



# Child and Adult Care Food Program

## Sponsoring Organizations of Day Care Homes

# Internet Contract Manual

Version 10.0

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For sponsors that have a permanent agency code with DPI

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**Table of Contents**

**Pages**

**Overview of Application Process** .....4-9

- Outline of Application
- Documents to be **uploaded**

**Basic Navigation Instructions** ..... 10

**Logging on to the Website** ..... 11-15

- Starting the FNS Web Pages
- Renew Via Annual Certification

**Application Completion Process**

- General Information ..... 16
- CFDA Audit Reporting Information ..... 17
- Governing Board ..... 18
- Additional Board Members ..... 19
- Board Information/Meetings ..... 20-21
- Internal Controls..... 22
- Organizational Capability..... 23-24
- Publicly Funded Program (PFP) Information ..... 25
- Monitoring Ratios..... 26-27
- Staffing Personnel ..... 28-30
- Program Information ..... 31
- Management Plan/Practices – Part A ..... 32-33
- Management Plan/Practices – Part B ..... 34
- Management Plan/Practices – Part C ..... 35
- Management Plan/Practices – Part D ..... 36

Budget Summary Information.....37-38

Financial Management Plan/Practices.....39-41

Financial Plan Documents.....42-43

Advance Request Information.....44

Attachments.....45

Certification Page.....46

CACFP Contract Confirmation.....47

**Amending the Submitted CACFP Application .....48**

## Overview of Application Process

The Child and Adult Care Food Program (CACFP) requires the annual submission of an application to participate in the CACFP. This Manual will help you through the on-line application process. If you have any questions after reading through the Manual please contact your assigned consultant by phone or email.

### *What will an on-line application do for you?*

Decrease the time you spend on the application process! Much of the information that will be entered the first year using this system will 'roll-over' the following year and require that your Agency only update the information that has changed from the prior year.

### *Why is it important to follow this Manual?*

The Manual provides you with step-by-step instructions for each screen you will need to complete. Following these instructions will help prevent loss of data.

### *What do you need to know prior to entering the application information?*

You need to be prepared BEFORE sitting down at the computer to complete the application process. The following is an outline of what will be asked for:

- **Name, phone number and email address of the person completing the online application**

#### 1. **General Information:**

- name, address, phone number of the sponsoring agency
- sponsoring agency's Federal Employer Identification Number (FEIN)
- authorized representative information, including date of birth
- executive director information, if applicable, including date of birth
  - Executive Director is defined as the Chief Executive Officer or managing director of an organization, company, or corporation. The role of the Executive Director is to design, develop and implement strategic plans for the organization. The Executive Director is also responsible for the day-to-day operation of the organization, including managing committees and staff and developing business plans in collaboration with the board for the future of the organization. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

➤ **The Authorized Representative and the Executive Director cannot have a business relationship with the Governing Board, other than serving as the Authorized Representative of the Executive Director**

- agency contact information
- estimated number of enrolled children in all approved homes
- total number of approved homes
- method of reimbursement
- decision on commodity foods or cash-in-lieu

2. **CFDA Audit Reporting Information:**

- audit reporting requirement – all federal programs and amount(s) expended during the previous federal fiscal year

3. **Governing Board :**

- governing board data, including names, addresses, dates of birth and **email addresses. The Board President must list an email address that is different from the Authorized Representative.**

4. **Additional Board Members:** Create a separate record for each additional board member; **only list additional board members that have voting rights**

4. **Governing Board Information:**

1. answer Yes or No: Do any of the board members have a financial interest in your agency?
  - i. If answering Yes list the board member(s) name and describe the financial interest. The majority of the board members cannot have a financial interest in your agency.
  - ii. Financial interest is defined as anything of monetary value, including but not limited to salary, consulting fees, honoraria, equity interests (e.g., stocks, stock options, or other ownership interests), interests in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt. A majority is defined as greater than 50% of the total board members, rounding up to the next whole number.
2. answer Yes or No: Are any of the board members family-related to any agency personnel performing CACFP duties as listed on the Staffing Personnel page of the online application?
  - i. Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses/ partners of the children, grandchildren, great grandchildren and siblings.
  - ii. Staff listed in the online application as performing CACFP duties cannot be family related to any member of the board. Make any organization structure changes to meet this requirement. Contact your assigned DPI consultant if you have any questions.

3. answer Yes or No: Are any of the board members family-related to each other?
  - i. The board members cannot be family members of each other. Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses/ partners of the children, grandchildren, great grandchildren and siblings
4. answer Yes or No: Is the Executive Director or the Authorized Representative a member of the board of directors?
- 4a. if answering Yes, do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board's decision regarding their salary or other human resource issues that affect them, such as hiring and firing? O Yes O No
  - i. The Executive Director or the Authorized Representative cannot vote on issues regarding their salary or other human resource issues that affect them, such as hiring and firing. Contact your assigned DPI consultant if you have any questions.
5. answer Yes or No: Is the Executive Director or the Authorized Representative family-related to any member of the board?
  - i. The Executive Director or Authorized Representative cannot be family related to any member of the board. Please make any organization structure changes to meet this requirement. Contact your assigned DPI consultant if you have any questions.
6. enter the number of board members employed by the agency.
  - i. A maximum of one board member may be employed by your agency.
  - ii. If the agency's bylaws, articles of incorporation or board policies and procedures require an employee to be a member of the board it is allowed to have one member of the board (e.g. clergy) by employed by the agency (e.g. church). This board member must not be listed in the online application as performing any CACFP duties.

**Governing Board Meetings:**

- schedule of governing board meetings
5. **Organizational Capability: The following four items were previously uploaded as part of the online application. Upload pdf versions of all documents. Upload new documents ONLY if there have been changes since the last submission.**
    - organizational mission statement
    - organizational bylaws
    - organizational chart
    - outside employment policy

**6. Internal Controls:**

- termination for cause inquiry specific to organization and staff
- National Disqualified List inquiry specific to organization and staff
- disbarment inquiry specific to organization and staff
- personnel policy regarding outside employment
- procurement procedures
- effective date of household size-income statement determinations – **Revised for FFY 2016: Select one of two methods to be used to establish the effective determination date of the approved Household Size-Income Statements.**

**7. Publicly Funded Programs (PFP) Information:**

- publicly funded programs in which your agency and/or its principals have participated in for the last seven (7) years
- inquiry regarding disqualification of your agency and/or its principals from any publicly funded program for violating that programs' requirements
- Do not delete existing records listing past participation in publicly funded programs.

**8. Monitoring Ratios: Upload a current job description for each person listed as performing monitoring duties. Upload pdf versions of all documents. If the same job description is applicable to more than one person upload the same document for each applicable person. **Upload new documents ONLY if there have been changes since the last submission.****

- Information on all staff persons performing monitoring duties, including total hours worked per year, total non-CACFP hours worked, total CACFP non-monitoring hours worked and net total hours spent on CACFP monitoring duties

**9. Staffing Personnel:**

- name of person(s) with various management responsibilities, titles, and dates of birth

**10. Program Information:**

- program records-documents that providers have copies of in their day care home
- program service area-counties to which your organization will provide program service during the upcoming year
- program outreach-estimated number of new homes to be enrolled during the upcoming year

**11. Management Plan/Practices – Part A**

- method(s) used to recruit new day care home providers
- agency policies, procedures and timeframes for:
  - child care regulation

- CACFP enrollment
- tiering

## 12. Management Plan/Practices – Part B

- agency policies, procedures and timeframes for:
  - edit checks
  - meal pattern compliance
  - meal service documentation

## 13. Management Plan/Practices – Part C

- agency policies, procedures and timeframes for:
  - training of providers
  - training and monitoring of agency staff
  - pre-approval visits and reviews of day care homes

## 14. Management Plan/Practices – Part D

- agency policies, procedures and timeframes for:
  - serious deficiency/termination
  - civil rights
  - retention of all Program records

## 15. Budget Summary Information:

## 16. Financial Management Plan Document(s): **Revised for FFY 2016 – Upload all relevant budget support documentation**

## 17. Financial Management Practices:

- cost allocation plan, for CACFP-funded personnel, office and/or operational space, supplies and equipment
- methods for disbursement of CACFP reimbursement within 5 working days of receipt from WDPI
- agency plans for repayment in event of a **provider** overpayment
- agency-specific financial management system information on:
  - accounting system
  - plans for backup system if the agency's accounting system is inoperable
  - procedures for tracking and reporting administrative costs/reimbursement and tracking specific cost line items and/or programs including comparing CACFP expenses to the approved CACFP budget

- agency procedures to handle a delay or interruption of Program funds, including source and amount of funds that would be available
- agency procedures for repayment of fiscal claims, including source and amount of funding
- agency safeguards and controls to prevent and detect improper financial activities
- agency policy on collecting overclaims from providers - **New for FFY 2016**

**18. Advance Request Information:**

- Decisions and information on operational and administrative advance options

**19. Attachments:** Upload all relevant documentation. Note, submission via upload is required for the following item:

- **Single Audit Report – most recent submission**
- **PI-1459-AP** (Submit a copy of the approved Permanent Agreement (PI-1459-AP) executed and approved as part of the Federal Fiscal Year 2007 CACFP application process.)

**Agency-specific Documents: Submit (via upload) the following these items as applicable:**

- Provider Training Materials
- Outreach Materials
- Orientation/Previsit Checklist
- Permanent Sponsor-Provider Agreement, PI-1425
- Agency-specific Sponsor-Provider Agreement
- CACFP Enrollment Form
- Home Review Form
- Menu Form
- Meal Count Form
- Sponsoring Organization Policies and Procedures specific to the CACFP

## **Basic Application Navigation Instructions**

**LINKS TO A PRIOR PAGE** – In order to return to a prior page/screen that you have already visited, you must click on one of the ‘links’ at the bottom of the screen. The name of the link will tell you what screen you will go to. These links are in a horizontal row at the bottom of the screen and are a different color than the regular printing on the entry pages.

Remember that you must go forward (by clicking on the “Continue” button) to the next page to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen your newly entered data **WILL NOT BE SAVED** when you return to the page.

**LINKS TO OTHER PAGES** – If a portion of text is underlined this means that if you click on this underlined text you will go to a different web page, called a “linked-page” or “link”. If you go to a link on another page by clicking on the underlined text, the next time you are in the same menu the link will be a different color. This is controlled by your browser (Netscape or Internet Explorer).

**GO BACK TO PREVIOUS PAGE** – To return to a page you were just on (or others before that) just click on the “Back” button on the Internet Menu on top of the page, on the left side of the screen.

Remember that you must go forward (by clicking on the “Continue” button) to the next page to automatically save new information that you have entered. If you simply click on the “Back” icon at the top of the screen your newly entered data **WILL NOT BE SAVED** when you return to the page.

**GO FORWARD TO A PAGE** – You may only go forward to a page by clicking on the link that will send you to the appropriate site. However, if you have used the “Back” button you may then use the “Forward” button at top of screen to return to a page you have already entered.

**TIME LIMITATIONS** – A timer starts from the moment the application site is entered. **If there is no activity at all for 30 minutes, the user will get an error message and has to return to the main “Login” screen.** Any movement on a page at all, such as going from one screen to another or even just moving to another entry field on the same page will reset the 30-minute timer. This limit is set up so that users do not log in to the FNS site and stay on it all day without entering any information.

**EXIT PROGRAM** – Blue boxes at the top of the screens include “Logout.” Click on this “Logout” box to exit from the entire program. **If exiting the system before completing the contract, be sure to click on the "Continue" button at the bottom of the screen you are working on. This will save the information from that page, backward.**

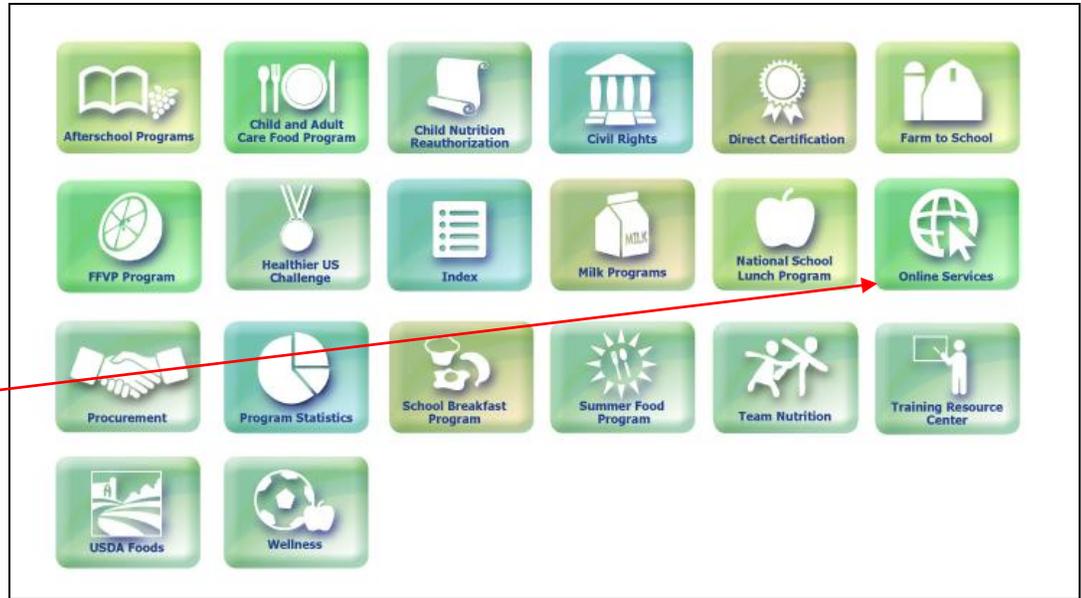
**ACCESS CONTRACT AFTER FINAL DPI APPROVAL** – After the completed agency contract has been approved by the assigned consultant at DPI, the sponsoring agency can access the contract to browse it or to submit updated information. Access the DPI site at: [http](http://)

## Logging on to the Website

### Starting the FNS Web Pages Open the Internet Browser.

You may use either Internet Explorer or Netscape. Screens will appear differently on each. Internet Explorer is recommended, but data will be accepted from either.

1. Use the mouse to click on the “Location area” at the top of the Browser page. Entire ‘address link’ should be highlighted to start with. If not, highlight it with mouse.
2. Type the following: <http://dpi.wi.gov/fns/> to replace ‘address link’. Press Enter to go to site. (**Bookmark site at this point, NOT at later pages**).
3. Click on “Online Services:



4. Then click on “Contracts and Claims”.  
A link to the Manual is also provided here.



## Logging on to the Website (Continued)

1. Enter the Agency's permanent Agency Code and Password. **Note**, the password will be the same as the password used by your agency to submit reimbursement claims. When done click on the **Submit** button.

2. Select **"Home Day Care"** from the Main Menu.

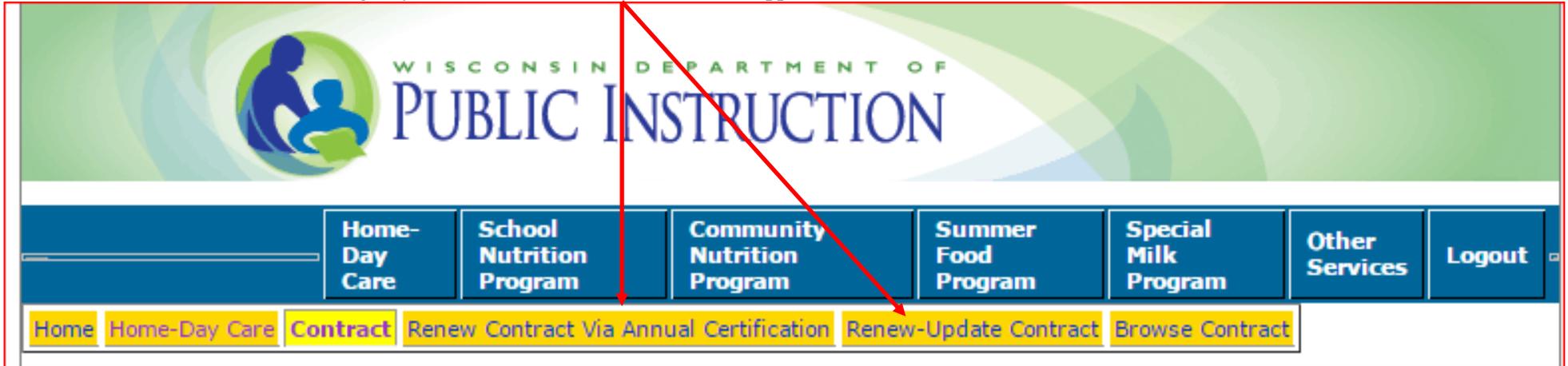


3. Select **"Contract"**



## Logging on to the Website (Continued)

**NEW for FFY 2016:** Once an agency clicks on “Contract”, two links will appear.



Per the 2010 Child Nutrition Reauthorization Institutions are no longer required to re-apply for CACFP participation after submitting the initial contract. Instead institutions are required to annually submit the following information: (a) a certification that any information previously submitted is still current, including all licenses, and (b) an updated budget.

The two links have the following functionality:

### 1. Renewal of Contract via Annual Certification

#### Renew Contract via Annual Certification

- ✓ An agency can only use this option once per year, when renewing their contract;
- ✓ All the online contract information can be reviewed and updated while renewing the contract via the annual certification function;
- ✓ This page provides an option to update each page information within the approved online contract, then return to the certification page;
- ✓ **All agencies are required to:**
  - Review, amend and update their budget as needed;
- ✓ **Any corrections/changes after the contract is submitted to DPI are only allowed via the Renew Contract option, and NOT using the Certification option.**

**NOTE:** Use of this option is recommended if there are no or few changes to be made to the online contract.

## Logging on to the Website (Continued)

### 2. Renew-Update Contract

#### Renew-Update Contract

**Used by:**

- ✓ An approved agency that has many changes to make to the online contract at the time of renewal;
- ✓ An approved agency that has online contract changes to make throughout the year; (i.e. staff changes, revised budget, etc.).

## Agency Contract Preparer/Enterer Information

Each time you enter the FNS system to submit or revise contract information, you will be asked to enter the name and contact information for the person who is entering the data.

1. Enter the “Preparer/Enterer Name and Contact Information” for the person actually entering the information or who can answer questions on the information given.
2. If you do not have an extension number leave blank
3. An email address for the Contract Preparer/Enterer is required. If you do not have an email address, type in [none@none.net](mailto:none@none.net).
4. Click on the “**Continue**” button at the bottom of page when you have finished entering the information.
5. Start entering information on the “General Information” page.

The screenshot shows the Wisconsin Department of Public Instruction web portal. At the top, there is a navigation menu with buttons for 'Home-Day Care', 'School Nutrition Program', 'Community Nutrition Program', 'Summer Food Program', and 'Logout'. Below this is a secondary menu with 'Home', 'Contract', and 'Renew Contract' buttons. The main content area is titled 'Sponsoring Organizations of Family Day Care Homes (PI-1459) Agency Contact Preparer/Enterer Information'. It includes a warning: 'Please fill in all requested information. It will be used to contact the agency for any question regarding the submitted Application data.' The form is for '716803 - Child Care Centers of Marshfield Inc' and is labeled '[Contract Preparer/Enterer Information]'. The form fields are: 'First Name' (text input), 'Last Name' (text input), 'Phone Number' (three separate numeric input boxes), 'Extension' (text input), and 'Email' (text input). A 'CONTINUE' button with a right-pointing arrow is located at the bottom of the form.

## General Information

### General Agency Information

Enter all requested information. Some fields will “pre-populate.”

1. The Agency Name, FEIN, Congressional District, Street Address, Mailing Address, Authorized Representative Name, Title, Phone Number and Email Address should have pre-populated.

➤ **The Authorized Representative and the Executive Director cannot have a business relationship with the Governing Board, other than serving as the Authorized Representative of the Executive Director**

Enter information on the agency’s Executive Director, or select “Not Applicable”

2. Enter/select missing information for CESA Number, County Name, and the Authorized Representative’s Date of Birth. (Fields with arrows have drop down boxes for selection.)

3. Enter the approximate number of enrolled children and the total number of approved homes. Select reimbursement method.

4. Make commodities or cash-in-lieu selection.

5. Click the “Continue” button when done.

Agency Name  Federal Employer Identification Number

Congressional District  CESA No.  County  Sponsor Type

**Agency Street Address**

Street Address   
 City  Zip

**Mailing Address (Enter even if it is the same as the street address listed above)**

Street/P.O. Box   
 City  State  Zip

The Authorized Representative and Executive Director cannot have a business relationship with the board, other than serving as the Authorized Representative or the Executive Director.

**Authorized Representative**

First Name  Last Name   
 Date of Birth  /  / 1952 [MM/DD/YYYY] Title   
 Phone Number  Email Address

**Executive Director**  Check if Not Applicable

First Name  Last Name   
 Date of Birth  /  / 1952 [MM/DD/YYYY] Title   
 Phone Number  Extension  Fax Number   
 Email Address

**Enrollment of Children and Day Care Homes**

Approximate Number of Enrolled Children  Total Number of Approved Homes

Phone Number  Extension  Fax Number

Email Address

**Enrollment of Children and Day Care Homes**

Approximate Number of Enrolled Children  Total Number of Approved Homes

**Reimbursement**

Select one method of reimbursement to be used for all Tier II homes

**Commodities or Cash-in-lieu**

Does your agency wish to receive commodity food or cash-in-lieu of commodities.

 **CONTINUE**

## CFDA Audit Information

### Audit Reporting Requirements

List each federal program in which your agency participated in during FFY 2014 (October 1, 2013-September 30, 2014) and the amount expended.

**NOTE:** If your agency received expenditures for a federal program and is already listed, click on the federal program's CFDA number to open the existing record and update the expenditure amount. Do not click the *New Record* button.

To add a program click the “New Record” button.

New screen appears-enter program information, then click the “Save” button.

**Note:** Enter the CFDA number **without** a decimal point. For example, 10.558 must be entered as 10558. **Ensure that the correct name is used for a given Federal Program that associates with a specific CFDA number**

To delete or update information for this program click on the CFDA number. To add another program click on the “New Record” button.

When the CDFA number is clicked a new window will open. Modify program information and/or change data and then click the “Save” button. To delete the record click the “Delete” button.

Once data for all federal programs has been entered click on the “Continue” button.

#### Sponsoring Organizations of Family Day Care Homes (FFY 2016) Audit Reporting Requirements

The Code of Federal Regulations, Title 2-Grants and Agreements Part 200 (2 CFR Part 200) establishes audit requirements. Specifically, Subpart F - Audit Requirements requires an annual audit if nonfederal entities, with a fiscal year beginning on or after December 26 2014, expend \$750,000 or more in a year in total federal awards (this amount is \$500,000 for agencies with a fiscal year beginning on or before December 26 2014). The audit threshold applies to all federal grant awards combined.

This section describes the report submission requirements for nonprofit agencies required to have an audit. To determine if your agency must have a single audit conducted complete the following table. List all federal programs for which your agency receives funding, the assigned CFDA number (found in the Catalogue of Federal Domestic Assistance found at <https://www.cfda.gov>) and the amount expended during the last fiscal year for your agency.

Copies of all completed single audit reports are required to be submitted to the Federal Audit Clearinghouse. A copy of the last completed single audit report is also required to be uploaded into your online application, on the Attachment page. If you have any question please do not hesitate to contact Cari Muggenburg at [cari.muggenburg@dpi.wi.gov](mailto:cari.muggenburg@dpi.wi.gov).

If your agency received expenditures for a federal program and it is already listed below, click on the federal program's CFDA number to open the existing record and update the expenditure amount. Do not click the *New Record* button.

#### 136824 - Wisconsin Early Childhood Association

To add a program click 'New Record' button. To delete or update from the list select the CFDA program and follow the instructions.

## Governing Board

### Governing Board

Review all listed information for the members of your governing board and revise as needed. Enter email addresses for all four governing board members. **Note: The Board President cannot list an email address that is the same as the Authorized Representative.**

When done click on the “Continue” button.

**Sponsoring Organizations of Family Day Care Homes (FFY 2016)  
Governing Board Information**

Complete the names and addresses of all current board members. Always keep the board members list updated with current information. If the same person holds multiple positions enter the name and address again for that position.

**136824 - Wisconsin Early Childhood Association**

**President**

First Name  Last Name   
 Date of Birth  /  /  [MM/DD/YYYY]

Home Address: Street   
 City  State  Zip + 4   
 Email Address

**Vice President**

First Name  Last Name   
 Home Address: Street   
 City  State  Zip + 4   
 Email Address

**Secretary**

First Name  Last Name   
 Home Address: Street   
 City  State  Zip + 4   
 Email Address

**Treasurer**

First Name  Last Name   
 Home Address: Street   
 City  State  Zip + 4   
 Email Address

 **CONTINUE**

## Additional Board Members

### Additional Members of the Governing Board

Create a separate record for each additional board member;

Only list additional board members that have voting rights.

- Click on New Record,
- Enter first and last name,
- Click Save.

**Sponsoring Organizations of Family Day Care Homes (FFY 2014)  
Additional Governing Board Members**

List the names of any additional members of your board of directors, do not list governing board officials listed on previous page.  
**Only list additional board members that have voting rights.**

**56810 - Horizons Unlimited Inc**

To add an Additional Governing Board Member, click 'New Record' button. To delete or update from the list, select a name and follow the instructions.

First Name	Last Name
Basil	Salisbury
Polly	Perfect

 **NEW RECORD**
 **CONTINUE**

To delete or update, click on the first or last name and follow the instructions.

Once all additional Board members have been entered, click **“Continue”** when done.

## Board Information/Meetings

**NOTE: If any data on the previous pages is updated, all information on this page (Governing Board Information) is automatically erased; this is an integrity edit check to ensure that current, correct information on the agency’s governing board and its relationships and financial interests are always on file as part of the CACFP application process.**

1. If Yes, list the board member(s) name and describe the financial interest. The majority of the board members cannot have a financial interest in your agency. (Financial interest is defined as anything of monetary value, including but not limited to salary, consulting fees, honoraria, equity interests (e.g., stocks, stock options, or other ownership interests), interests in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt. A majority is defined as greater than 50% of the total board members, rounding up to the next whole number.)

1. Do any of the board members have a financial interest in your agency?  Yes  No

If **Yes**, list the board member(s) name and describe the financial interest. The majority of the board members must not have a financial interest in your agency. *(Financial interest is defined as anything of monetary value, including but not limited to wages, salary, consulting fees, contracted services, honoraria, equity interests (e.g., stocks, stock options, or other ownership interests), interests in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt. A majority is defined as 50% or greater of the total board members, rounding up to the next whole number.)* [4000 characters allowed]

none

2. Are any of the board members family-related to any agency personnel performing CACFP duties as listed on the Staffing Personnel page of the online application?  Yes  No

*(Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses/partners of the children, grandchildren, great grandchildren and siblings.)*

2. Your agency must answer “No”.

Staff listed in the online application as performing CACFP duties cannot be family related to any member of the board. Please make any organization structure changes to meet this requirement. Contact your assigned DPI consultant if you have any questions.

**Board Information/Meetings (continued)**

3. Your agency must answer “No”. The board members cannot be family members of each other. Family-related members are defined as an individual's spouse, domestic partner or similar designation, and the individual's or spouse's (or domestic partner's) children, grandchildren, great grandchildren, siblings (whether by whole or half blood), and the spouses/ partners of the children, grandchildren, great grandchildren and siblings.
4. If answering “Yes” to 4, you just also answer 4a. You agency must answer 4a as “Yes”. The Executive Director or the Authorized Representative cannot vote on issues regarding their salary or other human resource issues that affect them, such as hiring and firing. Contact your assigned DPI consultant if you have any questions
5. Your agency must answer “No”. The Executive Director or the Authorized Representative cannot vote on issues regarding their salary or other human resource issues that affect them, such as hiring and firing. Contact your assigned DPI consultant if you have any questions
6. Your agency must enter the number of board members employed by the agency. The agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online application as performing any CACFP duties.

3. Are any of the board members family-related to each other?  Yes  No

4. Is the Executive Director or the Authorized Representative a member of the board of directors?  Yes  No

4a. Do your bylaws, articles of incorporation or board policies and procedures include a resolution that the Executive Director or Authorized Representative is not eligible to vote on items related to the board decision regarding their salary or other human resource issues that affect them, such as hiring and firing?  Yes  No

5. Is the Executive Director or Authorized Representative family-related to any member of the board?  Yes  No

6. Enter the number of board members employed by the agency.   
*(If the agency's bylaws, articles of incorporation or board policies and procedures require one or more employees (e.g. clergy, teachers, staff) to be members of the board, the agency must ensure that a majority of the total board members (defined as 50% or greater of the total board members, rounding up to the next whole number) are not employed by the agency. None of these board members (board members employed by the agency) can be listed in the online application as performing any CACFP duties.)*

**Schedule of Board Meetings** (Report the months for all Governing Boards meeting for the upcoming federal fiscal year) [4000 characters allowed]

The Board of Directors meets two times each year. Specific dates to be determined, but typically are during the months of February and August. Additional meetings are held as needed.

 CONTINUE

**Schedule of Board Meetings: Enter the dates of all governing board meeting for the upcoming federal fiscal year. It dates have not yet been finalized enter tentative dates.**

Click “Continue” when done.

## Internal Controls

### Internal Controls

1. Answer the question regarding serious deficiency.
2. Answer the question regarding the National Disqualified List
3. Answer the question regarding disbarment
4. **Procurement:** Provide a detailed narrative response regarding your agency's procedures for the purchase food, supplies and services. (Refer to Guidance Memorandum G for more information.)
5. Answer the question(s) regarding publicly funded programs.
6. **HSIS Effective Date - Revised for FFY 2016:** → Select **one of two methods** for the effective date of the approved Household Size-Income Statements. The effective date selection only applies to complete Household Size-Income Statements containing all the required information at the time of submission.  
Regardless of the method chosen it must be maintained for an entire federal fiscal year (October 1-September 30).

[Home](#) [Renew Contract](#)

Sponsoring Organizations of Family Day Care Homes (PI-1459)  
Internal Controls

716803 - Child Care Centers of Marshfield Inc

**Seriously Deficient:** Has your sponsoring organization or any person working for your sponsoring organization, including board members and principal officers, ever been determined seriously deficient or currently declared seriously deficient in this state or any state for its operation of any USDA Child Nutrition program, including the Child and Adult Care Food Program? *(If "Yes", submit a written explanation via email.)*

**National Disqualified List:** Has your sponsoring organization or any person working for your sponsoring organization, including board members and principal officers, ever been terminated for cause and disqualified, in this state or any other state from any USDA Child Nutrition Program, including the Child and Adult Care Food Program? *(If "Yes", submit a written explanation via email.)*

**Disbarment:** Has your sponsoring organization or any person working for your sponsoring organization, including board members and principal officers, ever been listed on the federal Excluded Parties List System (EPLS) for the mismanagement of any federal program? *(If "Yes", submit a written explanation via email.)*

---

**Procurement:** Detail below the procedure to be followed by your agency for procurement of food, supplies and services. These procedures must conform to the procurement requirements as detailed in Guidance Memorandum G, revised October 2001.

**Effective Date of Household Size-Income Statement Determinations**

An agency now has the flexibility to establish the effective date of the household Size-Income Statements. (This flexibility only applies to complete Household Size-Income Statements containing all the required information at the time of submission.)

From the choices below select the method to be used by your agency when determining the Household Size-Income Statements. The selection your agency makes must be uniformly applied to all Household Size-Income Statements and must be maintained for an entire Federal Fiscal Year (October 1-September 30). Regardless of the choice selected, the Household Size-Income Statements expire within one year.

Date the determining Official signs and dates the household Size-income Statement certifying the eligibility determination

Date the Household Size-Income Statement was signed and dated by the household

Click **“Continue”** when done.

## Organizational Capability

### Organizational Capability

The four items listed below must be uploaded as part of the online application. Upload pdf versions of all documents.

- Organizational Mission Statement
- Organizational By-Laws
- Organizational Chart
- Outside Employment Policy

**Upload Directions:**

Click on Upload:

Upload the following agency-specific documents as part of your CCIH online application			
Document	File Last updated	File	Upload / Update
Organization Mission Statement			Upload
Organization ByLaws			Upload
Organization Chart			Upload
Outside Employment Policy			Upload

This screen will appear:

Click on Browse to locate the relevant document saved on your computer:

Click Upload.

**[Upload the attachment for Organization Mission Statement]**

Click Browse button to select a PDF File to upload

**Selected File :**

Note : Upload of the attachment will replace the existing Document.

**UPLOAD**

## Organizational Capability (Continued)

Once each document has been uploaded the screen will appear with a file symbol  for each item as well as the date the file was uploaded

To replace a document, click on Update, then click on Browse to locate the relevant document saved on your computer; then click Upload.

Upload the following agency-specific documents as part of your CCIH online application			
Document	File Last updated	File	Upload / Update
Organization Mission Statement	05/22/2014		Update
Organization ByLaws	05/22/2014		Update
Organization Chart	05/22/2014		Update
Outside Employment Policy	05/22/2014		Update



When done click on the “**Continue**” button.

## Publicly Funded Programs (PFP) Information

### Publicly Funded Programs

List all **new** publicly funded programs in which your agency and its principals have participated in during the prior year.

If your organization is still participating in the listed publicly funded programs, open the record by clicking on the respective name of that publicly funded program and update the “Years of Participation”. Do not add a new record.

**Publicly Funded Programs and Years of Participation**

List all new publicly funded programs in which your organization and/or its principals have participated in during the past year. "Publicly-funded program" means any program or grant funded whole or in part by federal, state or local government. "Principals" means any individual who holds a CACFP related management or supervisory position within, or is an officer of, an institution or a sponsored center, including the executive director, all members of the institution's governing board of directors or similar body, the sponsored center's board of directors or similar body. **DO NOT** delete existing records listing past participation in publicly funded programs. If your organization is still participating in the listed publicly funded programs, open the record by clicking on the respective name of that publicly funded program and update the "Years of Participation". Do not add a new record.

To add a program click 'New Record' button. To delete or update from the list select Program and follow instruction.

Name of Publicly Funded Program	Years of Participation
Race to the Top Early Learning Challenge	2
Active Early	3
CCDF-Cluster	15
CACFP-FDCH	29




**Do not delete existing records of past participation in publicly funded programs.**

To add a program click the “New Record” button.

Enter name of publicly funded program and years of participation, then click “Save”. To add an additional program (s) click “New Record”.

For a principal, list their name in the publicly funded program column, with the program listed in parentheses.

To delete a program click on the name of the program then click on the “Delete” button.

When done click on the “**Continue**” button.

## Monitoring Ratios

### Monitoring Ratios

Detail all staff person performing monitoring duties. Current, detailed job descriptions for all listed staff persons must be uploaded as part of the online application-see below.

**Upload new documents ONLY if there have been changes since the last submission.**

To add data click on the “New Record” button. Enter all requested data. Fields for hours will accept tenth’s of hours (e.g. 79.1 hour) Once all the data for a staff person has been entered click on “Save”.

Update or enter a separate record for each staff person performing monitoring duties.

**Upload detailed job descriptions for each listed staff person.**

**Upload pdf versions of all documents.**

**(All job descriptions must include a detailed listing of the percentage of time devoted to each listed job activity/duty, with monitoring duties clearly identified.)**

**NOTE:**

- Follow same upload procedures as listed on page 23;
- Each listed staff person must have a job description uploaded, even if it is the same as another uploaded job description.

When done click on the “Continue” button

Sponsoring Organizations of Family Day Care Homes (FFY 2016) Monitoring Ratios									
136824 - Wisconsin Early Childhood Association									
<p><b>Monitoring Ratios:</b> Detail below all staff persons performing monitoring duties. <b>Current detailed employee job descriptions for all listed staff must be uploaded within the contract. Upload the job description for each staff responsible for monitoring duties listed on this page.</b> The employee job descriptions must include the percentage of time devoted to each listed job activity/duty, including monitoring functions. <i>(Submit revised and/or new job descriptions via mail/facsimile/email)</i></p> <p><b>Non-Monitoring-Related Activities:</b> The following supervisory or non-supervisory employee activities can not be counted as monitoring duties: (1) Facility eligibility-day care home tiering determinations, facilitylicensing status, pre-approval visits, facility applications and agreements, tier determinations for individual children; (2) Program outreach-recruitment activities designed to bring nonparticipating facilities or participants into the CACFP, and retention activities; (3) Initial and annual training-general training of facilities and sponsor staff on Program requirements; (4) Technical assistance-if provided other than in the home; (5) Claims processing-aggregation of facility meal counts for claims submission and edit checks; and (6) Enrollment paperwork-handling facilities' enrollment forms.</p> <p><b>Monitoring-Related Activities:</b> Employee activities (supervisory and non-supervisory) that may be counted as monitoring duties include: (1) Monitoring-all activities related to conducting onsite reviews, including planning and scheduling; pre-review preparation; travel; supervisory oversight of monitors and the monitoring functions; time spent in the facility during the review; writing review reports; conducting follow-up reviews and activities relating to the serious deficiency process (issuance of notice, evaluation of corrective actions, appeal activities and terminations); (2) Household contacts-conducting household contracts to help determine the validity of a provider's claim; (3) Onsite/Other training-all onsite training that occurs during a facility review, initial or subsequent training of sponsor staff that relates to the monitoring function; (4) Technical assistance-if provided during a review; (5) Claims processing-menu reviews to determine claim accuracy and meal eligibility including the monitoring of online claiming; and (6) Enrollment forms-annual enrollment activities.</p>									
Title	First Name	Last Name	Total Hours Per Year	Minus Non CACFP Hours Per Year	Minus CACFP Non Monitoring Hours Per Year	Net Yearly Hours spent on CACFP Monitoring	File	Upload / Update	File Last updated
Area Coordinator	Jane	Miller-Cleworth	642.0	0.0	36.0	606.0		Update	08/22/2014
Area Coordinator	Terri	Fuller	1326.0	0.0	150.0	1176.0		Update	08/22/2014
Area Coordinator	Julie	Giles	1452.0	0.0	42.0	1410.0		Update	08/22/2014
Area Coordinator	JoAnne	Hayden	1542.0	0.0	318.0	1224.0		Update	08/22/2014
Area Coordinator	Annette	Wilburn	702.0	0.0	30.0	672.0		Update	08/22/2014
Area Coordinator	Alice	Palacio Gomez	1152.0	0.0	30.0	1122.0		Update	08/22/2014

## Monitoring Ratios (continued)

### Validation Error

If the Net Yearly Hours spent on CACFP Monitoring do not calculate properly, you will receive this validation error message:

“Net Yearly Hours Spent on CACFP Monitoring should always be equal to "Total Hours Per Year Minus Non CACFP Hours Per Year Minus CACFP Non Monitoring Hours Per Year". Please verify the hours you entered.”

Validation Error:- You must correct the following error(s) before proceeding:

- Net Yearly Hours Spent on CACFP Monitoring should always be equal to "Total Hours Per Year Minus Non CACFP Hours Per Year Minus CACFP Non Monitoring Hours Per Year". Please verify the hours you entered.

**Sponsoring Organizations of Family Day Care Homes (PI-1459)**  
**Add Monitoring Ratios**

**Monitoring Ratios:** Add the staff person performing monitoring duties. **Current detailed employee job descriptions for all listed staff must be on file with DPI.** The employee job descriptions must include the percentage of time devoted to each listed job activity/duty, including monitoring functions, *(Submit revised and/or new job descriptions via mail/facsimile/email)*

**716803 - Child Care Centers of Marshfield Inc**  
 [To Add information enter data and click save button]

Title	First Name	Last Name	Total Hours Per Year	Minus Non CACFP Hours Per Year	Minus CACFP Non Monitoring Hours Per Year	Net Yearly Hours spent on CACFP Monitoring
Consultant	Mike	Ryan	2080	0	80	2010

**SAVE**      **BACK**

\*CFDA means the assigned federal number found in the *Catalog of Federal Domestic Assistance Numbers*

## Staffing Personnel

### Staffing Personnel

Provide/update the name, title and date of birth of the person(s) responsible for each of the following Program duties. To add data click on the “New Record” button. Once the data has been entered click the “Save” button.

**Sponsoring Organizations of Family Day Care Homes (PI-1459)**  
**Staffing Personnel**

**716803 - Child Care Centers of Marshfield Inc**

**Staffing Personnel**  
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "Add" button to add another personnel.

To add a program click 'New Record' button. To delete or update from the list select First or Last Name and follow instruction.

Program Duties	Title	First Name	Last Name	Date of Birth
Approves/maintains home application form, PI-1472.	Administrator	Susan	Babcock	11/02/1958
Approves/maintains household size-income statements	Administrator	Susan	Babcock	11/02/1958
Approves/maintains household size-income statements	Coordinator	Ayme	Boushack	05/06/1974
Conducts home reviews/visit	Consultant	Barbara	Godsey	11/09/1958
Conducts home reviews/visit	Consultant	Mai Chao	Lor	05/05/1960
Conducts home reviews/visit	Consultant	Patty	Lustig	08/24/1952
Conducts home reviews/visit	Consultant	Juli	Neumann	06/05/1970
Conducts pre-approval visits/orientation	Consultant	Patty	Lustig	08/24/1952
Conducts pre-approval visits/orientation	Consultant	Barb	Godsey	11/08/1958
Conducts pre-approval visits/orientation	Consultant	Mai Chao	Lor	05/05/1960
Conducts pre-approval visits/orientation	Consultant	Juli	Neumann	06/05/1970
Keeps program fiscal ledgers, receipts, invoices, etc.	Coordinator	Ayme	Boushack	05/06/1974
Keeps program fiscal ledgers, receipts, invoices, etc.	Administrator	Susan	Babcock	11/02/1958
Maintain license/certificate documentation	Coordinator	Ayme	Boushack	05/06/1974
Makes Tier Determinations	Coordinator	Ayme	Boushack	05/06/1974
Makes Tier Determinations	Administrator	Susan	Babcock	11/02/1958

The New Record button has been clicked - new window opens. Click on the down button in the Program Duties field and make a selection. Enter all relevant data then click the “Save” button.

**Sponsoring Organizations of Family Day Care Homes (PI-1459)**  
**Modify, Delete Selected Staffing Personnel Information**

**716803 - Child Care Centers of Marshfield Inc**

**Staffing Personnel**  
Provide the names, titles and dates of birth of the staffing personnel. To Modify information change data and click save button. To delete the record click delete button.

Program Duties:

Title:

First Name:

Last Name:

Date of Birth:  /  /  [MM/DD/YYYY]

[\[General Info\]](#) [\[CFDA Audit Info\]](#) [\[Governing Board\]](#) [\[Board Relationship\]](#) [\[Organization Capability\]](#) [\[Internal Controls\]](#)  
[\[Publicly Funded Program\]](#)

## Staffing Personnel (continued)

### Staffing Personnel (continued)

### Program Duties

The Program duties are

1. Approves/maintains home application form, PI-1472
2. Approves/maintains household size-income statements
3. Conducts home reviews/visits
4. Conducts pre-approval visits/orientation
5. Keeps program fiscal ledgers, receipts, invoices, etc.
6. Maintains license/certificate documentation
7. Makes Tier determinations
8. Plans, conducts, evaluates and/or monitors annual provider training
9. Prepares monthly claim form
10. Reviews and approves monthly meal count forms
11. Other Program duties (**please specify the duty within the title**)

**Sponsoring Organizations of Family Day Care Homes (PI-1459)**  
**Staffing Personnel**

**716803 - Child Care Centers of Marshfield Inc**

**Staffing Personnel**  
 List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "Add" button to add another personnel.

To add a program click 'New Record' button. To delete or update from the list select Program and follow instruction.

Program Duties	Title	First Name	Last Name	Date of Birth
Prepares monthly claim form	Coordinator	Ayme	Boushack	01/29/1954
Prepares monthly claim form	Director	Sue	Babcock	01/29/1954

**NEW RECORD**   
 **CONTINUE**

[\[General Info\]](#) [\[CFDA Audit Info\]](#) [\[Governing Board\]](#) [\[Board Relationship\]](#) [\[Organization Capability\]](#) [\[Internal Controls\]](#)  
[\[Publicly Funded Program\]](#)

If more than one person performs the same duty click on the “New Record” button, select the same duty from the drop down menu, add the data, then click the “Save” button. To delete a record click on the first or last name, then click on “Delete” button. When you completed listing at least one staff person for the ten Program duties (all except Other Program Duties) click on the “**Continue**” button.

## Staffing Personnel (continued)

When completed, the web page will appear like this:

Sponsoring Organizations of Family Day Care Homes (PI-1459) Staffing Personnel				
<b>716803 - Child Care Centers of Marshfield Inc</b>				
<b>Staffing Personnel</b>				
List the names, titles and dates of birth of the persons responsible for the following Program duties. If more than one person performs a given duty click on the "Add" button to add another personnel.				
To add a program click 'New Record' button. To delete or update from the list select First or Last Name and follow instruction.				
Program Duties	Title	First Name	Last Name	Date of Birth
Approves/maintains home application form, PI-1472.	Administrator	Susan	Babcock	11/02/1958
Approves/maintains household size-income statements	Administrator	Susan	Babcock	11/02/1958
Approves/maintains household size-income statements	Coordinator	Ayme	Boushack	05/06/1974
Conducts home reviews/visit	Consultant	Deborah	Decker	12/19/1961
Conducts home reviews/visit	Consultant	Mai Chao	Lor	05/05/1960
Conducts home reviews/visit	Consultant	Patty	Lustig	08/24/1952
Conducts home reviews/visit	Consultant	Juli	Neumann	06/05/1970
Conducts pre-approval visits/orientation	Consultant	Patty	Lustig	08/24/1952
Conducts pre-approval visits/orientation	Consultant	Deb	Decker	12/19/1961
Conducts pre-approval visits/orientation	Consultant	Mai Chao	Lor	05/05/1960
Conducts pre-approval visits/orientation	Consultant	Juli	Neumann	06/05/1970
Keeps program fiscal ledgers, receipts, invoices, etc.	Coordinator	Ayme	Boushack	05/06/1974
Keeps program fiscal ledgers, receipts, invoices, etc.	Administrator	Susan	Babcock	11/02/1958
Maintain license/certificate documentation	Coordinator	Ayme	Boushack	05/06/1974
Makes Tier Determinations	Coordinator	Ayme	Boushack	05/06/1974
Makes Tier Determinations	Administrator	Susan	Babcock	11/02/1958
Other Program Duties (please specify)	Consultant	Patty	Lustig	08/24/1952
Other Program Duties (please specify)	Claims processor	Sarah	Franklin	09/30/1977
Other Program Duties (please specify)	Menu Reader	Bridgett	Fairbert	01/22/1962
Plans, conducts, evaluates and/or monitors annual provider training.	Administrator	Susan	Babcock	11/02/1958
Plans, conducts, evaluates and/or monitors annual provider training.	Coordinator	Ayme	Boushack	05/06/1974
Prepares monthly claim form	Coordinator	Ayme	Boushack	05/06/1974
Prepares monthly claim form	Administrator	Susan	Babcock	11/02/1958
Reviews and approves monthly meal count forms	Enrollment Spec	Vicki	Merkel	06/18/1957
Reviews and approves monthly meal count forms	Computer Spec	Carol	Johnson	10/08/1940




## Program Information

### Program Information

### Program Records

Provide a “Yes” or “No” answer regarding whether the providers have copies of the 12 listed Program records.

### Program Service Area

Select each County to which your agency will provide Program service for the upcoming federal fiscal year.

### Program Outreach

Report how many new providers your agency anticipates enrolling during the upcoming federal fiscal year

When done click the “Continue” button.

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**

**Sponsoring Organizations of Family Day Care Homes (PI-1459)  
Program Information**

**716803 - Child Care Centers of Marshfield Inc**

**Program Records**  
Indicate if the providers have copies of the following documents:

1. Orientation/pre-approval visit form	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Home visit/review form completed onsite by agency monitors	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Home Application, PI-1472	<input checked="" type="radio"/> Yes <input type="radio"/> No
4. Permanent Sponsor-provider agreement, PI-1425	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Program Service Area**  
Select each County to which your agency will provide Program service for the upcoming federal fiscal year.

<input type="checkbox"/> Adams	<input type="checkbox"/> Florence	<input type="checkbox"/> Marathon*	<input type="checkbox"/> Rusk
<input type="checkbox"/> Ashland	<input type="checkbox"/> Fond du Lac	<input type="checkbox"/> Marinette	<input type="checkbox"/> St Croix*
<input type="checkbox"/> Barron	<input type="checkbox"/> Forest	<input type="checkbox"/> Marquette	<input type="checkbox"/> Sauk
<input type="checkbox"/> Bayfield	<input type="checkbox"/> Grant	<input type="checkbox"/> Menominee	<input type="checkbox"/> Sawyer
<input type="checkbox"/> Brown*	<input type="checkbox"/> Green	<input type="checkbox"/> Milwaukee*	<input type="checkbox"/> Shawano
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Green Lake	<input type="checkbox"/> Monroe	<input type="checkbox"/> Sheboygan*
<input type="checkbox"/> Burnett	<input type="checkbox"/> Iowa	<input type="checkbox"/> Oconto	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calmet*	<input type="checkbox"/> Iron	<input type="checkbox"/> Oneida	<input type="checkbox"/> Trempealeau
<input type="checkbox"/> Chippewa*	<input type="checkbox"/> Jackson	<input type="checkbox"/> Outagamie*	<input type="checkbox"/> Vernon

**Program Outreach**  
How many new providers does your agency anticipate enrolling during the upcoming federal fiscal year?

CONTINUE

[\[General Info\]](#) [\[CFDA Audit Info\]](#) [\[Governing Board\]](#) [\[Board Relationship\]](#) [\[Organization Capability\]](#) [\[Internal Controls\]](#)  
[\[Publicly Funded Program\]](#) [\[Staff\]](#)

## Management Plan/Practices (Part-A)

### Management Plan/Practices (Part – A)

Provide in full detail your agency's plan/practices and timeframes for the following Program procedures. **Ensure that all topics listed under each Program practice is addressed in your narrative response.**

**Note:** Each of these twelve text fields will accept a maximum of 4000 characters, including punctuation marks and spaces.

#### 1. Recruitment

- A. Recruitment Methods-detail the methods used by your agency to recruit new providers;
- B. Detail any incentive plan, specifying the type of compensation, given to currently enrolled providers for recruitment activities. Please note, any item(s) used specifically as a compensation incentive for the purpose of recruitment of new providers must be clearly identified as such and specified in detail in the agency's budget (Attachment E).
- C. Describe your procedure that will ensure the recruitment practices (noted above) will not be used to recruit providers who currently participate in the CACFP with another Sponsoring Organization.

The screenshot shows the Wisconsin Department of Public Instruction web portal. The header includes the department logo and name. Below the header is a navigation menu with links for Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, and Logout. The main content area displays the title 'Sponsoring Organizations of Family Day Care Homes (PI-1459) Management Plan/Practices (Part - A)' and the organization name '716803 - Child Care Centers of Marshfield Inc'. The form is titled '1. Recruitment:' and contains three sub-sections: (A) Describe the methods to be used for recruitment of new providers, including the identification of any specific geographic areas that may be targeted; (B) Detail any incentive plan, specifying the type of compensation, given to currently enrolled providers for recruitment activities. Please note, any item(s) used specifically as a compensation incentive for the purpose of recruitment of new providers must be clearly identified as such and specified in detail in the agency's budget (Attachment E); (C) Describe your procedure that will ensure the recruitment practices, noted above, will not be used to recruit providers who currently participate in the CACFP with another Sponsoring Organization. The form is currently empty, with only the instructions visible.

## Management Plan/Practices (Part - A) (continued)

### Management Plan/Practices (Part – A) (continued)

Provide in full detail your agency's plan/practices and timeframes for the following Program procedures. **Ensure that all topics listed under each Program practice is addressed in your narrative response.**

**Note:** Each of these twelve text fields will accept a maximum of 4000 characters, including punctuation marks and spaces.

#### 2. Child Care Regulation

- A. Monitoring and making deductions on provider claims for meals served in excess of authorized capacity. (If the agency permits providers to claim reimbursement for shift meals, detail the policies used to monitor compliance with authorized capacity.
- B. Ensuring that current licenses or certificates of registration are on file at all times for each day care home.

#### 3. CACFP Enrollment

- A. Collecting enrollment data (i.e. normal day/hrs/meals and annual updates) for all enrolled children. Include information on how your agency handles the online enrollment of children in care.
- B. Detail agency procedures to ensure annual updates to the CACFP enrollment forms.
- C. Detail agency procedures for ensuring that **current** CACFP enrollment data (i.e. normal days/hrs/meals and annual updates) for every child is always available onsite in each home.

#### 4. Tiering

- A. Determining and verifying the status of day care homes determined as Tier-1 eligible, including the steps to be taken in reviewing both school and census data, and verification of providers determined as Tier 1 based on income.
- B. The actions to be taken if a provider is determined to be not Tier-1 eligible, including the options given to these providers.
- C. Notifying providers of their tier status and reimbursement options.

## Management Plan/Practices (Part - B)

### Management Plan/Practices (Part – B)

Provide in full detail your agency's plan/practices and timeframes for the following Program procedures. **Ensure that all topics listed under each Program practice is addressed in your narrative response.**

**Note:** Each of these twelve text fields will accept a maximum of 4000 characters, including punctuation marks and spaces.

#### 5. Edit Checks

- A. Editing of provider claims for approved meal types and the maximum total number of meals claimed. (The edit check for maximum number of meals claimed must include, at a minimum, enrollment.)
- B. Ensuring that the above two edit check requirements are properly documented. (The method of documentation must clearly and consistently indicate that both required edit checks have been conducted for each home claim for each month)

#### 6. Meal Pattern Compliance

- A. Ongoing training to ensure that all providers consistently meet meal pattern and quantity requirements.
- B. Methods used to identify and follow up on noncompliance of meal requirements by providers.
- C. Monitoring and making deductions on provider claims for meals not meeting component requirements.

#### 7. Meal Service Compliance

- A. Monitoring and making deductions on provider claims for meals served to children whose ages exceed CACFP limitations.
- B. Monitoring and making deductions for meal services which exceed 2 meals and 1 snack or one meal and two snacks per child per day.
- C. Monitoring and making deductions on provider claims for meals served to providers own children when the provider is not income eligible and/or when another nonresidential child is not present and participating in the meal service being claimed for the provider's own children.

When done click the “**Continue**” button.

## Management Plan/Practices (Part - C)

### Management Plan/Practices (Part – C)

Provide in full detail your agency's plan/practices and timeframes for the following Program procedures. **Ensure that all topics listed under each Program practice is addressed in your narrative response.**

**Note:** Each of these twelve text fields will accept a maximum of 4000 characters, including punctuation marks and spaces.

#### **8. Training of Providers**

- A. Training provided to newly enrolled providers prior to their participation in the CACFP.
- B. Training to be provided for all providers during the upcoming federal fiscal year. Give timetables and locations for this training, topics to be covered, methods used and the length of the training. If making use of an in-home study packet describe the method(s) by which the completed studies will be evaluated and the manner in which technical assistance will be given to providers not properly completing the in home study packet.

#### **9. Training and monitoring of agency staff**

- A. Training of administrative personnel concerning their duties and responsibilities for the CACFP, including a schedule of this training for the upcoming federal fiscal year.
- B. Monitoring and evaluation of the day care home monitors, including a schedule of meetings and training scheduled for the upcoming federal fiscal year.

#### **10.Pre-approval visits and reviews of day care homes**

- A. Pre-approval visits to newly enrolling day care homes.
- B. Reviews and monitoring of all day care homes, to meet the Program requirements as detailed in Guidance Memorandum D. (If using review averaging detail the procedures to be used to ensure that the minimum number of reviews will be completed.)

When done click the “**Continue**” button.

## Management Plan/Practices (Part - D)

### Management Plan/Practices (Part – D)

Provide in full detail your agency’s plan/practices and timeframes for the following Program procedures. **Ensure that all topics listed under each Program practice is addressed in your narrative response.**

**Note:** Each of these twelve text fields will accept a maximum of 4000 characters, including punctuation marks and spaces.

#### 11. Serious Deficiency/Termination

- A. Handling provider performance issues that require corrective action but fall short of the need for a declaration of serious deficiency.
- B. Distributing guidance to providers regarding the basis for declaring a provider seriously deficient, including the annual distribution of the CACFP Hearing Procedures for day care homes.
- C. Declaring a provider to be seriously deficient.
- D. Terminating a provider for convenience, including a description of the manner and timeframe used for removing providers from Schedule A.

#### 12. Civil Rights

- A. Distribution of the *Building for the Future* flier to providers, and monitoring to ensure that these fliers are either posted in a conspicuous location in the home or copies are given out to all newly enrolled families.
- B. Ensuring that the Civil Rights of all enrolled participants are met regardless of race, color, national origin, age, sex or disability, including provision of Program information in appropriate translation(s).
- C. Ensuring that the current WIC information is annually distributed to all providers and that providers are monitored to confirm that current WIC information is always being made available to parents of children enrolled in the day care home.
- D. Procedures for training staff and providers on the civil rights requirements of the CACFP.

#### 13. Retention of all Program Records

- A. Specify record retention policy by the agency AND by the providers, including how the sponsor monitors retention of all Program documentation by the providers.

When done click the “**Continue**” button.

## Budget Summary

Enter the projected annual income and expenses to administer the CACFP at your agency for the entire upcoming federal fiscal year (October 1, September 30). The data on this page must match the Budget Summary page of your Attachment E. This section of the application will also be used when submitting any budget amendments throughout the course of the federal fiscal year (FFY). All budget approvals, including line items that require prior and specific prior written approval, will be handled through the online application. The effective date of the budget approval can be viewed after you receive notification that the application has been approved.

Before entering any information on this page you must first upload the completed Attachment E.

Only excel files (xls orxlsx) can be uploaded. The DPI Attachment E format should be used. When saving a document be sure you use the name format of:(Agency code #)\_FFY(year) CACFP budget\_(Original, Rev. 1, Rev.2).xlsx. For example: 13-6824\_FFY2016 CACFP Budget\_Original.xlsx.

Click on “Upload”, then this screen will appear. Search the appropriate drive on your computer for the correct file by clicking on “Choose File”, then click on “UPLOAD”.

**Sponsoring Organizations of Family Day Care Homes (FFY 2016)  
Budget Summary Information**

**136824 - Wisconsin Early Childhood Association**

**Projected Annual Administrative Budget**

All budget information for the current fiscal year will be found in this section of the application. The Attachment E form must be used for all budget submissions (original and revisions). Use the Attachment E budget form for the respective contract year for all budget submissions. The format for the file name should be: (Agency Code with dash)\_FFY\_CACFP Budget\_(Original, Rev 1, Rev 2, etc.).xlsx(or xls). Use the Budget Summary page on the uploaded Attachment E to complete the Budget Summary information below. The budget will not allow for more than 10% of the projected administrative reimbursement to be carried over into the next Federal Fiscal Year. Budget approval will be through the approval of this section of the application.

**Note: All sponsoring organizations must complete the Attachment E along with the budget summary. Click upload below to upload new file or replace/update previously uploaded file.**

File Name	Date File Last Uploaded	File Last Uploaded	Upload/Update Attachment E
FFY2016_Att E_CACFP Budget_FINAL.xlsx	06/15/2015		<a href="#">Upload</a>

**Sponsoring Organizations of Family Day Care Homes (PI-1459)  
[Upload Attachment E File]**

**136812 - Community Coord Child Care Dane**

**[Upload Attachment E]**

Click Browse button to select a Excel (XLS/XLSX) File to upload

Selected File :  No file chosen

**UPLOAD**

Enter the projected amount of administrative reimbursement you think your agency will earn in the upcoming Federal Fiscal Year (FFY). In addition, enter the projected amount of CACFP administrative funds from the current year that you think will be carried over into the next FFY. Expenditures that were paid with these carryover funds must also be included into the Attachment E budget.

*Enter \$ Amount with NO commas. Only decimal is allowed.*

Projected Sources of Income	Projected Annual Income (\$)
CACFP Administrative Reimbursement (Include advance)	0.0
CACFP Administrative Carryover Funds from prior FFY	0.0
<b>Total Amount</b>	0.0

### Budget Summary (continued)

Enter in the projected CACFP expenditures as they appear on the Budget Summary in the completed (and uploaded) Attachment E. Please be sure you are including the expenditures that are paid with the carryover funds. The totals of each category will automatically be calculated for you.

For any dollar amount projected as an "Other" expense (including Indirect Costs) please be sure to specify what items are included in this line item.

The Grand Total line will be automatically calculated. This amount does not have to equal the total amount of projected revenue, however, it cannot be less than 10% of the projected CACFP Admin. (less last year's carryover funds).

Report the number of projected claiming homes that were used to project the amount of CACFP Admin. reimbursement in the upcoming FFY. In addition, report the amount of projected meal reimbursement for the upcoming FFY.

Once you press the Continue button,

a Pop-Up box will remind you to update the Budget Summary figures to match the uploaded Attachment E. If you forgot to update the Budget Summary figures to match the Attachment E press Cancel button and update those figures now.

If all is ok click on Ok and the Budget Summary page will be saved and will advance you to the next section of the online application.

Budget Item	Sponsor Requested (\$)
<b>A. Administrative Labor</b>	
1. Salaries + Required Employer Taxes	100.0
2. Benefits	20.0
<b>A. Total Sum of Lines A1 plus A2</b>	
	120.0
<b>B. Other Administrative Supplies</b>	
1. Equipment Purchased \$5,000 and Over	0.0
2. Equipment Purchased Under \$5,000	0.0
3. Office Supply Expense	0.0
4. Educational Supply Expense	0.0
5. Printing Expense	0.0
6. Postage Expense	0.0
<b>B. Total Sum of Lines B1 to B6</b>	
	0.0
<b>C. Administrative Services</b>	
1. Office Rent/Building Costs	0.0
2. Utility Expense	0.0
3. Insurance Expense	0.0
4. Contracted Services	0.0
5. Equipment Rental/Lease Expense	0.0
6. Telephone Expense	0.0
7. Advertising	0.0
8. Dues, Subscription or Membership	0.0
9. Other (specify below)	0.0
<b>C. Total Sum of Lines C1 to C9</b>	
	0.0
<b>D. Program Travel</b>	
1. Program Operations Travel Expense	0.0
2. In State Travel Expense	0.0
3. Out of State Travel Expense	0.0
<b>D. Total Sum of Lines D1 to D3</b>	
	0.0
<b>E. Education/Training</b>	
1. Provider Training Expense	0.0
2. Staff Training Expense	0.0
<b>E. Total Sum of Lines E1 to E2</b>	
	0.0
<b>Grand Total (Lines A+B+C+D+E)</b>	
	0.0
Projected Number of Claiming Homes:	
	0
Total Projected Meal Reimbursement Earned:	
	0

The page at <https://uaapps.dpi.wi.gov> says:

Review all expenditure amounts listed on this page to ensure they match the totals listed on the budget Summary Page of the uploaded copy of Attachment E.  
Please click button OK to submit the budget Summary Page or click CANCEL to review the budget Summary Page

## Financial Management Plan/Practices

### Financial Management Plan/Practices

#### 1. Cost Allocation Plan

Answer the 4 questions regarding cost allocation plans.

If answering “Yes” to any of the four questions above in #1, provide a detailed explanation of the costs allocation plan to be used by your agency for the upcoming federal fiscal year.

#### 2. Disbursal of Program Reimbursement

Describe your methods, including time lines, for disbursing the full amount of Program reimbursements to providers within five working days of receipt for the WDPI.

Sponsoring Organizations of Family Day Care Homes (PI-1459) Financial Management Plan/Practices	
<b>136812 - Community Coord Child Care Dane</b>	
1. <b>Cost Allocation Plan:</b> Answer the following four questions regarding cost Allocation plans used for preparing Attachment E.	
Did your agency use a cost allocation plan for CACFP-funded personnel (administrative and/or operational)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded office and/or operational space?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded supplies?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
1a. If your agency answered "Yes" to any of the four questions above in #1, provide a detailed explanation below as to the cost allocation plan(s) to be used for the upcoming federal fiscal year.	
<p>Cost allocation plan for CACFP-funded office and/or operational space: 4-C allocates building expenses monthly based on the amount of space used by each program. Using this method, about 30% of building costs are allocated to the CACFP. The percentage may change as space usage changes.</p>	
2. Describe your methods, including time lines, for disbursing the full amount of Program reimbursements to providers within five working days of receipt for the WDPI.	
<p>Provider checks are cut two weeks after the claim is submitted to DPI, according to the DPI reimbursement schedule. When the DPI transmittal notice is received at the 4-C office, the administrative money is transferred from the CACFP account through an online transfer, with a copy of the transfer notice printed and retained on file. The remaining money is the provider reimbursement. Once the money is identified in the bank accordingly, provider checks are mailed out and the money is directly deposited into the provider's account within three days of the money transfer.</p>	

**Financial Management Plan/Practices (continued)**

**Financial Management Practices** (continued)

**3. Provider Overpayment**

In the event of a **provider** overpayment, describe your agency's plan for repayments. This includes active and terminated providers who have left the Program owing a debt.

3. In the event of a provider overpayment, describe your agency's plan for repayments, including the recovery of overpayments to providers who have been disqualified for cause.

In the event of an overpayment, the money is deducted from a provider's future claim. The reason and amount of the deduction is documented and attached to the claim the overpayment is pertaining to. If there is not a future claim to deduct money from, a letter is sent to the provider indicating the reason for the overpayment and asking for the money to be paid back to 4-C. The current claim is processed as submitted and any money owed is deducted from the reimbursement check itself. All provider overpayments are recorded and paid back to DP1 on a quarterly basis. If a provider has been disqualified for cause, three attempts are made to recover the money. If the money is not recovered, 4-C will send the debt information to a collections agency and request debt forgiveness from USDA.

**4. Financial Management System**

- a. Describe your agency's accounting system (i.e., cash, accrual or a modified accrual system)
- b. Describe your agency's plans for a backup system if your accounting system is inoperable.
- c. Describe the procedures used for tracking and reporting administrative costs/reimbursement and tracking expenses to specific cost line items and/or programs, including comparing CACFP expenses to the approved budget
- d. Describe your agency's procedures to track CACFP funds separately from other organizational funds

4. Financial Management System

(A) Describe your agency's accounting system (i.e., cash, accrual or a modified accrual system).

(B) Describe your agency's plans for a backup system if your accounting system is inoperable.

(C) Describe the procedures used for tracking and reporting administrative costs/reimbursement and tracking expenses to specific cost line items and/or programs, including comparing CACFP expenses to the approved budget.

D) Describe your agency's procedures to track CACFP funds separately from other organizational funds

(A) The 4-C accounting system is set up on an accrual basis.

(B) The accounting system is operated using QuickBooks, and is backed up on a daily basis. QuickBooks is a well known accounting system, so the backup files are generally adaptable.

(C) When expenses are incurred through the CACFP, a coded voucher system is used to properly identify expenses related to the program. Vouchers are completed by staff and approved by the CACFP Manager in accordance with the approved budget. When expenses are paid, they are entered into the accounting system and coded to the CACFP account or "class" under the related chart of accounts line item. The postage meter expense is tracked by entering the CACFP account prior to using the meter. Indirect expenses are tracked and coded to the CACFP through the cost allocation plan, and coded to the CACFP

## Financial Management Plan/Practices (continued)

### 5. Procedures for delay or interruption of Administrative Program Funds.

(Note, this question is specific to **administrative reimbursements only**, including advance payments.)

### 6. Procedures for repayment of fiscal claims, including the source and amount of funding that would be available.

### 7. Agency safeguards and controls to prevent and detect improper financial activities

### 8. New for FFY 2016 - Answer the question: Does your agency have an internal policy for collecting overclaims from providers?

5. If the sponsoring organization should experience a temporary interruption or delay in receipt of CACFP Administrative Funds, how would it continue to operate the CACFP on a daily basis? Please include the source and estimated amount of funds that would be available.

6. How would the Sponsoring Organization repay the State Agency for any fiscal claims that are assessed against the organization, including repayment of fiscal claims against providers? Please include the source and amount of funding that would be available.

7. Please explain your agency's safeguard and controls that are in place to prevent and detect improper financial activities by employees and/or Board Members?

8. Did your agency have an internal policy for collecting overclaims from providers?  Yes  No

 CONTINUE

When done click the “Continue” button.

## Financial Management Plan Documents

**REVISED for FFY 2016 – Some document titles have been revised and expanded; others have been added. Upload all relevant budget support documentation. (Refer to page 20 above for upload directions.) If more than one document is associated with a given item scan all documents together so that it can be uploaded as a single file. The Delete function allows the agency to remove a file uploaded in error. Not all documents may be required for all agencies. Once each relevant document has been uploaded the screen will appear with the upload date and a file symbol.**



### Item/Document Explanations:

- **Job Descriptions** - Upload a copy of any additional job description(s) not already uploaded as part of Monitoring Ratio page, for any position listed in the CACFP budget as being funded directly or indirect with CACFP funds.
- **Benefits** - Upload a copy of the Employee Handbook if it includes a brief description of the insurance and benefits plans offered by the organization. In addition, upload a copy of the retirement plan offered by the organization and a copy of the verification of payment for any employer paid insurance and/or retirement plan (a copy of a monthly general ledger entry is acceptable).
- **Equipment Purchased** - Upload a copy of the current depreciation schedule for any depreciated equipment. Upload the most current equipment inventory list for all items that were paid directly or indirectly with CACFP funds and are still within their useful life or are still used in Program operations.
- **Office Supply List** - If your agency used the *General Office Supply* area of Attachment E, please upload a description of what items are included in this area. Keep in mind no Equipment should be listed in this area.
- **Office Space** –
  - **Owned Facilities:** Upload the Depreciation Schedule, Purchase Agreement and Mortgage/Finance Agreement
  - **Rented Facilities:** Upload a copy of the rental/lease agreement.
- **Insurance Policies** – Upload a copy of all current insurance policies funded directly or indirectly with CACFP funds.

Item(s)	Document	File Last updated	File	Upload / Update	Delete
Job Description	Accounting/Financial Specialist; Coordinator; Manager; Bookkeeper	08/26/2014		Update	Delete
	CACFP Administration: Manager, Administrator, Program Assistant, Coordinator, Director, Supervisor Receptionist, Secretary			Upload	
	CACFP Specialist: Claims Coordinator, Enrollment/Tier Specialist, Field Representative, Nutrition Specialist, Consultant			Upload	
	Payroll Coordinator/Specialist			Upload	
	Executive Director	08/26/2014		Update	Delete
	IT/Technology Specialist			Upload	
	Other	08/26/2014		Update	Delete
	Other 1	08/26/2014		Update	Delete
	Other 2	08/26/2014		Update	Delete
Benefits	Employee Handbook	08/26/2014		Update	Delete
	Retirement Plan	08/26/2014		Update	Delete
	Verification of Payment	08/26/2014		Update	Delete
Equipment Purchased	Depreciation Schedule	08/26/2014		Update	Delete
	Equipment Inventory	08/26/2014		Update	Delete
Office Supply List	Office Supply List	08/26/2014		Update	Delete
Office Space	Owned Facilities: Depreciation schedule; Purchase Agreement; Mortgage/Finance Agreement			Upload	
	Rental Facilities: Rental/Lease Agreement	08/26/2014		Update	Delete
Insurance Policies	Insurance Policies	08/26/2014		Update	Delete

## Financial Management Plan Documents (continued)

- **Contracted Services Agreement(s)** – Upload a copy of all agreements for services funded directly or indirectly with CACFP funds. Specifically:
  - **Accounting/Bookkeeping**
  - **Claim System**
  - **Provider/Appeals Hearing Official**
  - **IT/Website/Social Media**
  - **Marketing/Legal/Payroll Services**
  - **Data Storage**
- **Equipment Lease** – Upload a copy of current equipment leases for all equipment funded directly or indirectly with CACFP funds.
- **Advertising** - Upload a sample copy of any outreach, job announcement and/or advertisement that is funded directly or indirectly with CACFP funds.
- **Membership Description(s)** - Upload a copy of a detailed description of any membership to a civic or community organization that is funded directly or indirectly with CACFP funds.
- **Travel Policies** – Upload a copy of most current travel policies (if not included in employment policy handbook). If mileage rate is not included in handbook, upload a copy of the memo informing all employees of mileage change (if any).
- **Training Plan/Agenda** - Upload a copy of the current staff and provider training plan/agenda. The training plan/agendas must support the costs that are going to be funded directly or indirectly with CACFP funds.
- **Allocation Plan** - Upload a detailed description of your agencies allocation plan for any direct and indirect cost items. Include in the upload a letter from your federal cognizant agency (federal office from which your agency receives the most direct federal funding) of the approved indirect cost rate. If your office does not receive federal direct funding then the indirect cost rate cannot be approved for more than 10% of total direct funds, according to 2 CFR 220.
- **Accounting**: Upload a complete copy of your agency’s accounting procedures specific to the CACFP.

Contracted Services Agreement(s)	Accounting/Bookkeeping	08/26/2014		<a href="#">Update</a>	<a href="#">Delete</a>
	Claim System			<a href="#">Upload</a>	
	Provider/Appeals Hearing Official			<a href="#">Upload</a>	
	IT/Website/Social Media			<a href="#">Upload</a>	
	Marketing/Legal/Payroll Services			<a href="#">Upload</a>	
	Data Storage			<a href="#">Upload</a>	
Equipment Lease	Equipment Lease	08/26/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Advertising	Sample Outreach, job announcement, advertisement	09/10/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Membership Description(s)	Membership Description(s)	08/26/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Travel Policies	Travel Policies	08/26/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Training Plan/Agenda	Staff and Provider Training Plan/Agenda	09/10/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Allocation Plan/indirect Cost Plan	Description of Allocation Plan and/or indirect cost plan	09/22/2014		<a href="#">Update</a>	<a href="#">Delete</a>
Accounting	Accounting Procedure			<a href="#">Upload</a>	

 **CONTINUE**

Click “Continue” when done.

## Advance Request Information

### Advance Request Information

1. Indicate preference for advances
  - a. Operational (i.e. provider payments)
  - b. Administrative
  - c. If “yes” to either or both specify Full or Partial and amount(s)

**(Enter amounts without a dollar sign or commas)**

- i. If No enter “0”
2. Detail narrative reason for advance(s)  
(All text boxes on page accept 400 characters)
3. Answer question on non-interest bearing account
  - a. If answering “No” provide narrative response

**Sponsoring Organizations of Family Day Care Homes (PI-1459)  
Advance Request Information**

**716803 - Child Care Centers of Marshfield Inc**

**Advance-Operational**  
Does your agency wish to receive advance **operational** payments? (Note: Operational advances will not be made until an acceptable system is described for reconciling payments made to providers for any given month with the actual reimbursement earned for that month. **Submit written procedure via email**)  Yes  No

If 'Yes'  Full Payment or  Partial Payments

Specify monthly amount Otherwise enter zero

If "Yes" specify the item(s) for which the operational advance will be used (check all that apply)

Provider meal reimbursement

Other (specify below)

---

**Advance-Administrative**  
Does your agency wish to receive advance **administrative** payments?  Yes  No

If 'Yes'  Full Payment or  Partial Payments

Specify monthly amount Otherwise enter zero

When done click the “**Continue**” button.

## Attachments

### Attachments

Upload all relevant Program attachments. (Refer to page 20 above for upload directions.) **Submission of the most recent Single Audit Report is required.**

Once all relevant documents have been uploaded the screen will appear with a file symbol for each uploaded file as  well as the date the file was uploaded.

If more than one file is associated with a given document scan all files together so that it can be uploaded as a single document/file. The Delete function allows the agency to remove a document uploaded in error. Not all documents may be utilized by all agencies. Once all relevant documents have been uploaded the screen will appear with a file symbol for each item as well as the date the file was uploaded

When all uploads are completed click the “Continue” button.

Home	Home-Day Care	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Other Services	Logout																																																							
Sponsoring Organizations of Family Day Care Homes (FFY 2016) Attachments																																																														
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Meal Count Form	08/26/2014		Update	Delete																																																										
Agency policies and Procedure specific to the CACFP	08/26/2014		Update	Delete																																																										
																																																														
<a href="#">General Info</a>   <a href="#">CFDA Audit Info</a>   <a href="#">Governing Board</a>   <a href="#">Additional Governing Board Memb</a>   <a href="#">Board Information</a>   <a href="#">Organizational Capability</a>   <a href="#">Publicly Funded Program</a>   <a href="#">Staff</a>   <a href="#">Monitoring Ratio</a>   <a href="#">Program</a>   <a href="#">Plans-A</a>   <a href="#">Plans-B</a>   <a href="#">Plans-C</a>   <a href="#">Plans-D</a>   <a href="#">Budget Summary</a>   <a href="#">Financial Mgmt. Plan</a>   <a href="#">Financial Mgmt. Plan Document</a>   <a href="#">Advance Info.</a>																																																														

## Certification

### Certification

Read the certification statement, then click on the “Submit” button.

**Only click the submit button once. Due to the upload functionality it takes longer for the submission process to complete.**

The screenshot shows the Wisconsin Department of Public Instruction website. At the top, there is a navigation bar with links for Home-Day Care, School Nutrition Program, Community Nutrition Program, Summer Food Program, and Logout. Below this is a breadcrumb trail with Home and Renew Contract. The main content area is titled "Sponsoring Organizations of Family Day Care Homes (PI-1459) Certification" and displays "716803 - Child Care Centers of Marshfield Inc". Underneath, it says "CERTIFICATION" and contains three paragraphs of text: a certification statement, a disclaimer about federal funds, and an agreement to abide by terms and conditions. A yellow "SUBMIT" button with a lock icon is located at the bottom right of the text area. A red arrow points from the "Submit" button in the text above to this button in the screenshot. At the bottom of the page, there is a footer with various links like General Info, CFDA Audit Info, etc.

## CACFP Contract Confirmation

After clicking the submit button this screen will appear if the application has been successfully submitted to the WDPI.

**THEN, click on the “Logout” button at the top of the screen**

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home-Day Care | School Nutrition Program | Community Nutrition Program | Summer Food Program | Logout

Home | Renew Contract

Sponsoring Organizations of Family Day Care Homes (PI-1459)  
Submit Contract

716803 - Child Care Centers of Marshfield Inc

**CONTRACT SUCCESSFULLY SUBMITTED TO DPI...**

Your agency's Contract information has been successfully submitted to the Department of Public Instruction (DPI). Contract changes will become effective after they have been reviewed by an assigned consultant at the DPI. In case of any discrepancies, a consultant will contact your Sponsoring Organizations for resolution.

You may modify any information submitted to the DPI before the contract is reviewed by DPI Consultant. However, once the contract is under review, you will receive a message that the contract is locked.

Click Home page button to go back to home page or **click logout at top right corner to exit application completely.**

Home

[General Info] [CFDA Audit Info] [Governing Board] [Board Relationship] [Organizational Capability] [Internal Controls] [Publicly Funded Program] [Staff] [Program] [Plans-A] [Plans-B] [Plans-C] [Plans-D] [Budget] [Attachments]

## **Amending the Submitted CACFP Application**

After submitting the CACFP Application you may need to make changes or additions prior to the contract approval by DPI.

1. Begin login with the same procedures described in the beginning of this manual.
2. Select “**Renew Contract**” from the CACFP Contract Menu.
3. Enter “**Preparer/Enterer Information**”.
4. Click "**Continue**" to proceed to the contract to make needed changes or additions. You must continue through the entire contract and “**Submit**” to DPI at the end. **Remember to properly log out from the DPI web page – see page 45.**