

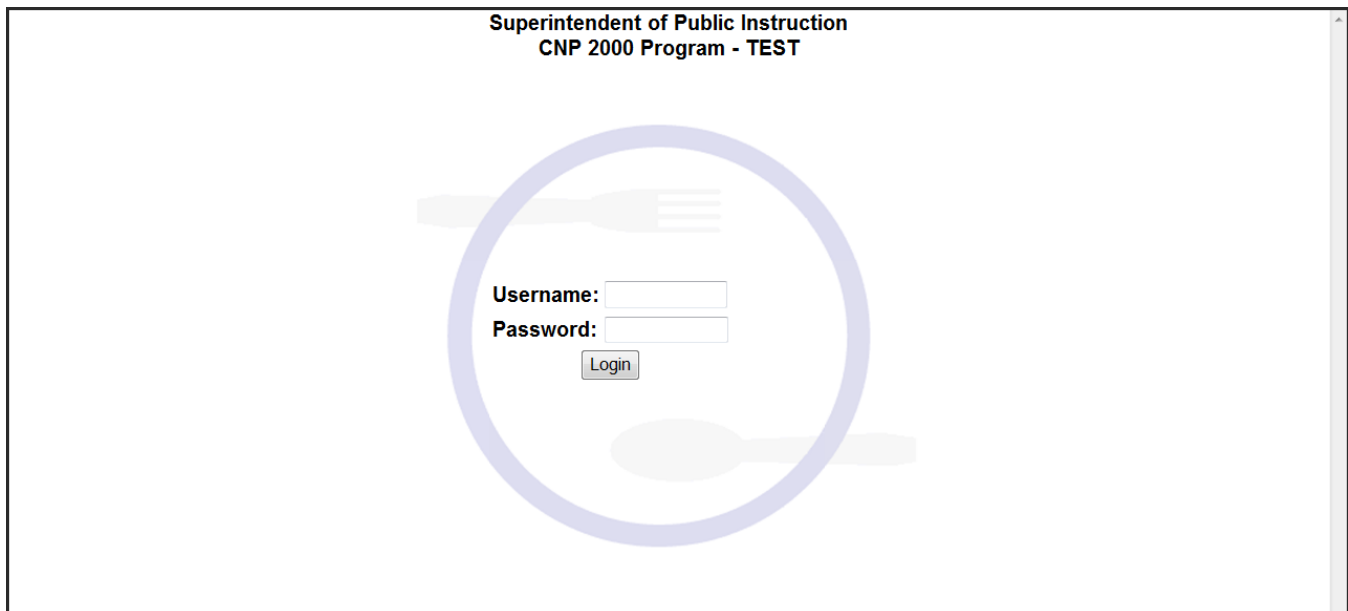
OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
Family Day Care Home Electronic Claim Instructions

Following are the instructions for filing the electronic reimbursement claim. If you have any questions, please call Glenn Potter, Financial Analyst, at 360-725-6214 or toll-free at 1-877-204-6486. You can also e-mail Glenn at glenn.potter@k12.wa.us.

A. Log onto the Child Nutrition Program (CNP) 2000 Web site.

Open your Web browser and type the following into your address bar:

<http://ccglink.com/washington> or click on the hyperlink to take you to the Child Nutrition Program (CNP) 2000 login page.



Superintendent of Public Instruction
CNP 2000 Program - TEST

Username:
Password:

Type your **username**, which is your eight digit agreement number (without the hyphens) followed by the initials of your first and last name (i.e.) 00000001aa. A sponsor may have a maximum of three authorized users, one as a primary, two as backup.

Type your **password**. The default password for new users is “beta”. You must change your password from the default password once you enter the system. Instructions for changing your password are included below. Your username and password must be kept confidential and secure.

Once you’ve successfully entered your username and password, click “Login”. The following screen will appear:

Superintendent of Public Instruction
Child and Adult Care Food Program

Program Home Programs Exit

THE CACFP MESSAGE BOARD

Last Updated March 15, 2011

Welcome to the CACFP!

CACFP Specialists names, contact information, and the territory they serve is listed below. If you have questions regarding the CACFP, please contact your CACFP Specialist directly:

B. Changing Your Password

From the side bar menu on the left, click **“Maintenance”** and a drop down menu will appear.

Superintendent of Public Instruction
Child and Adult Care Food Program

Program Home Programs Exit

THE CACFP MESSAGE BOARD

Last Updated March 15, 2011

Welcome to the CACFP!

CACFP Specialists names, contact information, and the territory they serve is listed below. If you have questions regarding the CACFP, please contact your CACFP Specialist directly:

Click **“Change Password”** and this screen will appear:

Security Setup

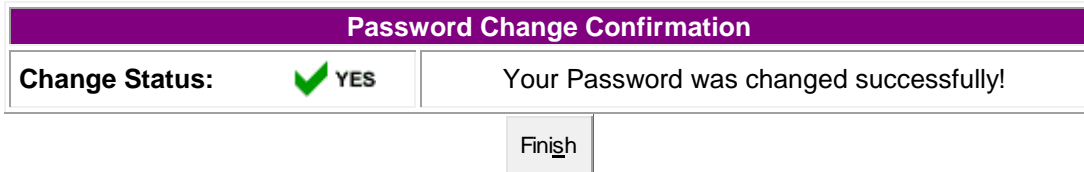
Change Password	
Name:	<input type="text"/>
Login ID:	<input type="text"/>
Current Password:	<input type="password"/>
New Password:	<input type="password"/>
Confirm New Password:	<input type="password"/>

Enter your current password. The default password for new users is “beta”.

Enter your new password. Do not use “beta”. Passwords may be up to 12 characters long and may contain letters, numbers or a combination.

Confirm the new password you have selected by typing it again in the “**Confirm New Password**” field.

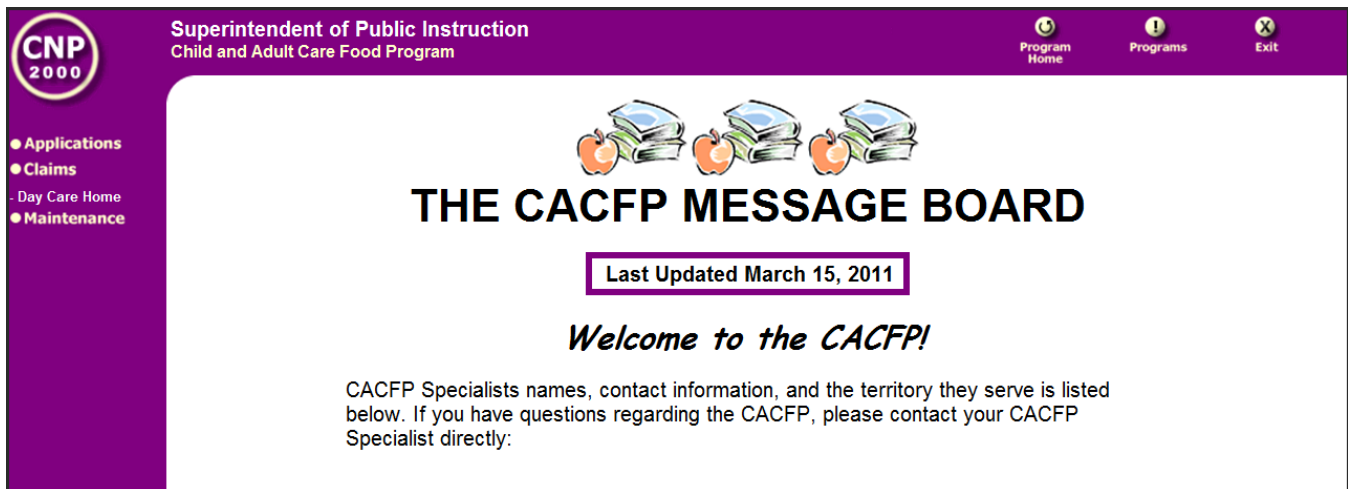
After entering your password, click “**Submit**” and this screen will appear:



Click “**Finish**” and you will return to the main menu.

Forgot your password? Contact OSPI Child Nutrition Services at 360-725-6200 to request a password reset. Only the person listed on your User Authorization (UA) form, can request a password reset.

C. Submitting an Electronic Claim – Click “Claims” and this screen will appear:



Click “Day Care Home” and this screen will appear.

Day Care Home Program Claim Form

Please select a program year		
Program Year	Begin Date	End Date
2012	10/01/2011	09/30/2012
2011	10/01/2010	09/30/2011
2010	10/01/2009	09/30/2010

Select the “Program Year” to enter a new or revised claim. Remember, the CACFP fiscal year starts with October and runs through September. If you want to submit a claim for October 2011, then select Program Year 2012. Select and click “Program Year” and this screen will appear:

Child & Adult Care Food Program Day Care Home Claim Entry

Child & Adult Care Food Program		
▼ Program Year: 2011–12		
Sponsor Name	Participant Number	Action
Washington Day Care Home	00009999	Select

Click “Select” under the column heading “Action” and this screen will appear:

Child & Adult Care Food Program Day Care Home Claim(s)

Sponsor Information				
Sponsor Name		Participant Number		
Washington Day Care Home		00009999		
Select a Claim Month				
Program Year: 2011–12				
Claim Month	Revision Number	Claim Status	Month to Date	
			Earned Amount	Amount Paid
10/1/2011				
11/1/2011				
12/1/2011				

Click the **claim month** date and this screen will appear. Note, before you upload claim data from Minute Menu you must first successfully upload provider application data from Minute Menu. Contact the Child Nutrition Fiscal Section for assistance in uploading the Minute Menu provider application files.

Child & Adult Care Food Program Day Care Home Claim(s)

Monthly Claim Form					
Sponsor Name	Participant Number	Month Claimed	Program Year		
Washington Day Care Home	00009999	Oct 2011	2011 - 2012		
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
Currently, there are no claims for this Sponsor.					

For manual entry of provider claim(s), click **“Add Claim”**. Otherwise, to upload provider claims follow the below instructions:



Upload Day Care Home Provider Claim Information

To Upload a file:

1. Click on the "Browse" button to find the file on your computer.
2. Once you locate the file, click the "Open" button.
3. When finished with the above steps, click on the "Upload" button.

* The upload may take a few minutes. Thank You for your patience.

By clicking the 'Upload' button below, I certify that all uploaded claim information is true and correct and records are available that support the claim and is in accordance with the terms of the existing Agreement.

Once you have uploaded the claim, look in the **“Action”** column below and click on **“Modify”** to see the provider claim list.

Child & Adult Care Food Program Day Care Home Claim(s)

Monthly Claim Form								
Sponsor Name	Participant Number	Month Claimed	Program Year					
Washington Day Care Home	00009999	October 2011	2011 - 2012					
Claim(s)								
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action			
Original	11/25/2011		\$1,904.40	Not Submitted	View	Modify	Delete	Recap

**Family Day Care Home Sponsor
Provider Claim List**

00009999

Washington Day Care Home

PO Box 999

Olympia, WA 98501-0000

Month Claimed	Revision Number	Received Date	Submission Type
October 2011	0	11/25/2011	Original Claim

[View Reimbursement Statement](#)

Administrative Cost
\$0.00 Total Administrative Cost

Provider Search	
Search By <input type="text"/>	<input type="text"/> <input type="button" value="Search"/>

Note: The list below only includes providers with an approved application.

Provider Information					Rows Returned: 58	
Provider Name (Last, First)	Provider ID #	Tier	Current Earned Amount	Reimbursement Amount	Errors	Action
Alpha, John	111111	Tier 1	\$820.07	\$0.00	0	Modify Delete
Beta, Bob	222222	Tier 1	\$424.11	\$0.00	0	Modify Delete
Cool, Jim	3333	Tier 2 Low	\$342.22	\$0.00	0	Modify Delete
Total Earned Amounts			\$1,586.40	\$0.00		\$1,586.40

< Claim Month Detail	Submit For Payment	Finished
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Enter your administrative costs. Click on “**Total Administrative Cost**” and the following screen will appear:

**Family Day Care Home Sponsor
Claim Costs**

00009999

Washington Day Care Home

P.O. Box 999

Olympia, WA 98501-000

Month Claimed	Revision Number	Received Date	Submission Type
October 2011	0	11/25/2011	Sponsor Revision

Administrative Costs

1.	150.00	Administration Labor
2.	20.00	Administration Supplies
3.	100.00	Administrative Services
4.	50.00	Administrative Per Diem
5.	0.00	Education/Training
6.	0.00	Less Total Program Income Enter as positive number

\$320.00 Total Administrative Costs

Created By:

Modified By:

< Return to Provider List	Save and Continue
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Enter the sponsor administrative costs such as labor, supplies, administrative services, per diem, education/training expenses, and program income. When finished, click on **Save and Continue** button and the following screen will appear:

**Family Day Care Home Sponsor
Provider Claim List**

00009999

Washington Day Care Home

PO Box 999

Olympia, WA 98501-0000

Month Claimed	Revision Number	Received Date	Submission Type
October 2011	0	11/25/2011	Original Claim

[View Reimbursement Statement](#)

Administrative Cost
\$320.00 Total Administrative Cost

Provider Search	
Search By <input type="text"/>	<input type="text"/> <input type="button" value="Search"/>

Note: The list below only includes providers with an approved application.

Provider Information					Rows Returned: 58	
<u>Provider Name</u> (Last, First)	<u>Provider ID #</u>	<u>Tier</u>	<u>Current Earned Amount</u>	<u>Reimbursement Amount</u>	<u>Errors</u>	<u>Action</u>
Alpha, John	111111	Tier 1	\$820.07	\$0.00	0	Modify Delete
Beta, Bob	222222	Tier 1	\$424.11	\$0.00	0	Modify Delete
Cool, Jim	3333	Tier 2 Low	\$342.22	\$0.00	0	Modify Delete
Total Earned Amounts			\$1,586.40	\$0.00		\$1,586.40

< Claim Month Detail	Submit For Payment	Finished
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Check the provider claim list for **errors**. Click twice on "**Errors**" to sort provider claim errors to the top of the list. Under the "**Action**" column, click on "**Modify**" to review a provider claim and the following screen will appear:

Family Day Care Home Claim for Reimbursement

00009999

Washington Day Care Home

P.O. Box 999
Olympia, WA 98501-0000

111111

Alpha, John

100 North Street
Anywhere, WA 00000-0000

Month Claimed	Revision Number	Received Date	Submission Type
October 2011	1	11/25/2011	Sponsor Revision

Attendance Reporting

1. Total Number of Days Meals were provided during claim period	28
2. Total Attendance - Number of participants that were served at least one meal during the claim period	218
3. Total Enrollment - Number of participants enrolled for care	12
4. Average Daily Attendance	7

Meals/Snacks Served

	Tier I	Tier II High	Tier II Low
5. Number of Breakfasts served	95	0	0
6. Number of AM Snacks served	28	0	0
7. Number of Lunches served	101	0	0
8. Number of PM Snacks served	159	0	0
9. Number of Suppers served	133	0	0
10. Number of Late Snacks served	44	0	0

Created By:

Modified By:

Review the provider claim for error message(s). At times you must first make corrections to the provider application then to the provider claim. To return to the provider claim list, click **"Return to Provider List"**. Make the necessary corrections to the claim then click **"Save"** and the following screen will appear:

**Family Day Care Home Sponsor
Provider Claim List**

(View Only)

00009999

Washington Day Care Home

P.O. Box 999

Olympia, WA 98501-0000

Month Claimed	Revision Number	Received Date	Submission Type	
October 2011	0	11/25/2011	Original Claim	View

[View Reimbursement Statement](#)

Administrative Cost
\$320.00 Total Administrative Cost

Note: The list below only includes providers with an approved application.

Provider Information					Rows Returned: 58	
<u>Provider Name</u> (Last, First)	<u>Provider ID #</u>	<u>Tier</u>	<u>Current Earned Amount</u>	<u>Reimbursement Amount</u>	<u>Errors</u>	<u>Action</u>
Alpha, John	111111	Tier 1	\$820.07	\$0.00	0	Modify Delete
Beta, Bob	222222	Tier 1	\$424.11	\$0.00	0	Modify Delete
Cool, Jim	333333	Tier 2 Low	\$342.22	\$0.00	0	Modify Delete
Total Earned Amounts			\$1,586.40	\$0.00	Net Earnings \$1,586.40	

< Claim Month Detail	Submit For Payment	Finished
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Once the claim is free of errors, agree the “**Total Earned Amounts**” to the “**Claim Recap**”. Click on “[View Reimbursement Statement](#)” to view the “**Claim Recap**” and the following screen will appear:

**Child Care Home Sponsor
Claim Recap**

Claim Information				
Sponsor Name	Agreement Number	Claim Date	Revision No.	Reference No.
Washington Day Care Home	00009999	10/1/2011	0	00001

Attendance Reporting

	Tier I	Tier II All (High)	Tier II All (Low)	Tier II Mixed	Total
Number of Homes Participating	2	0	1	0	3
Avg Daily Attendance Reported	50	0	20	0	70

Number of Days of Operation	31
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Provider Reimbursement			
Description	Meals	Rate	Reimbursement Amount
Breakfast Tier I	300 x	1.2400 =	\$372.00
Breakfast Tier II High	0 x	1.2400 =	\$0.00
Breakfast Tier II Low	300 x	0.4400 =	\$132.00
AM Snacks Tier I	300 x	0.6900 =	\$207.00
AM Snacks Tier II High	0 x	0.6900 =	\$0.00
AM Snacks Tier II Low	300 x	0.1900 =	\$57.00
Lunch Tier I	220 x	2.3200 =	\$510.40
Lunch Tier II High	0 x	2.3200 =	\$0.00
Lunch Tier II Low	220 x	1.4000 =	\$308.00
PM Snacks Tier I	0 x	0.6900 =	\$0.00
PM Snacks Tier II High	0 x	0.6900 =	\$0.00
PM Snacks Tier II Low	0 x	0.1900 =	\$0.00
Supper Tier I	0 x	2.3200 =	\$0.00
Supper Tier II High	0 x	2.3200 =	\$0.00
Supper Tier II Low	0 x	1.4000 =	\$0.00
Night Snacks Tier I	0 x	0.6900 =	\$0.00
Night Snacks Tier II High	0 x	0.6900 =	\$0.00
Night Snacks Tier II Low	0 x	0.1900 =	\$0.00
Total Provider Reimbursement			\$1,586.40

Home Rates			
Effective Date: 07/01/2011 to 06/30/2012			
	Homes	Rate	Home Earnings
0 - 50 Homes	3 x	\$106.00 =	\$318.00
51 - 200 Homes	0 x	\$81.00 =	\$0.00
201 - 1000 Homes	0 x	\$63.00 =	\$0.00
Over 1000 Homes	0 x	\$55.00 =	\$0.00
Total Home Earnings			\$318.00

Administrative Costs	
Labor	\$150.00
Supplies	\$20.00
Administrative Services	\$100.00
Per Diem	\$50.00
Education/Training	\$0.00
Less Total Program Income	\$0.00
Total Costs Expenditures	\$320.00

Administrative Payment Summary			
Month	Admin Costs	Budget	Homes x Rates
10/1/2011	\$320.00	\$350.00	\$318.00
11/1/2011	0	0	0
YTD Totals	\$320.00	\$350.00	\$318.00

Claim Earnings Totals			
Description	Food	Admin	Earnings Total
Current Earnings:	\$1,586.40	\$318.00	\$1,904.40
Previous Paid:	\$0.00	\$0.00	\$0.00
Net Earnings:	\$1,586.40	\$318.00	\$1,904.40
Advance(s) Recovered:	\$0.00	\$0.00	\$0.00
Repayment(s) Recovered:	\$0.00	\$0.00	\$0.00
Net Claim Total:	\$1,586.40	\$318.00	\$1,904.40

* Advance recovered is for current claim only

If you are ready to submit the claim for payment, click the **Submit For Payment** button then the **Finished** button and the following screen will appear:

**Child & Adult Care Food Program
Day Care Home Claim(s)**

Sponsor Information	
Sponsor Name	Participant Number
Washington Day Care Home	00009999

Select a Claim Month				
<input checked="" type="checkbox"/> Program Year: 2011 - 2012 <input type="checkbox"/>				
Claim Month	Revision Number	Claim Status	Month to Date	
			Earned Amount	Amount Paid
10/1/2011	0	OK To Pay	\$1,904.40	\$0
Year-to-Date Totals			\$1,904.40	\$0

Congratulations! You have successfully entered your claim in the CNP 2000 database. The **“Claim Status”** is now deemed **“OK to Pay”**.

Note: If you are unable to fix provider claim errors, contact Glenn Potter at (360) 725-6214 or by e-mail at glenn.potter@k12.wa.us. If Glenn is unavailable, contact Jeff Booth at (360) 725-6217 or by e-mail at jeff.booth@k12.wa.us.