

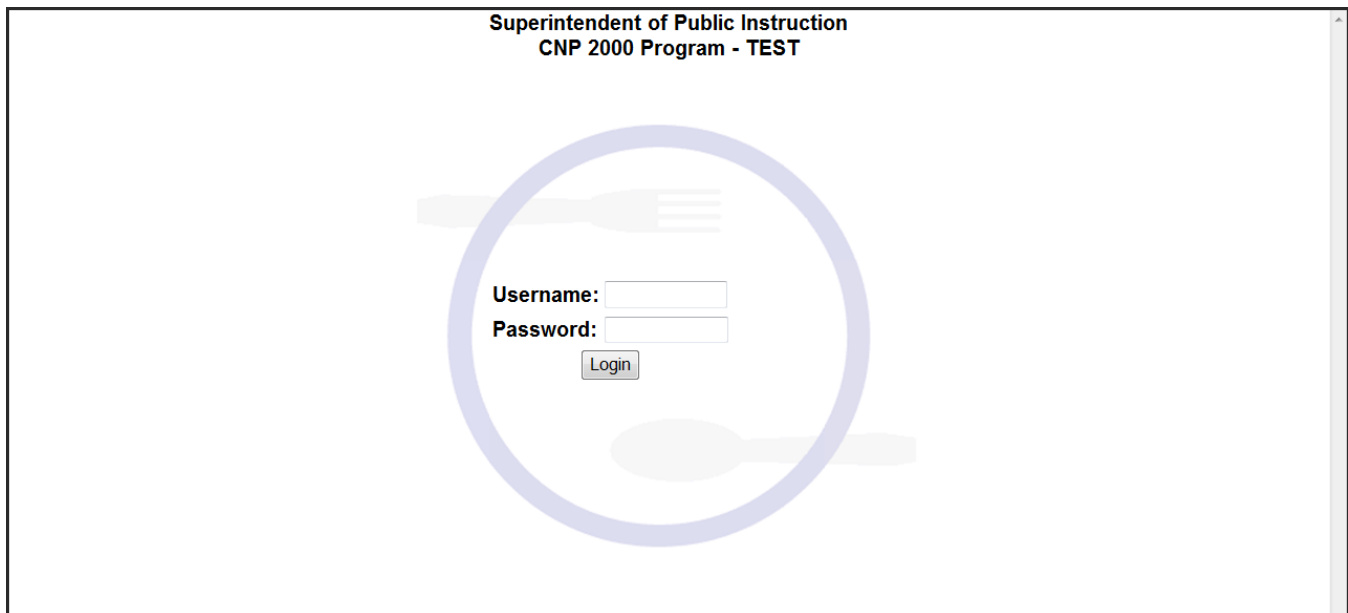
OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION (OSPI)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
Childcare Center Electronic Claim Instructions

Following are the instructions for filing an 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 or click on the hyperlink to take you to the Child Nutrition Program (CNP) 2000 login page:

<http://ccglink.com/washington>



Superintendent of Public Instruction
CNP 2000 Program - TEST

Username:
Password:

Type your **username**, which is your eight digit agreement number (no hyphens) followed by the initials of your first and last name (i.e., 12345678aa). An institution 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:

CNP 2000 Superintendent of Public Instruction
Child and Adult Care Food Program

Program Home Programs Exit

● Applications
● Claims
● Maintenance



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.

CNP 2000 Superintendent of Public Instruction
Child and Adult Care Food Program

Program Home Programs Exit

● Applications
● Claims
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Change Password



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

Security Setup


Change Password	
Name:	<input style="width: 95%;" type="text"/>
Login ID:	<input style="width: 95%;" type="text"/>
Current Password:	<input style="width: 95%;" type="password"/>
New Password:	<input style="width: 95%;" type="password"/>
Confirm New Password:	<input style="width: 95%;" type="password"/>

Enter your current password.

Enter your new password. 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:

Password Change Confirmation		
Change Status:	 YES	Your Password was changed successfully!

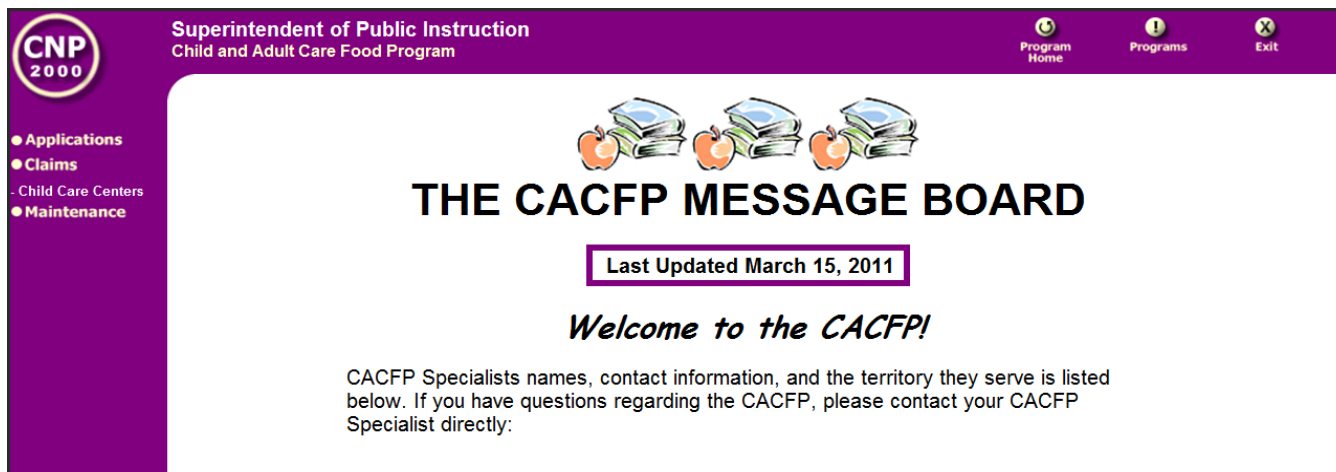
Finish

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:



Superintendent of Public Instruction
Child and Adult Care Food Program

Program Home Programs Exit

● Applications
● Claims
● Child Care Centers
● Maintenance

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Click “**Child Care Centers**” and this screen will appear.

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

**Child & Adult Care Food Program
Childcare Center Claim Entry**

Child & Adult Care Food Program		
<input type="checkbox"/> Program Year: 2011–12		
Institution Name	Participant Number	Action
		Select

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

**Child & Adult Care Food Program
Childcare Center Claim(s)**

Institution Information				
Institution Name			Participant Number	
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				
1/1/2012				
2/1/2012				

Select the claim month date that corresponds to the month meals served are being submitted for reimbursement. A reimbursement claim can only be for one calendar month and must be a month the institution is approved to claim meals.

Click the claim month date and this screen will appear:

**Child & Adult Care Food Program
Childcare Center Claim(s)**

Monthly Claim Form					
Institution Name	Participant Number	Month Claimed	Program Year		
		October 2011	2011-12		
Claim(s)					
Revision Number	Received Date	Paid Date	Claim Amount	Status	Action
Currently, there are no claims for this Institution.					

D. Claim for Reimbursement – Click “Add Claim” and this screen will appear:

Monthly Claim Form			
Institution Name	Agreement Number	Month Claimed	Claim No.
		October 2011	Original

Submission Type:	Original Claim	Received Date:	11/12/2011
Authorized Signature:	<input style="width: 100%; height: 20px;" type="text"/>		

Attendance Reporting					
	Childcare	Head Start	Outside School Hours	Emergency Shelter	At Risk (ASCS)
Number of Sites Claiming	0	0	2	0	5
Average Daily Attendance	0	0	58	0	276

Number of Days Meals were Provided	21
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The claim form has several sections and each section must be filled out correctly before it can be paid.

Click “**Authorized Signature**”, and a drop down menu box will appear with the names of the individuals who are authorized to sign the claim. Select your name from the list. If your name is not listed, you are not authorized to enter claims and must exit the program.

Attendance Reporting Section:

Number of Sites Claiming: Enter the total number of sites claiming under the correct center category (Childcare, Head Start, Outside School Hours, Emergency Shelter, and At-Risk). The category you will claim under is determined from your site application.

Note: If you are listed as an “ECEAP” provider, you will claim under the Childcare category. Only an approved site can claim meals.

Average Daily Attendance: Enter the average daily attendance. To do this, take the total number of children who attended for the month and divide that number by how many days the center was open. For example, if the total attendance was 1,500 and the centers were open for 22 days; divide 1,500 children by 22 days, and you’ll get an average daily attendance of 68.18 children per day. Since you cannot claim a part of a child you would round this number up to 69.

If eligible to claim snacks under the Childcare and At-Risk categories, enter the number of sites claiming and the average daily attendance under both of these categories.

Number of Days Meals Were Provided: Enter the total number of days the center was open and served meals for the month. If there is more than one site, enter the number for the site that was open the most number of days for the month.

Income Eligibility Section:

Income Eligibility					
30 Day Study Month Period		Number of Free	Number of Reduced	Number of Above-Scale	Total
From Date	To Date				
09/01/11	09/30/11	28	41	79	148

The numbers above come from the study month and represent the number of children eligible for these categories. Numbers entered here will carry forward to future claims and should not be changed unless another study month is completed. Institutions must keep backup documentation on the number of eligible children.

30 Day Study Month Period: Enter the beginning and ending dates of your study month. The study month may be one calendar month, or it may run mid-month to mid-month. The study month cannot exceed 30 days and the first day counts as day one. Be sure to include weekends and holidays. All sites must be open and have children enrolled and in attendance for the entire study month.

Number of Free: Enter the number of free from the study month.

Number of Reduced: Enter the number of reduced from the study month.

Number of Above-Scale: Enter the number of above-scale from the study month.

Total: Enter the total number of free, reduced, and above-scale.

Meals Served Section:

Meals Served			
	Meals Served (Exclude Emergency Shelter)	Emergency Shelter Meals Served Only	At-Risk Meals Only
Breakfast	101	0	0
AM Snacks	0	0	0
Lunch	0	0	0
PM Snacks	0	0	4,220
Supper	1,000	0	0
Evening Snacks	0	0	0
Total	1,101	0	4,220

Only approved meals can be claimed for reimbursement. These are the meals approved on your site application. Childcare centers cannot claim any meals served to adults and visitors. To be able to claim any additional meal categories or to change the times you are currently serving meals, a revised site application must be approved by OSPI before you can start claiming those meals. If you are adding a new site, contact your program specialist and send a copy of the license to OSPI. A new study month must be done. No meals for the additional site can be claimed until it has been approved by OSPI.

Enter the number of meals served under the column “**Meals Served (Exclude Emergency Shelter)**”. This applies to Childcare, Head Start, ECEAP, and Outside School Hours sites (exclude emergency shelter sites). If you also claimed At-Risk snacks, do not add this to your total.

Enter the number of meals served under the column “**Emergency Shelter Meals Served Only**” for Emergency Shelter sites.

Enter the number of meals served under the column “**At Risk Meals Only**” for At-Risk sites.

Attendance Detail For-Profit Site: This section applies only to For-Profit Institutions. If you have more than one site, enter numbers for each site. This screen represents the for-profit portion of the claim form:

Attendance Detail For-Profit Site						
Site Name	License Capacity	Total Enrollment	Number Title XX Eligible Enrolled	Number of Free and Reduced Eligible Enrolled	Percent Eligible	Not Claiming Indicator
					%	<input type="checkbox"/>
If the site listed above is not claiming meals for this claiming period please check the 'Not Claiming' Indicator check box.						

Site Name: The computer system will automatically fill in this block.

License Capacity: This is a fixed number and cannot be changed. It is taken from the license. If the license capacity has changed you must send our office a copy of the new license.

Total Enrollment: Enter the total enrollment for the month.

Number of Free and Reduced-Price Eligible Enrolled: Enter the number of Free and Reduced-Price eligible children added together, who attended for the month.

Percent Eligible: The computer will calculate this number.

Not Claiming Indicator: For centers with multiple sites. If one of those sites is not claiming meals, then check this box.

Year to Date (YTD) Operating Costs: Institutions with two or more sites and who use CACFP meal reimbursement for administrative expenses must report the YTD operating costs on the July, August, and September claims.

YTD Operating Costs	
Year to date operating costs are:	\$

Operating Costs: Are incurred by an institution serving meals to participants and include food purchases, labor related to meal service, non-food supplies, and other miscellaneous costs related to the meal service.

Administrative Costs: Costs incurred by an institution related to planning, organizing, and managing a food service under the CACFP and allowed by the state agency financial management instruction.

CACFP regulations established an upper limit on the percentage of the meal reimbursement that institutions can retain for their administrative costs. This limit applies only to institutions of two or more sites. An institution's retention of funds for administrative costs is limited to 15 percent of the total meal reimbursement earned by the institution. A warning will appear if the YTD operating costs reported are less than 85 percent of the meal reimbursement. If YTD operating costs are less than 85 percent of the meal reimbursement on the September claim, the final claim for the fiscal year, a warning error will occur. The claim will still be processed. However, each institution will need to review their accounting records and ensure all operating costs are recorded correctly.

Certification Statement: Read the certification statement and verify the claim data is correct. All backup documentation must be kept on file for this claim.

I CERTIFY THAT this claim is true and correct; that records are available to support this claim; that it is in accordance with the terms of existing Agreement(s); and that payment therefore has not been received. If a proprietary center, compensation is based on free and reduced-price eligibility for not less than 25 percent of total enrollment or license capacity, as indicated on the site eligibility attachment. For multiple sites, each site meets the 25 percent criteria.

Submit

To submit your claim click **“Submit”** and this screen will appear:

**Childcare Centers
Reimbursement Claim**

Claim Information			
Institution Name	Agreement Number	Month Claimed	Claim No.
		October 2011	1 Ref No. 00000

Claim Approved

Claim Totals			
Description	Meals	Cash For Commodities	Reimbursement Total
Current Claim:	\$0.00	\$0.00	\$0.00
Previous Paid Claims:	\$4,493.56	\$202.50	\$4,696.06
Net Claim Total:	\$4,493.56	\$202.50	\$4,696.06

* Note: Repayment recovery amounts are not included in the values above.

* See the claim recap/summary screen for repayment amounts.

Claim Errors
There were no errors on this claim

< Back	Input Another Claim	View Claim Details
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If you received the message: **“There were no errors on this claim”**, then the claim has passed all **“I”** error edits. You may **“Input Another Claim”** or **“View Claim Details”**.

Claim Errors

There are two types of errors:

- **“I”** errors will stop the claim from being paid and must be corrected.
- **“A”** errors are warnings. Review your **“A”** errors. If you believe the claim is correct, then you can ignore **“A”** errors.

If you are unable to fix the error, contact Glenn Potter for assistance at 360-725-6214 or by e-mail at glenn.potter@k12.wa.us. Claims with errors are not left in the system. During claim processing, Glenn will printout claims in error and delete them from the system. You will have to resubmit your claim.

Click the **“View Claim Details”** and this screen will appear:

Child Care Centers Claim Recap

Claim Information			
Institution Name	Agreement Number	Month Claimed	Claim No.
		October 2011	Original Ref No. 149480
Attendance Reporting			
Number of Days Meals were Provided			22
Total Average Daily Attendance			270

Income Eligibility Categories			
Number of Free 28	Number of Reduced Price 41	Number of Paid 79	Total 148
Percent of Free 18.92%	Percent of Reduced Price 27.7%	Percent of Paid 53.38%	Total % 100%
Breakfast	Meals	Rate	Reimbursement
Free	27	1.4800	\$39.96
Reduced - Price	40	1.1800	\$47.20
Above Scale	78	0.2600	\$20.28
Total	145	N/A	\$107.44
Supper	Meals	Rate	Reimbursement
Free	172	2.7200	\$467.84
Reduced - Price	252	2.3200	\$584.64
Above Scale	487	0.2600	\$126.62
Cash-In-Lieu	911	0.2025	\$184.47
Total	911	N/A	\$1,363.57
At-Risk Meals	Meals	Rate	Reimbursement
PM Snack - Free	3,346	0.7400	\$2,476.04
Total Meals	3,346	N/A	N/A
Total			\$2,476.04
Claim Total			\$3,947.05

Claim Earnings Totals			
Description	Meals	Cash-In-Lieu of Commodities	Earning Total
Current Earnings:	\$4,493.56	\$202.50	\$4,696.06
Previous Earnings:	\$0.00	\$0.00	\$0.00
Claim Reimbursement:	\$4,493.56	\$202.50	\$4,696.06
Repayment(s) Recovered:	\$0.00	\$0.00	\$0.00
Net Claim Total:	\$4,493.56	\$202.50	\$4,696.06

Congratulations! You have successfully entered your claim in the CNP 2000 database. To exit, click on the exit button in the upper right-hand corner of the screen.