

A dark blue silhouette of a person sitting and reading a book, set against a lighter blue background. The person is positioned on the left side of the frame, facing right.

MAINE DEPARTMENT
OF EDUCATION

CACFP Application Errors

Presented by: Troy Fullmer, CACFP Nutrition Consultant



Online CACFP Application

Welcome to  **CNP**
web™



Child Nutrition
Maine Department of Education

Sign In

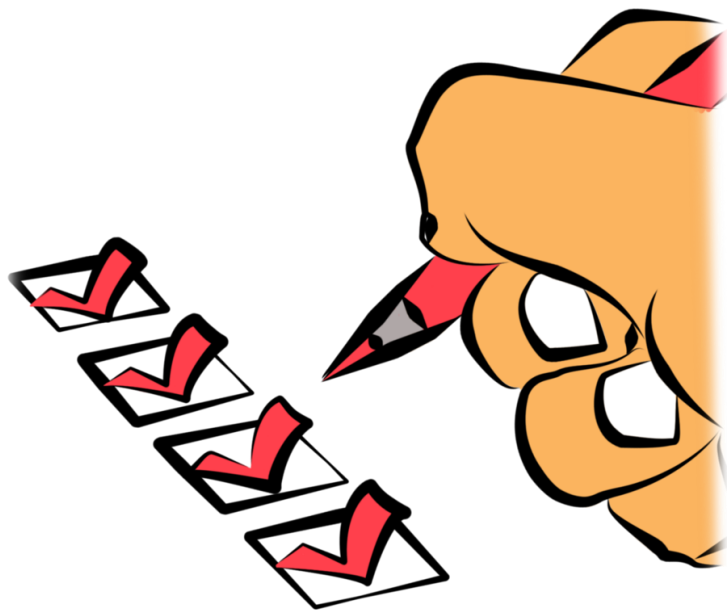
Enter User Id:

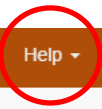
Enter Password:

[Forgot User ID?](#)
Contact Maine DOE at (207)624-6842
[Forgot Password?](#)

Login

Goal- Complete, Accurate and On Time





Help Documentation

Document Type:

Sort	Program	Form Description	PDF	DOC	XLS	TXT
1	CACFP	CACFP Sponsor Manual				
4	CACFP	CACFP Claim File Upload Specifications				
5	CACFP	Step-by-step Agreement Completion Instructions				
7	CACFP	CACFP Claim Entry Instructions				
8	CACFP	CACFP CNP Web User Access Form				
9	CACFP	CNPweb Agreement Revision Form				
11	CACFP	CACFP Claim Approver Instructions				

State of Maine Department of Education

CACFP Application Instructions

CNP Web



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I MIGHT NEED
MORE HELP.

















































Sponsor Summary Page

Sponsor Summary










		Checklist	Applications	Activities	Claims	Payments	Users
Item	Required	On-Line Forms	Description			Count/Date	Status
1.	<input checked="" type="checkbox"/>		Sponsor Application			11/20/2023	Approved
2.	<input checked="" type="checkbox"/>		Sponsor Budget Centers			11/20/2023	Approved
3.	<input checked="" type="checkbox"/>		Institution Management Plan			11/20/2023	Approved
4.	<input checked="" type="checkbox"/>		Site Information Sheets			1 of 1	Approved
6.			Forms Approved by State			11/20/2023	Approved

Checklist Tab

Item	Required	Off-Line Forms Description	Downloads	Date Sent	Date Received	Date Complete	Action
1.		CACFP Agreement		12/5/2023	12/5/2023	12/5/2023	 
2.	<input checked="" type="checkbox"/>	SFA Contract (submit if you purchase prepared meals from a school)		11/1/2023	11/1/2023	11/6/2023	 
3.	<input checked="" type="checkbox"/>	DCH Service Area Policy (Daycare Home Sponsors Only)		8/18/2023	8/18/2023	11/6/2023	 
4.	<input checked="" type="checkbox"/>	Proof of CACFP In-House Training (Dated Sign-in Sheet and Agenda showing 7 required topics covered)		7/31/2023	7/31/2023	11/6/2023	 
5.		FSMC Contract (submit if you purchase prepared meals from a Food Service Management Company)					
6.		Non-Pricing Free-Reduced Policy Statement (submit if you are a new applicant; current participants do not need)					
7.		Civil Rights Preaward Survey (submit if you are a new applicant; current participants do not need)					
8.	<input checked="" type="checkbox"/>	Disclosure Guidance		7/31/2023	7/31/2023	11/6/2023	 
9.		Household Contact Policy (not applicable to independent sites)		7/31/2023	7/31/2023	11/6/2023	 
10.	<input checked="" type="checkbox"/>	Milk Requirements		7/31/2023	7/31/2023	11/6/2023	 
11.		Organizational Chart (non-profit sites)		7/28/2023	7/28/2023	11/6/2023	 
12.		Job Descriptions		7/28/2023	7/28/2023	11/6/2023	 
13.		Field Trip / Sports Team Schedules (Submit if you are serving supper at a school At Risk site)					
14.	<input checked="" type="checkbox"/>	Child care or adult day site license(s) (Do not include DCH licenses) OR Health & Safety Checklist for At Risk or legal unregulated DCHs		8/10/2023	8/10/2023	11/6/2023	 
15.	<input checked="" type="checkbox"/>	Unaffiliated Center Agreement		8/18/2023	8/18/2023	11/6/2023	 
16.		Schedule of Federal Awards		8/18/2023	8/18/2023	11/6/2023	 
17.		Board of Directors		8/10/2023	8/10/2023	11/6/2023	 
18.		Letter requesting Specific Prior Written Approval for budget items					
19.		Indirect rate letter		8/18/2023	8/18/2023	11/6/2023	 
20.		501(c)(3) or proof of tax exempt status- Non-profit Only		7/31/2023	7/31/2023	11/6/2023	 

Applications Tab

Sponsor Summary

Checklist		Applications	Activities	Claims	Payments	Users
Number	Name		Revision	Status	Date Approved	Action
Sponsor Application			0	Approved	11/29/2023	 
Sponsor Budget Centers			0	Approved	11/29/2023	 
Institution Management Plan			0	Approved	11/29/2023	 
Site Information Sheet(s)						
S303	 CCC		0	Approved	11/29/2023	 

Sponsor Application

- Mailing address
- Street address
- Names and contact information for key positions in the agency
- Vendor/Food Service Management Company (if applicable)
- Some fiscal information, including agency's fiscal year

Site Information Sheet(s)

- Key contact information
- Months of operation and ages of participants at each site
- Childcare licensing information- number, capacity, effective dates
- Meal Service- types of meals/snacks and service times
 - Meal/snack service times are an area that often need adjustments.



Meal Service Section

- Schedule enough time for meals/snacks and between meals or meals and snacks.
- Minimum of 30 minutes for meals and 15 minutes for snacks.
- Minimum of 1.5 hrs. between meal and snack, and minimum of 2 hrs. between meals.

Meal Service

Only enter the meals that you are claiming for reimbursement!

Meal Preparation		Shift	Begin Time	End Time	Chk M-F	Mon	Tue	Wed	Thu	Fri	Sat	Sun
S = Prepare on-site SD = Sponsor prepare and deliver V = Vended/FSMC												
22.	Breakfast	S	No	08:00 AM	09:00 AM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor:		<input type="text"/>										
23.	AM Snack					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor:		<input type="text"/>										
24.	Lunch	S	No	11:00 AM	12:00 PM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor:		<input type="text"/>										
25.	PM Snack	S	No	02:00 PM	03:00 PM	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor:		<input type="text"/>										

Meal Service Section- Provider Applications

- Provider applications capture open and closing times.
- Must ensure that the beginning time for the first meal/snack of the day is after the opening time and that the last meal/snack for the day is scheduled to end before the provider closes.

Meal Service

	Meal Type	Occ Svc	Shift	Begin Time	End Time	Mon	Tue	Wed	Thu	Fri
19.	<input checked="" type="checkbox"/> Breakfast	<input type="checkbox"/>	<input checked="" type="radio"/> Yes <input type="radio"/> No	07:00 AM	08:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20.	<input checked="" type="checkbox"/> AM Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	09:45 AM	10:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21.	<input checked="" type="checkbox"/> Lunch	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	11:30 AM	12:30 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22.	<input checked="" type="checkbox"/> PM Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	02:30 PM	03:30 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23.	<input type="checkbox"/> Supper	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/> Evening Snack	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Yes No Is this a 24 hour home (open at all hours)? (If **No**, please provide the Hours of Operation)

26. Time Opens: 05:00 AM Time Closes: 05:30 PM

License Information

- Check Maine Child Care Choices website to access current licensing information.

<https://search.childcarechoices.me>

- Ensure that license capacity, effective and expiration dates are kept updated in CNPWeb.

License or Certification Information

19. This center is: Licensed Certified N/A *(Provide a copy of the license/certification to MDOE)*
20. License/Certification Number: **Effective Date:**
21. **Capacity:** **Expiration Date:**

Child/Adult Care Approval Information

14. Approval Type:
15. License Number:
16. **Capacity:** (not including provider's own children)
17. **Effective Date:**
18. **Expiration Date:**

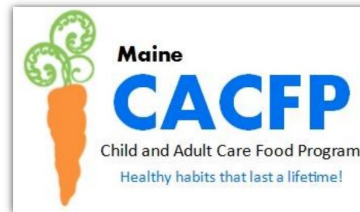
Institution Management Plan

- Common Errors in sections-
 - 15- Revenue Sources
 - 36- Board of Directors
 - 56-58- Positions participating in CACFP and training information

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Management Plan- Section 15

15. **Revenue Sources**

Identify all current revenue sources, the average amount received monthly and the number of months per year received.

Revenue Source	Months Received per Year	Type (Federal, State, county, private, etc.)	Purpose	Monthly Amount
CACFP	12	federal	to reimburse for meals served	1375.00
Day Care Fees/Tuition	12	private	childcare families private pay	44318.00
Tuition Subsidy	12	state	to pay us for subsidy children	4931.83
ASPIRE	12	state	to pay us for aspire/tanf children	2568.00
United Way campaign and designations	12	state	grant awarded for childcare and designations	4166.67

Management Plan- Section 36

36. Board of Directors

Complete the chart below for the Institution's Board of Directors.

Board Member	Position on Board	Email Address	Relationship to Other Board Members or Employees	Employed at Child Care Facility (Yes / No)
<input type="text"/>	Chairman	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	de facto voting member	<input type="text"/>	Executive Director	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	de facto voting member	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	de facto voting member	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	Vice Chair	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	Treasurer	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	Secretary	<input type="text"/>	None	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	Voting member	<input type="text"/>	Spouse to	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="text"/>	Voting member	<input type="text"/>	Spouse to	<input type="radio"/> Yes <input checked="" type="radio"/> No

Checklist Page- Offline Forms

- Proof of in-house training (missing information or lacking documentation).
- Licenses or health & safety checklists (missing for multiple sites).
- Profit & Loss Statements (if showing a loss, must provide more information).
- Press Release (didn't use template, missing information).



Offline Forms- In-House Training

- All individuals with CACFP duties must receive required CACFP training applicable to their CACFP responsibilities, annually.
- All individuals with CACFP duties and their direct supervisor must receive annual Civil Rights Training.
- Uploaded training documentation must include dated, signed agendas (topics covered, date and location of training), and participant sign-in sheets.
- Here is where you can find an annual training documentation form on our website:
 - <https://www.maine.gov/doe/schools/nutrition/cacfp/resources/applicanttraining>

Home → Maine Schools → Child Nutrition → Resources & Training Material → CACFP Basic Training → CACFP Basic Training

Child Nutrition Home

- Programs
- CNPWeb/NEO
- Student Eligibility & Applications
- Financial
- Legal References
- Webinars and Training
- Contact Us

CACFP Basic Training

This training is for new applicants as well as new staff who will be working with CACFP. New institutions wanting to participate in CACFP **must** attend the live training and complete an online contract with the State in order to be eligible to participate in CACFP. Below are handouts provided for the Basic Training.

Forms

IEFs:

- [2023-2024 Child Care Center IEF](#)
- [Free, Reduced, Paid Form](#)
- [Income Guidelines July 2023 to June 2024](#)

[50 Snack Ideas](#)

[Annual Staff Training Form](#)

Meal Pattern

Charts:

- [New Adult Food Chart](#)
- [New Child Food Chart](#)
- [New Infant Food Chart](#)

Grains:

- [CACFP Grain Based Desserts](#)
- [Identifying Whole Grain Rich](#)

Offline Forms- Profit & Loss Statement

- If the Profit & Loss Statement (P & L) shows a loss for the period, the agency must provide a statement on how the loss is being covered to ensure fiscal viability in continuing to operate the CACFP.
- This statement needs to be provided in one of two ways:
 1. Place in section 77. General Comments in the Sponsor Application; or
 2. Place the statement on a page attached as the last page of the P & L Statement and upload along with the P & L on the offline forms.



Offline Forms- Press Release

- Didn't use template and ended up not including required information-
 - May miss important, required language.
 - May not include the correct, updated income guidelines.
 - May not include proper complaint filing information.



CNPWeb Users

- Ensure that CNPWeb Users are updated.
- Use the CNPWeb User Request Form to add, modify or inactivate Users.

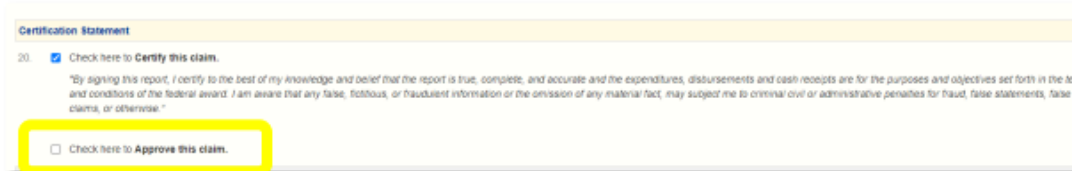
Sponsor Summary

Checklist	Applications	Activities	Claims	Payments	Users
User Name	E-Mail Address			Phone Number	Last Login

Approving and Submitting Claims

- Ensure that at least one person in your agency is designated in CNPWeb as a “Claim Approver”.
- Certifying and Approving the claim is a 2-step process.
- The person Certifying the claim logs in using their credentials and Certifies the claim.
- Then the person Approving the claim logs in using their credentials and Approves the claim.
- Refer to the Claim Approver Instructions on the Help Documents tab for assistance.

After ensuring that claim data is correct, check the checkbox under question 20 to “**Approve this claim**” at the bottom of the Sponsor Claim screen. Click ‘Save’ then ‘Exit’.



Certification Statement

20. Check here to **Certify this claim.**

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal/civil or administrative penalties for fraud, false statements, false claims, or otherwise."

Check here to **Approve this claim.**

Takeaway Messages

- Read and follow the step-by-step Application Instructions 😊
- Investing a little more time upfront and planning, including following the Application Instructions, can save a considerable amount of time and decrease possible related frustration.



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, *USDA Program Discrimination Complaint Form* which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax:

(833) 256-1665 or (202) 690-7442; or

(3) email:

program.intake@usda.gov

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QUESTIONS?

