each of the questions listed.

Adventureland Day Nursey FY: 2019 **Final** Management Plan

Admin Food Service **Fund Management** Monitoring Training

Disbursement and Collection of Funds

*1. Payment Disbursement
Describe the system and procedure(s) in place for disbursing CACFP reimbursements within five (5) business days of receipt from the State Agency.
Text

*2. Payment Reconciliation
Describe the system and procedure(s) in place for reconciling CACFP claims and reimbursements.
Text

*3. Collection of Administrative Payments
Describe the sponsoring organization's system for collecting payment from facilities for administering CACFP
NOTE: Not more than 15 percent of CACFP meal reimbursements, not including the cash-in-lieu of commodity payments, may be counted toward administrative costs.
Text

*4. Monitoring Food Service Costs
Describe the system and procedure(s) for monitoring the food service costs at each facility.
Text

*5. Reimbursement Exceeding Food Service Costs
Describe the system and procedure(s) in place to ensure that reimbursements (less administrative payments made to the sponsoring organization) in excess of food service costs at each facility are reinvested in that facility's food service operations. Provide examples of how such funds would be used.
Text

3. Required if check marking **Non-Cash Agreements**.

*6. Monitoring Administrative Expenses
Describe the system and procedure(s) in place for monitoring CACFP-related administrative expenses and ensuring that no more than 15 percent of meal reimbursements are allocated for administrative expenses.
There are no administrative expenses all CACFP monies goes straight to vendor.

*7. Monitoring Food Service and Overall CACFP-Related Expenses
Describe the system and procedure(s) in place for monitoring the food service and overall CACFP-related expenses.
Reimbursement from CACFP are deposited into an Adventureland account. Mrs. Cofer then writes a check to caterer. CACFP reimbursement are not enough to cover invoices due, therefore Mrs. Cofer has to pay balance of invoices from Adventureland budget.

4. Click **Save** to save the information on this form.

Monitoring

1. Click on the **Monitoring** tab.
2. Check mark all boxes to certify that your organization will complete the required monitoring at each site(s).
3. The **Facility Monitoring Schedule** is populated as each of the home(s) monitoring schedules are entered into the **Site Information** form.
4. Click **Save** to save the information on this form.

Adventureland Day Nursey FY: 2019 Draft Management Plan

Admin Food Service Fund Management **Monitoring** Training

Monitoring Requirements

Check all boxes below to certify that your organization will complete the required monitoring at each site

- Prior to beginning CACFP operation, Pre-operational visits will be completed at new sites, sites that have moved to a new location, and sites closed for more than one month. The most current CACFP Site Pre-operational Visit Form will be used to complete these pre-operational visits unless the State Agency (SA) has approved another form.
- The first site review of new sites and those that have moved to new locations will be completed during the sites first four (4) weeks of CACFP operation.
- Each site operating the CACFP will be reviewed at least three (3) times each year. The most current CACFP Site Review Form will be used unless the State Agency (SA) has approved another form.
- A minimum of two (2) of the three (3) annual site reviews will be unannounced (no prior notification), and at least one (1) of the unannounced reviews will include a meal service observation where participants are present.
- No more than six (6) months will lapse between site reviews.

Facility Monitoring Schedule

Site Name	Pre-Approval Visit	1st Visit	2nd Visit	3rd Visit
Adventureland I	10/03/2016	09/12/2018	09/13/2018	09/14/2018
Adventureland II	10/03/2016	09/17/2018	09/18/2018	09/19/2018

1 5 items per page 1 - 2 of 2 items

Training

1. Click on the **Training** tab.
2. Check mark the boxes to certify training will be completed by all staff.

The Planning Council FY: 2019 Draft Management Plan

Admin Food Service Fund Management Monitoring **Training**

Annual Training Requirements

Check all boxes below to certify that your organization will complete the required annual training to all key staff members.

Key staff is defined as any staff member with primary responsibilities for the operation of the CACFP and / or maintenance of the records that support the monthly reimbursement claim and compliance with any other CACFP requirement, including those who have monitoring responsibilities.

- New staff will be trained on the CACFP requirements pertinent to their assigned tasks prior to being held responsible for compliance
- Current staff will be trained on the CACFP requirements pertinent to their assigned tasks at least once each Federal Fiscal Year (October 1 – September 30)
- CACFP training will, at minimum, include instruction, as applicable to each staff's assigned tasks, on the following seven (7) required areas (as specified by federal regulation 7 CFR 226.15(e) (14)): CACFP meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements, the reimbursement system, and civil rights requirements.
- Records of staff training will include the following: training date(s) and location(s), topics covered, copies of materials used, and names of attending staff including the site they are from.

- Enter the Trainers’ names and titles that will be conducting each session; and enter the scheduled training dates.

Training Schedule	Trainers Name & Title	Schedule Training Date
1. Approval and monitoring procedures	William Collins/Education Specialist	10/29/2018
2. Budget / Sponsor financial records and reporting	William Collins/Education Specialist	11/12/2018
3. Civil rights	William Collins/Education Specialist	12/03/2018
4. Claim submission procedures	William Collins/Education Specialist	12/10/2018
5. Daily attendance records	William Collins/Education Specialist	12/17/2018
6. Daily meal count records	William Collins/Education Specialist	12/24/2018
7. Enrollment records	William Collins/Education Specialist	01/21/2019
8. Food safety and sanitation	William Collins/Education Specialist	01/16/2019
9. Food service records	William Collins/Education Specialist	01/18/2019
10. Meal service procedures	William Collins/Education Specialist	01/30/2019
11. Menus	William Collins/Education Specialist	01/31/2019

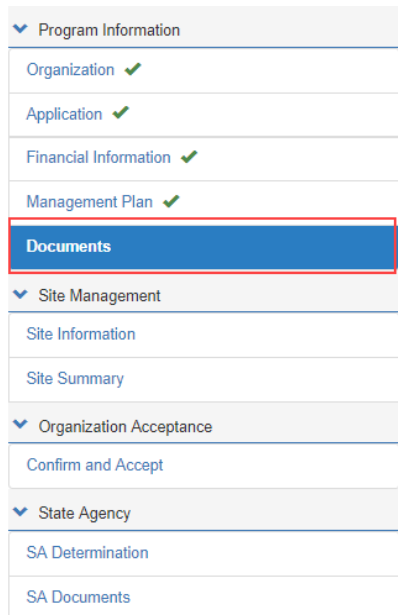
- Click **Save** to save the information on this form.

- Once saved, the left menu will show a completion checkmark for this page.


<ul style="list-style-type: none"> Program Information <ul style="list-style-type: none"> Organization ✓ Application ✓ Financial Information ✓ Management Plan ✓ Documents Site Management <ul style="list-style-type: none"> Site Information Site Summary Organization Acceptance <ul style="list-style-type: none"> Confirm and Accept State Agency <ul style="list-style-type: none"> SA Determination SA Documents
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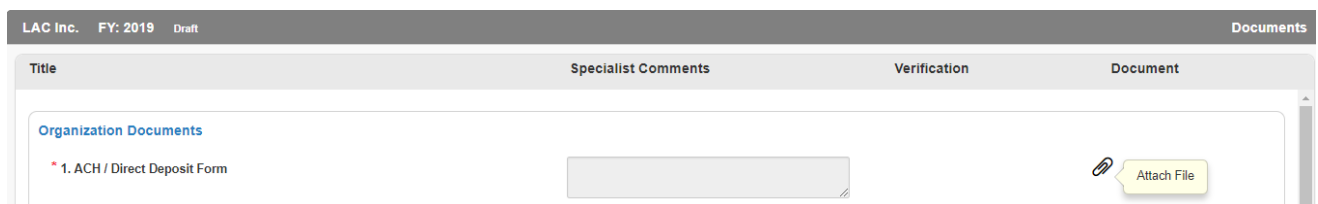
Documents

1. Click on the **Documents** side menu option to complete the required document uploads or from the **Financial Information** page, click **Next Form >**.

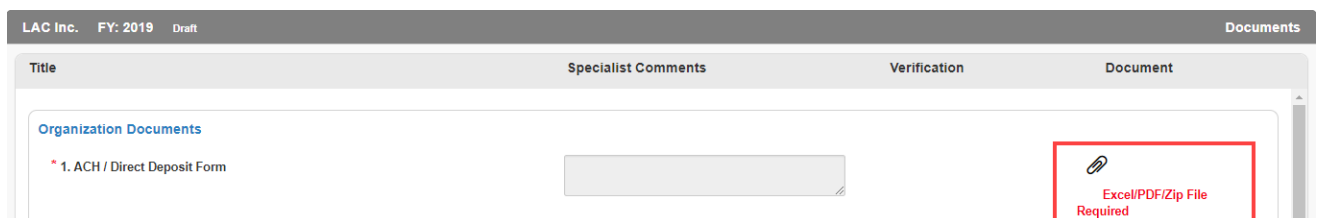




Note: Some required documents may be available in Library/Documents and Templates from the main menu. (See pages 7 thru 9 of this manual.)

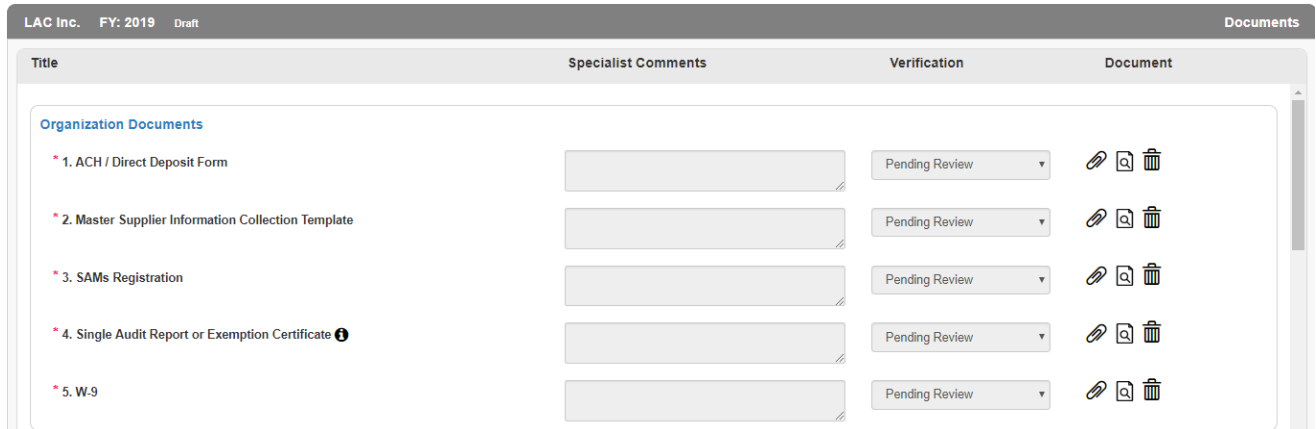
2. Upload the **Organization Documents** and the **Required Documents** in the areas provided using the paperclip  icon.




3. In the **Organization Documents** panel, files must be either Excel, PDF or Zip or the following message will appear after attempting to upload.









- Once uploaded, the user will have the option of viewing the document using the magnifying glass  or deleting the uploaded file using the delete  icon.



- For more information about the upload needed, click on the information  icon.
- Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
- If particular file formats are required, the system will also error as shown below.



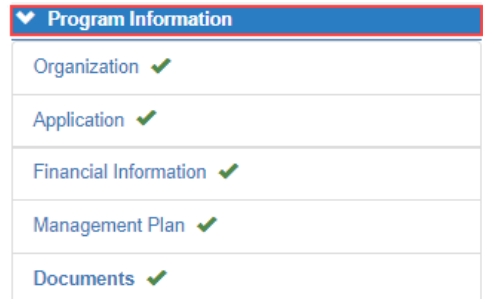
8. Upload any supplemental documents to support your application. Use the information  icons to more fully understand what to upload.

FDCH Only		
1. Letter to Provider to Qualify for Tier I	<input type="text"/>	
2. Letter to Households for Family Day Care Homes Tier II	<input type="text"/>	
3. Reconciliation and Carryover	<input type="text"/>	
SOC Only		
1. Cash Agreement	<input type="text"/>	
2. Non-cash Agreement	<input type="text"/>	
Notes		
<input type="text"/>		

9. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in “red” and show the word **Required** in red text or just show **Required**.
10. Once saved, the left menu will show a completion checkmark for this page.

Program Information
Organization ✓
Application ✓
Financial Information ✓
Management Plan ✓
Documents ✓
Site Management
Site Information
Site Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

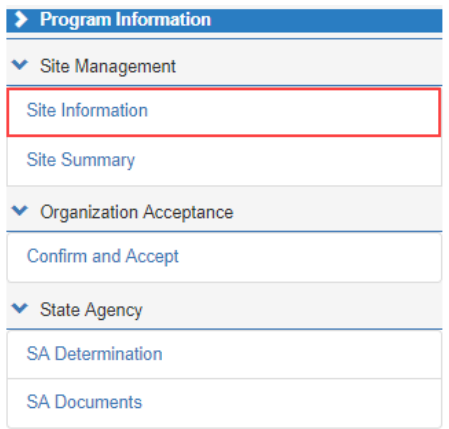
- Once all the pages are complete in **Program Information**, click the Down Arrow to collapse this section.



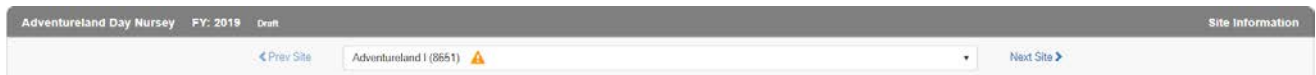
B. Site Management


Site Information

- Click on the **Site Information** side menu option.




- Each **Site** will be in the list at the top of the form. Users can move back and forth between sites using the Prev Site and Next Site commands. All tab information must be completed for each site under this agreement.



- There are also six tabs to this form that will need information for each site: General, Meal Service Info, Enrollment, Management Plan, Documents and SA Site Approval. Begin with the General tab which is the default upon entering this form. When all sites have been addressed the system will show a  when trying to click Next Site >.



Note: When the site is complete, click Next Site > to begin entering the next site's data. The warning icon  will be visible for the site name until all tab information has been entered. Once entered the checkmark icon will display next to the site name LAC's Site (11018) ✓.

General

- The default is **Yes** for the site participating in CACFP based on the application type.
- Enter the **Monitoring Schedule** for this site.

- Checkmark the **Site Type** based on selections made early in the application page.
- Select either **Title XX** or **Title XIX** if appropriate. Once selected, additional information must be entered.

- If **Non-Profit**, no additional information is required.



- Use the radio button in the next panel to select the **Affiliation Status**. If **Unaffiliated**, add the type of agreement with the sponsor. Answer the **Seriously Deficient** question posed.

* Affiliation Status: Affiliated Unaffiliated
 * Seriously Deficient: Yes No

- The **Physical Address** of the site is entered by the DHS manager when the sponsor is set up. This information can be edited on this page.

Physical Address

*Address: 5036 Queens Stroll Place SE *City: Washington *State: District of Columbia *Zip Code: 20019 *Ward:
 *Phone: (202) 341-5948 Fax: Ext:
 (202) 341-5948

- Enter the **School Name** for this site.

Area Eligible School

School Name: F&R%: Initial Date of 5 Year Eligibility Determination: mm/dd/yyyy
 Address: City: State: Zip Code: Ward:
 Select State

- Identify a contact type and then add the **School Contacts** for this site. Use the **Add Additional Contact** if more names need to be listed.

Site Contact

Primary Owner Director / Manager

*First Name: Thelma *Last Name: Cofer *Title: *DOB: 10/27/1929
 *Phone: (202)722-0828 Ext: Fax: (202)722-5138 Email: adventureland_cofer1@verizon.net
 (202)722-0828

Primary Owner Director / Manager

*First Name: Thelma *Last Name: Cofer *Title: *DOB: mm/dd/yyyy
 *Phone: (202)722-0828 Ext: Fax: (202)722-5138 Email: adventureland_cofer1@verizon.net
 (202)722-0828

Primary Owner Director / Manager

*First Name: Barbara *Last Name: Brown *Title: *DOB: 01/31/1956
 *Phone: (202)213-0548 Ext: Fax: (202)722-5138 Email: hunneebrown@yahoo.com
 (202)213-0548

Add Additional Contact

10. In the **Hours of Operation** panel, enter the home care start and end times. If the program does not span a full year, enter the Start and End dates of program participation.

***Hours of Operation:**

***Dates of Program Operation:** Year Round

***Start:**

11. Enter the **Operating Days** the program is offered, the number of **Days of Food Service** per month the program is available, and indicate whether you adhere to Federal and District holiday closures.

***Operating Days:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Days of Food Service:

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<input type="text" value="10"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>	<input type="text" value="12"/>

***Closed on all Federal and District Holidays:**

List Dates for Holidays and Vacations:

12. Enter the Certification/Inspection Information for this site.

Certification/Inspection Information

Fire Inspection Exp. Date:

Health Inspection Issue Date(s):

13. Enter the **License Information** in the space provided.

License Information

Does this site have a valid License? Yes No Renewal Requested

License Type:

License Number:

Expiration Date:

14. SOC applicants must provide the name of their **DOH Certified Food Manager** overseeing the program. Use the **Add Additional Food Manager** button to list multiple food managers.

Department of Health (DOH) Certified Food Manager

*Name: <input type="text" value="Barbara Brown"/>	*Issue Date: <input type="text" value="04/03/2017"/>	*Expiration Date: <input type="text" value="04/03/2022"/>	<input type="button" value="🗑"/>
*Name: <input type="text" value="Janeen Robinson"/>	*Issue Date: <input type="text" value="04/03/2017"/>	*Expiration Date: <input type="text" value="04/03/2022"/>	<input type="button" value="🗑"/>

15. When all information has been entered on the **General** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word “required” in red and outline in red the field in question or error.



Note: Use the tabs to move through this section of the application. If **Next Form >** is clicked the system will move to the next left menu option.

Meal Service Info

1. Click the **Meal Service Info** tab.
2. Checkmark all USDA programs in which this site participates. If participation is outside USDA, enter the name of the sponsor and dates of sponsorship.

3. Within the **Meal Service Schedule**, indicate if you are a **Local 5 Participant** then list the meal types to be served, the times and type of meal prep.
4. If multiple shifts are needed as in the case of Summer Camps, click the **Add Additional Shift** button and indicate the meal types to be served, the times and type of meal prep for the additional shift. Use the delete icon if this button was clicked in error.

*Meal Type:	*Service Times		Full Day 4:	*Type of Meal Prep:
	Start:	End:		
<input checked="" type="checkbox"/> Breakfast	08:00 AM	10:00 AM	<input type="checkbox"/>	Preparation in a central kitchen operated by the facility
<input checked="" type="checkbox"/> AM Supplement	10:00 AM	11:00 AM	<input type="checkbox"/>	Preparation in a central kitchen operated by the facility
<input checked="" type="checkbox"/> Lunch	12:00 PM	2:00 PM	<input type="checkbox"/>	Preparation in a central kitchen operated by the facility
<input type="checkbox"/> PM Supplement			<input type="checkbox"/>	Select
<input type="checkbox"/> Supper			<input type="checkbox"/>	Select

5. If a food service vendor is used, indicate their name, contract expiration date or, if extended, the date of the contract extended date.

6. Lastly, explain your meal reimbursement procedures if the number of meals exceeds USDA regulations.

Vendor Name:

Initial Contract Exp. Date:

Extension Year:

Contract Exp. Date:

Meal Reimbursement Procedure

If more than two meals and one snack, or two snacks and one meal, are selected above, explain how the agency will ensure that reimbursement is not claimed for more than two meals and one snack, or two snacks and one meal, per child per day. (Emergency shelters are authorized to claim up to three meals per child per day.)

7. When all information has been entered on the **Meal Service Info** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word “required” in red and outline in red the field in question or error.

Enrollment

1. Click the **Enrollment** tab.
2. Enter the information on this tab after choosing the Enrollment **As of Date**. Then enter participants **Age Range** and the number of proposed FRP meals.

Adventureland Day Nursey FY: 2019 orat Site information

Adventureland I (0651)

General Meal Service Info **Enrollment** Management Plan Documents Site SA Approval

Site Type: Child Care Center Tax Status: For Profit(TXX)

Enrollment Information **As of** 08/20/2019

Age Range of Current Participants

From: 0-12 months To: 10 years

Free	Reduced	Paid	Total	F&R%
61	0	0	61	100.00%

3. Based on selections made on the General tab, the fields in the next section may or may not be editable. If an error was made, return to the General tab, select the program then Save. The fields in this section will adjust.

Child Care Center, Head Start	<input type="text" value="0"/>
No. of disabled participants 13 through 18 years old	<input type="text" value="0"/>
No. of disabled participants 18 years and older	<input type="text" value="0"/>
If infants (birth up to one year of age) are not currently enrolled or participating, does the institution plan to serve infants within the next year?	<input type="text" value="No"/>
Outside School Hours Care Center (OSHCC)	<input type="text" value="0"/>
At Risk Center & Emergency Shelter	<input type="text" value="0"/>
Adult Day Care	<input type="text" value="0"/>
No. of non-functionally disabled participants 60 years and older	<input type="text" value="0"/>
No. of functionally disabled participants 18 years and older	<input type="text" value="0"/>

- Complete the **Civil Rights Information** in the fields provided. Enter the Ethnicity information then indicate the population source.

Civil Rights Information

Race	Actuals	Eligible Population (%)
American Indian or Alaskan Native	1	10
Asian	0	0
Black or African American	2	20
Native Hawaiian or Other Pacific Islander	0	0
White	2	20
Two or More Races	4	40
Unknown	3	10
Total	12	100

Ethnicity	Actuals	Eligible Population (%)
Hispanic	0	0
Non-Hispanic	12	100
Total	12	100

Eligible Population Data Source:

Population:
 District
 Ward
 Other

6

- When all information has been entered on the **Enrollment** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word **“required”** in red and outline in red the field in question or error.

Management Plan

- Enter the names and titles of those individuals responsible for **Administrative Duties/Record Keeping**.

Adventureland Day Nursey FY: 2019 Draft Site Information

← Prev Site
Adventureland 1 (8651) ⚠
Next Site →

General
Meal Service Info
Enrollment
Management Plan
Documents
Site SA Approval

Site Type: Child Care Center
Tax Status: For Profit(TXX)

Administrative Duties/Record Keeping ⓘ

<ol style="list-style-type: none"> 1 Approves and maintains Income Eligibility Statements (IES) 2 Completes CACFP Financial Report and maintains programs fiscal ledgers, receipts, invoices, etc. 3 Completes the weekly HACCP Manager's Self-Inspection checklist 4 Completes/maintains participant(s) attendance records 5 Maintains a master enrollment list that corresponds with IES forms on file 6 Maintains centralized archive CACFP records consisting of three(3) years plus the current year 7 Maintains record of Title XIX and/or Title XX payments 8 Prepares monthly claim form & or submits CACFP information to sponsor for preparing the monthly claim 	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="text-align: left;">Name(s)/Title</th> </tr> </thead> <tbody> <tr><td>Barbara Brown FSM</td></tr> <tr><td>Barbara Brown FSM</td></tr> <tr><td>Thelma Cofer Owner/Directress</td></tr> <tr><td>Janeen Robinson lead teacher</td></tr> <tr><td>N/A</td></tr> <tr><td>Thelma Cofer</td></tr> <tr><td>Janeen Robinson/ Barbara Brown</td></tr> <tr><td>Barbara Brown FSM</td></tr> </tbody> </table>	Name(s)/Title	Barbara Brown FSM	Barbara Brown FSM	Thelma Cofer Owner/Directress	Janeen Robinson lead teacher	N/A	Thelma Cofer	Janeen Robinson/ Barbara Brown	Barbara Brown FSM
Name(s)/Title										
Barbara Brown FSM										
Barbara Brown FSM										
Thelma Cofer Owner/Directress										
Janeen Robinson lead teacher										
N/A										
Thelma Cofer										
Janeen Robinson/ Barbara Brown										
Barbara Brown FSM										

2. Enter the names and titles of those individuals responsible for **Food Service Duties/Tasks**.

Food Service Duties/Tasks	Name(s)/Title
1. Completes production records (quantity of food prepared)	
2. Completes/maintains participant(s) attendance records	
3. Maintains daily delivery tickets	Barbara Brown FSM
4. Menus - maintains daily menus to ensure CACFP meal pattern compliance	Barbara Brown FSM
5. Menus - records appropriate menu substitutions as needed	Barbara Brown FSM
6. Prepares meals	0
7. Serves Meals	teachers
8. Takes meal count at the point of service: (i.e. when each meal/snack is served)	teachers

[◀ Prev Form](#)
[Save](#)
[Cancel](#)
[Next Form ▶](#)

3. Click **Save** to save the information entered on this form.



















Documents

1. Click the **Documents** tab.
2. Upload any supplemental documents identified for the programs selected on the General tab of the application. Add any notes you want the specialist to review regarding the uploaded documents.

The Planning Council FY: 2019 Draft Home Information

[◀ Prev Site](#)
Crewe, Sylvia (10872) ⚠
[Next Site ▶](#)

General Meal Service Info Enrollment **Documents** Site SA Approval

Title	Specialist Comments	Verification	Document
Supplemental Documents			
1. Healthy Tots Enhanced Reimbursement Selection Form		Pending Review	  
2. Pre approval Visit Review Form		Pending Review	  
3. Provider Transfer Request		Pending Review	  
4. Notice of Temporary Deferral of Serious Deficiency Determination		Pending Review	  
5. Termination Notice (for Cause or Convenience)		Pending Review	  
6. Misc.		Pending Review	  

Notes

4. Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
5. If particular file formats are required, the system will error.

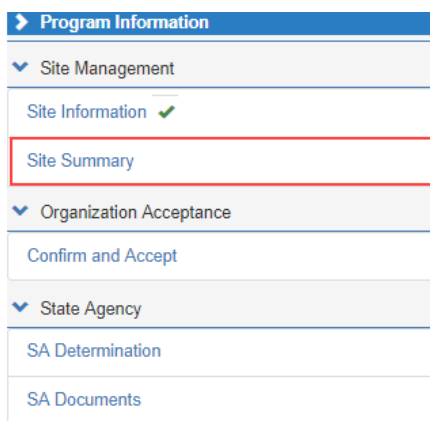
- When all information has been entered on the **Documents** tab, click **Save**. If any errors or missing required information is encountered the system will identify these areas with the word “**required**” in red and outline in red the field in question or error.

Site SA Approval

See Section 8 of this manual.

Site Summary

- Click on the **Site Summary** side menu option.



- The information in the **Site Summary** page is a culmination of the information provided in the Site Information pages for a quick review by the approving Specialist. It quickly shows the sites that are participating in the CACF program. The site information must be entered first to generate this summary.

Sample Site Summary:

Adventureland Day Nursery FY: 2019 Pending Review
Site Summary

Site List

Total Sites: 4 Eligible Sites: 0 Active Sites: 4

Site Name	Status	Applying	Active	Site Type	Tax Status
Adventureland Day Nursery II		Yes	Yes	CCC	For Profit(TXX)
Adventureland I		Yes	Yes	CCC	For Profit(TXX)
Adventureland II		Yes	Yes	CCC	For Profit(TXX)
Adventureland Day Nursery		Yes	Yes	CCC	For Profit(TXX)

1 - 4 of 4 items

Service Days

Monday: 2 Tuesday: 2 Wednesday: 2 Thursday: 2 Friday: 2 Saturday: 0 Sunday: 0

Site Type(s)

Number of Sites Operating:	Affiliated	Unaffiliated
Adult Day Care (ADC)	0	0
At Risk Center (ARC)	0	0
Child Care Center (CCC)	2	0
Emergency Shelter	0	0
Head Start	0	0
Outside School Hours Care Center (OSHC)	0	0

Tax Status

Number of Sites Operating the following:	
For Profit (TXIX)	0
For Profit (TXX)	0
Non Profit	0

Meal Service

Number of Sites Serving the following meal type(s):	
Breakfast	2
AM Supplement	0
Lunch	2
PM Supplement	2
Supper	0

USDA Program Participation

Number of Sites Operating the following:			
NSLP	0	SFSP	0
SBP	0	SSO	0
ASSP	0	SMP	0
FFVP	0		

Local Program Participation

Number of Sites Operating the following:	
Full Day 4	0
HTA Local 5	2

Agreement Type

Number of Sites with the following:	
Cash Agreement	0
Non-Cash Agreement	0

Additional Information

Number of Sites Operating the following:	
Offer Vs Serve	0
Seriously Deficient	0
Sites with multiple meal shifts	0

6. Completing the CACFP Family Day Care Home (FDCH) Application

Click on the **CACFP Application Name** in the dashboard.

Library- Nutrition Management- Help-
User : The Planning Council Sponsor Logoff

Year: Organization:

Applications

Program	Year	Specialist	Status	Version	Confirmation Letter
CACFP (FDCH)	2019	Erica Nelson	Draft	1	
CACFP (FDCH)	2018	Erica Nelson	Approved	1	

1 - 2 of 2 items

A. Program Information

Organization



Warning! The Organization information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Fill in the information as shown on the **Organization** page. Required fields are marked with a “red” asterisk.
2. Add the DUNS number (9 digits) and the SAMS expiration date (the date cannot be in the past).
3. Enter the Main Contact information, Physical, and Mailing Address. If the mailing is the same as the contact, click the checkbox to signify this is the case. (The Mailing Address fields will collapse.)

The screenshot shows a web application interface for entering organization information. The top navigation bar includes 'Library - Nutrition Management - Help' and 'User: The Planning Council Sponsor'. The left sidebar lists various menu items, with 'Organization' highlighted. The main content area is titled 'The Planning Council FY: 2019 draft' and 'Organization'. It contains the following fields and sections:

- Tax ID:** 540509996
- *DUNS:** 175284785
- *SAMS Expiration Date:** 01/30/2019
- Main Contact:**
 - *First Name: Angela
 - *Last Name: Kellam
 - *Title: CEO/President
 - *Phone: (757) 622-9268
 - Extension: 3008
 - Fax: (757) 622-4223
 - Email: akellam@theplanningcouncil.org
- Physical Address:**
 - *Address: 5365 Robin Hood Road, Suite 70
 - *City: Norfolk
 - *State: Virginia
 - *Zip Code: 23513
 - Ward: [dropdown]
- Mailing Address:**
 - Mailing address is same as the physical address.

4. Enter the **Payment Contact**. If the payment contact is the same as the Main Contact, click the checkbox to signify this is the case. (The Payment Contact fields will collapse.)

The Planning Council FY: 2019 Draft Organization

Mailing Address
 Mailing address is same as the physical address.
 *Address: 5365 Robin Hood RD *City: Norfolk *State: Virginia *Zip Code: 23513 Ward: [dropdown]

Payment Contact
 Payment contact is same as the main contact.
 *First Name: Kimberly *Last Name: Malone *Title: [dropdown]
 *Phone: (757) 622-9268 *Extension: [dropdown] *Fax: [dropdown] *Email: kmaione@theplanningcouncil.org

Payment Address
 Use Physical Address Use Mailing Address Enter Different Address
 *Address: 5365 Robin Hood RD *City: Norfolk *State: Virginia *Zip Code: 23513 Ward: [dropdown]
 *Payment Method: Check Direct Deposit

5. Choose the **Payment Address** or add a new address. If an existing address is used the payment address fields will collapse.
6. Choose a **Payment Method**. The resulting form if checkboxes were employed will look like the following.

LAC Inc. FY: 2019 Draft Organization

Tax ID: 7777777 *DUNS: 123123123 *SAMS Expiration Date: 08/01/2020

Main Contact
 *First Name: Linda *Last Name: Callahan *Title: Owner
 *Phone: (777) 888-9999 *Extension: [dropdown] *Fax: [dropdown] *Email: [dropdown]

Physical Address
 *Address: 1050 1st Street NE *City: Washington *State: District of Columbia *Zip Code: 20002 Ward: 6


Mailing Address
 Mailing address is same as the physical address.

Payment Contact
 Payment contact is same as the main contact.

Payment Address
 Use Physical Address Use Mailing Address Enter Different Address
 *Payment Method: Check Direct Deposit

7. Enter the names and contact information of Authorized Signature(s) & Third Party Authorization individuals. Click the **Add Additional Authorization Contact** button to add all relevant individuals. When identifying the **Official Designee**, a date of birth for this individual is required.




Note: If any contacts were added in error, use the delete  icon to remove them.

Authorized Signature(s) & Third Party Authorization

Authorized Signer Third Party Official Designee

*First Name: *Last Name: *Title:

*Phone: Extension: Email: 

Add Additional Authorization Contact

8. Answer the **Federal Funding** question with Yes or No.

Federal Funding

*Does the institution receive \$750,000 or more per year in total federal funding:

[← Prev Form](#) [Save](#) [Cancel](#) [Next Form →](#)

9. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

Payment Contact

Payment contact same as the main contact.

*First Name: *Last Name: *Title: **Required**

*Phone: Extension: Fax: Email:



10. Once saved, the left menu will show a completion checkmark for this page.

Program Information
Organization ✓
Application
Financial Information
Management Plan
Documents
Site Management
Home Information
Home Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

Application

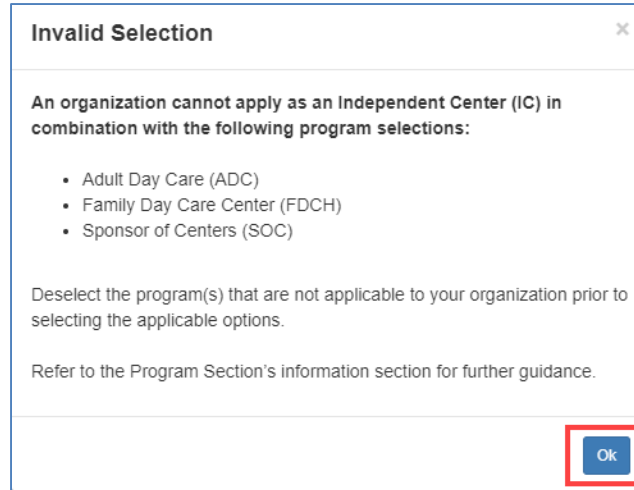


Warning! The Application information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Application** side menu option to complete the required application information or from the **Organization** page, click **Next Form >**.

Program Information
Organization ✓
Application
Financial Information
Management Plan
Documents
Site Management
Home Information
Home Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents

2. Select the Food Program you will be delivering. If an incorrect is program selected, the system will guide the user into selecting the correct one. For example, if an organization first selects **Independent Center**, then clicks **Family Day Care Center**, the system will pop up the following warning.



3. Click **OK** to remove the selection.
4. Checkmark **Family Day Care Center (FDCH)**



5. Complete the **Primary CACFP and Authorized Representative** sections. If the Authorized Representative name and contact information is the same as the Primary CACFP contact, simply click the checkbox Same as Primary Contact .

The Planning Council FY: 2019 Draft Application

Program Selection

Child and Adult Care Food Program (CACFP)
 Independent Center (IC)
 Family Day Care Center (FDCH)
 Sponsor of Centers (SOC)
 Adult Day Care (ADC)

At-Risk (ARC)
 Emergency Shelter
 Healthy Tots Act (HTA)
 Outside School Hours Care Center (OSHCC)

Primary CACFP Contact

*First Name: Eddie
 *Last Name: Callahan
 *Title: Owner
 *DOB: 09/29/1993

*Phone: (202) 555-1212
 Extension:
 Fax:
 Email:

Authorized Representative

Executive Director
 Corporate Official / Owner
 Military Commander

Same as Primary Contact

*First Name: Eddie
 *Last Name: Callahan
 *Title: Owner
 *DOB: 09/29/1993

*Phone: (202) 555-1212
 Extension:
 Fax:
 Email:

*Address:
 *City:
 *State: Select State
 *Zip Code:

6. Answer the questions in the **Seriously Deficient Status** panel. At any time if **Yes** is selected, a text box will display and the Sponsor/SFA will need to explain the answer more fully.

Seriously Deficient Status

Seriously Deficient (SD):

* Has your institution or any person working for your institution, including board members and principal officers (e.g. Owner, Board President), ever been determined seriously deficient or currently declared seriously deficient in the District or any other State for its operation of any USDA Child Nutrition Program? Yes

* If yes, please explain:

National Disqualified List (NDL):


* Has your institution or any person working for your institution, including board members ever been terminated or disqualified in the District or any other state from and USDA Child Nutrition Program other State for its operation of any USDA Child Nutrition Program? No

7. In the **Public Notification** panel, click the Public Notification hyperlink to review program requirements. Then add the Media Outlet of the notification and the date it was/will be released.

Public Notification

Participation in federal child nutrition programs require participants to publicly announce (through the media, radio, television, newspapers, brochures/pamphlets, website, etc.) that the benefits offered are available to all without regard to race, color, national origin, sex, sexual orientation, gender identity, age, or disability. For all current civil Rights requirements under the US Department of Agriculture for program requirements, click [Public Notification](#)

Provide the date(s) of the required public announcement and attach copies of any brochures, news articles, bulletins, etc. that were used by your agency for public notification purposes for our review in the upload section. (Refer to guidelines regarding public notification under Library / Documents and Templates.)

*Media Outlet: *Date Release was/will be sent to media: 

8. In the **Policy Statement Confirmation** panel, click the Policy Statement hyperlink to review the policy. Select **Accept** in the dropdown.

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.

- e. If the Sponsor/SFA attempts to select **Accept** or **Decline** before launching the policy document the system will display the following message.
- f. Click **OK** to return.

The applicant must open and review the linked Policy Statement prior to accepting.

9. Launch the **Civil Rights Affirmation** statement, read, then close. The system will not let you answer the Civil Rights question without first opening the document.

Civil Rights Affirmation

*Please confirm that you have read and are in compliance with the [Civil Rights Affirmation Statement](#).

10. Answer all the Pre-award Civil Rights questions.

LAC Inc. FY: 2019 Draft Application

Pre-award Civil Rights Questions

The information below must be provided by all participating organizations applying for the Child and Adult Care Food Program. Failure to provide this information will delay processing of the application.

* 1. Are there membership requirements as a prerequisite for enrollment? No

* 2. If prerequisites exist, is the participating organization open to all persons without regard to race, color, national origin, sex, disability, age, or reprisal or retaliation for the prior civil rights activity in any program or activity conducted or funded by USDA? (this is the only question where N/A is an acceptable answer). N/A

* 3. Does the participating organization offer benefits and services to all persons without regard to 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? Yes

* 4. Is the complete nondiscrimination statement included on all printed materials such as enrollments packets and forms or any other program materials distributed to the public and on websites? Are graphic materials inclusive 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? Yes

* 5. Are justice for All posters (the non discrimination poster) displayed at the point of service in each meal site? Yes

* 6. Has the participating organization taken all reasonable steps to ensure meaningful access to all meal sites for eligible participants from households comprised of limited English proficiency individuals? Yes

* 7. The State Agency provides annual training regarding civil rights. Is training provided by the participating organization to all new and current employees to assure that these persons are competent in civil rights enforcement or the operation of the program in a nondiscriminatory manner? Yes

* 8. Are disabled participants including those with special dietary needs, provided program benefits as appropriate? Yes

* 9. How many complaints or civil rights lawsuits have been filed against the institution? (If more than zero complaints have been filed - please revert to the text box below) Explain the nature of the complaint, how it was resolved and how the proper federal authorities were notified. 0

Please explain:

11. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

12. Once saved, the left menu will show a completion checkmark for this page.

Program Information	
Organization	✓
Application	✓
Financial Information	
Management Plan	
Documents	
Site Management	
Home Information	
Home Summary	
Organization Acceptance	
Confirm and Accept	
State Agency	
SA Determination	
SA Documents	

Financial Information




Warning! The Financial information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Financial Information** side menu option to complete the required financial information or from the **Application Page**, or click **Next Form >**.

The screenshot shows a vertical sidebar menu with the following items:

- Program Information
 - Organization ✓
 - Application ✓
 - Financial Information** (highlighted with a red box)
 - Management Plan
 - Documents
- Site Management
 - Home Information
 - Home Summary
- Organization Acceptance
 - Confirm and Accept
- State Agency
 - SA Determination
 - SA Documents

2. If the answer to the **Publicly Funded Program Participation** is **Yes**, list all programs/states and dates the program was funded. Use the **Add Fund Programs** button to add additional programs. If the program was added in error, use the Delete  icon.

The screenshot shows the 'Publicly Funded Program Participation' form. At the top, it says 'The Planning Council FY: 2019 Draft' and 'Financial Information'. The question is: 'In the past seven (7) years, has the institution or its principals participated in any publicly funded program in any State?'. The answer is 'Yes'. Below the question, there is a table with columns for Program Name, State, Start Date, End Date, and a Delete icon. The first row contains: 'Child and Adult Care Food Program (CACFP)', 'District of Columbia', '09/18/2016', '09/18/2016', and a Delete icon. The 'Add Fund Programs' button is highlighted with a red box.

- In the **Commodities** section, select **Accept** or **Decline** if your organization if accepting or declining cash-in-lieu of commodity payments.

Commodities

*Please indicate if your organization is accepting or declining to receive cash-in-lieu of commodity payments for reimbursable lunch and supper meals served in facilities.

Upon acceptance sponsoring organization(s) may not allocate any cash-in-lieu of commodity payments for administrative expenses. By accepting your organization agrees that all cash-in-lieu payments will be used to purchase food for Program use.

Accept

- In the **Reimbursement Exceeding Costs** panel, explain how surplus funds are used to support and improve food service operations. If no surplus funds are realized from year to year, use N/A.

Reimbursement Exceeding Costs

*Explain how surplus funds will be used to support and improve food service operations if CACFP reimbursements exceed costs.

New kitchen equipment and staff.

- Indicate your **Accounting Method** used to report expenses and income.

Accounting Method

*Which accounting methods is your organization utilizing to consistently report expenses and income?

Accrual Cash Modified Accrual

- Indicate whether your organization is For-profit, Non-profit or a Public Agency in the next panel, **Tax Information**.
- If your organization shares the same tax identification as a religious organization, list the organization's name, representative and phone number.

Tax Information

*Is your organization for-profit, non-profit, or public agency (i.e. military, government agency)?

For-profit Non-profit Public Agency

*Does this organization share the same tax identification as a religious organization? Yes

* Religious Organization (RO) Name: St. Phillips

* RO - Representative: Reverend Joseph Longview

* Phone: (202) 555-1212

- Click **Save** to save the information on this form. If some required fields are missing they will be outlined in "red" and show the word **Required**, in red text or just show **Required**.

9. Once saved, the left menu will show a completion checkmark for this page.

Program Information	
Organization	✓
Application	✓
Financial Information	✓
Management Plan	
Documents	
Site Management	
Home Information	
Home Summary	
Organization Acceptance	
Confirm and Accept	
State Agency	
SA Determination	
SA Documents	

Management Plan



Warning! The Management Plan information will not save changes using the save command at the bottom of the screen if required fields are missing. Use Next Form > to move to the next screen to Save any incomplete information.

1. Click on the **Management Plan** side menu option to complete the required management information or from the **Financial Information** Page, or click **Next Form >**.

Program Information	
Organization	✓
Application	✓
Financial Information	✓
Management Plan	
Documents	
Site Management	
Home Information	
Home Summary	
Organization Acceptance	
Confirm and Accept	
State Agency	
SA Determination	
SA Documents	

2. The management plan consists of five tabs that must be completed by the Sponsor/SFA.

The Planning Council FY: 2019 Draft Manag

Admin	Food Service	Fund Management	Monitoring	Training
-------	--------------	-----------------	------------	----------

Admin

1. Click on the **Admin** tab,
2. Enter the sponsorship and agreement types in the first section.

3. Enter a complete answer for each of the questions listed.

4. Next, enter the name(s) and title(s) of the responsible individuals for record keeping; and then click **Save**.

Food Service

1. Click on the **Food Service** tab.
2. Enter the name(s) and title(s) of the responsible individuals for food service; and then click **Save**.

The Planning Council FY: 2019 Draft Management Pla

Admin **Food Service** Fund Management Monitoring Training

Indicate who will perform the duties listed below: Sponsor Facilities / Homes

Food Service Duties / Tasks

- Assembles deliveries
- Completes production records (quantity of food prepared)
- Completes/maintains participant(s) meal count
- Delivers Meals
- Completes production records (quantity of food prepared) Maintains daily delivery tickets
- Menus – maintains daily menus to ensure CACFP meal pattern compliance
- Menus - records appropriate menu substitutions as needed
- Prepares Meals

Name & Title

- Janie Smith/Receiving
- Jeff Porter/Chef
- Sam Spade/Logistics
- Spencer Meal Service
- Sam Spade/Logistics
- Janie Smith/Receiving/Ordering
- Sally Hanson/Dietician
- Jeff Porter/Chef

◀ Prev Form **Save** Cancel Next Form ▶

Fund Management

Click on the **Fund Management** tab and enter a complete answer for each of the questions listed; and then click **Save**.

The Planning Council FY: 2019 Draft Management Pla

Admin Food Service **Fund Management** Monitoring Training

Disbursement and Collection of Funds

***1. Payment Disbursement**
Describe the system and procedure(s) in place for disbursing CACFP reimbursements within five (5) business days of receipt from the State Agency.
A system is in place to ...

***2. Payment Reconciliation**
Describe the system and procedure(s) in place for reconciling CACFP claims and reimbursements.
A system is in place that .|

◀ Prev Form **Save** Cancel Next Form ▶

Monitoring

1. Click on the **Monitoring** tab.
2. Check mark all boxes to certify that your organization will complete the required monitoring at each site(s).
3. The **Home Monitoring Schedule** is populated as each of the home(s) monitoring schedules are entered into the **Home Information** form.
4. Click **Save** to save the information on this form.

The screenshot shows the 'Monitoring Requirements' section of the CACFP Application. The form is titled 'The Planning Council FY: 2019 Draft' and 'Management Plan'. It has tabs for 'Admin', 'Food Service', 'Fund Management', 'Monitoring', and 'Training'. The 'Monitoring' tab is selected.

Monitoring Requirements
Check all boxes below to certify that your organization will complete the required monitoring at each site

- Prior to beginning CACFP operation Pre-operational visits will be completed at new sites, sites that have moved to a new location, and sites closed for more than one month. The most current CACFP Site Pre-operational Visit Form will be used to complete these pre-operational visits unless the State Agency (SA) has approved another form.
- The first site review of new sites and those that have moved to new locations will be completed during the sites first four (4) weeks of CACFP operation.
- Each site operating the CACFP will be reviewed at least three (3) times each year. The most current CACFP Site Review Form will be used unless the State Agency (SA) has approved another form.
- A minimum of two (2) of the three (3) annual site reviews will be unannounced (no prior notification), and at least one (1) of the unannounced reviews will include a meal service observation where participants are present.
- No more than six (6) months will lapse between site reviews.

Home Monitoring Schedule

Home Name	Pre-Approval Visit	1st Visit	2nd Visit	3rd Visit
No items to display				

At the bottom of the form, there are navigation buttons: '< Prev Form', 'Save', 'Cancel', and 'Next Form >'. The 'Save' button is highlighted with a red box.

Training

1. Click on the Training tab.
2. Check mark the boxes to certify training will be completed by all staff.

The screenshot shows the 'Annual Training Requirements' section of the CACFP Application. The form is titled 'The Planning Council FY: 2019 Draft' and 'Management Plan'. It has tabs for 'Admin', 'Food Service', 'Fund Management', 'Monitoring', and 'Training'. The 'Training' tab is selected.

Annual Training Requirements
Check all boxes below to certify that your organization will complete the required annual training to all key staff members.

Key staff is defined as any staff member with primary responsibilities for the operation of the CACFP and / or maintenance of the records that support the monthly reimbursement claim and compliance with any other CACFP requirement, including those who have monitoring responsibilities.

- New staff will be trained on the CACFP requirements pertinent to their assigned tasks prior to being held responsible for compliance
- Current staff will be trained on the CACFP requirements pertinent to their assigned tasks at least once each Federal Fiscal Year (October 1 – September 30)
- CACFP training will, at minimum, include instruction, as applicable to each staff's assigned tasks, on the following seven (7) required areas (as specified by federal regulation 7 CFR 226.15(e) (14)): CACFP meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements, the reimbursement system, and civil rights requirements.
- Records of staff training will include the following: training date(s) and location(s); topics covered; copies of materials used; and names of attending staff including the site they are from.

3. Enter the Trainers' names and titles that will be conducting each session; and enter the scheduled training dates.

Training Schedule	Trainers Name & Title	Schedule Training Date
1. Approval and monitoring procedures	William Collins/Education Specialist	10/29/2018
2. Budget / Sponsor financial records and reporting	William Collins/Education Specialist	11/12/2018
3. Civil rights	William Collins/Education Specialist	12/03/2018
4. Claim submission procedures	William Collins/Education Specialist	12/10/2018
5. Daily attendance records	William Collins/Education Specialist	12/17/2018
6. Daily meal count records	William Collins/Education Specialist	12/24/2018
7. Enrollment records	William Collins/Education Specialist	01/21/2019
8. Food safety and sanitation	William Collins/Education Specialist	01/16/2019
9. Food service records	William Collins/Education Specialist	01/18/2019
10. Meal service procedures	William Collins/Education Specialist	01/30/2019
11. Menus	William Collins/Education Specialist	01/31/2019

4. Click **Save** to save the information on this form.

5. Once saved, the left menu will show a completion checkmark for this page.

- ▼ Program Information
 - Organization ✓
 - Application ✓
 - Financial Information ✓
 - Management Plan ✓**
 - Documents
- ▼ Site Management
 - Home Information
 - Home Summary
- ▼ Organization Acceptance
 - Confirm and Accept
- ▼ State Agency
 - SA Determination
 - SA Documents


Documents


1. Click on the **Documents** side menu option to complete the required document uploads or from the **Financial Information** page, click **Next Form >**.

Program Information
Organization ✓
Application ✓
Financial Information ✓
Management Plan ✓
Documents
Site Management
Home Information
Home Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents






Note: Some required documents may be available in the Library/Documents and Templates option of the main menu. (See pages 7 thru 9 of this manual.)

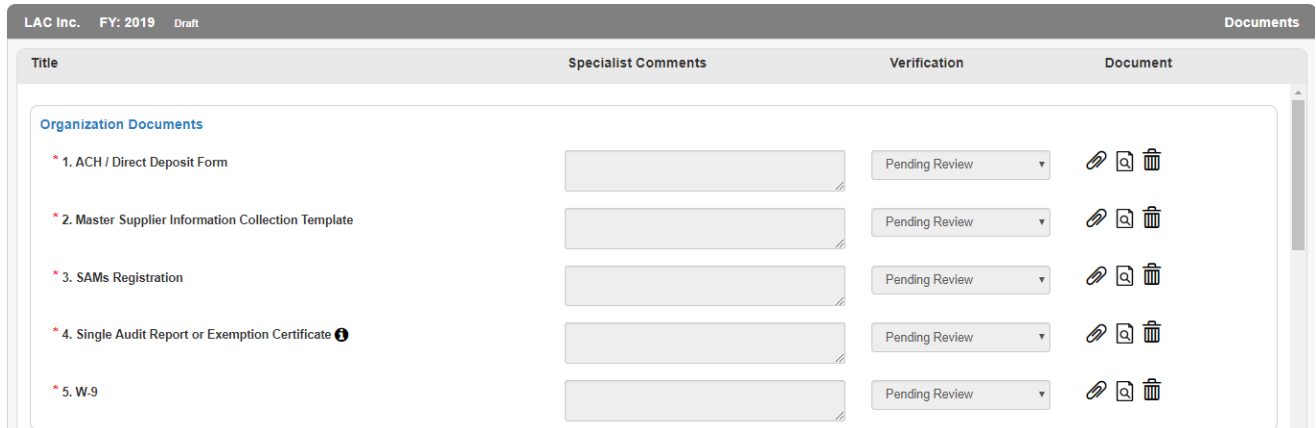
2. Upload the **Organization Documents** and the **Required Documents** in the areas provided using the paperclip  icon.


Title	Specialist Comments	Verification	Document
Organization Documents			
* 1. ACH / Direct Deposit Form			 Attach File


3. In the **Organization Documents** panel, files must be either Excel, PDF or Zip or the following message will appear after attempting to upload.

Title	Specialist Comments	Verification	Document
Organization Documents			
* 1. ACH / Direct Deposit Form			 Excel/PDF/Zip File Required

- Once uploaded, the user will have the option of viewing the document using the magnifying glass  or deleting the uploaded file using the delete  icon.



















Title	Specialist Comments	Verification	Document
* 1. ACH / Direct Deposit Form	<input type="text"/>	Pending Review	
* 2. Master Supplier Information Collection Template	<input type="text"/>	Pending Review	
* 3. SAMs Registration	<input type="text"/>	Pending Review	
* 4. Single Audit Report or Exemption Certificate 	<input type="text"/>	Pending Review	
* 5. W-9	<input type="text"/>	Pending Review	

- For more information about the upload needed, click on the information  icon.
- Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
- If particular file formats are required, the system will also error as shown below.








Title	Specialist Comments	Verification	Document
* 1. ACH / Direct Deposit Form	<input type="text"/>		
* 2. Master Supplier Information Collection Template	<input type="text"/>		

8. Upload any supplemental documents to support your application. Use the information  icons to more fully understand what to upload.

ADC Only		
1. TXX Medicaid Participation Documentation 	<input type="text"/>	
FDCH / SOC		
1. Employee Compensation plan 	<input type="text"/>	
2. Employee Job Description for Monitors 	<input type="text"/>	
3. List of Employees with Outside Employment 	<input type="text"/>	
4. Outside Employment Policy 	<input type="text"/>	
5. Request for Waiver of Administrative Expense Cap 	<input type="text"/>	
6. Start-up and Expansion Funds Request Form 	<input type="text"/>	
FDCH Only		
1. Letter to Provider to Qualify for Tier I	<input type="text"/>	

9. Click **Save** to save the information on this form. If some required fields are missing they will be outlined in “red” and show the word **Required** in red text or just show **Required**.
10. Once saved, the left menu will show a completion checkmark for this page.

Program Information
Organization 
Application 
Financial Information 
Management Plan 
Documents 
Site Management
Home Information
Home Summary
Organization Acceptance
Confirm and Accept
State Agency
SA Determination
SA Documents


- Once all the pages are complete in **Program Information**, click the Down Arrow to collapse this section.

B. Site Management


Home Information

- Click on the **Home Information** side menu option to complete the required forms or from the **Documents** page, click **Next Form >**.

- Each **Home** will be in the list at the top of the form. Users can move back and forth between sites using the Prev Site and Next Site commands. All tab information must be completed for each home under this agreement.

- There are also 5 tabs to this form that will need information for each site: General, Meal Service Info, Enrollment, Documents and SA Site Approval. Begin with the General tab which is the default upon entering this form. When all sites have been addressed the system will show a  when trying to click Next Site >.



Note: When the site is complete, click **Next Site >** to begin entering the next site's data. The warning icon  will be visible for the site name until all tab information has been entered. Once entered the checkmark icon will display next to the site name LAC's Site (11018) ✓.

General

1. The default is **Yes** for the site participating in CACFP based on the application type.
2. Enter the **Monitoring Schedule** for this site.

3. Site type defaults to **Day Care Home** based on the application type. Click the checkbox for **Outside School Hours Care Center** if this applies to this site. The Tax Status was chosen when the Financial Information was completed.

4. Use the radio button in the next panel to select the **Affiliation Status**. If **Unaffiliated**, add the type of agreement with the sponsor. Answer the **Seriously Deficient** question posed.

5. The **Physical Address** of the site is entered by the DHS manager when the sponsor is set up. This information can be edited on this page.



6. Complete the Tier information.

Tier Information

*Tier Classification: Tier II All Higher
Tier I Determination Source: Provider Income
School Name:
Percentage from Data Source: %
Initial Date of 5 Year Eligibility Determination: 09/25/2013

7. Enter the **Day Care Home Name** for this site. Add the Provider name and phone.

Day Care Home Name: Creative Kids

Provider Name

*First Name: Sylvia
*Last Name: Crews
Title: Owner
DOB: 12/12/1985
*Phone: (202) 555-1212
Fax:
Email:

8. In the **Hours of Operation** panel, enter the home care start and end times. If the program does not span a full year, enter the Start and End dates of program participation.

Hours of Operation

*Start: 07:00 AM
*End: 05:00 PM

Dates of Program Operation Year Round

*Start: mm/dd/yyyy
*End: mm/dd/yyyy

9. Enter the **Operating Days** the program is offered, the number of **Days of Food Service** per month the program is available, and indicate whether you adhere to Federal and District holiday closures.

Operating Days

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Days of Food Service

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
10	12	12	12	12	12	12	12	12	12	12	12

*Closed on all Federal and District Holidays: Yes

List Dates for Holidays and Vacations:

10. Homes must enter **License** Information in the space provided.

License Information ⓘ

Does this site have a valid License? Yes No Renewal Requested

License Type: License Number: Expiration Date:

License Capacity: Age Range for License Restriction (if applicable):

11. Homes must provide the name of their **DOH Certified Food Manager** overseeing the program. Use the **Add Additional Food Manager** button to list multiple food managers.

Department of Health (DOH) Certified Food Manager

*Name: *Issue Date: *Expiration Date:

12. When all information has been entered on the **General** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word “**required**” in red and outline in red the field in question or error.



Note: Use the tabs to move through this section of the application. If **Next Form >** is clicked the system will move to the next left menu option.

Meal Service Info

1. Click the **Meal Service Info** tab.
2. Checkmark all USDA programs in which this site participates. If participation is outside USDA, enter the name of the sponsor and dates of sponsorship.

The Planning Council FY: 2019 Draft Home Information

Creses Sylvia (10872)

General **Meal Service Info** Enrollment Documents Site SA Approval

*Select all USDA Programs this site participates in: N/A


NSLP SBP ASSP FFVP SFSP SSO SMP

If this site participated in a different USDA program under another sponsor, within the last 12 months, provide:

Name of sponsor:

Dates of Sponsorship: Start: End:

3. Within the **Meal Service Schedule**, indicate if you are a **Local 5 Participant** then list the meal types to be served, the times and type of meal prep.

- If multiple shifts are needed as in the case of Summer Camps, click the **Add Additional Shift** button and indicate the meal types to be served, the times and type of meal prep for the additional shift. Use the delete icon  if this button was clicked in error.

Meal Service Schedule
 Reimbursement will only be issued for meals approved by the State Agency. Select the "meal type" to indicate which meals reimbursement will be requested. Also indicated all corresponding information regarding times served and meal preparation method. Sites utilizing vendors, School or Food Service Management Company, are required to submit contracts for new sites or if changes are being made to the previously submitted contract.

*Local 5 Participant? Yes No

*Meal Type:	*Service Times Start:	End:	Full Day 4:	*Type of Meal Prep:
<input checked="" type="checkbox"/> Breakfast	<input type="text" value="08:00 AM"/>	<input type="text" value="10:00 AM"/>	<input type="checkbox"/>	<input type="text" value="Preparation in a central kitchen operated by the facility"/>
<input checked="" type="checkbox"/> AM Supplement	<input type="text" value="10:00 AM"/>	<input type="text" value="11:00 AM"/>	<input type="checkbox"/>	<input type="text" value="Preparation in a central kitchen operated by the facility"/>
<input checked="" type="checkbox"/> Lunch	<input type="text" value="12:00 PM"/>	<input type="text" value="2:00 PM"/>	<input type="checkbox"/>	<input type="text" value="Preparation in a central kitchen operated by the facility"/>
<input type="checkbox"/> PM Supplement	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value="Select"/>
<input type="checkbox"/> Supper	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="text" value="Select"/>

- If a food service vendor is used, indicate their name, contract expiration date or, if extended, the date of the contract extended date.
- Lastly, explain your meal reimbursement procedures if the number of meals exceeds USDA regulations.

Vendor Name:

Initial Contract Exp. Date:

Extension Year:

Contract Exp. Date:

Meal Reimbursement Procedure
 If more than two meals and one snack, or two snacks and one meal, are selected above, explain how the agency will ensure that reimbursement is not claimed for more than two meals and one snack, or two snacks and one meal, per child per day. (Emergency shelters are authorized to claim up to three meals per child per day.)

- When all information has been entered on the **Meal Service Info** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word **“required”** in red and outline in red the field in question or error.

Enrollment

1. Click the **Enrollment** tab.
2. Enter the information on this tab after choosing the Enrollment **As of Date**. Then enter participants **Age Range**.

The screenshot shows the 'Enrollment' tab for 'Crewe Sylvia (10872)'. The 'Enrollment Information' section has a red box around the 'As of' date field, which is set to 09/01/2018. Below it, the 'Age Range of Current Participants' section has a red box around the 'From' and 'To' dropdown menus, which are set to '1 year' and '3 years' respectively.

3. Based on selections made on the General tab, the fields in the next section may or may not be editable. If an error was made, return to the General tab, select the program then Save. The fields in this section will adjust.

The screenshot shows a form with the following fields and values:

- Day Care Home: 8
- Outside School Hours Care Center (OSHCC): 4
- No. of providers own children enrolled: 1
- How many of the providers own children are eligible for free or reduced meals based on family size and income information?: 1
- Do the provider's own children (ages 12 or under) receive meals or snacks while other enrolled children are present?: Yes

4. Complete the **Civil Rights Information** in the fields provided. Enter the Ethnicity information then indicate the population source.

The screenshot shows the 'Civil Rights Information' section with the following data:

Race	Actuals	Eligible Population (%)
American Indian or Alaskan Native	1	10
Asian	0	0
Black or African American	2	20
Native Hawaiian or Other Pacific Islander	0	0
White	2	20
Two or More Races	4	40
Unknown	3	10
Total	12	100

Ethnicity	Actuals	Eligible Population (%)
Hispanic	0	0
Non-Hispanic	12	100
Total	12	100

Eligible Population Data Source: []

Population: District Ward Other

Ward: 6

5. When all information has been entered on the **Enrollment** tab, click **Save**. If any errors or missing information is encountered the system will identify these areas with the word **“required”** in red and outline in red the field in question or error.

Documents

1. Click the **Documents** tab.
2. Upload any supplemental documents identified for the programs selected on the General tab of the application. Add any notes you want the specialist to review regarding the uploaded documents.

Title	Specialist Comments	Verification	Document
Supplemental Documents			
1. Healthy Tots Enhanced Reimbursement Selection Form	<input type="text"/>	Pending Review	
2. Pre-approval Visit Review Form	<input type="text"/>	Pending Review	
3. Provider Transfer Request	<input type="text"/>	Pending Review	
4. Notice of Temporary Deferral of Serious Deficiency Determination	<input type="text"/>	Pending Review	
5. Termination Notice (for Cause or Convenience)	<input type="text"/>	Pending Review	
6. Misc.	<input type="text"/>	Pending Review	

Notes

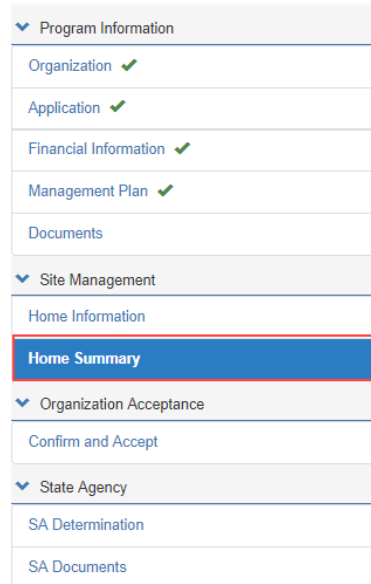
4. Specialists can add comments when reviewing the uploaded documents. They will use the Verification dropdown to Verify or Reject the submission.
5. If particular file formats are required, the system will error.
6. When all information has been entered on the **Documents** tab, click **Save**. If any errors or missing required information is encountered the system will identify these areas with the word “**required**” in red and outline in red the field in question or error.

Site SA Approval

See Section 8 of this manual.

Home Summary

1. Click on the **Home Summary** side menu option.



2. The information in the **Home Summary** page is a culmination of the information provided in the Home Information pages for a quick review by the approving Specialist. It quickly shows the sites that are participating in the CACF FDHC program. The site information must be entered first to generate this summary.

Sample Home Summary:

The Planning Council FY: 2019 Draft
Home Summary

Home List

Total Sites: 14 Eligible Sites: 4 Active Sites: 4

Site Name	Status	Applying	Active	Site Type	Tax Status
Crews Sylvia	Pending	Yes	Yes	DCH	For Profit
Dejune Mestawet	Pending	Yes	Yes	DCH	For Profit
Duncan-Fitchett LaTrell	Pending	Yes	Yes	DCH	For Profit
Ganey Brenda	Pending	Yes	Yes	DCH	For Profit
Harley Shelia	Pending		Yes	DCH	-1

« 1 2 3 » 5 items per page 1 - 5 of 14 items

Service Days

Monday: 4 Tuesday: 4 Wednesday: 4 Thursday: 4 Friday: 4 Saturday: 0 Sunday: 0

Site Type(s)

Number of Sites Operating:	Affiliated	Unaffiliated
Day Care Home	0	0
Outside School Hours Care Center (OSHCC)	0	0

Tier Classification

Number of Sites Operating the following:	
Tier I	4
Tier II All Higher	0
Tier II All Lower	0
Tier II Mixed	0

Tax Status

Number of Sites Operating the following:	
For Profit	4

Meal Service

Number of Sites Serving the following meal type(s):	
Breakfast	4
AM Supplement	3
Lunch	4
PM Supplement	2
Supper	0

USDA Program Participation

Number of Sites Operating the following:			
NSLP	0	SFSP	0
SBP	0	SSO	0
ASSP	0	SMP	0
FFVP	0		

Local Program Participation

Number of Sites Operating the following:	
Full Day 4	0
HTA Local 5	0

Agreement Type

Number of Sites with the following:	
Cash Agreement	2
Non-Cash Agreement	0

Additional Information

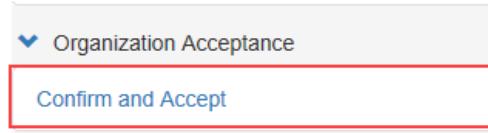
Number of Sites Operating the following:	
Seriously Deficient	0
Sites with multiple meal shifts	0

« Prev Form Save Cancel Next Form »

7. Organization Acceptance

Confirm and Accept

1. Click on the **Confirm and Accept** side menu option.



2. Confirm each of the confirmation statements. The questions may differ depending upon the application type.



Note: Statements with PDF hyperlinks require users to open the PDF prior to confirming the statement.

 A screenshot of the 'Confirm and Accept' form. The form header shows 'The Planning Council FY: 2019 Draft' on the left and 'Confirm and Accept' on the right. The main content area is titled 'Acknowledge and certify your agreement to the statements below by checking the corresponding boxes:'. It contains four checkboxes, all of which are checked:

- *I certify and acknowledge compliance with the Healthy Tots Act.
- *I certify that to the best of my knowledge and belief, all information in this application is true and correct in all respects, that records are available to support this application, I recognize that I will be fully responsible for any excess inaccurate information which may result from erroneous or neglectful information herein.
- *I certify that I have read the [Permanent Agreement](#) and agree to its terms. Once this application is ratified, the application approval letter will be visible on the dashboard.
- *I certify that I have read and understand the [Appeal Rights](#) and agree to its terms and conditions.

 Below the checkboxes is a section titled 'Comments / Notes:' with a text input field containing the text 'This application is complete.'. Underneath is a 'Signature:' section with the text 'I agree that by submitting this application, I am electronically signing and confirming the information included is accurate.'. There are three input fields: '*First Name:' with 'Planning', '*Last Name:' with 'Sponsor', and '*Title:' with 'Sponsor'. At the bottom of the form are navigation buttons: '< Prev Form', 'Submit', 'Cancel', and 'Next Form >'.

3. Add any comments you would like the Specialist to review.
4. Click the **Submit** button to submit the application.



Note: If any sections of the application have required data missing, the Sponsor/SFA cannot submit the application.

5. A message will appear.

Please complete the data in the following screens and click **Submit**.

- Management Plan
- Documents
- Home Information

6. These sections will be marked with a warning ⚠ icon in the side menu.

The screenshot shows a vertical side menu with the following sections and items:

- Program Information
 - Organization ✓
 - Application ✓
 - Financial Information ✓
 - Management Plan ⚠
 - Documents ⚠
- Site Management
 - Site Information ✓
 - Site Summary ✓
 - Home Information ⚠
 - Home Summary ⚠
- Organization Acceptance
 - Confirm and Accept**
- State Agency
 - SA Determination

7. Correct the sections then click the **Submit** button.

- To confirm identity, users must enter their assigned password; and then click the **Submit** button.

- The application status in the dashboard will show **Pending Review**. No editing can be completed by the Sponsor/SFA unless the specialist sends the application back for modifications.
- Until approved, the application can be recalled for further editing by the Sponsor/SFA or Deleted by clicking the **Recall** or **Delete** button in the lower left of all pages.

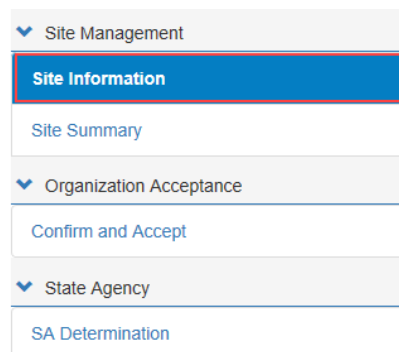


8. State Agency

Site SA Approval

Prior to the SA Determination completion, site and/or home information must be completed by the Specialist.

- Go to **Site Information** under **Site Management** in the side menu.



2. Select a site from the drop-down list.

The screenshot shows the top navigation bar with "Adventureland Day Nursey FY: 2019 Submitted" and "Site Information". Below the bar is a dropdown menu for site selection, currently showing "Adventureland I (8651)". The dropdown list is open, showing three options: "Adventureland I (8651)", "Adventureland I (8551)", and "Adventureland II (9222)". The "Adventureland I (8651)" option is highlighted in blue. Navigation buttons for "Prev Site" and "Next Site" are visible on either side of the dropdown.

3. Click on the **Site SA Approval** tab.

The screenshot shows the same application interface as the previous one, but now the "Site SA Approval" tab is selected and highlighted in blue in the navigation bar. The other tabs (General, Meal Service Info, Enrollment, Management Plan, Documents) are visible but not selected.

4. Complete the questions as shown. Questions may differ from application to application.
5. Update the **Status** from the selection presented.
6. Enter the effective date of the application.

The screenshot shows the "Site SA Approval" form. It contains several questions with dropdown menus for answers:

- Is this site considered area eligible? (Yes)
- Is yes, what criteria qualifies this site for area eligibility? (Attendance Area)
- Is this institution seriously deficient in any USDA program? (No)
- Tax Status verified? (For-Profit)
- Meal Type approved for full day 4? (Yes)
- Date of NDL verification for Institution, Owner/Executive Director, Primary CACFP Contact (10/01/2018)
- Is the institution or any of the principals on the NDL? (No)
- What type of agreement was submitted for this site? (Cash)
- Was the DOH Food Safety Manager Certificate submitted? (Yes)
- Was the site's license or alternate approval submitted and current? (Yes)

Below the questions is the "Site SA Approval" section with the following fields:

- Assigned Specialist: (text input field)
- Status: (dropdown menu, currently set to "Eligible")
- Effective Date: (calendar picker, currently set to 10/12/2018)
- Comments: (text input field)

At the bottom of the form are navigation buttons: "Prev Form", "Save", "Cancel", and "Next Form".

7. Click **Save** then click **Next Site**.
8. Complete all site and/or home reviews.

SA Determination

1. Click on **State Agency (SA) Determination** in the side menu.

Adventureland Day Nursery FY: 2019 submitted SA Determination

SA Approval Questions

* Date of NDL verification for Institution, Owner/Executive Director, Primary CACFP Contact: 10/17/2018

* Is the institution or any of the principals on the NDL?: No

* Is this institution seriously deficient in any USDA program?: No

* Institution Tax Status: For-Profit

* Is the institution approved to receive advance payment?: No

* Is the institution approved to receive start-up or expansion payment?: No

The pre-approval site visit was conducted on: 10/15/2018

Agreement

Submission Date: 10/12/2018

*Effective Date: 10/31/2018

Ratified Date:

Navigation: < Prev Form Save Submit Cancel Next Form >

2. Answer the questions posed.
3. Add an effective date of the program start.
4. Click the **Submit** button.

9. Dashboard Updates

1. After submission of the application, the dashboard will show a status of **Pending Review** for the CACFP application.
2. Click on the **Status** to see the submission information in the **Application Log**.
3. The application will go through a series of reviews. When the application is rejected by the specialist, look in the **Application log** for comments as to why the rejection occurred.
4. When rejected, the dashboard will show **Returned for Modification**.
5. Make the necessary corrections, then go to the **Confirm and Accept** page, reconfirm the affirmations and **Submit** the application.
6. The dashboard will show **Pending Review** once again and the Application Log will track the application submission, return and re-submission.

-
7. The application can be recalled by the SFA/Sponsor before ratification of the contract. Click on the **Application Name** in the dashboard, and then click on the **Recall** button lower left on any of the left-side menu sections.
 8. The reviewing specialist must accept the recall request. Once accepted, the status in the dashboard will be **Returned for Modification**. At this time, the SFA/sponsor can make any edits to the application and resubmit. The **Application Log** will track each of these workflow statuses.
 9. When accepted by the reviewing specialist and manager, the dashboard status will be **Ratified**.