



Child and Adult Care Food Program

Sponsoring Organizations of Family Day Care Homes

Contract Manual

Revised September 2020

For sponsors that have a permanent agency code with the Department of Public Instruction (DPI)

Department of Public Instruction
Community Nutrition Team
125 S. Webster Street
PO Box 7841
Madison, WI 53707-7841

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Click on the links in the Table of Contents to go to each section. When on each page click on the heading to return to the Table of Contents.



This means an addition/change has been made to the contract that may require your attention.

In this manual, websites have been referenced that will need to be opened. Right click on the link and select 'open link in new tab'. This will keep the Contract Manual open in a different tab.

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Navigating the Contract

Saving the Contract Data:

- Clicking '**Continue**' at the bottom of each page saves information/data entered
- If exiting the system before completing the contract, click '**Continue**' to save current data

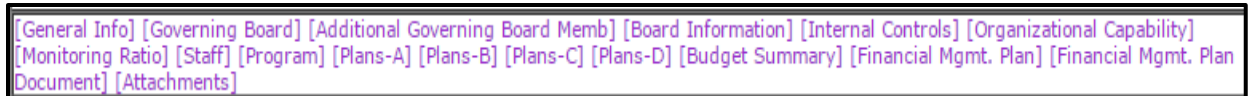


Time Limitations:

- A timer starts from the moment the contract site is entered. **If there is no activity for 30 minutes, the user will get an error message and has to return to the main Login screen. Any data on the page you were working will not be saved.**
- Any movement on a page will reset the 30-minute timer.

Returning to previous pages:

- Click on one of the links at the bottom of the page. The name of the link will tell you what page you will go to.
- If you click on the '**Back**' icon at the top of the screen, your data will not be saved from the screen you are currently on



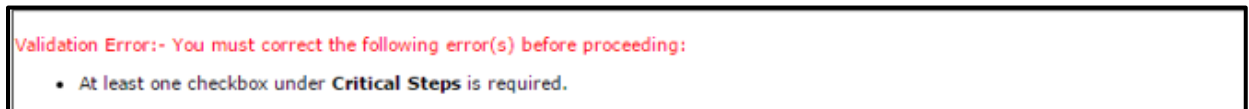
Exiting the Contract:

- Click '**Logout**' in the upper right corner of the blue boxes.
 - If exiting the system before completing the contract, click '**Continue**' to save current data



Validation Errors:

- If required information is missing or has been entered incorrectly, you will see a '**Validation Error**' at the top of the page. The error will list what information is missing or was entered incorrectly.

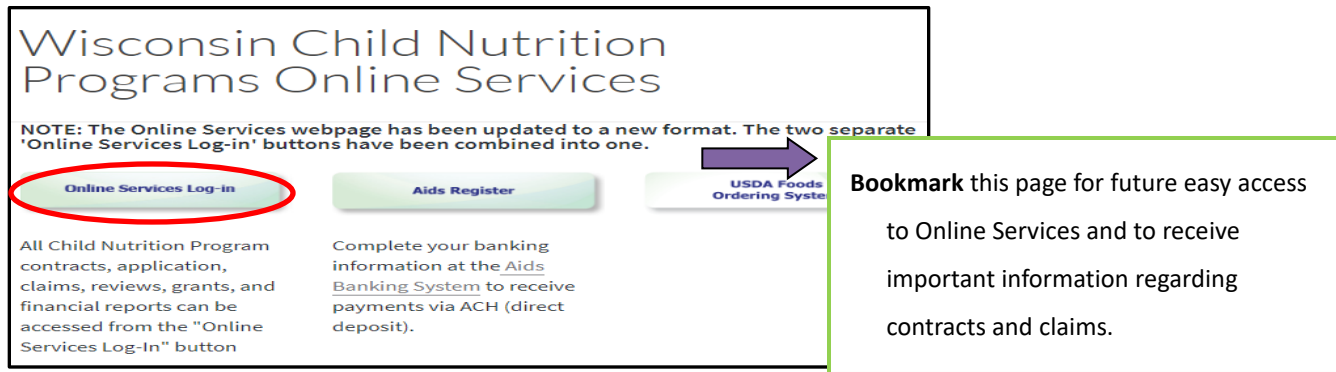


[Logging onto the Contract](#)

Go to this website: <http://dpi.wi.gov/nutrition/online-services> [Google Chrome is highly recommended.](#)

➡ **Bookmark this Wisconsin Child Nutrition Programs Online Services Webpage only, NOT the log-in page,** in order to receive important information regarding claims and contracts.

Click on “**Online Services Log-in**” for the Child and Adult Care Food Program.



Wisconsin Child Nutrition Programs Online Services

NOTE: The Online Services webpage has been updated to a new format. The two separate 'Online Services Log-in' buttons have been combined into one.

Online Services Log-in

All Child Nutrition Program contracts, application, claims, reviews, grants, and financial reports can be accessed from the "Online Services Log-In" button

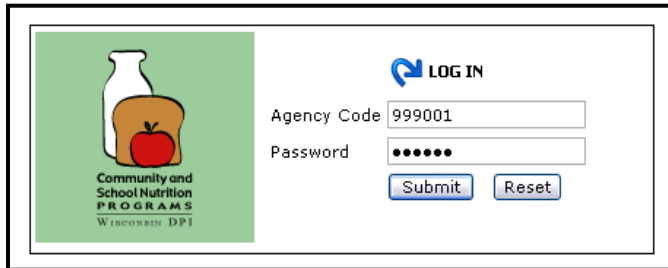
Aids Register

Complete your banking information at the Aids Banking System to receive payments via ACH (direct deposit).

USDA Foods Ordering System

Bookmark this page for future easy access to Online Services and to receive important information regarding contracts and claims.

Enter your Agency Code and Password. Click ‘**Submit**’.



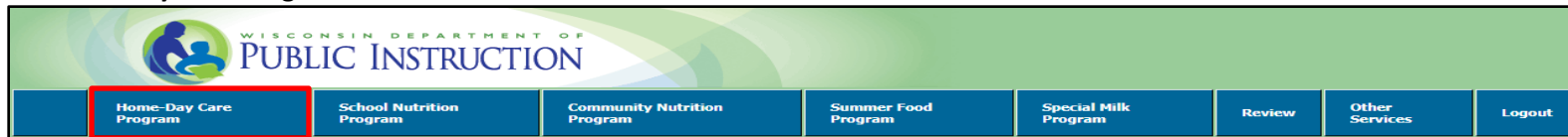
Community and School Nutrition PROGRAMS
WISCONSIN DPI

LOG IN

Agency Code

Password

Select ‘**Home-Day Care Program**’



WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

Home-Day Care Program **School Nutrition Program** **Community Nutrition Program** **Summer Food Program** **Special Milk Program** **Review** **Other Services** **Logout**

Logging onto the Contract (continued)

Select **'Contract'**

	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
Home-Day Care >	Claim Reimbursement	Quarterly Financial Report	Contract	Provider Application				

Once an agency clicks on **'Contract'**, two links will appear.

	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
Home-Day Care >	Contract >	Renew Contract Via Annual Certification	Renew-Update Contract	Browse Contract				

The two links have the following functionality:

Renew Contract Via Annual Certification	Renew-Update Contract
<ul style="list-style-type: none"> ✓ An agency can only use this option once per federal fiscal year, when renewing their contract; ✓ All the 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 contract, then return to the certification page; ✓ <u>All agencies are required to:</u> <ul style="list-style-type: none"> ○ Review, amend and update as necessary their budget for the upcoming year. ✓ Any corrections/changes after the contract is submitted to DPI are only allowed via the 'Renew-Update Contract' option, and NOT using the 'Renew Contract Via Annual Certification' option. 	<ul style="list-style-type: none"> ✓ An approved agency that has many changes to make to the contract at the time of renewal; ✓ An approved agency that has contract changes to make throughout the year; (i.e. staff changes, revised budget, etc.).

[Agency Contract Preparer/Enterer Information](#)

Contract Preparer/ Enterer Information: Each time you enter the contract 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. This information is not reflected in the contract.

Sponsoring Organizations of Family Day Care Homes |
Agency Contract Preparer/Enterer Information

[Contract Preparer/Enterer Information]

Please fill in all requested information. It will be used to contact the agency for any questions regarding the submitted Application.


First Name

Last Name

Phone Number

Extension

Email

 CONTINUE

Click 'Continue'

General Information

When entering information make sure to use correct spelling, capitalization, punctuation, etc., as the data will be saved as it is entered. Review all fields, including those that have been pre-populated from the previous FFY.

Agency Name: Must match legal entity name found on IRS documentation

Federal Employer Identification Number: (FEIN): Do not include dashes (-)

Congressional District: Use one of the following to determine the number [Map](#) or [Address Locator](#)

CESA Number: Use this [link](#) to determine the number

County: Click on the drop-down box to select the county of the agency street address for the Institution/Sponsoring Organization

Sponsor Type: Click on drop-down box and select the applicable type: Public or Private Nonprofit

DUNS # / DUNS PLUS 4: Automatically entered from the DUNS system

Agency Street Address: Enter address of the administration office or main location

Mailing Address: Enter agency mailing address

Authorized Representative (AR): Official within the organization with the legal authority to enter into contracts and execute such documents on behalf of the organization. The AR certifies that the organization agrees to conform to the CACFP regulations, guidelines, and policies and may or may not complete any or all CACFP tasks but is ultimately responsible for the CACFP.

Executive Director: Chief Executive Officer or managing director of an organization, company, or corporation. The Executive Director is accountable to the Chairman of the Board and reports to the board on a regular basis.

Enrollment of Children and Day Care Homes: Enter the Approximate Number of Enrolled Children and the Total Number of Approved Homes.

Reimbursement: Select one reimbursement method to be used for all Tier II homes.

USDA Foods or Cash-in-lieu: Select Cash-in-lieu of USDA foods or USDA Foods. Agencies can view information on potential foods available in plentiful supply by accessing the USDA Foods Program website at: <http://dpi.wi.gov/school-nutrition/usda/annual-survey>. Click 'Continue'

Governing Board Information

An acceptable independent board of directors consists of a majority of voting members:

- Who are not family-related to each other;
- Who are not family-related to staff listed on the Staffing Personnel page of the agency's CACFP contract;
- Whose livelihood is independent from the agency's activities; **AND**
- Who hold no personal financial interest in the agency's activities

A majority is defined as 50% or greater of the total number of voting board members.

Enter the required information in all fields for all four governing board members:

- The Board President cannot list an email address that is the same as the Authorized Representative
- Enter a different email address for all four governing board members
- If your agency has a vacant board position (Vice President, Secretary or Treasurer), click on the box 'Check if position is vacant. Once the position is filled update your contract and answer the board member questions.'

For each board member answer the following two questions:

- **'Does this board member have a financial interest in the agency's activities?'**
- **'Is this board member a family-related to another board member or staff member performing CACFP duties?'**

Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Click **'Continue'**

Definitions of family-related and financial interest are included at the top of this contract page.

Sponsoring Organizations of Family Day Care Homes (FFY 2018)
Governing Board Information

An acceptable independent board of directors consists of a majority of voting members who are not family-related to each other as well as to staff listed on the Staffing Personnel page of the agency's CACFP contract and whose livelihood is independent from and who hold no personal financial interest in the agency's activities. A majority is defined as 50% or greater of the total number of voting board members. The following criteria must be met to maintain an independent governing board:

- The majority of the total number of voting board members do not have a financial interest in the agency, which includes not being employed by the agency. Financial interest is defined as receiving anything of monetary value from the agency, including but not limited to: wages, salary, consulting fees, contractor services, honoraria, equity interests (e.g., stock, stock options, or other ownership interests), interest in real or personal property, dividends, royalties, rent, capital gains, and forgiveness of debt.
- The majority of the total number of voting board members are not family-related to each other as well as to staff listed on the Staffing Personnel page of the agency's CACFP contract. 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.

President

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

Home Address: Street
 City State Zip + 4

Email Address

Does this board member have a financial interest in the agency's activities? ☐ Yes ☒ No
 Is this board member family-related to another board member or staff member performing CACFP duties? ☐ Yes ☒ No

Vice President ☐ Check if position is vacant. Once the position is filled update your contract and answer the board member questions.

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

Email Address

Does this board member have a financial interest in the agency's activities? ☐ Yes ☒ No
 Is this board member family-related to another board member or staff member performing CACFP duties? ☐ Yes ☒ No

Secretary ☐ Check if position is vacant. Once the position is filled update your contract and answer the board member questions.

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

Additional Governing Board Members

Only list additional board members that have voting rights. Additional board members must adhere to the requirements of an acceptable independent board of directors listed on the [Governing Board Information](#) page.

Agencies that have additional board members listed must make updates to each person. Click on the first or last name and answer the required two questions and click 'Save'

Delete Board Member

Click on the first or last name and select 'Delete'

Update/Change Board Member

Click on the first or last name and update the information

Adding a New Board Member:

- Click on New Record,
- On next screen:
 - Enter first and last name
 - Answer the questions
 - Click 'Save'

Once all Additional Governing Board Members have been entered, click 'Continue'.

**Sponsoring Organizations of Family Day Care Homes
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.**

[To Add information enter data and click save button]

First Name	Last Name
Bart	Star

Does this board member have a financial interest in the agency's activities? ☐ Yes ☐ No

Is this board member family-related to another board member or staff member performing CACFP duties? ☐ Yes ☐ No

SAVE
BACK
DELETE

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	Financial Interest	Related

To add a new member, click here

First Name	Last Name

Does this board member have a financial interest in the agency's activities? ☐ Yes ☐ No

Is this board member family-related to another board member or staff member performing CACFP duties? ☐ Yes ☐ No

SAVE
BACK

[Board Information/Meetings](#)

Answer the question ‘**Is the Executive Director or the Authorized Representative a member of the board of directors?**’

- If ‘**Yes**’, answer the second question.

The Executive Director and the Authorized Representative cannot be members of the board unless the agency’s bylaws, articles of incorporation, or the board’s policies and procedures include a resolution stating they are not eligible to vote on items relating to board decisions regarding their salary or other human resource issues that affect them, such as hiring and firing of staff

Schedule of Board Meetings: Enter the anticipated dates (by month, do not specify year) of all governing board meeting for the upcoming federal fiscal year (October 1 – September 30).

Click ‘**Continue**’

The screenshot shows the WDPI online form interface. At the top is the WDPI logo and navigation tabs: Home Day Care Program, School Nutrition Program, Community Nutrition Program, Summer Food Program, Special Milk Program, Review, Other Services, and Logout. Below the tabs is a breadcrumb trail: Home Day Care > Contracts > Renew/Update Contract. The main heading is 'Sponsoring Organizations of Family Day Care Home Board Information'. The form contains the following text:

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

If 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 decision regarding their salary or other human resource issues that affect them, such as hiring and firing? ☐ Yes ☐ No

The Board of Directors is responsible for setting policy, fiscal guidance, and ongoing governance. It regularly reviews the organization's policies, programs, budgets and operations. Decisions are documented in the Board minutes which are maintained and available for DPI review. Board members must remove themselves from voting on decisions related to their own financial interest and that of family members.

Schedule of Board Meetings (Report the months for all governing board meetings for the upcoming federal fiscal year) [4000 characters allowed]

At the bottom right of the form is a blue button labeled 'CONTINUE'.

Internal Controls

Select **‘Yes’** or **‘No’** to the questions for:

- Seriously Deficient
- National Disqualified List
- Disbarment

If **‘Yes’**, provide an explanation.

Procurement: Provide a detailed narrative response regarding your agency’s procedures for the purchase of food, supplies and services within the text field. Refer to Guidance Memorandum G for the standards that must be implemented and incorporated into your agency’s procurement policies and procedures. Or, include verbiage in the text box for Procurement procedures, with a statement referencing the page number of your Procurement policies and procedures. Then, upload the policies and procedures into the ‘CACFP Management Plan/ Policy and Procedure specific to the CACFP’ file, on the ‘Attachments’ page.

Sponsoring Organizations of Family Day Care Home Internal Controls
<p>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? <i>(If "Yes", submit a written explanation via email.)</i> <input style="float: right;" type="button" value="▼"/></p>
<p>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? <i>(If "Yes", submit a written explanation via email.)</i> <input style="float: right;" type="button" value="▼"/></p>
<p>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? <i>(If "Yes", submit a written explanation via email.)</i> <input style="float: right;" type="button" value="▼"/></p>
<p>CACFP regulation require your organization to have a personnel policy on outside employment of CACFP employees restricting other employment by their employees that interferes with CACFP responsibilities. Please upload policy on the next page.</p>
<p>Procurement: Detail below the procedure 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.</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>

Internal Controls (continued)

Federal Awards: If your agency expended more than \$750,000 in federal funding during the prior FFY, select **'Yes'**.

If less than \$750,000, select **'No'**.

The following are common federal programs:

- Child Nutrition Programs: CACFP, SFSP, NSLP, SMP
- Federal Head Start (HS)
- Weatherization Assistance for Low-Income Persons
- Low Income Energy Assistance Program
- Emergency Shelter Grants Programs

W-2 and Medicaid are not federal programs.

Publicly Funded Programs (PFP) and Years of Participation:

List all PFP (federal, state or local) the institution and its principals have participated in the past 7 years.

Examples: CACFP, Head Start, W-2

To help collect this information from all principals you may use the [Publicly Funded Programs](#) form.

- Has the institution or any of its principals ever been disqualified from participation in any PFP? Select **'Yes'** or **'No'**.
- If **'Yes'** answer the next question.

Effective Month of Household Size-Income Statement Determinations

Select **one of two methods** for the effective month of the approved Household Size-Income Statements. **The effective month selection only applies to complete Household Size-Income Statements containing all the required information at the time of submission.** The method chosen must be maintained for an entire federal fiscal year (October 1-September 30).

Click **'Continue'**

Federal Awards: Did Agency expend \$750,000 or more in total Federal awards during the prior Federal Fiscal Year?

Publicly Funded Programs

List all publicly funded programs (PFP) the institution and/or its principal(s) have participated in during the past seven years.

- Publicly Funded Program (PFP): Any program funded whole or in part by federal, state or local government.
- Principal: Any individual who holds a CACFP related management or supervisory position within, or is an officer or, an institution. This includes the executive director and all members of the institution's governing board of directors or similar body.

Has the institution or any of its principal(s) ever been disqualified from participation in any PFP for violating that program's requirements?

If yes, were the violation(s) corrected and eligibility restored to participate in the programs(s)? (If "No", submit a written explanation via email to your assigned consultant.)

Effective Date of Household Size-Income Statement Determinations

An agency has the flexibility to establish the effective month 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 used for establishing the *Effective Month of Determination* when determining 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 method selected, Household Size-Income Statements expire one year from the *Effective Month of Determination*.

- ☒ Month the Household Size-Income Statement is initialed and dated by the agency's Determining Official.
- ☐ Month the Household Size-Income Statement is signed and dated by household member.



Organizational Capability

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

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





Follow upload procedures as listed on [Upload Instructions](#) page.


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**', a new screen will open. Click on '**Choose File**' to locate the document saved on your computer; then click '**Upload**'.

Click '**Continue**'

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

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

 **CONTINUE**


Sponsoring Organizations of Family Day Care Homes (FFY 2017)
[Organizational Capability]
716803 - Child Care Centers of Marshfield Inc

[Upload the attachment for Organization Mission Statement]

Click Browse button to select a PDF File to upload

Selected File : Choose File No file chosen

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

 **UPLOAD**

[Organizational Capability]

Monitoring Ratios

NEW**FFY 2021:**

Because of COVID-19 disruptions to normal monitoring activities, the approved number of hours on this page in your FFY 2020 contract will be pulled forward and approved for FFY 2021.

→ **Do not complete time studies for non-monitoring and monitoring hour calculations until monitoring activities return to normal.**

Do not list staff personnel not performing any monitoring duties.

Each staff's job descriptions must include the CACFP tasks for which they are listed as responsible on the *Staffing Personnel* page.

To add staff personnel, click on the **'New Record'** button.

Enter all requested data.

- Fields for hours will accept tenths of hours (e.g. 79.1 hour)

Once all the data for a staff person has been entered click on **'Save'**.

Upload pdf versions of all documents.

- Follow upload procedures as listed on [Upload Instructions](#) page;
- Each listed staff person must have a job description uploaded, even if it is the same as another uploaded job description.

Click **'Continue'**

Sponsoring Organizations of Family Day Care Homes (FFY 2020)	
Monitoring Ratios	
<p>Monitoring Ratios: Complete this page by listing each staff responsible for monitoring tasks, the total number of hours they work annually, and the number of these total annual hours they spend on non-CACFP, non-monitoring and monitoring tasks. <u>Upload each staff's most current job description.</u> The responsibilities detailed within each staff's job descriptions must include the CACFP tasks for which they are listed as responsible on the <i>Staffing Personnel</i> page of the contract.</p>	
<p>Non-Monitoring-Related Activities: Employee activities (supervisory and non-supervisory) that must not be counted towards monitoring time include: (1) Making day care home eligibility and tiering determinations (Tier 1, Tier 2, and Tier Mixed) (2) Maintaining day care home regulation(cert/license) updates (3) Processing day home applications and agreements (4) Processing children's enrollment information and updates (5) Processing day care home claims, completing claim edit checks, and submitting claims to DPI (6) Doing outreach to recruit nonparticipating and retain participating day care homes (7) Completing pre-approval visits (8) Training day care homes and sponsor staff on Program requirements(except during home visits) (9) Providing technical assistance(except during home visits) (10) Meeting with sponsor staff(except for time spent on home visit related topics)</p>	
<p>Monitoring-Related Activities: Employee activities (supervisory and non-supervisory) that must be counted towards monitoring time include: (1) Conducting home visits including time spent on: planning and scheduling; home visit preparation; travel; being in the home during the visit; home visit documentation ; and follow-up (2) Processing serious deficiencies including time spent on: written correspondence; related communication: reviewing submitted corrective action; appeals; and terminations for cause (3) Conducting household contacts (4) Training during home visits (5) Providing technical assistance during home visits (6) Reviewing both paper and online submitted claims for meal pattern compliance, meal eligibility, and accuracy (7) Reviewing annually updated and new enrollment forms for completeness and accuracy (8) Training and monitoring of sponsor staff on home visit activities (related to 1-7 above) (9) Meeting with sponsor staff for time spent on home visit related topics only</p>	

To add a Employee activities click 'New Record' button. To delete or update from the list select the employee and follow the instruction.

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
Administrator			2080.0	1332.0	515.0	233.0		Update	09/03/2015
Coordinator			2080.0	0.0	712.0	1368.0		Update	09/03/2015
Enrollment Specialist			1820.0	0.0	212.0	1608.0		Update	09/03/2015
Home Consultants			543.0	0.0	0.0	543.0		Update	09/03/2015
Home Consultants			198.0	0.0	36.0	162.0		Update	09/03/2015
Home Consultants			6.0	0.0	0.0	6.0		Update	09/03/2015
Payroll			24.0	0.0	24.0	0.0		Update	09/03/2015

NEW RECORD
CONTINUE

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 (FFY 2017) Add Monitoring Ratios

Monitoring Ratios: Detail below all staff persons performing monitoring duties. 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. 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)

136812 - Community Coord Child Care Dane

[1]

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
Monitor	George	Washington	2080	0	80	2010



SAVE



BACK

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

Staffing Personnel

Enter the name(s), title(s) and date(s) of birth of staff completing the required CACFP responsibilities. **There must be at least one staff person entered for each of the eleven (11) responsibilities.**

Adding a New Record

- Click on 'New Record'
- Select a Program Responsibility from drop down box.
- Enter title, first name, last name and date of birth of the person performing each responsibility.
- Click 'Save'
- Two or more staff may perform a given responsibility, enter each separately.

Repeat this process until all required responsibilities are listed

First Name	Last Name	Title	Date of Birth	Program Responsibilities
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 2px solid red; padding: 2px; text-align: center;">Click Here</div> <div style="border: 2px solid red; padding: 2px;"> NEW RECORD CONTINUE </div> </div>				

Sponsoring Organizations of Family Day Care Homes
Modify, Delete Selected Staffing Personnel Information

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 Responsibilities: Prepares CACFP Financial report

Title:

First Name:

Last Name:

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

BACK SAVE

Existing Entries

Update by selecting the first or last name on the *Staffing Personnel* page and update the required fields.

Deleting a Record

To delete a record click on the first or last name, then click on 'Delete' button.

Sponsoring Organizations of Family Day Care Homes
Modify, Delete Selected Staffing Personnel Information

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 Responsibilities: Approves/maintains household size-income statements

Title: CACFP Specialist

First Name: John

Last Name: Kennedy

Date of Birth: 01/01/1950 [MM/DD/YYYY]

BACK SAVE DELETE

[General Info] [CFDA Audit Info] [Governing Board] [Additional Governing Board Memb] [Board Information] [Internal Controls] [Organizational Capability]

Staffing Personnel (continued)

Program Responsibilities

The Program responsibilities 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. Prepares CACFP Financial report
12. Other Program Tasks (please specify within the title)

When you have completed listing at least one staff person for the **eleven** Program responsibilities (all except Other Program Tasks) click '**Continue**' button.

Sponsoring Organizations of Family Day Care Homes Staffing Personnel				
<p>Staffing Personnel</p> <p>List the names, titles and dates of birth of the persons responsible for the following Program tasks. If more than one person performs a given task click on the "Add" button to add another personnel.</p> <p>To add a program click 'New Record' button. To delete or update from the list select First or Last Name and follow instructions.</p>				
Program Responsibilities	Title	First Name	Last Name	Date of Birth
Approves/maintains home application form, PI-1472	Claims Specialist			
Approves/maintains home application form, PI-1472	Executive Director			
Approves/maintains home application form, PI-1472	CACFP Mgr			
Approves/maintains household size-income statements	CACFP Mgr			
Conducts home reviews/visit	Field Representative			
Conducts home reviews/visit	Field Representative			

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.

NEW

FFY 2021 Change: The counties highlighted changed from being designated as "rural" to now being "urban/not rural".

The "State Agency Factor" used for determining the required number of monitoring hours based on information reported on the Monitoring Ratios page is not applied to providers located in urban counties".

Program Outreach

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

Click 'Continue'

Program Records

Indicate if the providers have copies of the following documents:

1. Orientation/pre-approval visit form	<input checked="" type="radio"/> Yes <input type="radio"/> No
2. Completed home visit forms	<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
5. Completed CACFP enrollment forms	<input checked="" type="radio"/> Yes <input type="radio"/> No
6. Daily attendance records	<input checked="" type="radio"/> Yes <input type="radio"/> No
7. Child care License and/or Certification	<input checked="" type="radio"/> Yes <input type="radio"/> No
8. Income statements for provider's own children	<input checked="" type="radio"/> Yes <input type="radio"/> No
9. Menus	<input checked="" type="radio"/> Yes <input type="radio"/> No
10. Meal count records	<input checked="" type="radio"/> Yes <input type="radio"/> No
11. Sponsoring organization policies and procedures	<input checked="" type="radio"/> Yes <input type="radio"/> No
12. Documentation of training	<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 checked="" 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 checked="" type="checkbox"/> Iowa*	<input checked="" type="checkbox"/> Oconto*	<input type="checkbox"/> Taylor
<input type="checkbox"/> Calumet*	<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
<input type="checkbox"/> Clark	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Ozaukee*	<input type="checkbox"/> Vilas
<input checked="" type="checkbox"/> Columbia*	<input type="checkbox"/> Juneau	<input type="checkbox"/> Pepin	<input type="checkbox"/> Walworth
<input type="checkbox"/> Crawford	<input type="checkbox"/> Kenosha*	<input checked="" type="checkbox"/> Pierce*	<input type="checkbox"/> Washburn
<input type="checkbox"/> Dane*	<input checked="" type="checkbox"/> Kewaunee*	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington*
<input type="checkbox"/> Dodge	<input type="checkbox"/> La Crosse*	<input type="checkbox"/> Portage	<input type="checkbox"/> Waukesha*
<input type="checkbox"/> Door	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Price	<input type="checkbox"/> Waupaca
<input type="checkbox"/> Douglas*	<input type="checkbox"/> Langlade	<input checked="" type="checkbox"/> Racine*	<input type="checkbox"/> Waushara
<input type="checkbox"/> Dunn	<input checked="" type="checkbox"/> Lincoln*	<input type="checkbox"/> Richland	<input type="checkbox"/> Winnebago*
<input type="checkbox"/> Eau Claire*	<input type="checkbox"/> Manitowoc	<input type="checkbox"/> Rock*	<input type="checkbox"/> Wood

Highlighted counties
changed to Urban

*Urban Counties, not Rural

Program Outreach

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

0



Management Plan/Practices (Part - A)

Include verbiage in the text boxes for each of the Management Plan/ Practices (Part – A, B, C, D), with a statement referencing the page number of your policies and procedures manual covering each of those areas. Then, upload these policies and procedures into the ‘CACFP Management Plan/Policy and Procedure specific to the CACFP’ file, on the ‘Attachments’ page.

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.

Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
<div style="display: flex; justify-content: space-between; padding: 5px;"> Home-Day Care> Contracts> Renew/Update Contract </div>							
Sponsoring Organizations of Family Day Care Homes Management Plan/Practices (Part - A)							
<p>1. Recruitment:</p> <p>(A) Describe the methods to be used for recruitment of new providers, including the identification of any specific geographic areas that may be targeted.</p> <p>(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).</p> <p>(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.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>For Example:</p> <p>'Recruitment A, B, C - See <u>CACFP</u> Management Plan/ Policy and Procedures, pages 20 - 22.'</p> </div>							

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.

Describe in detail your management plan/practices and timeframes for the following procedures for:

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 forms and data (i.e. normal day/hrs./meals and annual updates) for all enrolled children, including online enrollment of children in care.
- (B) Ensuring that all CACFP enrollment forms are annually updated (No more than 12 months can elapse between updates.)
- (C) 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)

Include verbiage in the text boxes for each of the Management Plan/ Practices (Part – A, B, C, D), with a statement referencing the page number of your policies and procedures manual covering each of those areas. Then, upload these policies and procedures into the ‘CACFP Management Plan/Policy and Procedure specific to the CACFP’ file, on the ‘Attachments’ page.

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 two meals and one 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.

Click ‘Continue’

Describe in detail your management plan/practices and timeframes for the following procedures for:

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 two meals and one 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 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.

Management Plan/Practices (Part - C)

Include verbiage in the text boxes for each of the Management Plan/ Practices (Part – A, B, C, D), with a statement referencing the page number of your policies and procedures manual covering each of those areas. Then, upload these policies and procedures into the ‘CACFP Management Plan/Policy and Procedure specific to the CACFP’ file, on the ‘Attachments’ page.

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.)

Click ‘Continue’

Describe in detail your management plan/practices and timeframes for the following procedures for:

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.)

Management Plan/Practices (Part - D)

Include verbiage in the text boxes for each of the Management Plan/ Practices (Part – A, B, C, D), with a statement referencing the page number of your policies and procedures manual covering each of those areas. Then, upload these policies and procedures into the ‘CACFP Management Plan/Policy and Procedure specific to the CACFP’ file, on the ‘Attachments’ page.

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.

Click ‘Continue’

Describe in detail your management plan/practices and timeframes for the following procedures for:

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 that these fliers are either posted in conspicuous location in a home or copies are given 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) Training of agency staff and providers on the civil rights requirements of the CACFP.

13. Maintenance of Program Records

- (A) Retention of CACFP records by the sponsoring organization.
- (B) Record maintenance by day care home providers.

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 completed and uploaded [Attachment E](#) for the upcoming federal fiscal year. 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 contract approval process. The effective date of the budget approval can be viewed after you receive notification that the contract has been approved.

Before entering any information on this page you must first upload the completed Attachment E. Follow the upload procedures as listed on [Upload Instructions](#) page.

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_FFY2018 CACFP Budget_Original.xlsx.

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 federal fiscal 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.

Sponsoring Organizations of Family Day Care Homes (FFY 2020) Budget Summary Information			
[Button]			
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
CACFP FDCH Budget FFY 2019 Revision 1.xlsx	01/14/2019		Upload

Sponsoring Organizations of Family Day Care Homes [Upload Attachment E File]
<div style="border: 1px solid #ccc; padding: 10px; margin: 0 auto; width: 80%;"> <p style="text-align: center; background-color: #f0f0f0; margin: -10px -10px 10px -10px;">[Upload Attachment E]</p> <p style="text-align: center; font-size: small; margin: 10px 0;">Click Browse button to select a Excel (XLS/XLSX) File to upload</p> <p style="margin: 10px 0;">Selected File : Choose File No file chosen</p> </div>
UPLOAD

Projected Sources of Income		Projected Annual Income (\$)
CACFP Administrative Reimbursement (Include advance)		0.0
CACFP Administrative Carryover Funds from prior FFY		0.0
Total Amount		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 everything is correct click on ‘OK’ and the Budget Summary page will be saved and will advance you to the next section of the contract.

Budget Item	Sponsor Requested (\$)
A. Administrative Labor	
1. Salaries + Required Employer Taxes	100.0
2. Benefits	20.0
A. Total Sum of Lines A1 plus A2	120.0
B. Other Administrative Supplies	
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. Total Sum of Lines B1 to B6	0.0
C. Administrative Services	
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
C. Total Sum of Lines C1 to C9	0.0
D. Program Travel	
1. Program Operations Travel Expense	0.0
2. In State Travel Expense	0.0
3. Out of State Travel Expense	0.0
D. Total Sum of Lines D1 to D3	0.0
E. Grand Total (Lines A+B+C+D+E)	0.0
1. Projected Number of Claiming Homes:	0
2. Total Projected Meal Reimbursement Earned:	0
 CONTINUE	

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

OK

Cancel

Financial Management Plan/Policies & Procedures

1. Cost Allocation Plan

Answer the four questions regarding cost allocation plans.

1 a. If answering 'Yes' to any of the four questions, 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 from the WDPI.

1. Cost Allocation Plan: 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 checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded office and/or operational space?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded supplies?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Did your agency use a cost allocation plan for CACFP-funded equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<p>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> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
<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> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	

Financial Management Plan/Policies & Procedures (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.

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

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.

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

[Financial Management Plan/Policies & Procedures \(continued\)](#)

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

Note: this question is specific to administrative reimbursements only.

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. 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**


















Click '**Continue**'

Financial Management Plan Document

Upload all budget support documentation. 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 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 Document \(continued\)](#)

- **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. Click '**Continue**'

Contracted Services Agreement(s)	Accounting/Bookkeeping	09/24/2018		Update	Delete
	Claim System	10/14/2015		Update	Delete
	Provider/Appeals Hearing Official	09/24/2018		Update	Delete
	IT/Website/Social Media	09/21/2018		Update	Delete
	Marketing/Legal/Payroll Services	10/14/2015		Update	Delete
	Data Storage	09/24/2018		Update	Delete
Equipment Lease	Equipment Lease	05/08/2018		Update	Delete
Advertising	Sample Outreach, job announcement, advertisement	09/21/2018		Update	Delete
Membership Description(s)	Membership Description(s)	09/21/2018		Update	Delete
Travel Policies	Travel Policies	10/14/2015		Update	Delete
Training Plan/Agenda	Staff and Provider Training Plan/Agenda	09/21/2018		Update	Delete
Allocation Plan/indirect Cost Plan	Description of Allocation Plan and/or indirect cost plan	09/21/2018		Update	Delete
Accounting	Accounting Procedure	10/14/2015		Update	Delete

 **CONTINUE**

Attachments

Upload all Program attachments. **Submission of the most recent Single Audit Report is required.**



Upload the 'CACFP Management Plan/ Policy and Procedures' that answer each of the Management Plan/ Practice (Part – A, B, C, D) questions.

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











Click '**Continue**'


**Sponsoring Organizations of Family Day Care Home:
Attachments**

A copy of all single audit reports must be submitted to the Federal Audit Clearinghouse. Both of the files are mandatory.

Document	File Last updated	File	Upload / Update
Single Audit Report-most recent submission	09/28/2017		Update
PI-1459-AP	08/29/2014		Update

The Following agency-specific documents may be uploaded as part of the CACFP application process.

Document	File Last updated	File	Upload / Update	Delete
Provider Training Materials	09/28/2017		Update	Delete
Outreach Materials	09/28/2017		Update	Delete
Orientation/Previsit Checklist	09/18/2015		Update	Delete
Permanent Sponsor-Provider Agreement	10/08/2015		Update	Delete
Agency-specific Sponsor-Provider Agreement	10/17/2016		Update	Delete
CACFP Enrollment Form	09/18/2015		Update	Delete
Home Review Form	10/08/2015		Update	Delete
Menu Form	08/29/2014		Update	Delete
Meal Count Form	09/18/2015		Update	Delete
CACFP Management Plan/Policy and Procedure	10/09/2015		Update	Delete

 **CONTINUE**

Certification

Read the Certification statement. A link is provided to a copy of the CACFP Permanent Agreement/Policy Statement (PI-1459-AP)

<http://dpi.wi.gov/sites/default/files/imce/community-nutrition/doc/pod1459-ap.docx>

Click on the box next to 'By checking this box, I have read and agree to the above certification and permanent agreement of the CACFP.'

When you are ready to submit the contract to DPI for approval, click on the 'Submit' button.

After clicking the submit button, the 'Contract Successfully Submitted to DPI' screen will appear.

To exit the contract and submit the contract to DPI, you must click on the "Logout" button at the top of the screen.

Contract will be locked after it is submitted and you have logged out. If you need to get back into your contract, contact your assigned consultant.

Upload Instructions

1. On the page(s) requiring an upload, click 'Upload' or 'Update'

All Institutions	Permanent Agreement (PI-1486-AP)*	10/26/2015		Update	Delete
	Federal Employer Identification (FEIN) documentation (IRS Form SS-4 or IRS form 1120) *	09/30/2015		Update	Delete
	Tax exempt v only -501(c)(3)			Update	Delete
New Sponsor Only	Statement of Unmet Program Need	09/01/2016		Update	Delete
Pricing Program (Pricing Agency Only)***	Pricing Program Addendum			Upload	
Other Institutions	Other			Upload	

Upload: Appears when you have to upload a file for the first time

Update: Appears when you have already uploaded a file but need to upload a more current file

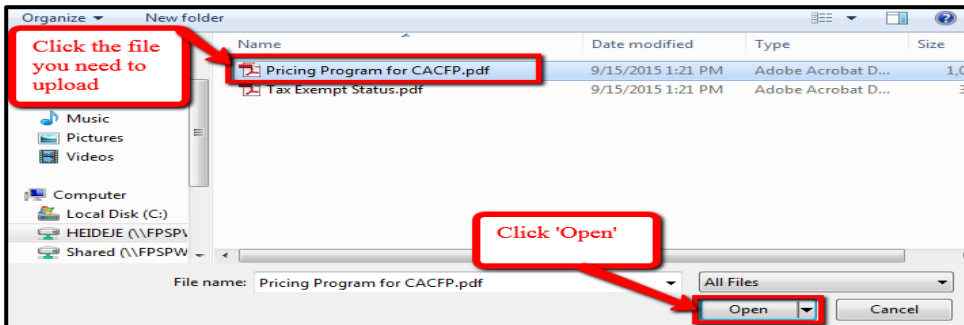
Delete: Only choose this if the document no longer applies to your agency

2. Click 'Choose File'

Click Browse button to select a PDF File to upload

Selected File: No file chosen

3. Locate the PDF file on your computer, click 'Open'



4. Click 'Upload'

Selected File : Pricing Prog...r CACFP.pdf

[Program Uploads]

5. The upload page will reappear. Click 'Continue'

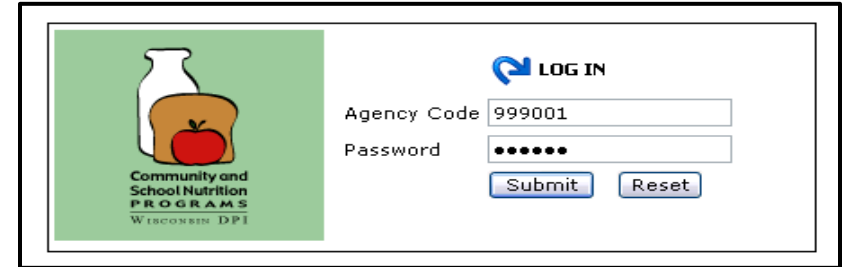
IMPORTANT UPLOAD REMINDERS:

- All uploads must be in pdf format (Adobe Acrobat Reader), maximum file size **8MB**.
 - Attachment G must be uploaded as an Excel file
- Adobe can be downloaded for free at: <http://get.adobe.com/reader/>
- Jpeg must be converted to a PDF: <http://www.freepdfconvert.com/>
- When scanning a document as a pdf file, scan in black and white (or grayscale), with a resolution of 200 dpi or lower

Amending the Submitted Contract

After submitting the CACFP contract, you may need to make changes or additions to the approved contract.

1. Login with your permanent Agency Code and Password and follow the procedures described in this manual.
2. Select '**Renew-Update Contract**' from the Contract Menu.
3. Click '**Continue**' to proceed through the contract to make the needed changes or additions.
4. You must continue through the entire contract and click on the '**I agree and accept the certification**' and '**Submit**' buttons. Click on the '**Logout**' button at the **top of the screen**. The updated information will then be resubmitted to DPI for approval.



Browse Function

To browse the submitted contract:

1. Log into the contract using your assigned agency code and password.
2. Select '**Home-Day Care**'
3. Select '**Contract**'
4. Select '**Browse Contract**'
5. Enter Contract Preparer/ Enterer Information
6. Click '**Continue**' to review contract (you will not be able to enter anything here).



	Home-Day Care Program	School Nutrition Program	Community Nutrition Program	Summer Food Program	Special Milk Program	Review	Other Services	Logout
	Home-Day Care>	Contract>	Renew Contract Via Annual Certification	Renew-Update Contract	Browse Contract			

Additional Information and DPI Contacts

Password Assistance

Contact the DPI Federal Aids and Audit Section if you forgot your password or need to change your password

- Jacque Jordee: 608-267-9134 or jacqueline.jordee@dpi.wi.gov
- Changing this password will change the password for all child nutrition programs, including claims for reimbursement & contract access. If you change your agency's password, you will need to notify other staff at your agency that access the claim &/or contract.

Amending the CACFP Contract

After submitting the CACFP contract, your agency may need to make changes or additions to the approved contract

- Refer to ['Logging into the Contract'](#)
- Click **'Continue'** to proceed through the contract to make the needed changes or additions
- Refer to [Certification & Confirmation](#) to submit the contract
- Email your [DPI Consultant](#) informing them that there are changes to your contract
- You can access and update your contract online at any time after it has been approved

DPI Consultants

You can find your assigned DPI consultant on the [Consultants by County](#) webpage

Guidance Memorandums (GM)

Wisconsin's operations manual for the CACFP and referenced throughout the contract manual.

- Provided to help administer the program
- Include all documents needed to operate the program
- Updated when USDA requires changes or when forms are revised
- Find the GMs at the [CACFP Guidance Memorandum](#) webpage

Nondiscrimination Statement with Complaint Filing Procedures

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race,

color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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