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# The CACFP Information And Payment System (CIPS)



User Manual for Day Care Home Sponsors



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# Welcome to CIPS!

Welcome to the Child and Adult Care Food Program Information and Payment System (CIPS). CIPS online access allows for online claims processing, managing provider applications and information, maintaining child participation data, and updating fiscal budgets. This system allows for decreased paperwork and reduces the amount of time for many of the daily tasks for CACFP.

This manual has been created to help Day Care Home Sponsors become familiar with the functions that can be utilized in CIPS to maintain CACFP records. These tasks have been included with pictures and step-by-step written instructions for their use.

First, it is suggested that you read the sections “Log In through the NYSDOH Health Commerce System” and “CIPS Navigation.” Both sections will help when entering in CIPS for the first time and bypass some of the common navigation errors.

One important note before entering CIPS is that CIPS stores and presents information by CACFP Program Year. The Program Year, or Fiscal Year, runs from October 1 through September 30. To be able to view your claims from a previous fiscal year, you would need to change the year that you are viewing. This will be discussed further in the “CIPS Navigation” section.



## CACFP

**Child and Adult Care Food Program**  
**New York State Department of Health**

# System Requirements for CIPS Access

The CACFP Information and Payment System (CIPS) is a web-based application that allows users to access the application on any computer that is supported by an internet connection. For optimal functioning of the CIPS application, certain internet browsers and versions of the browsers are recommended. The list below indicates the fully and partially supported browsers for the various forms of technology (desktop and mobile devices) that are frequently used to access the internet. Please check your web browser to ensure you are using a supported browser to access all components of CIPS.

## **Fully Supported:**

### **Desktop:**

Microsoft Internet Explorer  
Google Chrome  
Safari (Mac OS only)



### **Mobile:**

Safari (iOS5.1 or later)  
Google Chrome (iOS5.1/Android 4.0 or later)

## **Limited Support:**

Mozilla Firefox (Desktop and mobile)  
Most Webkit-based browsers (Android OS 2.3 or later)



## **Unsupported Browsers:**

Microsoft Internet Explorer Mobile (Windows 8 Phone)  
Safari for Windows (Desktop)

Further information can be found at the following link:

<https://commerce.health.state.ny.us/hcs/help/help.html>

# Logging in to the NYS Health Commerce System (HCS)

1. Go to Internet Explorer and type [https://commerce.health.state.ny.us/public/hcs\\_login.html](https://commerce.health.state.ny.us/public/hcs_login.html) in the web address line
2. Enter your HCS assigned User ID and password.
3. Click "Sign In"

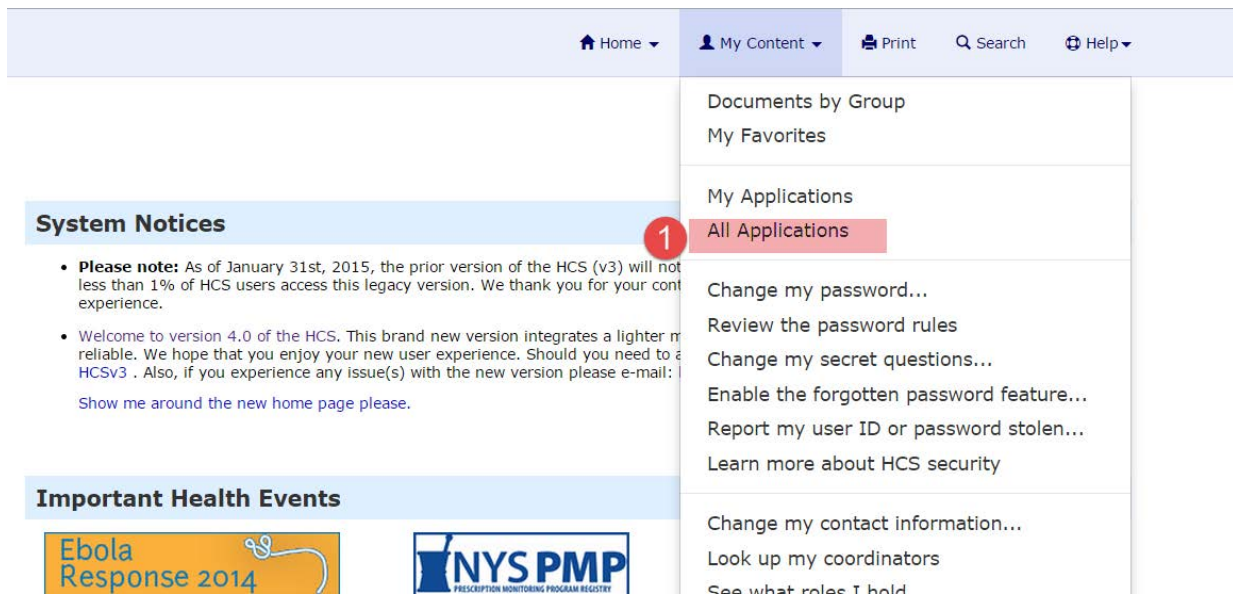
A screenshot of the HCS Login page. It features a "HCS Login" heading, a "User ID" input field with a red circle and the number "1" next to it, a "Password" input field with a red circle and the number "2" next to it, a "Remember HCS ID" toggle switch set to "OFF", a "Sign In" button with a red circle and the number "3" next to it, and a "Create an HCS Account" button. An "OR" separator is located between the "Sign In" and "Create an HCS Account" buttons.A screenshot of an error message on the HCS login page. The message reads: "Your attempt to login was not successful. The User ID and password entered did not match!". Below the message are the "User ID" and "Password" input fields, the "Remember HCS ID" toggle switch set to "OFF", the "Sign In" button, and the "Create an HCS Account" button. An "OR" separator is located between the "Sign In" and "Create an HCS Account" buttons.

Note: This message will appear if you have entered the wrong user ID, password, or your HCS account has not been fully set up yet.

If your account has been set up and you are having difficulty logging in to HCS contact the Commerce Account Management Unit (CAMU) at: 1-866-529-1890

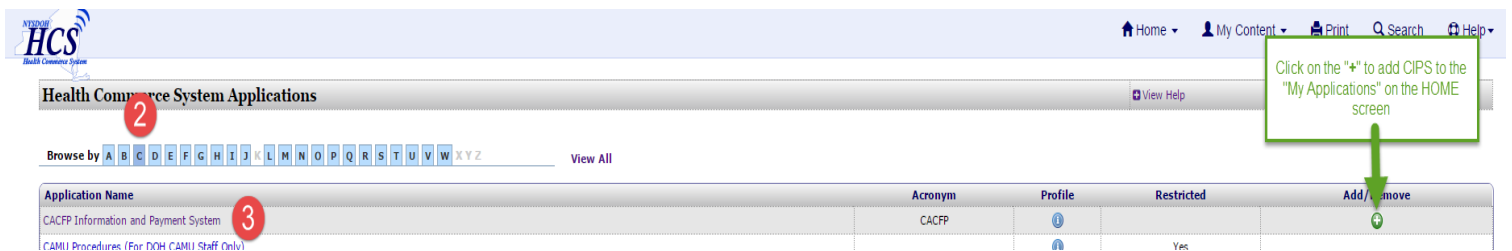
## Locating CIPS in HCS

1. Click **My Content**, then select **All Applications**



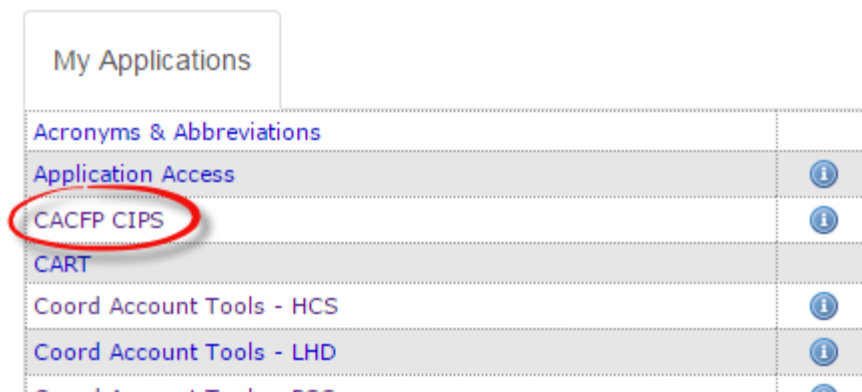
The screenshot shows the top navigation bar with 'Home', 'My Content', 'Print', 'Search', and 'Help'. The 'My Content' dropdown menu is open, showing options like 'Documents by Group', 'My Favorites', 'My Applications', and 'All Applications' (highlighted with a red box and a red circle with the number 1). Below the menu, there are sections for 'System Notices' and 'Important Health Events'.

2. Click **C** - This will open all applications that start with the letter "C"
3. Click **CACFP Information and Payment System**



The screenshot shows the 'Health Commerce System Applications' page. The 'Browse by' filter is set to 'C'. The application 'CACFP Information and Payment System' is highlighted with a red circle and a red circle with the number 3. A green callout box with an arrow points to the '+' icon in the 'Add/remove' column, with the text: 'Click on the "+" to add CIPS to the "My Applications" on the HOME screen'.

Application Name	Acronym	Profile	Restricted	Add/remove
CACFP Information and Payment System	CACFP			
CAMI Procedures (For DOH CAMI Staff Only)			Yes	



The screenshot shows the 'My Applications' page. The application 'CACFP CIPS' is circled in red.

Application Name	Profile
Acronyms & Abbreviations	
Application Access	
<b>CACFP CIPS</b>	
CART	
Coord Account Tools - HCS	
Coord Account Tools - LHD	

4. Click the green **Continue** button to enter CIPS



5. You are now in the CIPS Application





# CIPS Navigation Tips

Being able to “get around” in CIPS is essential to being able to use all functions that it has. It is important to know that the common internet buttons may not be able to be used. Your work may not be saved in CIPS by using the common internet buttons.

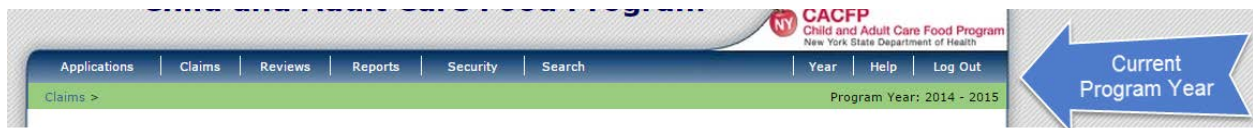
## CIPS Menu Bar

The menu bar is located across the top of the screen in **DARK BLUE**. It allows you to select areas to complete tasks in CIPS like filing claims or updating sponsor or provider information.



## Program year

The program year, as mentioned before, stores your information based on the fiscal year of October 1 through September 30. The year that you are working on in CIPS is displayed in the **GREEN** bar below the menu bar. It is important to check to make sure you are in the right program year before making changes or submitting claims.



It is possible that you may need to make a change to an application or file a claim in the prior program year. In order to do this, you must:

1. First click on **Year**. A list of possible program years will be displayed.
2. Click the year that you need to enter information for.

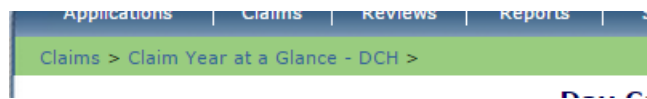


## Hints for Selecting the Right Program Year

- Make sure you check the Program year before entering /adjusting a claim or working with sponsor or provider applications
- Change the program year to reflect the year when the change took place. For example:
  - Effective date of a new or changed license
  - Expiration or Closed Date of a provider
  - The claim or adjusted claim month

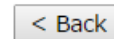
## Moving Backward or Between Tasks: “Follow the Breadcrumbs”

The “breadcrumb” trail can be seen in the **green** bar under the CIPS menu bar. This gives you the ability to go back to previous screens you have already been on.



### Using the “Back” Button

CIPS utilizes its own back button, located at the bottom of the screen.



**\*\*DO NOT use your Internet browser back button. These buttons do not work in CIPS. Using these buttons can cause many problems and your work may not save appropriately. Sometimes an error screen will appear when the Internet back buttons are used.\*\***

### **ACTION BUTTONS IN CIPS**

**View:** No changes can be made to the information, the information can only be viewed

**Modify:** Information can be changed. Appears when a new version has been started

**Revise:** Information is changed. Creates a new version of the Sponsor or Provider Application.

## Additional Helpful Action Hints

**Hovering:** Moving the mouse over a screen button and holding it there will let you see a description of where the button will take you.

**Light Blue** lettering indicates that item can be clicked and will move you to another screen. For example: to either **view, modify, or revise** the information on the page.

Packet Assigned To: unassigned								
Action	Form Name	Latest Version	Status					
View   Revise	✓ Sponsor Application	Original	Approved					
Details   Revise	✓ Board of Directors Listing	Rev. 1	Approved					
View	✓ Sponsor Budget	Original	Approved					
Details	Application Checklist							
Details	DCH Application Packet Notes (2)							
		Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s) →		429	4	0	0	38	1	434

## Logging Out of CIPS

It is very important to log out of CIPS when you finish a session. This will ensure that you are the only individual that uses your username and password to utilize the CIPS application.

To logout click on the Log Out button on the right side of the **DARK BLUE** menu bar.



# Chapter 1: CIPS Security

## Security is Everyone's Responsibility

The State of New York considers information security a top priority throughout the state. Your personal information for CIPS and HCS should remain confidential otherwise your organization could be at risk. HCS has the right to suspend or shut down an account if there is evidence of sharing of access information. This applies to CACFP Homes Sponsors as you have the ability to submit and adjust claims and update provider and sponsor information online. There are a few simple steps to ensure that all employees can have access to CIPS even when turnover occurs.

1. Establish HCS and CIPS access for multiple employees
2. Replace the HCS Director/Coordinator before employees leave the organization
3. Inactivate employees when they leave the organization or job duties change
4. Add users upon employment or when moving into a new position
5. Update employee security right as needed

***NEVER SHARE PERSONAL USER IDS OR PASSWORDS WITH ANYONE!***

## Adding a Staff Person to CIPS

HCS Directors and Coordinators have the right to add new users to HCS and CIPS while adjusting the security rights to ensure the most appropriate access.

Adding a new user is a **two**-step process:

### Step 1: Requesting HCS Account for New Staff Person

1. Log in to HCS using your username and password
2. Select My Content → All Applications
3. Browse by the letter "C"
4. Scroll down to **"Coord Account Tools-HCS"**
5. Scroll down to **Account Requests**

#### HCS COORDINATOR TOOLS

- [FAQs](#)
- [ACCOUNT REQUESTS](#)
- [ACCOUNT TOOLS](#)

#### FAQs

[Frequently Asked Questions](#) for Health Commerce System Coordinators (HCSC).

#### ACCOUNT REQUESTS

Contact Info: [CAMU](#)  
Commerce Accounts Management Unit  
Revised: September 2013

- **PAPERLESS OPTION FOR USERS WITH A NYS DMV LICENSE OR NON-DRIVER PHOTO ID**

Click on the link for the appropriate type of account that you desire for the new staff person

Follow the prompts for information and provide the User Security and User Policy to the staff person-No signatures or notary forms are required

- **PAPERLESS OPTION FOR USER WITHOUT A NYS DMV LICENSE OR ID**

Users must have a VALID photo ID (US passport, driver’s license from another state, unexpired foreign passport etc.)

User (new staff person) must first register for an account at:

<https://apps.health.ny.gov/pub/usertop.html>

The user then can be added to your account in the same way as stated above

### HCS Account Types

**Director:** The individual who binds the organization to NYSDOH. It is recommended that your HCS Director be your Executive Director

**Coordinator:** This individual maintains the user accounts of the organization. The initial coordinator is added by the HCS Director. The coordinator is responsible for requesting new accounts and inactivating users. There may be more than one coordinator per sponsor.

**Users:** Do not have the ability to request new accounts. Users can perform all tasks that are given to them by their coordinator based on their security rights.

**NEW! Paperless HCS User Accounts for non medical professionals OR all those needing access to UAS**

**Important Information!** To enroll using the paperless process, the user must have a valid Photo ID such as a NYS DMV Driver's License, NYS DMV Non-driver Photo ID, Passport, etc. and first register for an account at <https://apps.health.ny.gov/pub/usertop.html>

**\*\*\* IMPORTANT \*\*\*** -- By executing an account request, prospective users of the Health Commerce System are agreeing to abide by the terms of the Security and Use Policy. Account request forms constitute a binding agreement between the NYSDOH and the prospective user, therefore anyone executing an account request should be sure to read and understand terms of these policies before executing the account request.

Request an account	Duties and Responsibilities	Instructions...
<a href="#">Director</a>	<a href="#">Organization Security and Use Policy</a> and <a href="#">User Security and Use Policy</a>	<a href="#">Director</a>
<a href="#">Coordinator</a>		<a href="#">Coordinator</a>
<a href="#">Security Coordinator</a>		<a href="#">Security Coordinator</a>
<a href="#">User (for non medical professionals)</a>	<a href="#">User Security and Use Policy</a>	<a href="#">User</a>
<a href="#">Prescribing Practitioner</a>	<a href="#">Security and Use Policy for Medical Practices</a>	<a href="#">Prescribing Practitioner</a>
<a href="#">Non-prescribing Practitioner</a>	<a href="#">Individual NYS Licensed Practitioner Security and Use Policy</a>	<a href="#">Non-prescribing Practitioner</a>
<a href="#">Automated File Transfer</a>	Organization Security and Use Policy for Public Health Preparedness and Response Applications - accessible when printing the form.	<a href="#">Automated File Transfer</a>

Select Account Type Here

Print User Security and Policy Forms Here

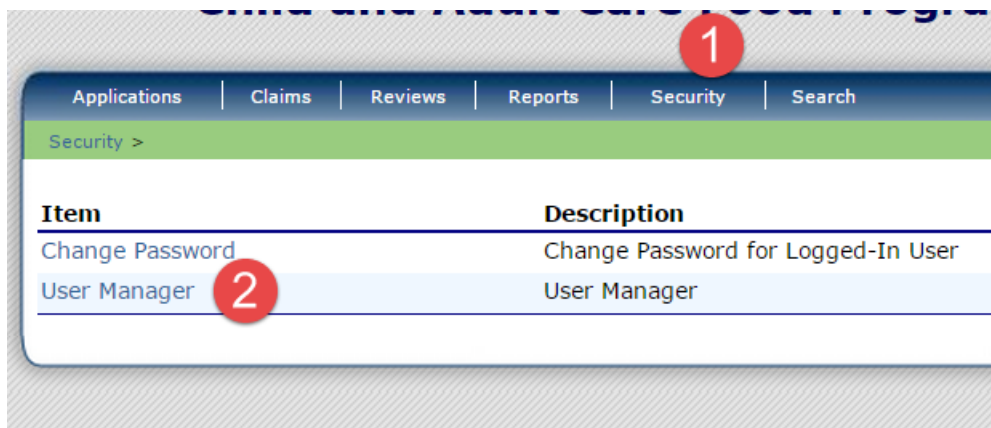
Find Instructions to complete Requests Here

**Additional Assistance Provided from HCS:**

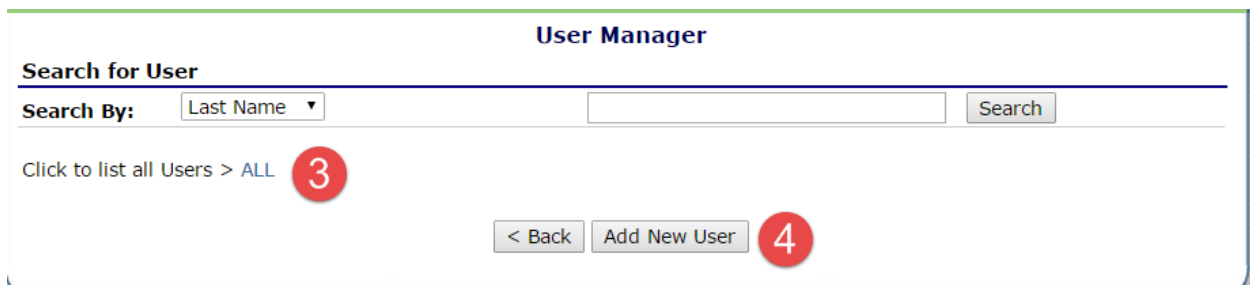
- Check the FAQs
- Call HCS: 1-866-529-1890
- E-Mail the Commerce Account Management Unit: [camu@its.ny.gov](mailto:camu@its.ny.gov)
- Refer to the **Help** Menu

**Step 2: Adding a New User in CIPS after the HCS Account has been Activated**

1. Click on **SECURITY** in the DARK BLUE menu bar
2. Click **USER MANAGER**



3. Click **ALL** to see the current users. Verify that the employee is not already listed. All users are listed including inactive users.
4. If the employee is not on the list, click **ADD NEW USER**



This will take you to the **User Profile** page to enter the new user information. You will need the HCS activation letter to complete the information.

Applications | Claims | Reviews | Reports | Security | Search | Year | Help | Log Out

Security > User Manager > VIEW | MODIFY

### User Profile

---

#### User Information

First Name:

Middle Initial:

Last Name:

Email Address:

Phone Number (555-555-5555):

All information entered here must match the HCS Account Request Information

---

#### Login Information

**User Name:**

Password:

Confirm Password:

Require password change next login:

**Single SignOn Name:**

The User and Single Sign on name will be the USER ID provided by HCS in the activation letter.  
Enter password1 for the password. This password will never be used.

---

#### Security Base

User is an Administrator:  Yes  No

Security Group(s):

- Sponsor Admin Homes
- Sponsor Home App L2
- Sponsor Home Claim L1
- Sponsor Home App L1

Associated to Sponsor(s):  Your Sponsor Name Will Appear Here

Associated to Provider:

---

#### Status

User Status:

## ***Security Base***

This section assigns the different security permissions in CIPS for your new user.

**User is an Administrator:** This gives the employee the right to add additional users. Click “Yes” to grant that right and “No” if not.

**Security Groups:** Select these based on the permissions the employee will need to perform their tasks in CIPS. The permissions are as follows:

- Sponsor Home App L1 – This security access has the ability to revise/modify the Sponsor and Provider applications and submit sponsor application changes. This security group can be combined with another group(s).
- Sponsor Home Claim L1 – This security access has the ability to revise/modify the monthly claim and submit the claim to the State for payment. This security group can be combined with another group(s).
- Sponsor Admin Homes – This security access has the greatest security access available. It includes the same permissions as the two groups listed above plus the security screen permissions to add new users.

### **Additional guidance for the CIPS Administrator responsible for adding new users:**

- If you want a staff person to be able to modify the applications and be able to submit the monthly claims, but **NOT** be able to have access to security, then select Sponsor Home App L1 and Sponsor Home Claim L1 and no other check boxes.
- If you want a staff person to only work on claims, then select Sponsor Home Claim L1 and no other check boxes.
- If you want a staff person to only work on application data updates, then select Sponsor Home App L1 and no other check boxes.

The last selection in the Security Base section is the **Associated to Sponsor(s):** field. CIPS will default to your sponsorship’s name.

The **Status** field at the bottom of the page should default to **Active** for a new user account. If not, select **Active** when adding a new user.

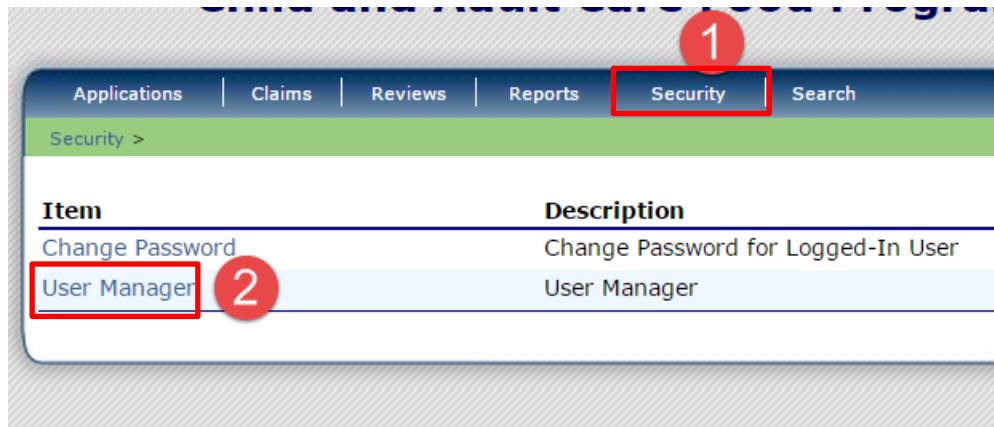
Click **SAVE** once you have completed all the information. Your new user is now added in CIPS.



## [Changing Security Permissions for Staff](#)

A sponsor administrator has the right to customize the security rights of an employee based on which duties the employee needs to perform.

1. In the **DARK BLUE** menu bar, click **SECURITY**
2. Then click **USER MANAGER**
3. Click **ALL** to view the list of current users



### User Manager

**Search for User**

Search By:

Click to list all Users > **ALL** 3

4. Click on the employee's name to open the User Options Menu
5. Click **USER'S SECURITY RIGHTS**, it will open the Security Rights for that user.

Item	Description
User's Profile	Specific information for the User.
User's Assigned Group(s)	Security Groups assigned to the User.
User's Security Rights	Security settings for the User.
User's Associated Sponsors	Associated Sponsors for the User.
Reset User's Password	Reset the User's password.

CACFP	
Allow	Deny
<input checked="" type="radio"/>	<input type="radio"/> CACFP
<input checked="" type="radio"/>	<input type="radio"/> Applications
<input checked="" type="radio"/>	<input type="radio"/> Sponsor Profile

**Notice:**

Allow is on the **LEFT**

Deny is on the **RIGHT**

- To change the rights to submit a claim: Click either allow/deny next to **SUBMIT CLAIM FOR PAYMENT-DCH**

<input type="radio"/>	<input type="radio"/>	Delete Provider Claim - DCH
<input type="radio"/>	<input type="radio"/>	Upload Provider Claim - DCH
<input type="radio"/>	<input type="radio"/>	Submit Claim for Payment - DCH
<input type="radio"/>	<input type="radio"/>	Claim Summary - DCH

- To change the ability to submit application changes to the State click allow/deny next to **SUBMIT APPLICATION PACKET FOR APPROVAL**

<input type="radio"/>	<input type="radio"/>	Application Packet - DCH Sponsor
<input type="radio"/>	<input type="radio"/>	Application Packet
<input type="radio"/>	<input type="radio"/>	Submit Application Packet for Approval
<input type="radio"/>	<input type="radio"/>	DCH Management Plan - History

- All security rights can be changed at any time
- Make sure you click **SAVE** at the bottom of the screen. Any changes made will not be applied if this button is not clicked
- Log Out for the changes to be activated

## Inactivating Staff

When a staff person leaves employment, it is very important that their User Profile be switched to Inactive in CIPS and then notify HCS.

- In the **DARK BLUE** menu bar, click **SECURITY**
- Click **USER MANAGER**
- Click **ALL** to see all users for your organization.
- Select the employee
- Click **USER PROFILE**
- Change the User Status to **INACTIVE**
- Click **SAVE**
- Alert HCS-call CAMU at 1-866-529-1890 to inactivate the employee's HCS account.

### Status

User Status:

Inactive ▼

# Chapter 2: Provider Applications

## Adding a New Provider

**Note:** A sponsor adds an application for a provider. The State must approve the application.

1. Click on the desired **Program Year**
2. Click **Application**
3. Click **Application-DCH Sponsor**

Currently, there are 3 Program Year(s) available. Select the year you wish to access.

Program Year	Date Range	Application Packet
<b>NEW!</b> 2015 - 2016	10/01/2015 - 09/30/2016	Application Packet on File
<b>1</b> 2014 - 2015	10/01/2014 - 09/30/2015	Application Packet on File
2013 - 2014	10/01/2013 - 09/30/2014	Application Packet on File

< Back

**Remember:**

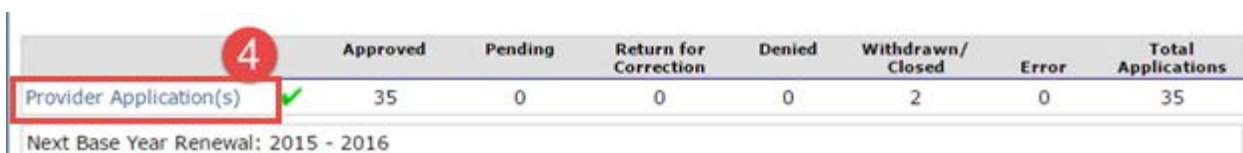
CIPS allows changes to be made in different program years. Select the appropriate year to make changes.



The screenshot shows a navigation menu with 'Applications' selected. A red circle with the number '2' highlights the 'Applications' menu item. Below the menu, a table lists items with descriptions. A red circle with the number '3' highlights the 'Application Packet - DCH Sponsor' item, which is also highlighted with a red box.

Item	Description
Sponsor Profile	CACFP Sponsor Profile Information
<b>Application Packet - DCH Sponsor</b>	DCH Sponsor Applications and Agreement Forms
Advance Requests	Request Sponsor's CACFP Advance(s) for the current year

Click **Provider Applications**

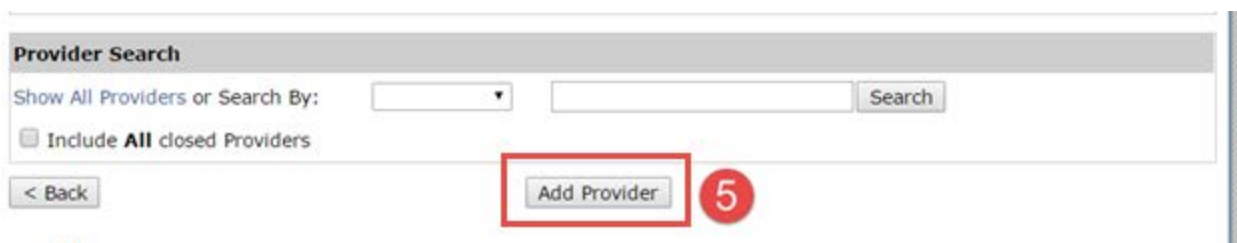


The screenshot shows a summary table for Provider Applications. A red circle with the number '4' highlights the 'Provider Application(s)' row, which is also highlighted with a red box. A green checkmark is visible next to the 'Provider Application(s)' label.

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
<b>Provider Application(s)</b>	35	0	0	0	2	0	35

Next Base Year Renewal: 2015 - 2016

4. Click **Add provider**



The screenshot shows the 'Provider Search' form. A red box highlights the 'Add Provider' button, which is also marked with a red circle containing the number '5'.

Provider Search

Show All Providers or Search By:   Search

Include All closed Providers

< Back **Add Provider**

5. Select the provider's license type from the drop down menu
6. Enter the provider's license number
  - a. Licensed/Registered/In Process: "Facility ID #"
  - b. Legally Exempt: "Enrollment #"
  - c. Military or Tribal: No License #
7. Click **Search**

**Provider Information**

Licensed By/Provider Type  **6**

License #: (Complete Number required)  **7**

**8**

8. Verify the Provider Name and Address are correct and click **Add** to create the provider's application

**Provider Information**

Licensed By/Provider Type

License #: (Complete Number required)

The following Provider(s) matches the search information entered.

Action	Provider Name	Address
<input type="button" value="Add"/> <b>9</b>	Jane Doe	150 Broadway

9. Click on **License/Reg.**

VIEW | MODIFY

**2014 - 2015 Provider Application**

1125

This is the CACFP generated provider number. This cannot be changed.

version: Original

Summary
**License/Reg.**
Tiering
Hours/Meals
Ethnic/Racial
Sponsor Use Only

Item	Item Status	Error(s)	Item Status (State)	Error(s)
A. License / Registration	Not Started	0		0
B. Tiering	Not Started	0		0
C. Hours / Meals	Not Started	0		0
D. Ethnic / Racial	Not Started	0		0
E. Sponsor Use Only	Not Started	0		0

The completed fields on this page are populated from the Child Care Facility System (CCFS) except for military or tribal providers. Pre-populated data cannot be altered.

10. Complete all the fields that are editable then click **Next**.

Summary
License/Reg.
Tiering
Hours/Meals
Ethnic/Racial
Sponsor Use Only

**License / Registration Information Section**

A1. Provider Type:

A2. License Application Received Date:

A3. Facility ID:

A4. Legally Exempt Provider Type:

A5. Facility Start Date:  Capacity:

A6. Facility End Date:

**Facility Information**

A7. Facility Status:  Status Effective Date:

A8. License is Issued to:

Salutation	First Name	M.I.	Last Name
A9. On-Site Provider:	<input type="text"/>	<input type="text"/>	<input type="text"/>
A10. On-Site Provider DOB:	<input type="text" value="(mm/dd/yyyy)"/>		
A11. DCH Site Email:	<input type="text"/>		
A12. DCH Site Phone:	<input type="text"/> Ext: <input type="text"/>	Fax: <input type="text"/>	<input type="text"/>
A13. DCH Site Address:	<input type="text"/>		
A14. DCH Site Address 2:	<input type="text"/>		
A15. DCH Site City:	<input type="text"/>		
A16. DCH Site State:	<input type="text" value="NY"/>	Zip: <input type="text"/>	<input type="text"/>
A17. DCH Site County:	<input type="text"/>		

**Owner Operator Information (If Applicable)**

Salutation	First Name	M.I.	Last Name
A18. Owner Operator:	<input type="text"/>	<input type="text"/>	<input type="text"/>
A19. Owner Operator DOB:	<input type="text" value="(mm/dd/yyyy)"/>		
A20. Owner Operator Email:	<input type="text"/>		
A21. Owner Operator Phone:	<input type="text"/> Ext: <input type="text"/>	Fax: <input type="text"/>	<input type="text"/>
A22. Owner Operator Address 1:	<input type="text"/>		
A23. Owner Operator Address 2:	<input type="text"/>		
A24. Owner Operator City:	<input type="text"/>		
A25. Owner Operator State:	<input type="text" value="NY"/>	Zip: <input type="text"/>	<input type="text"/>
A26. Owner Operator County:	<input type="text"/>		

11

11. Select the correct Tier
12. Complete the **Red Boxed** section for Tier I Providers only
13. Complete the **Blue Boxed** section for Tier II providers only
14. Click **Next**

Summary
License/Reg. ✓
Tiering ✓
Hours/Meals ✓
Ethnic/Racial ✓
Sponsor Use Only ✓

### Tiering

B1. The Provider is:  Tier I  Tier II 12

Note: Tier 1 eligibility must be up to date or CIPS automatically changes the provider and children to Tier 2.

B2. The Provider is TIER I because:

- Income Qualified (IQ)(verified DOH-4161 on file)
- Categorically Eligible (CE)(verified DOH-4161 on file)
- Categorically Eligible/SNAP
- Area School (AS) Qualified for 5 years
- Area Census (AC) Qualified until next census

BEDS Code:

Census Code:

Tier I Status:  Start Date:  End Date: 07/31/2017

Complete if "AS Qualified for 5 years" is selected

Complete if "AC Qualified until next census" is

"Start Date" must be the first day of the month

If the provider is TIER II reimbursement option is selected:

- Collect and verify a DOH-4160 annually for each child and determine eligibility for all enrolled children
- Collect Categorically Eligible information from Categorically Eligible households
- Provider will receive Tier II rates all meals served

13

14

15

Created By: [REDACTED] on: 10/28/2015 12:31:18 PM Modified By: [REDACTED] on: 10/28/2015 12:31:24 PM

Previous
Next
Cancel

15. Complete the **Hours/Meals** tab without errors to be eligible for participation in CACFP. Then click **Next** when finished

Version: Original

[Summary](#) | [License/Reg.](#) | [Tiering](#) | **Hours/Meals** | [Ethnic/Racial](#) | [Sponsor Use Only](#)

---

**Schedule**

C1. A. Months of Operation (Check all that apply)

All:  Jan:  Feb:  Mar:  Apr:  May:  Jun:   
 Jul:  Aug:  Sep:  Oct:  Nov:  Dec:

B. Days of Operation (Check all that apply)

Mon-Fri:   
 Mon:  Tue:  Wed:  Thu:  Fri:  Sat:  Sun:

---

**Usual Schedule**

C2. Schedule the Provider is open

Time Open: 5:30 AM Time Close: 5:30 PM

C3. Hours meals are served

Meals	Start Time	Shifts	2nd Start Time
<input checked="" type="checkbox"/> Breakfast	6:00 AM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> AM Snack	10:00 AM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Lunch	12:30 PM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> PM Snack	3:00 PM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Supper	5:00 PM	<input type="checkbox"/>	
<input type="checkbox"/> LN Snack		<input type="checkbox"/>	

---

**Holiday, Weekend, or School Vacation Schedule**

C4. Schedule the Provider is open

Check if the same as Usual Schedule

Time Open: 5:30 AM Time Close: 5:30 PM

C5. Select the Holidays the Provider is closed

<input type="checkbox"/> New Year's Day - January 1st	<input checked="" type="checkbox"/> Thanksgiving Day - observed 4th Thursday of November
<input type="checkbox"/> Martin Luther King Day - observed 3rd Monday in January	<input checked="" type="checkbox"/> Christmas Day - December 25th
<input type="checkbox"/> President's Day - observed 3rd Monday in February	<input type="checkbox"/> Good Friday - Friday before Easter
<input type="checkbox"/> Memorial Day - observed Last Monday of May	<input type="checkbox"/> Rosh Hashanah - in Sept. or October
<input type="checkbox"/> Independence Day - July 4th	<input type="checkbox"/> Yom Kippur - in Sept. or October
<input type="checkbox"/> Labor Day - observed 1st Monday in September	<input type="checkbox"/> Passover - 1st two days and last two days (in the Spring)
<input type="checkbox"/> Columbus Day - observed 2nd Monday of October	<input type="checkbox"/> Succos (Sukkot) - 1st two days and last two days (Sept. or October)
<input type="checkbox"/> Veteran's Day - November 11th	<input type="checkbox"/> Ramadan - 1st day of Islamic Fasting

C6. Hours meals are served

Check if the same as Usual Schedule

Meals	Start Time	Shifts	2nd Start Time
<input checked="" type="checkbox"/> Breakfast	6:00 AM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> AM Snack	10:00 AM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Lunch	12:30 PM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> PM Snack	3:00 PM	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Supper	5:00 PM	<input type="checkbox"/>	
<input type="checkbox"/> LN Snack		<input type="checkbox"/>	

---

Created By: [REDACTED] 5:30:06:10 PM Modified By: [REDACTED] 9:30 AM

[Previous](#) | [Next](#) | **16**

The **Ethnic/Racial** tab will need to be completed next

16. Select the **Provider's Ethnicity** from the drop down menu
17. Select the **Race** from the drop down menu
18. Click **Next**

Summary License/Reg. Tiering Hours/Meals **Ethnic/Racial** Sponsor Use Only

**Ethnic/Racial**

D1. *By visual observation, using your best judgement, first count the number of children in care at this home in each ethnic category:*

	Count
HISPANIC OR LATINO - A person of Cuban, Mexican, Puerto Rican, South or Central South American, or other Spanish culture or origin, regardless of race.	0
NOT HISPANIC OR LATINO	0

D2. **Now also indicate the racial category for each child.**

	Count
AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos).	0
ASIAN - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes China, Japan, Korea, India and the Philippine Islands.	0
BLACK OR AFRICAN AMERICAN - A person having origins in any of the black racial groups of Africa.	0
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	0
WHITE - A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	0

D3. **Provider's Ethnic/Racial Category.**

Ethnicity:  Race:

Created By: [redacted] on: 1/16/2015 9:20:16 AM Modified By: [redacted] on: 1/15/2015 9:50:13 AM

Previous **Next** Cancel

**Note:** The ethnic and racial counts will roll up from the child enrollment forms as you revise the provider application.

The final tab is **Sponsor Use Only**

19. This area needs to be completed without error
20. Click **Finish** when completed to submit the provider application.

Summary License/Reg. Tiering Hours/Meals Ethnic/Racial **Sponsor Use Only**

**Sponsor Use Only**

E1. Application Effective Date:

E2. Preapproval Visit Date:

E3. Provider signed DOH-3705 Date:

E4. Sponsor signed DOH-3705 Date:

E5. Monitor:

E6. Facility ID Change:

E7. Application Status:

Created By: [redacted] on: 1/16/2015 9:20:16 AM Modified By: [redacted] on: 1/15/2015 9:52:41 AM

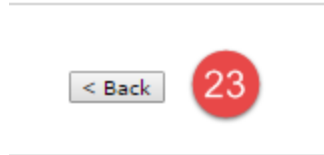
Previous **Finish** Cancel



21. Click **Finish** on the next screen when you see **The Provider Application has been saved**  
 All tabs should now have a green check mark to indicate they were completed correctly.



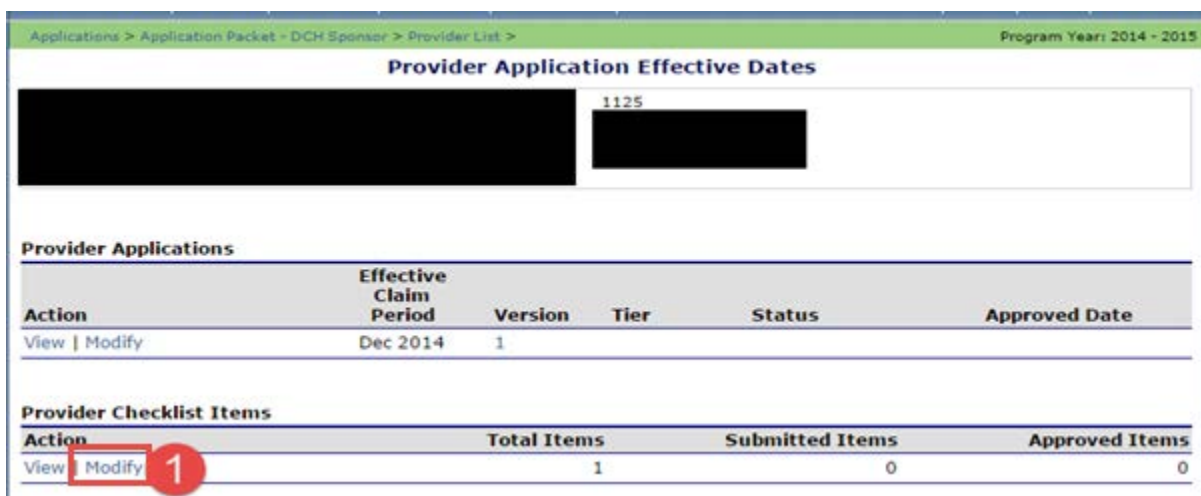
22. Click **Back** to complete the **Application Checklist**



## Completing the Provider Application Checklist

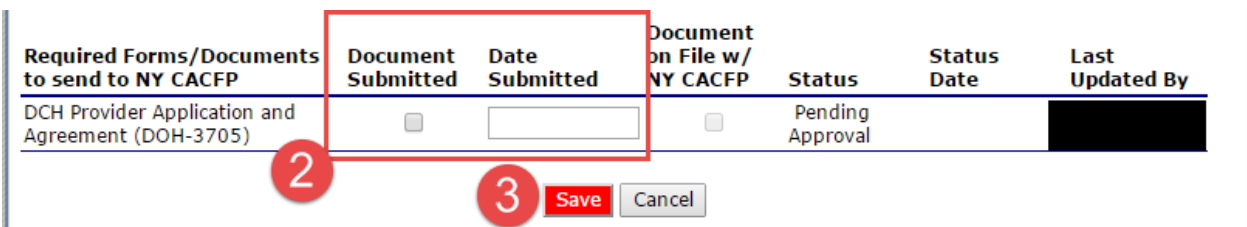
The **Application Checklist** is in the **Provider Application Effective Dates** Screen

1. Click **Modify**



2. Complete the **Red Boxed** areas

3. Click **Save**



4. Click **Finish**



Action	Provider #	Provider	Tier	Facility ID/ Type	Provider Status/ Application Status	CCFS Date/Status
Details	[REDACTED]	[REDACTED]	Tier I	[REDACTED] Registered	Active/ Submitted	10/15/15 Registered

**Note:** The Provider Application Status is **Submitted** and there is 1 submitted checklist item.

5. Click **Back** to return to the Day Care Home (DCH) Provider List page



**Note:**

The following are required before the day care home provider is eligible for reimbursement:

1. The pre-approval visit must be completed and ensure that the provider is trained and maintaining records.
2. The Continuous Application and Agreement for Day Care Home Participation (CACFP-3705) must be signed by the provider and a representative of the sponsoring organization. This form must be submitted to CACFP.
3. The day care home provider must have a current family day care registration or license, if applicable.

CACFP will approve a new provider to begin claiming as of the date that all three conditions are met.

## Revising a Provider Application

**Note:** You can revise and approve provider application revisions (with the exception of Facility ID changes)

1. Select the desired program year
2. Click **Applications** in the **DARK BLUE** menu bar
3. Click **Application Packet-DCH Sponsor**
4. Click **Provider Applications**
5. Search for the provider

**Provider Search**

Show All Providers or Search By:    5

Include All closed Providers

6. Click on **Details**

**Providers: 1**

Action	Provider #	Provider	Tier	Facility ID/Type	Provider Status/ Application Status	CCFS Date/Status
6	1051	[REDACTED]	Tier II	[REDACTED] Registered	Active/ Approved	Registered

7. Click **Revise Application**

**Provider Applications**

Action	Effective Claim Period	Version	Tier	Status	Approved Date
<a href="#">View</a>	Dec 2014	9	Tier 1	Approved	1/5/2015
<a href="#">View</a>	Dec 2014	8	Tier 1	Approved	12/16/2014
<a href="#">View</a>	Oct 2014	7	Tier 1	Approved	10/27/2014
<a href="#">View</a>	Oct 2014	6	Tier 1	Approved	10/24/2014
<a href="#">View</a>	Aug 2014	5	Tier 1	Approved	8/27/2014
<a href="#">View</a>	Feb 2013	4	Tier 1	Approved	2/28/2013
<a href="#">View</a>	Feb 2013	3	Tier 1	Approved	2/6/2013
<a href="#">View</a>	Dec 2012	2	Tier 1	Approved	12/12/2012
<a href="#">View</a>	Oct 2011	1	Tier 1	Approved	10/1/2011

**Provider Checklist Items**

Action	Total Items	Submitted Items	Approved Items
<a href="#">View</a>   <a href="#">Modify</a>	0	0	0

7

8. Click on the tab where the change needs to be made

Version: 9

Summary License/Reg. Tiering Hours/Meals Ethnic/Racial Sponsor Use Only New Version

Item	Item Status	Error(s)	Item Status (State)	Error(s)
A. License / Registration	Approved	0	Approved	0
B. Tiering	Approved	0	Approved	0
C. Hours / Meals	Approved	0	Approved	0
D. Ethnic / Racial	Approved	0	Approved	0
E. Sponsor Use Only	Approved	0	Approved	0

Created By: [redacted] on: 1/2/2015 6:45:01 AM Modified By: [redacted] on: 1/5/2015 8:45:05 AM

[< Back](#)

9. Make the change that is needed within the application
10. Click **Next** at bottom of screen until you reach the **Sponsor Use Only** tab
11. Verify the effective date is correct for the change (this is the date when the change occurred)
12. Change the Application Status to **Approved**
13. Click **Finish**

Version: 5

Summary License/Reg. ✓ Tiering ✓ Hours/Meals ✓ Ethnic/Racial ✓ Sponsor Use Only ✓

**Sponsor Use Only**

E1. Application Effective Date: 09/01/2014 11

E2. Preapproval Visit Date: 08/14/2014

E3. Provider signed DOH-3705 Date: 08/14/2014

E4. Sponsor signed DOH-3705 Date: 08/14/2014

E5. Monitor: BT

E6. Facility ID Change: [redacted]

E7. Application Status: Approved 12

Created By: [redacted] on: 1/21/2015 7:50:11 AM Modified By: [redacted] on: 1/21/2015 7:53:16 AM

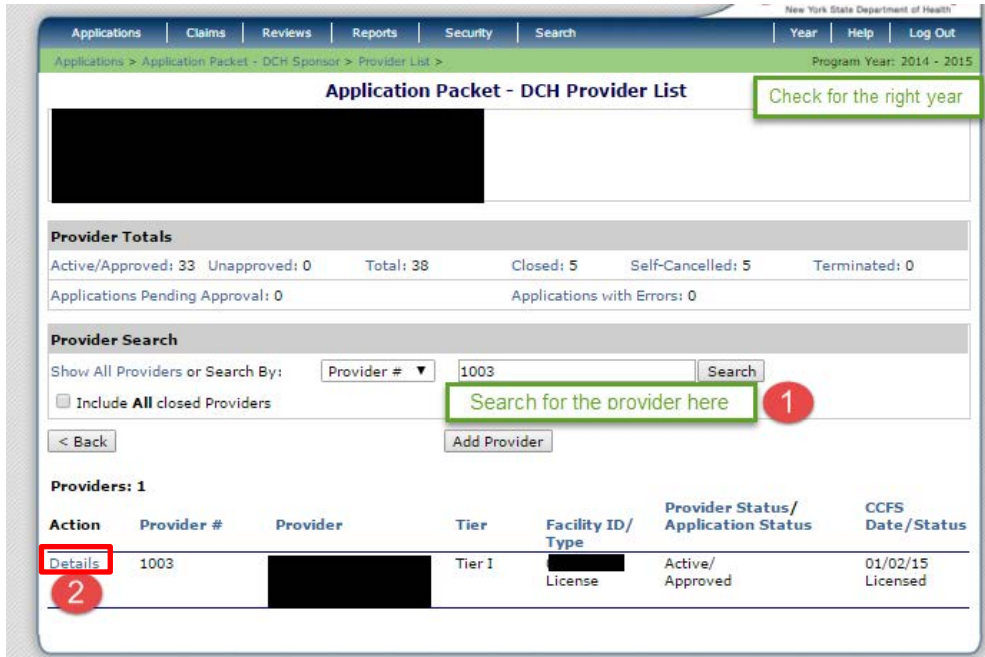
13
Previous
Finish
Cancel

**Important: DO NOT forget to change the Application Effective Date**

## Closing a Provider

**Note:** These are the steps to close a provider that you know will be closing and has not been automatically closed by CCFS

1. Locate the provider application for the closing provider
2. Click on **Details**



New York State Department of Health  
Year | Help | Log Out

Applications > Application Packet - DCH Sponsor > Provider List > Program Year: 2014 - 2015

### Application Packet - DCH Provider List

Check for the right year

**Provider Totals**

Active/Approved: 33	Unapproved: 0	Total: 38	Closed: 5	Self-Cancelled: 5	Terminated: 0
Applications Pending Approval: 0			Applications with Errors: 0		

**Provider Search**

Show All Providers or Search By: Provider # ▼ 1003 Search

Include All closed Providers

Search for the provider here 1

< Back Add Provider

**Providers: 1**

Action	Provider #	Provider	Tier	Facility ID/ Type	Provider Status/ Application Status	CCFS Date/Status
Details <span style="float: right; border: 1px solid red; border-radius: 50%; padding: 2px;">2</span>	1003		Tier I		Active/ Approved	01/02/15 Licensed

3. Click **Close Provider**

View	Aug 2014	5	Tier I	Approved	8/27/2014
View	Feb 2013	4	Tier I	Approved	2/28/2013
View	Feb 2013	3	Tier I	Approved	2/6/2013
View	Dec 2012	2	Tier I	Approved	12/12/2012
View	Oct 2011	1	Tier I	Approved	10/1/2011

**Provider Checklist Items**

Action	Total Items	Submitted Items	Approved Items
View   Modify	0	0	0

< Back
Roster
Visit
Revise Application
SD Info
Close Provider 3

4. Enter **Closed or Terminated Date, Code and Reason**
5. Click **Save**

**Agreement Information**

Closed/Terminated Date:  (mm/dd/yyyy)

Closed/Terminated Code:

Closed/Terminated Reason:  4

Comment(s):

5

6. Once the closure information is saved, the closure information is displayed in **Red** on the Provider Application Effective Date page.

**Provider closure information has been saved.**  
**The Provider's enrollment was closed with code: 'Provider Closed' as of: 01/21/2015.**

**Note:** A successful closure will show the date the provider has closed and an approved application status

Details	1016	[Redacted]	Tier I	[Redacted] License	Closed/ Approved	10/25/14 Closed
Details	1025	[Redacted]	Tier II	[Redacted]	Active/	08/20/15

# Chapter 3: Child Information

## Adding a New Child

Children can be added immediately following saving the Provider's Application using **Enrollment Forms**. The enrollment forms cannot be deleted once they are approved.

**\*\*Be sure the Application Packet is in the desired program year. \*\***

1. Locate the provider's application that you need to add children to
2. Click **Details**

Action	Provider #	Provider	Tier	Facility ID/ Type	Provider Status/ Application Status	CCFS Date/Status
<b>Details</b>	1001	[REDACTED]	Tier I	[REDACTED] Registered	Active/ Approved	Registered

3. Click **Roster**

**Provider Applications**

Action	Effective Claim Period	Version	Tier	Status	Approved Date
View	Oct 2014	2	Tier I	Approved	11/12/2014
View	Oct 2011	1	Tier I	Approved	10/1/2011

**Provider Checklist Items**

Action	Total Items	Submitted Items	Approved Items
View   Modify	0	0	0

< Back **Roster** Visit      Revise Application      SD Info      Close Provider

4. Click **Add Child** at the bottom of the page

**Add Child** < Print Selected Print All

5. The child information page must be completed without errors to be eligible for participation

**Child Information**

The form opens in the **modify** mode

Version: Original

The CACFP Participant Number is generated by CIPS

**Child Information**

1. **Participant Number:**
2. **First Name:**  **M.I.:**  **Last Name:**
3. **DOB:**  **Gender:**
4. **Ethnicity:**  **Race:**
5. **Primary Language Spoken at Home:**
6. **Child Residency:**  Resident Child  Non-Resident Child
7. Check if any of these apply:
  - Child is related to provider
  - Child of Migrant Farm Worker
  - Foster Child
  - Special Needs**
8. **Infant Feeding Statement**
  - The Parent will supply breast milk or formula
  - The Parent will supply all infant's food
  - The Provider will supply formula
  - The Provider will supply infant's food

Must verify paperwork is on file

If under 12 months of age validation of form is

Must verify paperwork is on file

**Contact Information for Parent / Guardian 1 (Child's Primary Residence)**

9. **Name:**
10. **Email Address:**
11. **Phone:**  **Ext:**
12. **Alt Phone:**  **Ext:**
13. **Address 1:**
14. **Address 2:**
15. **City:**
16. **State:**  **Zip:**
17. **County:**

Parent/Guardian 1 contact info must be completed.

Note: Complete the Parent/Guardian 2 Information if applicable



**Hours/Days/Meals** Add the start date of care. (The end date will be the last day the child is on care and

27. Days child is normally in care:  
 Mon-Fri:  Mon  Tue  Wed  Thu  Fri  Sat  Sun

28. Date Care Begins:  Date Care Ends:

29. Usual Meals Served and Schedule Attending:

Meals		Snacks		Time 1		Time 2	
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	AM Snack	Begin	<input type="text"/> :00	Begin	<input type="text"/> :00
<input type="checkbox"/>	Lunch	<input type="checkbox"/>	PM Snack	End	<input type="text"/> :00	End	<input type="text"/> :00
<input type="checkbox"/>	Supper	<input type="checkbox"/>	Evening Snack				

30. Holiday, Weekend, or School Vacation Meals Served and Scheduled:

Meals		Snacks		Time 1		Time 2	
<input type="checkbox"/>	Breakfast	<input type="checkbox"/>	AM Snack	Begin	<input type="text"/> :00	Begin	<input type="text"/> :00
<input type="checkbox"/>	Lunch	<input type="checkbox"/>	PM Snack	End	<input type="text"/> :00	End	<input type="text"/> :00
<input type="checkbox"/>	Supper	<input type="checkbox"/>	Evening Snack				

31. Does Child Attend School?  Yes  No

School Name:

Time 2 applies to a child who leave and returns in one day: Meaning 2 start times and two end times

**Note:** The **Sponsor's Internal Use Only** section can only be completed when the form is "Internal Use Only" mode. You must have administrative access to enter this information.

6. Click **Save** to finish

**Sponsor's Internal Use Only**

**Eligibility**  
 Child Eligibility:  Eligible  InEligible

**Tiering**  
 Provider Tier: Tier I  
 Child Tier: Tier I Begin: Tier I End:  
 Tier I Qualifier:  
 Child Subsidy Number: Child Subsidy End Date:

**Enrollment**  
 Child Enrollment: Pending  
 Enrollment Begins: Enrollment Ends:

**Transfer Information**  
 Transfer To: Transfer Reason:  
 Begin Date: End Date:

**Forms on File**

- Infant Feeding Statement (CACFP-121)
- Income Eligibility Form - Resident Child (DOH-4161)
- Enrollment Form (DOH-4419)
- Income Eligibility Form - Non-Resident in Tier II Home (DOH-4160)
- Medical Document if Special Needs

**Form Settings**  
 Form Status: Pending Validation Form Effective Date: 10/01/2014

**Comments**

Comments to Sponsor:  
 Comments to Provider:

Created By: [redacted] 1/23/2015 9:02:15 AM Modified By: [redacted] 1/23/2015 9:02:16 AM

6

VIEW | MODIFY | DELETE | INTERNAL USE ONLY

## Correcting Enrollment Form Errors

If an enrollment form has been entered with errors, this message will appear prompting you to edit the enrollment form. You MUST fix the errors.



1. Click on **Edit** to correct the errors
2. The error descriptions in **RED** indicate which areas on the form need to be addressed
3. The warning descriptions in **Blue** are reminders for you

Code	Error Description
318003	Gender is required.
318009	At least one Infant Feeding Statement must be selected if the child is less than one year old.
318050	Basic information for parent/guardian 1 (name, phone, address, county) is required.

Code	Warning Description
318061	"Enrollment Form (DOH-4419)" form is required but has not been received.

Version: Original

### Child Information

1. Participant Number:

2. First Name:  M.I.:  Last Name:

3. DOB:  Gender:

4. Ethnicity:  Race:

5. Primary Language Spoken at Home:

6. Child Residency:  Resident Child  Non-Resident Child

7. Check if any of these apply:

<input type="checkbox"/> Child is related to provider	<input type="checkbox"/> Child of Migrant Farm Worker
<input type="checkbox"/> Foster Child	<input type="checkbox"/> Special Needs

8. Infant Feeding Statement:

<input type="checkbox"/> The Parent will supply breast milk or formula	<input type="checkbox"/> The Parent will supply all infant's food
<input type="checkbox"/> The Provider will supply formula	<input type="checkbox"/> The Provider will supply infant's food

**Note:** The Child Form needs to be completed without errors before the Child Form can be submitted and approved.

- Once the errors have been corrected click **Save**
- Click **Finish** to electronically submit the Child Enrollment Form

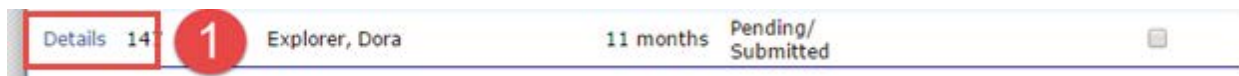
Note: A paper copy of this form must be maintained on file.

The Child Information form cannot be approved until the **Sponsor's Internal Use Only** section is completed once the paper copy is received from the provider.

## Enrollment Form Approval

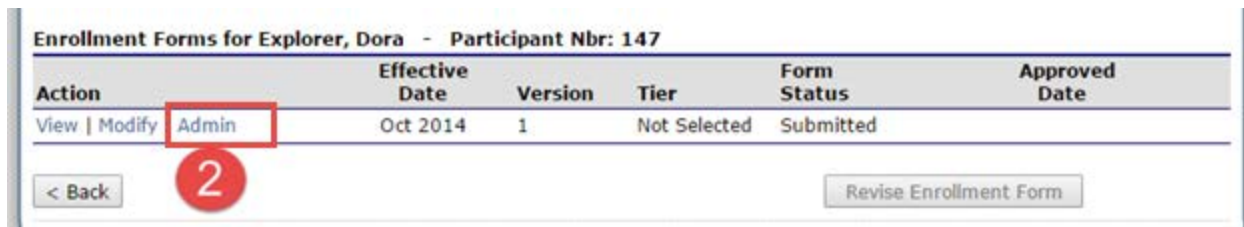
**\*\*This requires Sponsor Administrator access\*\***

- Click on **Details**



Note: The child's enrollment status is pending/submitted

- Click **Admin**



- Scroll to the bottom section and complete **Sponsor's Internal Use Only**

The following areas in **Red** must be completed

- Click **Save Internal Use Only**

5. Click **Finish**.

**Sponsor's Internal Use Only**

---

**Eligibility**  
 Child Eligibility:  Eligible  InEligible

**Tiering**  
 Provider Tier: Tier I  
 Child Tier:  Tier I Begin:  Tier I End:   
 Tier I Qualifier:  Complete if a child receives subsidy  
 Child Subsidy Number:  Make sure you enter an Enrollment Begins Date  
 Child Subsidy End Date:

**Enrollment**  
 Child Enrollment:  Active  Make sure you enter an Enrollment Begins Date  
 Enrollment Begins:  Enrollment Ends:

**Transfer Information**  
 Transfer To:  Transfer Reason:   
 Begin Date:  End Date:

**Forms on File**  
 Infant Feeding Statement (CACFP-121) Check to indicate paper forms are on file.  
 Income Eligibility Form - Resident Child (DOH-4161)  
 Enrollment Form (DOH-4419)  
 Income Eligibility Form - Non-Resident in Tier II Home (DOH-4160)  
 Medical Document if Special Needs

**Form Settings**  
 Form Status:  Approved  Form Effective Date:  10/01/2014

**Comments**  
 Comments to Sponsor:  
 Comments to Provider:

Created By:  on: 10/29/2015 2:00:56 PM Modified By:  4 on: 10/29/2015 2:00:56 PM

---

**The Child Information has been saved.**

5

## Revising Enrollment

1. Navigate to the provider's **Roster**

**Provider Checklist Items**

Action	Total Items	Submitted Items	Approved Items
View   Modify	0	0	0

1
Roster
Visit
Revise Application
SD Info
Close Provider

2. Locate the child and click **Details**
3. Click **Revise Enrollment Form**

**Enrollment Forms for Explorer, Dora - Participant Nbr: 147**

Action	Effective Date	Version	Tier	Form Status	Approved Date
View	Oct 2014	1	Tier I	Approved	1/23/2015

Revise Enrollment Form
3

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

[Show Changes](#)

### Child Information

This form can be deleted if it

Code	State Only Warning Description
318610	Form Effective Date must be reviewed.

This warning is a notification for the user. The **Form Effective Date** is populated when the form is created and can be changed when approving the form.

Version: 3  
Note the new version

1. Participant Number:
2. First Name:  M.I.:  Last Name:
3. DOB:  Gender:
4. Ethnicity:  Race:
5. Primary Language Spoken at Home:
6. Child Residency:  Resident Child  Non-Resident Child
7. Check if any of these apply:
 

<input type="checkbox"/> Child is related to provider	<input type="checkbox"/> Child of Migrant Farm Worker
<input type="checkbox"/> Foster Child	<input type="checkbox"/> Special Needs
8. Infant Feeding Statement:
 

<input checked="" type="checkbox"/> The Parent will supply breast milk or formula	<input type="checkbox"/> The Parent will supply all infant's food
<input type="checkbox"/> The Provider will supply formula	<input checked="" type="checkbox"/> The Provider will supply infant's food

4. Make the change needed on the page
5. Click **Save**

**Form Settings**  
Form Status: Pending Validation      Form Effective Date: 10/01/2014

**Comments**  
Comments to Sponsor: This is the date the change starts

Comments to Provider:

Created By: [REDACTED]      1/23/2015 10:47:06 AM

5  
**Save**    Cancel  
Print Enrollment

6. Click **Finish**

**The revision must now be approved the same way that a new Enrollment form has to be approved. This requires Sponsor Administrative Access.**

7. Click **Details** for the child in the roster
8. Click **Admin**
9. Scroll down to the **Sponsor Internal Use Only** section and verify all information
10. Change the **Form Status** to **Approved**
11. **\*\*Review the Form Effective Date: This should be the first day of the month that the change is effective in. Change if needed. \*\***
12. Click **Save Internal Use Only**

**Sponsor's Internal Use Only** 9

**Eligibility**  
 Child Eligibility:  Eligible  InEligible

**Tiering**  
 Provider Tier: Tier II  
 Child Tier:  Tier I Begin:  Tier I End:   
 Tier I Qualifier:   
 Child Subsidy Number:  Child Subsidy End Date:

**Enrollment**  
 Child Enrollment:   
 Enrollment Begins:  Enrollment Ends:

**Transfer Information**  
 Transfer To:  Transfer Reason:   
 Begin Date:  End Date:

**Forms on File**  
 Infant Feeding Statement (CACFP-121)  
 Income Eligibility Form - Resident Child (DOH-4161)  
 Enrollment Form (DOH-4419)  
 Income Eligibility Form - Non-Resident in Tier II Home (DOH-4160)  
 Medical Document if Special Needs

**Form Settings**  
 Form Status:  10 Form Effective Date:  11

**Comments**  
 Comments to Sponsor:  
 Comments to Provider:  

This is the date the new Child Form will take effected.

12

VIEW | HOOPY | DELETE | INTERNAL USE ONLY

13. Click **Finish**

When you return to the roster page this child will have Version 2 in the approved status.

**Provider Applications**

Action	Effective Claim Period	Version	Tier	Status	Approved Date
View	Jun 2013	2	Tier I	Approved	6/20/2013
View	Oct 2012	1	Tier I	Approved	

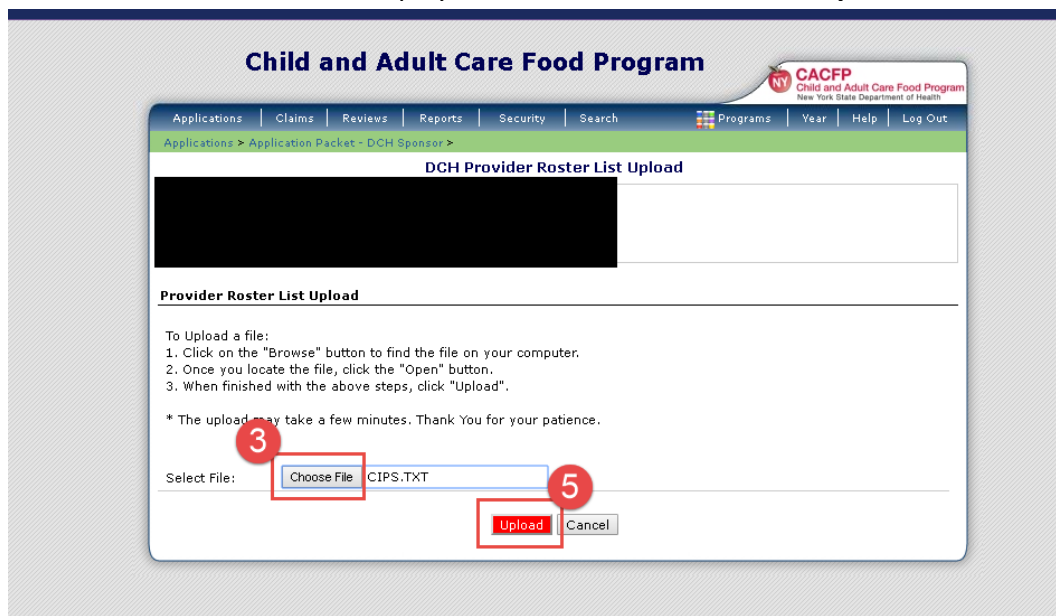
## Bulk Upload of Participant Data

Multiple Child Enrollment forms can be uploaded using an export file from a third-party point of service system (ex. MinuteMenu).

1. Navigate to **Application Packet-DCH Provider List** page
2. Click the **Participant(s) Upload** button

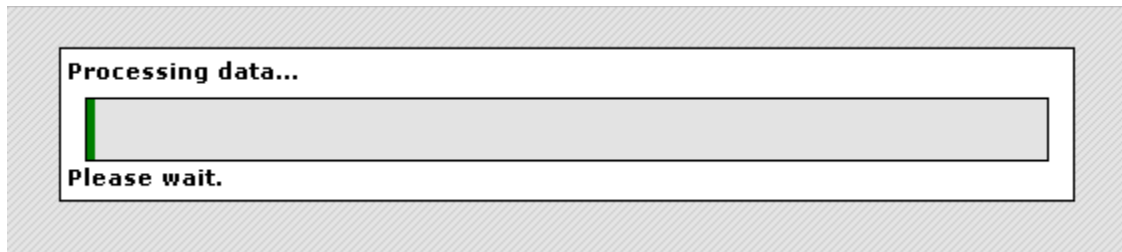


3. Click **Choose File**
4. Locate the file on your computer and select the file and click **Open**
5. The name of the file will display in the **Select File** box. Click **Upload**

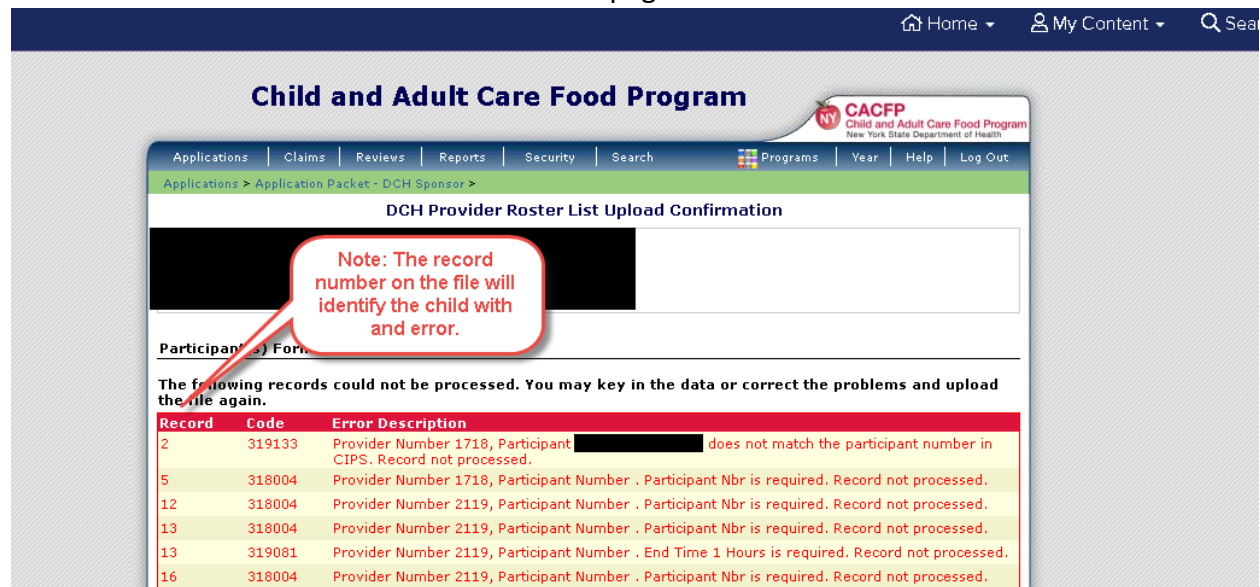




6. CIPS will process the file. This may take a few minutes for large files.



7. Any error messages will display after the upload completes. These error messages must be corrected on the **Child Information** page to save the record.



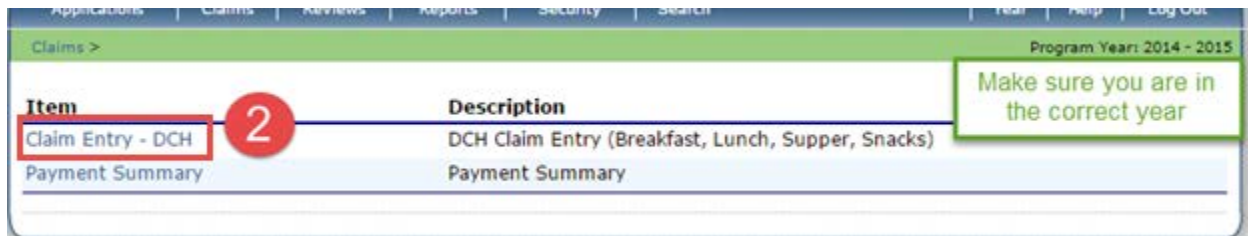
8. Click **Finish**.

**Note:** All Child Enrollment forms updated from the uploaded file need to be approved in **Sponsor's Internal Use Only**.

# Chapter 4: Claims

## Submitting an Original Claim

1. Click **Claims** in the **Dark Blue** menu bar
2. Click **Claim Entry - DCH** from the menu list. This brings you to the claim summary for the **Current Fiscal Year**



3. Click the month of the claim you need to enter.

**Child and Adult Care Food Program**

CACFP Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
Claim Year Summary for 2018 - 2019

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2018	1	Processed	12/30/2018	01/04/2019	\$27,997.62
Nov 2018	4	Processed	01/29/2019	01/31/2019	\$26,791.73
Dec 2018	3	Processed	02/12/2019	02/14/2019	\$25,552.52
Jan 2019	3	Processed	04/01/2019	04/02/2019	\$27,955.04
Feb 2019	3	Processed	04/29/2019	05/01/2019	\$27,179.08
Mar 2019	4	Processed	05/30/2019	06/04/2019	\$28,301.56
Apr 2019	3	Processed	06/20/2019	06/24/2019	\$27,536.07
May 2019	4	Processed	07/30/2019	08/01/2019	\$28,529.83
Jun 2019	6	Accepted	09/10/2019		\$26,924.15
Jul 2019	3	Accepted	09/10/2019		\$27,204.38
Aug 2019	1	Error	09/16/2019		\$126.31
Sep 2019					\$0.00
<b>Year to Date Totals</b>					<b>\$274,098.29</b>

< Back

4. Click **Add Original Claim**

Claim Month: September 2019

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
There are no claims for this month.						
Total Earned					\$0.00	

[< Back](#)
Add Original Claim
4

5. The next screen is the **DCH Claim Provider List** page.

6. Click **Add** next to the provider that you need to add to the claim.

**Child and Adult Care Food Program**

CACFP  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

2018 - 2019 DCH Claim Provider List 5

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Sep 2019	0					

Voucher #

Internal Use Only

Actions	Provider #	Provider Name (Last, First)	Tier	Earned Amount	Errors	Status
6			Tier I	\$0.00		
			Tier I	\$0.00		

7. Enter the **Site Operations** data: Child Enrollment, Total Attendance, and Number of Days Meals Served.

8. Enter the number of Breakfasts, AM Snack, Lunch, PM Snack, Supper, and Night Snack totals for each category.

9. Click **Save** on the bottom of the page.

### Child and Adult Care Food Program

CACFP  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance > DCH > Program Year: 2018 - 2019

VIEW | MODIFY | DELETE | INTERNAL USE ONLY

#### 2018 - 2019 DCH Provider Claim Report

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Sep 2019	0					

Voucher #

Provider Reporting as: Tier I

**Site Operations** 7

	Tier I
1. Child Enrollments:	<input type="text" value="0"/>
2. Total Attendances:	<input type="text" value="0"/>
3. Number of Days Meals Served:	<input type="text" value="0"/>
4. Average Daily Attendance:	0.00

**Meals Served** 8

	Tier I
1. Breakfast	<input type="text"/>
2. AM Snack	<input type="text"/>
3. Lunch	<input type="text"/>
4. PM Snack	<input type="text"/>
5. Supper	<input type="text"/>
6. Night Snack	<input type="text"/>

**Internal Use Only**

Comments:

Comment(s) to Sponsor:

Created By: [REDACTED] Modified By: [REDACTED]

9 Save Cancel

VIEW | MODIFY | DELETE | INTERNAL USE ONLY

NOTE: If errors are found the user will need to fix the error before the claim can be submitted.

Actions	Provider #	Provider Name (Last, First)	Tier	Amount	Errors	Status
View   Modify	<span style="border: 1px solid red; padding: 2px;">9960</span>	<span style="background-color: black; color: black;">[REDACTED]</span>	Tier I	\$17.06	<span style="border: 1px solid red; padding: 2px;">1</span>	<span style="border: 1px solid red; padding: 2px;">Error</span>

10. Once all providers are added to the claim and no errors are found, click **Continue** on the bottom of the screen.

< Back
Continue
10
Upload Claim Data

DELETE

11. Enter **Current Month's Costs** on the **Claims Cost Details** screen.
12. Click **Save and Validate Claim**.

## Child and Adult Care Food Program


**CACFP**  
 Child and Adult Care Food Program  
 New York State Department of Health

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Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 20

VIEW | **MODIFY** | DELETE

---

### Claim Cost Details

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Sep 2019	0					

Voucher #

#### Day Care Home Administrative Costs


	Current Month's Costs	YTD Costs <small>(excludes current)</small>	Annual Budget Amount
1. Personnel	1500	45,210.00	71,530.00
2. Operating Costs	200	4,193.00	4,671.00
3. Allocated Expenses	300	10,325.00	10,496.00
4. Travel	250	4,508.00	5,864.00
5. Training	500	750.00	1,505.00
6. Professional Service	200	1,110.00	8,311.00
7. Capital Outlay	100	0.00	0.00
8. Other	0	0.00	0.00
9. Indirect	0	6,772.00	9,535.00
<b>Total</b>	<b>3,050.00</b>	<b>72,868.00</b>	<b>111,912.00</b>

Final Expenditure Report

VIEW | **MODIFY** | DELETE

13. The **Claim Month Details** page this will show the summary of the claim that was submitted.
14. Read the **Certification Statement** and click the check box.
15. Click **Submit for Payment**

## Child and Adult Care Food Program



**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

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Applications | 
 Claims | 
 Reviews | 
 Reports | 
 Security | 
 Search

---

Programs | Year | Help | Log Out

---

Claims > Claim Year at a Glance >>>
Program Year: 2018 - 2019

13

### Day Care Home Program

#### Claim Month Details for September 2019

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Sep 2019	0					
<b>Voucher #</b>						

#### Attendance Reporting

	Tier I	Tier II High	Tier II Low	Tier II Mix	Total
1. Number of Participating Homes:	1	0	0	0	1
2. Child Enrollment:	2	0	0	0	2
3. Total Attendance:	2	0	0	0	2
4. Number of Days Meals Served:	2	0	0	0	2
5. Average Daily Attendance:	1.00	0.00	0.00	0.00	1.00

#### Meals Served

	Tier I	Tier II High	Tier II Low	Total Meals
6. Breakfast:	2	0	0	2
7. AM Snack:	0	0	0	0
8. Lunch:	2	0	0	2
9. PM Snack:	0	0	0	0
10. Supper:	2	0	0	2
11. Night Snack:	0	0	0	0

#### Cost Information

	Current Month's Costs	YTD Costs (excludes current)	Annual Budget Amount
Totals	\$3,050.00	\$72,868.00	\$111,912.00

#### Certification

I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

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< Back
Submit For Payment

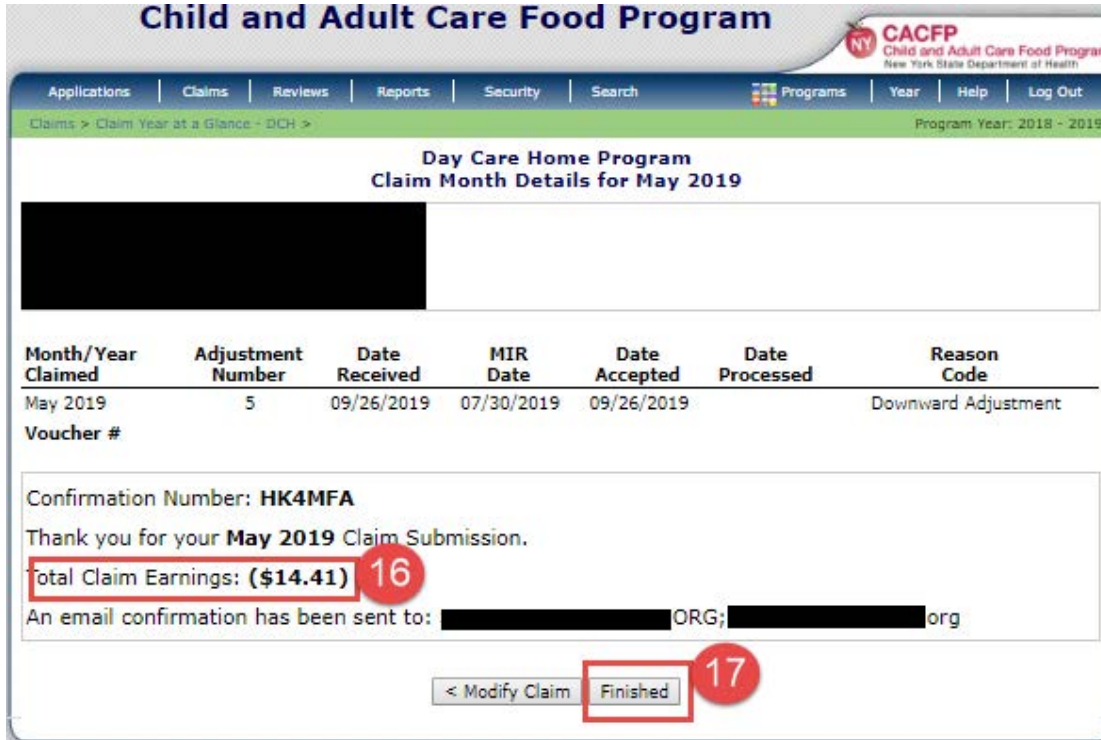
15

**Note:** If you forget to check the Certification box, you will receive this error message. Click the check box to remove the error.

**Input Errors**

[N] Certification must be checked to submit the claim for payment.

16. The claim confirmation page shows the month of the claim and **Total Claim Earnings**. This is the amount of only this claim, as it was entered. No adjustments, such as, advance payments/recoveries or review recoveries are included in this dollar amount.
17. Click **Finished**



**Child and Adult Care Food Program**

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program  
 Claim Month Details for May 2019**

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
May 2019	5	09/26/2019	07/30/2019	09/26/2019		Downward Adjustment

Voucher #

Confirmation Number: **HK4MFA**

Thank you for your **May 2019** Claim Submission.

**Total Claim Earnings: (\$14.41)** 16

An email confirmation has been sent to: [redacted] ORG; [redacted] org

< Modify Claim Finished 17

**Note:** CIPS sends a confirmation e-mail to the Payment Contact e-mail listed in the Sponsor Application. Be sure to update and make changes when the Payment Contact changes.

18. Click **Summary** to view the information that was just entered in the claim.

### Child and Adult Care Food Program



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Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCh > Program Year: 2018 - 2019

#### Day Care Home Program Claim Month Details for September 2019

**Claim Month: September 2019**

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View   Modify   <span style="border: 1px solid red; padding: 2px;">Summary</span>	0	09/09/2019	09/24/2019		\$132.62	Accepted
<b>Total Earned</b>					<b>\$132.62</b>	

[< Back](#)

19. After the State has placed the claim into a payment schedule, your **Claim Month Details** screen will show the **Status** of the claim as **Processed** and the **Date Processed** is populated. The **Modify** option is gone and the **Add Revision** button is available to submit an adjusted claim.

### Child and Adult Care Food Program



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Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCh > Program Year: 2018 - 2019

#### Day Care Home Program Claim Month Details for June 2019

**Claim Month: June 2019**

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View   Summary	0	07/10/2019	07/10/2019	07/12/2019	\$22,408.62	Processed
View   Summary	1	07/19/2019	07/19/2019	07/23/2019	\$1,644.64	Processed
View   Summary	2	08/10/2019	08/10/2019	08/14/2019	\$1,515.95	Processed
View   Summary	3	08/20/2019	08/20/2019	08/22/2019	\$346.72	Processed
View   Summary	4	08/29/2019	08/29/2019	09/03/2019	\$923.03	Processed
View   Summary	5	08/29/2019	08/29/2019	09/03/2019	\$90.00	Processed
View   Modify   Summary	6	09/10/2019	09/10/2019		(\$4.81)	Accepted
<b>Total Earned</b>					<b>\$26,924.15</b>	

[< Back](#)



## [Making Changes to an Existing Claim](#)

You can make changes to a claim if any corrections are needed or if the claim is incomplete. The steps used depend on the status of the claim.

If the Claim Status is **Pending, Incomplete, Error** or **Accepted** in Claim Month Details, you can **Modify** the claim.

If the Claim Status is **Accepted\*** (note the asterisk) or **Processed** in Claim Month Details, you must submit an Adjusted Claim by clicking **Add Revision**

### Modifying a Claim

A claim can be **Modified** when it is in the **Pending, Incomplete, Error** or **Accepted** Status

1. Click the Claim Month you want to Modify in the Claim Year Summary

Note: In this image both July and August can be modified



Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2018	1	Processed	12/30/2018	01/04/2019	\$27,997.62
Nov 2018	4	Processed	01/29/2019	01/31/2019	\$26,791.73
Dec 2018	3	Processed	02/12/2019	02/14/2019	\$25,552.52
Jan 2019	3	Processed	04/01/2019	04/02/2019	\$27,955.04
Feb 2019	3	Processed	04/29/2019	05/01/2019	\$27,179.08
Mar 2019	4	Processed	05/30/2019	06/04/2019	\$28,301.56
Apr 2019	3	Processed	06/20/2019	06/24/2019	\$27,536.07
May 2019	5	Incomplete			\$28,529.83
Jun 2019	6	Accepted	09/10/2019		\$26,924.15
Jul 2019	3	Accepted	09/10/2019		\$27,204.38
Aug 2019	1	Error	09/16/2019		\$126.31
Sep 2019	0	Accepted	09/09/2019		\$132.62
<b>Year to Date Totals</b>					<b>\$274,230.91</b>

2. Click **Modify**



**Child and Adult Care Food Program**

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
Claim Month Details for August 2019

Claim Month: August 2019

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View   Summary	0	09/10/2019	09/10/2019		\$126.31	Accepted*
View   <b>Modify</b>   Summary	1	09/16/2019			\$0.00	Error
* Claim(s) is or are being processed.					<b>Total Earned</b>	\$126.31

< Back

3. Click **Revise** next to the provider that needs changes made to the claim in the **DCH Claim Provider List**.



**Child and Adult Care Food Program**

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

DELETE

**2018 - 2019 DCH Claim Provider List**

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Aug 2019	1	09/16/2019	09/16/2019			Timely Adjustment

Voucher #

Internal Use Only

Actions	Provider #	Provider Name (Last, First)	Tier	Earned Amount	Errors	Status
View   <b>Revise</b>	█	█	Tier I	\$6.31		Approved

4. Make the changes to the meals and/or snacks. In the image below the lunch was changed from one (1) to two (2). Click **Save**.

## Child and Adult Care Food Program


**CACFP**  
 Child and Adult Care Food Program  
 New York State Department of Health

[Applications](#) | [Claims](#) | [Reviews](#) | [Reports](#) | [Security](#) | [Search](#) | [Programs](#) | [Year](#) | [Help](#) | [Log Out](#)

Claims > Claim Year at a Glance - DCH >

Program Year: 2019 - 2020

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

### 2019 - 2020 DCH Provider Claim Report

[Redacted]  
 DUNKIRK, NY 14048  
 payment address

[Redacted]  
 Jamestown, NY 14701  
 CHAUTAUQUA

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Oct 2019	0					

Voucher #

Provider Reporting as: Tier I

#### Site Operations

Tier I	
1. Child Enrollment:	<input type="text" value="1"/>
2. Total Attendance:	<input type="text" value="1"/>
3. Number of Days Meals Served:	<input type="text" value="1"/>
4. Average Daily Attendance:	1

#### Meals Served

Tier I	
1. Breakfast	<input type="text" value="1"/>
2. AM Snack	<input type="text" value=""/>
3. Lunch	<input type="text" value="2"/>
4. PM Snack	<input type="text" value=""/>
5. Supper	<input type="text" value="2"/>
6. Night Snack	<input type="text" value=""/>

Changed from 1 to 2

4

#### Internal Use Only

Comments:

Comment(s) to Sponsor:

Created By: [Redacted] on: 10/17/2019 10:50:07 AM Modified By: [Redacted] on: 10/17/2019 10:50:08 AM

VIEW | **MODIFY** | DELETE | INTERNAL USE ONLY

You will then return to the **DCH Claim Provider List**. Continue to update any providers following the same procedure.

### Child and Adult Care Food Program

Applications | Claims | Reviews | Reports | Security | Search
Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH >
Program Year: 2019 - 2020

[VIEW](#) | [MODIFY](#) | [DELETE](#) | INTERNAL USE ONLY

#### 2019 - 2020 DCH Provider Claim Report

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Oct 2019	0					

**Voucher #**

**Provider Reporting as: Tier I**

#### Site Operations

	Tier I
1. Child Enrollment:	<input type="text" value="1"/>
2. Total Attendance:	<input type="text" value="1"/>
3. Number of Days Meals Served:	<input type="text" value="1"/>
4. Average Daily Attendance:	1

#### Meals Served

	Tier I
1. Breakfast	<input type="text" value="1"/>
2. AM Snack	<input type="text" value=""/>
3. Lunch	<span style="color: green; font-weight: bold;">Changed from 1 to 2</span> <input style="border: 1px solid red;" type="text" value="2"/>
4. PM Snack	<input type="text" value=""/>
5. Supper	<input style="background-color: #add8e6;" type="text" value="2"/>
6. Night Snack	<input type="text" value=""/>

#### Internal Use Only

Comments:

Comment(s) to Sponsor:

---

Created By: [REDACTED] on: 10/17/2019 10:50:07 AM    Modified By: [REDACTED] on: 10/17/2019 10:50:08 AM

Save
Cancel

[VIEW](#) | [MODIFY](#) | [DELETE](#) | INTERNAL USE ONLY

5. When finished, click **Continue** to continue to the **Claim Costs Details**.
6. You may update Current Month's Costs, then click **Save and Validate Claim**

### Child and Adult Care Food Program

Applications | Claims | Reviews | Reports | Security | Search
Programs | Year | Help | Log Out

Claims » Claim Year at a Glance » DCH »
Program Year: 2018 - 2019

[VIEW](#) | [MODIFY](#) | [DELETE](#)

#### Claim Cost Details

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Aug 2019	1	09/16/2019	09/16/2019			Timely Adjustment

Voucher #

#### Day Care Home Administrative Costs

	Current Month's Costs	YTD Costs <small>(excludes current)</small>	Annual Budget Amount
1. Personnel	5.00	45,209.00	71,530.00
2. Operating Costs	5.00	4,192.00	4,671.00
3. Allocated Expenses	0.00	10,325.00	10,496.00
4. Travel	5.00	4,507.00	5,864.00
5. Training	0.00	750.00	1,505.00
6. Professional Service	1.00	1,109.00	8,311.00
7. Capital Outlay	0.00	0.00	0.00
8. Other	0.00	0.00	0.00
9. Indirect	0.00	6,772.00	9,535.00
<b>Total</b>	<b>16.00</b>	<b>72,864.00</b>	<b>111,912.00</b>

Final Expenditure Report

Back to Claim Form
6  
Save and Validate Claim
Cancel

[VIEW](#) | [MODIFY](#) | [DELETE](#)

7. Read the Certification Statement and check the Certification Box, click **Submit for Payment**.

**Child and Adult Care Food Program**

**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
Claim Month Details for August 2019

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Aug 2019	1	09/16/2019	09/16/2019			Timely Adjustment

Voucher #

**Attendance Reporting**

	Tier I	Tier II High	Tier II Low	Tier II Mix	Total
1. Number of Participating Homes:	1	0	0	0	1
2. Child Enrollment:	1	0	0	0	1
3. Total Attendance:	1	0	0	0	1
4. Number of Days Meals Served:	1	0	0	0	1
5. Average Daily Attendance:	1.00	0.00	0.00	0.00	1.00

**Meals Served**

	Tier I	Tier II High	Tier II Low	Total Meals
6. Breakfast:	1	0	0	1
7. AM Snacks:	0	0	0	0
8. Lunch:	1	0	0	1
9. PM Snacks:	0	0	0	0
10. Supper:	1	0	0	1
11. Night Snacks:	0	0	0	0

**Cost Information**

	Current Month's Costs	YTD Costs (excludes current)	Annual Budget Amount
Totals	\$16.00	\$72,864.00	\$111,912.00

**Certification**

I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

7
< Back
Submit For Payment

8. Click **Finished**

**Child and Adult Care Food Program**

**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
Claim Month Details for August 2019

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Aug 2019	1	09/16/2019	09/16/2019	09/24/2019		Timely Adjustment

Voucher #

Confirmation Number: **IRAHN7**  
Thank you for your **August 2019** Claim Submission.  
Total Claim Earnings: **\$0.00**  
An email confirmation has been sent to: [REDACTED]

< Modify Claim
Finished
8

## Creating an Adjusted Claim

An Adjusted or Revised Claim is made when the claim is in the **Accepted\*** or **Processed** status.

Note: All **upward** adjusted claims must be submitted within 60 days of the last day of the month being claimed. Downward adjustments made be made at any time.

1. Click the month of the claim you wish to modify in the Claim Year Summary



**Child and Adult Care Food Program**

**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
**Claim Year Summary for 2018 - 2019**

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2018	1	Processed	12/30/2018	01/04/2019	\$27,997.62
Nov 2018	4	Processed	01/29/2019	01/31/2019	\$26,791.73
Dec 2018	3	Processed	02/12/2019	02/14/2019	\$25,552.52
Jan 2019	3	Processed	04/01/2019	04/02/2019	\$27,955.04
Feb 2019	3	Processed	04/29/2019	05/01/2019	\$27,179.08
Mar 2019	4	Processed	05/30/2019	06/04/2019	\$28,301.56
Apr 2019	3	Processed	06/20/2019	06/24/2019	\$27,536.07
May 2019	4	Processed	07/30/2019	08/01/2019	\$28,529.83
Jun 2019	6	Accepted	09/10/2019		\$26,924.15
Jul 2019	3	Accepted	09/10/2019		\$27,204.38
Aug 2019	1	Accepted	09/16/2019		\$126.31
Sep 2019	0	Accepted	09/09/2019		\$132.62
<b>Year to Date Totals</b>					<b>\$274,230.91</b>

[< Back](#)

2. Click **Add Revision** to create an adjusted claim. This will display the same claim data you entered previously.



**Child and Adult Care Food Program**

**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

**Day Care Home Program**  
**Claim Month Details for May 2019**

Claim Month: May 2019

Claim Items	Adj Number	Date Received	Date Accepted	Date Processed	Earned Amount	Status
View   Summary	0	06/10/2019	06/10/2019	06/12/2019	\$24,734.22	Processed
View   Summary	1	06/20/2019	06/20/2019	06/24/2019	\$258.60	Processed
View   Summary	2	07/10/2019	07/10/2019	07/12/2019	\$2,212.99	Processed
View   Summary	3	07/19/2019	07/19/2019	07/23/2019	\$307.07	Processed
View   Summary	4	07/30/2019	07/30/2019	08/01/2019	\$1,016.95	Processed
<b>Total Earned</b>					<b>\$28,529.83</b>	

[< Back](#) [Add Revision](#) 2

3. Click **Revise** next to the provider that you need to change.

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Jun 2019	6	09/10/2019	08/29/2019			Other - No Fiscal Action

Voucher #

Internal Use Only

Actions	Provider #	Provider Name (Last, First)	Tier	Earned Amount	Errors	Status
View <b>Revise</b>	[REDACTED]	[REDACTED]	Tier I	\$287.76		Paid
View   Revise	[REDACTED]	[REDACTED]	Tier I	\$246.64		Paid
View   Revise	[REDACTED]	[REDACTED]	Tier I	\$25.52		Paid
View   Revise	[REDACTED]	[REDACTED]	Tier I	\$143.82		Paid

4. In the image below the AM Snack was changed from 60 to 55. Click **Save** when all changes have been made.

Note:

Increase or Decrease the data as needed. The adjusted claim should be a cumulative total of all previous claims plus/minus this current claim.

DO NOT use negative numbers to reduce the claim previously submitted. Simply reduce what is there to the number it should be.

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Jun 2019	6	09/10/2019	08/29/2019	09/10/2019		Downward Adjustment

Voucher #

Provider Reporting as: Tier I

**Site Operations**

	Tier I
1. Child Enrollment:	4
2. Total Attendance:	80
3. Number of Days Meals Served:	27
4. Average Daily Attendance:	2.96

**Meals Served**

	Tier I
1. Breakfast	60
2. AM Snack	55
3. Lunch	42
4. PM Snack:	1
5. Supper	20
6. Night Snack	10

**Internal Use Only**

Comments:

Comment(s) to Sponsor:

Created By: [REDACTED] on: 9/10/2019 1:18:03 PM Modified By: [REDACTED] on: 9/10/2019 1:18:15 PM

**Save** Cancel

Changed AM Snack from 60 to 55



- When finished making changes to all providers, click **Continue** at the bottom of the **DCH Claim Provider List**.



**Child and Adult Care Food Program**

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

2018 - 2019 DCH Claim Provider List

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
May 2019	5	09/26/2019	07/30/2019	10/08/2019		Downward Adjustment

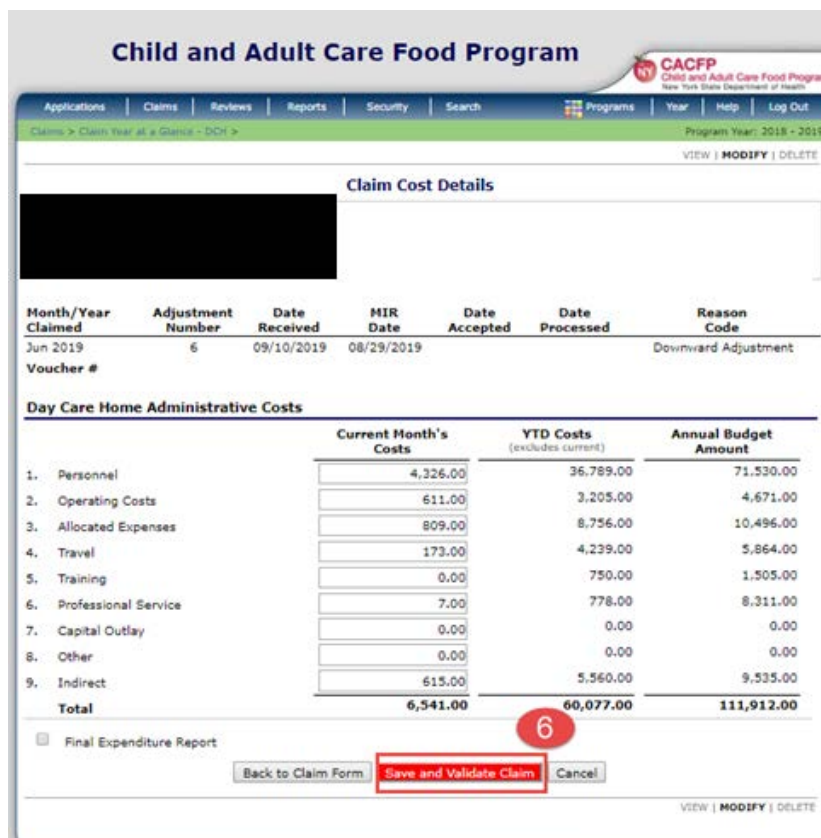
Voucher #

Internal Use Only

Actions	Provider #	Provider Name (Last, First)	Tier	Earned Amount	Errors	Status
View   Modify			Tier I	\$300.55		Approved
View   Modify			Tier I	\$162.23		Approved
Add			Tier I	\$0.00		

< Back **Continue** 5 Upload Claim Data

- You may update the Current Month's Costs. Click **Save and Validate Claim**.



**Child and Adult Care Food Program**

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

Claim Cost Details

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Jun 2019	6	09/10/2019	08/29/2019			Downward Adjustment

Voucher #

**Day Care Home Administrative Costs**


	Current Month's Costs	YTD Costs (excludes current)	Annual Budget Amount
1. Personnel	4,326.00	36,789.00	71,530.00
2. Operating Costs	611.00	3,205.00	4,671.00
3. Allocated Expenses	809.00	8,756.00	10,496.00
4. Travel	173.00	4,239.00	5,864.00
5. Training	0.00	750.00	1,505.00
6. Professional Service	7.00	778.00	8,311.00
7. Capital Outlay	0.00	0.00	0.00
8. Other	0.00	0.00	0.00
9. Indirect	615.00	5,560.00	9,535.00
<b>Total</b>	<b>6,541.00</b>	<b>60,077.00</b>	<b>111,912.00</b>

Final Expenditure Report

Back to Claim Form **Save and Validate Claim** 6 Cancel

- Read the Certification Statement and check the Certification box. Click **Submit for Payment**.

## Child and Adult Care Food Program


**CACFP**  
 Child and Adult Care Food Program  
 New York State Department of Health

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Applications | Claims | Reviews | Reports | Security | Search
Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - DCH > Program Year: 2018 - 2019

### Day Care Home Program

#### Claim Month Details for June 2019

Month/Year Claimed	Adjustment Number	Date Received	MIR Date	Date Accepted	Date Processed	Reason Code
Jun 2019	6	09/10/2019	08/29/2019			Downward Adjustment

**Voucher #**

#### Attendance Reporting

	Tier I	Tier II High	Tier II Low	Tier II Mix	Total
1. Number of Participating Homes:	57	0	1	0	58
2. Child Enrollment:	414	0	2	0	416
3. Total Attendance:	5,828	0	20	0	5,848
4. Number of Days Meals Served:	30	0	12	0	30
5. Average Daily Attendance:	292.09	0.00	1.67	0.00	293.76

#### Meals Served

	Tier I	Tier II High	Tier II Low	Total Meals
6. Breakfast:	4,155	0	20	4,175
7. AM Snack:	1,180	0	6	1,186
8. Lunch:	3,615	0	12	3,627
9. PM Snack:	4,150	0	11	4,161
10. Supper:	734	0	0	734
11. Night Snack:	325	0	0	325

#### Cost Information

	Current Month's Costs	YTD Costs (excludes current)	Annual Budget Amount
Totals	\$6,541.00	\$60,077.00	\$111,912.00

#### Certification

I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

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< Back
Submit For Payment

8. CIPS will now calculate the difference between the last claim version and this current version. Click **Finished**.



**Hint:**

Positive: Funds Due to the Sponsor

Negative: Funds Owed to CACFP

Note: You have the ability to modify the claim again if needed.

9. Click on **Summary** to show:
- Administrative Reimbursement (in this example it is a recovery of administrative reimbursement for 1 provider)
  - The reimbursement for the current claim (in this example it is the adjusted claim)
  - Payment amount on the previous claim (in this example it is the original claim)
  - Net Reimbursement (Net Earned Amount)

<b>Administrative Payment</b>			
A. YTD Amount Earned from above:			\$142,666.00
B. Total YTD Payment:			\$142,772.00
C. Administrative Reimbursement (A minus B):			(\$106.00)
<b>Claim Reimbursement Total</b>			<b>(\$1,168.50)</b>
Sponsor Claim Reimbursement Totals	Meal Reimbursement	Administrative Reimbursement	Reimbursement Totals
Current Claim Earnings	31,717.50	5,194.00	36,911.50
Previous Claim Earnings	32,780.00	5,300.00	38,080.00
Earned Amount	-1,062.50	-106.00	-1,168.50
Current Advance Recovered	0.00	0.00	0.00
<b>Net Claim Reimbursement Total</b>	<b>-1,062.50</b>	<b>-106.00</b>	<b>-1,168.50</b>
Warrant #	Warrant Date	Warrant Amount	
<b>Warrant information is unavailable at this time.</b>			

## Payment Summary

- Under **Claims**, click **Payment Summary**



### Payment Summary Terms

**Schedule Number:** System generated number assigned to the payment

**Processed Date:** Day the claim was processed by State staff

**Warrant Issue Date:** Day the check was issue by the State

**Earned Amount:** Amount of the claim submitted

**Adjustments:** Change (+/-) made to the claim either by the State or the Sponsor

**Distribution Amount:** Net amount paid to the Sponsor

- Click on any schedule number to show the details of the payment

Schedule Number	Processed Date	Warrant Issue Date	Earned Amount	Adjustments	Distribution Amount
1460081	01/28/2015		\$ 36,290.44	\$ 0.00	\$ 36,290.44
1460064	12/31/2014		\$ 30,989.43	\$ 0.00	\$ 30,989.43
1460044	12/02/2014		\$ 38,155.91	\$ 0.00	\$ 38,155.91

2
< Back

### Payment Details:

Schedule Number	Schedule Process Date	Federal Year	Warrant Number	Paid Date
1460032	11/13/2014	2014-2015	2142890	
<b>Invoice #:</b> CACFP-██████-14-10-0-H		<b>Voucher #:</b> 377245		
Account Description	Month	Transaction Description	Amount	
CACFP Meals				



# Chapter 5: Application Renewal




Each year in September, sponsoring organizations are required to renew their agreement with CACFP. Renewal allows sponsors to continue to submit claims and receive reimbursement. Claims, beginning in October of the new program year, cannot be paid until CACFP receives and approves all renewal documents. Sponsors whose renewal is not approved by November 30, are not eligible for October reimbursement.

## Enrolling in a New Program Year


1. Select the program year that needs to be renewed
2. Click **Applications**
3. Click **Enroll**



## The Application Packet

Action	Form Name	Latest Version	Status
View <b>Modify</b>	 Sponsor Application	Original	Pending Validation
Details <b>Revise</b>	 Board of Directors Listing	Original	Approved
<b>Add</b>	 Sponsor Budget		
Details	Application Checklist		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	 305	12	0	0	3	0	317

Next Base Year Renewal: 2015 - 2016

- Application Packet Items are given a **RED** arrow when incomplete. Click on each item to complete the data entry.
- Click **Modify/Revise** to make changes to the Sponsor Application or Board of Directors Listing.
  - Note: The Board of Directors has a green check mark. This must still be revised to indicate the changes in years served of each board member if there are no other changes.

- Click **Add** to create a Sponsor Budget

## Sponsor Application

The Sponsor Application contains information about your organization including:

- Staff names and contact information
- Sponsor address and payment address (if different locations)
- Referral phone number for possible new providers
- Racial and ethnic data
- Tier determination methods
- Annual Certification

Contacts			
<b>Sponsor Administrator</b>			
16. Name:	Salutation	First Name	Last Name
17. Facility Phone:		Ext:	Title: Executive Director
18. Cell Phone:		E-Mail:	
19. Fax:			
<b>Payment Contact</b>			
<input type="checkbox"/> Payment Contact is the same as the Sponsor Administrator			
20. Name:	Salutation	First Name	Last Name
21. Facility Phone:		Ext:	Title:
22. Cell Phone:		E-Mail:	
23. Fax:			
<b>Program Contact</b>			
<input type="checkbox"/> Program Contact is the same as the Sponsor Administrator			
24. Name:	Salutation	First Name	Last Name
25. Facility Phone:		Ext:	Title: CACFP Coordinator
26. Cell Phone:		E-Mail:	
27. Fax:			
<b>Authorized Individual 1</b>			
28. Name:	Salutation	First Name	Last Name
29. Facility Phone:		Ext:	Title:
30. Cell Phone:		E-Mail:	
31. Fax:			
<b>Authorized Individual 2</b>			
32. Name:	Salutation	First Name	Last Name
33. Facility Phone:		Ext:	Title:
34. Cell Phone:		E-Mail:	
35. Fax:			

**Note:** The staff indicated in the application are those staff that are authorized to discuss CACFP program matters.

Each year the following steps should be taken:

- Review the information in the application
- Revise/correct any previously entered data and complete any missing information
- Review Racial/Ethnic Chart that is completed automatically by CIPS from provider applications
- Complete Tiering Data
- Check Certification Statement-must be read and reviewed to verify the organization’s agreement with the terms

**Certification Statement**

The Sponsor agrees to:

- Allow access to all persons without regard to color, race, sex, age, disability or national origin.
- Offer the same meals to all participants enrolled in day care, at no separate charge and without physical segregation or other discriminatory action because of color, race, sex, age, disability or national origin.
- Provide an Income Eligibility Form and Letter to Households in accordance with Federal regulations.
- Offer access to disabled participants as needed.
- Assist participants who speak a language other than English.
- Meet special dietary requirements for disabled participants as outlined by physician’s order.
- Display the *And Justice for All* poster in the Sponsor’s office.
- Maintain CACFP records at an accessible location for four years.
- Maintain CACFP financial records separate from other funding.

I CERTIFY THAT:

- The names, current mailing addresses and dates of birth of the Chair of the Board of Directors and executive director have been submitted to the State.
- The Sponsor and its principals have not been determined ineligible to participate in any publicly-funded program for violating the program’s requirements, in the past seven years.
- None of the Sponsor’s principals has been convicted of any activity that indicated a lack of business integrity, in the past seven years.
- None of the following are currently on the CACFP National Disqualified List:
  - Sponsor organization
  - Sponsor organization’s principals
  - Sponsor’s day care home providers
- The Sponsor is currently compliant with the required performance standards of financial viability and management, administrative capability and program accountability as described in 7CFR226(b)(2)(vii).
- The Sponsor will provide CACFP with immediate notification of any change in the program or application, including but not limited to: change in organization name, FEIN, Sponsor administrator, Sponsor contact, approval status of sponsored day care homes, or any lawsuit alleging civil rights violations filed against our organization or any of its facilities.
- All of the information contained in this application package and certification is true and correct.

**Error Messages** will appear if fields are not completed

Click **Edit** to go back into the application to make corrections





## Updating the Board of Directors Listing

1. Click **Revise** next to Board of Directors Listing

The Board that has been previously entered will be displayed

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View   <b>Revise</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>	✓ Sponsor Application	Original	Approved
Details   <b>Revise</b>	✓ Board of Directors Listing	Rev. 1	Approved
View	✓ Sponsor Budget	Rev. 1	Approved
Details	Application Checklist		
Details	DCH Application Packet Notes (3)		

2. Click **Modify** for each member to verify the information is correct
  - Check and update the years served on the Board for each individual
  - Make any additional updates or corrections as needed
3. Click **Add Member** to input any new member information to the Board

### Child and Adult Care Food Program

**CACFP**  
Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | **Reviews** | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet - DCH Sponsor > Program Year: 2012 - 2013

#### DCH Board of Directors Member List for 2012 - 2013

05123 (H)  
**Day Care Home Sponsor**  
150 Broadway  
Menands, NY 12201-2719  
ALBANY

Version: Rev. 1

Action	Name	Board Position	Phone
View   <b>Modify</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">2</span>	Mickey Mouse 12 State St. Albany, NY 12201 DOB: 10/02/1954	Chairman of the Board	(518) 402-7104
View   Modify	Minnie Mouse 150 Broadway Menands, NY 12204 DOB: 10/02/1954	Executive Director	(518) 402-7104
View   Modify	Goofy Doberman 18 Little Lane Albany, NY 12210 DOB:	Treasurer	(518) 402-7104
View   Modify	Daisy Duck 22 River Rd Latham Falls, NY 12110 DOB: 02/06/1967	Secretary	(518) 402-7104

Created By: mmouse on: 8/2/2012 3:31:31 PM Modified By: mmouse on: 8/2/2012 3:34:48 PM

3

4. Complete the required fields for the new board member
5. **Save** and return to the entire Board Member Listing

**Board Member Information**

---

1. Board Member type:

2. Length of time on board:

3. Name: Salutation:  First Name:  Last Name:

4. Date of Birth:  (mm/dd/yyyy)

5. Email Address:

6. Phone:  Ext:  Fax:

7. Occupation:

8. Current employer:

**Employer Address**

9. Address 1:

10. Address 2:

11. City:

12. State:  Zip:

**Home Address**

13. Address 1:

14. Address 2:

15. City:

16. State:  Zip:

---

17. Is this member related to other board members or staff of this organization?  Yes  No

If **Yes**, please specify name and position held:

---

Created By:  on: 8/24/2011 1:16:48 PM Modified By:  : 8/24/2011 1:16:48 PM

5

Remember **Do Not** delete previous Board Members

To replace board members, delete out the previous members information and write the new member in the same space.

6. When finished, click **Back** to return to the Sponsor Application Packet

## Editing the Sponsor Budget

1. Click **Add** next to Sponsor Budget to view the summary page

Action	Form Name	Latest Version	Status
View   Modify   Admin	Sponsor Application	Original	Not Submitted
View	✓ Board of Directors Board Member List	Original	Approved
<b>Add</b>	Sponsor Budget		
Details	Checklist Summary		
Details	Application Packet Notes		

2. Enter the number of day care homes you intend to claim for the new year  
CIPS auto calculates your projected revenue based on the number of homes entered

These values will be entered into the **Sponsor Completes this Column**

The **State Use Only** column will be completed by CACFP

Note: If you expect to grow over the next year, include the number of new homes you expect over the next year. This prevents making budget amendments later.

	Sponsor Complete This Column	FOR STATE USE ONLY Approved
<b>Projected Revenue</b>		
Number of Operating Months	12 ▼	12
Number of Day Care Homes anticipated for sponsorship	<input type="text"/>	0
Projected Total Annual Revenue (Subtotal)	\$ 0.00	\$ 0.00
Prior Year Carry Over Amount	\$ <input type="text"/>	\$ 0.00
<b>Projected Total Annual Revenue</b>	\$0.00	\$0.00

Projected Total Annual Revenue calculated must equal the Projected Annual Administrative Costs Grand Total.

3. Next: Outside of CIPS work on the **Budget Detail Spreadsheet** in Excel that is emailed to you annually

This should be saved as “FFY 20\_ \_ Budget Detail” on your computer


4. Locate the budget spreadsheet and complete the details for each line item
5. The first page is **Budget Summary**

The **Budget Summary** is be the same as the budget web page shown in CIPS

<b>Budget Summary</b>	Admin Labor & Monitoring	Personnel Costs A	Operating Costs B
-----------------------	--------------------------	-------------------	-------------------

6. Enter your CACFP Agreement Number in the top right of the budget summary

7. Enter the number of homes you plan to sponsor for the year

	A	B	C	D	E	F	G	H	I	J	K
1	 <b>CACFP</b> Child and Adult Care Food Program New York State Department of Health										
2	<b>CACFP FFY 2016 Budget Details</b>						CACFP Agreement #				
3											
4	<b>Administrative Budget – Projected Revenues and Expenses:</b>										
5	In this budget, provide a plan of how projected CACFP administrative payments will be spent by your organization.										
6	<b>Attention:</b> Your organization must have documentation that all CACFP administrative payments received are spent on										
7	allowable and necessary or reasonable CACFP expenses. Repayment of funds will be demanded if documentation is										
8	insufficient or incomplete. Refer to the CIPS Budget Detail Instructions (CACFP-194) for more information on allowability of costs.										
9											
10	<b>1. Projected Revenue</b>										
11	This budget is based on the anticipated sponsorship of						<input type="text" value="6"/> day care homes.				
12	<b>CACFP Administrative</b>			<b>Sponsoring Organization's</b>				<b>Estimate of</b>			
13	<b>Reimbursement Rates</b>			<b>Estimate of Monthly Revenue</b>				<b>Yearly Revenue</b>			
14											
15	First 50 homes @ \$111 per home			\$ - x 12 months =				\$ -			
17	Next 150 homes @ \$85 per home			\$ - x 12 months =				\$ -			
19	Next 800 homes @ \$66 per home			\$ - x 12 months =				\$ -			
21	Additional homes @ \$58 per home			\$ - x 12 months =				\$ -			
23	<b>CALCULATED TOTAL ANNUAL REVENUE =</b>							\$ -			
24				<b>PRIOR YEAR CARRY OVER AMOUNT* =</b>				\$ -			
25	<b>PROJECTED TOTAL ANNUAL REVENUE =</b>							\$ -			
26	Projected Total Annual Revenue calculated in Part 1 must equal the Grand Total Budget Requested in Part 3 Line J.										

**Prior Year Carry Over:** This is determined after the final claim is submitted each September. CACFP will notify you if there is an amount that you can/need to carry over into the next fiscal year. A budget amendment will be required.

More info can be found in Policy Memo 160: Carry Over of Unused CACFP Administrative Payments

- Complete each budget category or line item. They are found on the bottom of the Excel File.

Admin Labor & Monitoring	Personnel Costs A	Operating Costs B	Allocated Expenses C	<b>Travel D</b>	Training E
--------------------------	-------------------	-------------------	----------------------	-----------------	------------

- The totals from each category will automatically transfer to the Budget Summary worksheet of the workbook
- Example:

Category: Personnel

	Line A – Total Personnel Costs	\$	78,981
<b>Line A: Total Personnel Costs (Enter on Line A, Page 5)</b>	<b>\$ 78,981</b>	<b>(Annual)</b>	

- Carry Over to the Budget Summary page

**2. Projected Annual Administrative Costs:**

Using the pages below, list the annual projected budget amount for each cost item. All costs listed must be necessary, reasonable and in accordance to FNS Instruction 796-2, revision 3.

Budget Item	Sponsor Requested	State Agency Approved
A. Personnel	\$ 78,981	\$ -
B. Operating Costs	\$ -	\$ -
C. Allocated Expenses	\$ -	\$ -
D. Travel	\$ -	\$ -
E. Training	\$ -	\$ -
F. Contracts for Purchased/Professional Services	\$ -	\$ -
G. Capital Outlay	\$ -	\$ -
H. Registration/ License Assistance	\$ -	\$ -
I. Indirect Costs	\$ -	\$ -
J. Grand Total (Lines A through I)	\$ 78,981	\$ -

\* Refer to DOH-CACFP Number 160, Carry Over of Unused CACFP Administrative Payments, for guidance.

- As you fill out the line item details, the totals on each page will populate into the Sponsor Requested column above.
- Enter the totals on this page into the Budget Summary in CIPS.
- When finished with the details, save this document to your computer for uploading later.
- Use the Download Attachment function in CIPS to upload this spreadsheet.
- Refer to the CIPS User Manual for instructions to upload documents into CIPS.

- The spreadsheet contains formulas that will auto calculate values
- Enter the agency's total expense for a line item and the percent attributed to CACFP, and the total CACFP portion will auto calculate

Item	1 Total Annual Agency Cost	2 % Allocated to CACFP	Annual Cost to CACFP	State Use Only Modified Annual Cost to CACFP
Office/Maintenance Supplies	\$ 5,000.00	15.00%	\$ 750.00	

- **In Admin Labor & Monitoring:**

1. Enter the typical work week hours at the top right
2. Enter Employee's Total Annual Salary, Total Agency hours, Total CACFP Hours (Column 3, 4, 5)
  - a. The Total wage and Total CACFP Salary will be auto calculated (column 6 & 7)
3. Enter the number of hours per week the employee conducts CACFP related monitoring (column 8), the FTEs for monitoring will be auto calculated (column 9)

7. **Total Salary Paid by CACFP Homes:** multiply column 3 by column 4 by total number of weeks employee works per year.

8. **Total Hours per Week Spent on Monitoring Activities:** Enter total hours per week spent on monitoring activities.

9. **Total FTE's Spent on Monitoring Activities:** Indicate hours per week a full time employee works in cell to right

Employees	Hours Worked Per Week			Monitoring Requirements				
1	2	3	4	5	6	7	8	9
Employee Name	Position	Total Annual Salary (All Sources)	Total Hours for Agency	Total Hours for CACFP	Hourly Wage	Total Salary paid by CACFP Homes	Total Hours per Week Spent on Monitoring Activities	Total FTE's Spent on Monitoring Activities
Mickey Mouse	CACFP Administrator	\$ 42,000	37.50	20.00	\$ 21.54	\$ 22,400	10	0.27
					#DIV/0!	#DIV/0!		0.00
					#DIV/0!	#DIV/0!		0.00

- The total salaries from this page are transferred to Salaries in the **Personnel Cost A** category

				#DIV/0!	#DIV/0!	0.00
\$	42,000	37.50	20.00		\$ 22,400	0.27

**Line A: Personnel Costs**

Salaries must equal the total calculated from the Administrative Labor Chart (column 7 on page 6)

Percent Allocated to CACFP: Percentage of shared costs determined by agency's cost allocation plan.

Annual Cost to CACFP: This field is auto-calculated based upon Columns 1 and 2.

Item	1 Total Annual Agency Cost	2 % Allocated to CACFP	Annual Cost to CACFP
<b>Salaries</b>			\$ 22,400.00
F.I.C.A./Medicare (must be included for all salaries charged to CACFP)		7.65_ %	\$ 1,713.60

Note the FICA/Medicare cost is auto calculated based on 7.65%

Each category/line item must be completed as applicable to your organization  
 Once all line items have been completed the totals from the Budget Summary sheet must be transferred into CIPS  
 The Excel spreadsheet then should be uploaded into CIPS

\*\*\*The budget workbook needs to be uploaded in its **Excel** format for CACFP to approve\*\*\*

Budget Item	Sponsor Requested	St	Using the Budget Item links below, list the annual projected budget amount for each cost item. All costs listed must be necessary, reasonable and in accordance to FNS Instruction 796-2, revision 3.		
A. Personnel	\$ -	\$		\$	\$ 0.00
B. Operating Costs	\$ -	\$		\$	\$ 0.00
C. Allocated Expenses	\$ -	\$		\$	\$ 0.00
D. Travel	\$ -	\$		\$	\$ 0.00
E. Training	\$ -	\$		\$	\$ 0.00
F. Contracts for Purchased/Professional Services	\$ -	\$		\$	\$ 0.00
G. Capital Outlay (for purchases > \$5,000)	\$ -	\$		\$	\$ 0.00
H. Registration/ License Assistance	\$ -	\$		\$	\$ 0.00
I. Indirect Costs	\$ -	\$		\$	\$ 0.00
<b>J. Grand Total (Lines A through I)</b>	\$ -	\$		\$ 0.00	\$ 0.00

## Notes for Completing your Budget Spreadsheet

Items marked with a **red asterisk (\*)** require Specific Prior Written Approval (SPWA). Sponsors must submit documentation to support the costs of the items, as described in the Budget Guidelines, in one of the following ways:

1. Upload the documents to CIPS on the Budget Summary page. To upload, select **Add an Attachment** (directions on page 59)
2. Mail documents to CACFP Homes Administration Unit

### How to Add a Budget Attachment in CIPS

1. Click **Add an Attachment** located at the bottom of the Budget Summary page

**Document Attachments**

Actions	Notes
<a href="#">View File</a>	Approved FFY 2015 Budget
<a href="#">View File</a>	General Operating Contracts
<a href="#">View File</a>	2014-2015 CACFP Budget
<a href="#">Add an attachment</a>	

2. Click **Browse** and select the **FFY 20\_\_ Budget Detail** from your computer
3. Name the file (FFY 20\_\_ Budget Detail)  
This same process should be used for Specific Prior Written Approval (SPWA) documents
4. Click **Upload and Save**

**Document**

1. Select File:  No file selected.
2. File Note: (1000 character max)
3.

5. Check the box and **Save** to complete the Budget Page

- I certify, to the best of my knowledge, that the projected figures above, are a true and accurate reflection of the Child and Adult Care Food Program income and administrative program costs for FFY 2015 and that records will be made available to support and document the actual costs.

## Submitting the Application Packet and Budget Renewal

The Application is ready to be submitted when all red arrows have disappeared. This is the final step in submitting the Application and Budget Renewal.

1. Click the **Submit for Approval** button

Action	Form Name	Latest Version	Status
View   Modify	Sponsor Application	Original	Not Submitted
Details	Board of Directors Listing	Rev. 1	Pending
View   Modify	Sponsor Budget	Original	Pending Approval
Details	Application Checklist		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	0	0	0	0	0	0	0

Next Base Year Renewal: 2012 - 2013

The **Green Check Mark** indicates that the packet has been submitted.

Action	Form Name	Latest Version	Status
View	✓ Sponsor Application	Original	Submitted
Details	Board of Directors Listing	Rev. 1	Pending
View	Sponsor Budget	Original	Pending Approval
Details	Application Checklist		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	0	0	0	0	0	0	0

Next Base Year Renewal: 2012 - 2013



## Correcting the Application Packet

- CACFP may need to return the Application packet for many reason; more information is required, update needed to the budget, or missing SPWA items
- Application packet items that need attention are indicated by the **Red Arrows** when returned and the Sponsor Application states **Returned for Correction**
- The **Green Check** next to an item indicates it has been approved and does not need attention

Action	Form Name	Latest Version	Status
View   Modify	➔ Sponsor Application	Rev. 2	Returned for Correction
Details   Revise	✔ Board of Directors Listing	Original	Approved
View   Modify	➔ Sponsor Budget	Rev. 3	Pending Validation
Details	Application Checklist		

1. To fix the sponsor application click **Modify**  
Comments will be displayed from CACFP to indicate the required changes  
After viewing the comments, make the required corrections
2. When the budget has been updated/corrected click **Save** in the budget screen
3. Click the **Submit for Approval** button when all the sections of the packet that need attention have been addressed

Action	Form Name	Latest Version	Status
View   Revise	✔ Sponsor Application	Original	Approved
Details   Revise	✔ Board of Directors Listing	Rev. 1	Approved
View   Modify	Sponsor Budget	Rev. 2	Pending Approval
Details	Application Checklist		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	✔ 33	0	0	0	0	0	33

Next Base Year Renewal: 2016 - 2017

3

4. The Application is **Approved** when all packet items have **Green Checks** and the application packet status is **Approved**. The approval date is located on the top right corner

**Application Packet**  
**Day Care Home Program Sponsor**

	Packet Submitted Date: 10/06/2015 Packet Approved Date: 10/06/2015 Packet Original Approval Date: 10/06/2015
--	--

Note the Packet Approval Dates

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
<a href="#">View</a>   <a href="#">Revise</a>	✓ Sponsor Application	Original	Approved
<a href="#">Details</a>   <a href="#">Revise</a>	✓ Board of Directors Listing	Rev. 1	Approved
<a href="#">View</a>	✓ Sponsor Budget	Rev. 1	Approved
<a href="#">Details</a>	Application Checklist		
<a href="#">Details</a>	DCH Application Packet Notes (3)		

Note: The application packet must be approved before the October claim for the new fiscal year can be submitted

## [Adding a Budget Amendment](#)

Budget Amendments are needed to change your budget or increase/decrease the number of providers

1. Click **Revise** to modify the most recently approved budget
  - Note: this is labeled as a **Revision**
  - All versions are available for reference

Action	Form Name	Latest Version	Status
View   Revise	✓ Sponsor Application	Original	Approved
Details   Revise	✓ Board of Directors Listing	Rev. 1	Approved
View <b>Revise</b> <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">1</span>	✓ Sponsor Budget	Original	Approved
Details	Application Checklist		

2. Make any necessary changes to the budget
  - In this example, the number of providers increased by 10, from 203 to 213

Budget Version: Revision 2		Sponsor Complete This Column	FOR STATE USE ONLY Approved
<b>Projected Revenue</b>			
Number of Operating Months	<input type="text" value="12"/>		12
Number of Day Care Homes anticipated for sponsorship	<input type="text" value="213"/>		203
<b>Projected Total Annual Revenue (Subtotal)</b>	<b>\$219,228.00</b>		\$ 211,668.00
Prior Year Carry Over Amount	\$ <input type="text" value="0.00"/>		\$ 0.00
<b>Projected Total Annual Revenue</b>	<b>\$219,228.00</b>		<b>\$211,668.00</b>
Projected Total Annual Revenue calculated must equal the Projected Annual Administrative Costs Grand Total.			
<b>Projected Annual Administrative Costs</b>			

3. Notice the Projected Annual Revenue increased, but the State Approve amounts did not change.
4. Manually calculate the additional reimbursement that will be earned for the months remaining in the Federal fiscal year (ending September 30<sup>th</sup>).
  - Remember to use the correct reimbursement rate for the total number of homes you are adding
  - Example: Adding 10 homes for next 6 months  
 $10 \text{ homes} \times \$82 \times 6 \text{ months} = \$4,920$

This is the additional administrative reimbursement you will earn
5. Increase the desired line items under Administrative Costs up to the calculated amount
6. Line J will show the total budget amendment requested

**Projected Annual Administrative Costs**

Using the Budget Item links below, list the annual projected budget amount for each cost item. All costs listed must be necessary, reasonable and in accordance to FNS Instruction 796-2, revision 3.

A. Personnel	\$ 161,277.00	\$ 160,277.00
B. Operating Costs	\$ 12,092.00	\$ 11,092.00
C. Allocated Expenses	\$ 15,687.00	\$ 14,687.00
D. Travel	\$ 6,700.00	\$ 5,700.00
E. Training	\$ 2,920.00	\$ 2,000.00
F. Contracts for Purchased/Professional Services	\$ 8,669.00	\$ 8,669.00
G. Capital Outlay (for purchases > \$5,000)	\$ 0.00	\$ 0.00
H. Registration/ License Assistance	\$ 0.00	\$ 0.00
I. Indirect Costs	\$ 0.00	\$ 0.00
<b>J. Grand Total (Lines A through I)</b>	<b>\$207,345.00</b>	<b>\$202,425.00</b>

CACFP may require you to revise the Budget Detail spreadsheet when you request a budget amendment

- Click **View File** to revise your Budget Detail spreadsheet
- Save to your computer and reattach it after you revise it

<a href="#">View File</a>	Approved FFY 2016 Budget	Original	09/24/2015
<a href="#">View File</a>	Omitted listing Education & Training Supplies on the 1st download.	Original	09/08/2015
<a href="#">View File</a>	2015-16 Budget Details	Original	09/08/2015
<a href="#">View File</a>	Norton Software update purchase 2015-16	Original	09/08/2015

- Check the **Budget Certification** Box and Save
- Submit** the Application Packet to CACFP for Approval

Action	Form Name	Latest Version	Status
<a href="#">View   Revise</a>	✓ Sponsor Application	Original	Approved
<a href="#">Details   Revise</a>	✓ Board of Directors Listing	Rev. 1	Approved
<a href="#">View   Modify</a>	Sponsor Budget	Rev. 2	Pending Approval
<a href="#">Details</a>	Application Checklist		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	33	0	0	0	0	0	33

Next Base Year Renewal: 2016 - 2017

[< Back](#)
[Submit for Approval](#)

CACFP will review and either return or approve in the same manner as the original budget approval

Action	Form Name	Latest Version	Status
View   Revise	✓ Sponsor Application	Original	Approved
Details   Revise	✓ Board of Directors Listing	Original	Approved
View   Revise	✓ Sponsor Budget	Rev. 1	Approved
Details	Application Checklist		

Notice: the newly submitted budget is Revision 1

# Chapter 6: Reviews

## Respond to Review Findings

All Day Care Home Sponsors can view the results of their review in CIPS and respond to the findings and recommendations in CIPS.

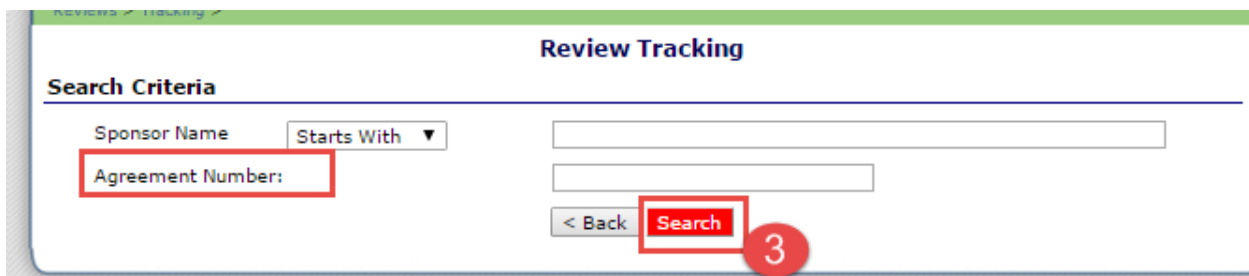
1. To find the results of your review, click **Reviews** in the CIPS Menu Bar



2. Click **Tracking** under Item



3. Enter your Sponsor Agreement Number. Click **Search**



4. Click on the review with a review Status of **Open**.

**\*\*Note:** Other recent reviews may be available in a read-only mode.\*\*

████	████	02/08/2008	Home Sponsor Review - WS2003 -v1	2 Year	Closed	02/11/2008	06/06/2008	9	0	0	0	9
████	████	02/02/2012	Home Sponsor Review - WS2003 -v2	2 Year	Closed	04/03/2012	09/04/2012	9	0	0	0	9
████	████	01/21/2017	Home Sponsor Review - WS2003 -v2	2 Year	Open			0	0	0	0	0

Found: 5

5. Click **View** to see the details of a finding.
6. Click **Edit** to respond to any open findings to enter the corrective action plan.



Note: The Severity of a finding/recommendation will stay as **Action Required** until a response is accepted by CACFP.

- Enter the Corrective Action Plan Response into the **Sponsor Corrective Action Plan (CAP)**. The click **Submit for Acceptance**.

**Review Recommendations (Corrective Action Plans)**

Case Number: 4810

**Recommendation:**                      **Recommended Action:**  
**Recommendation Cited:**            Meals and attendance observed during monitoring visits could not be matched with meals and attendance records on monthly, submitted paperwork. Four providers had home visit discrepancies that must be disallowed by Child Care Resource Network (see Attachment 1).

Required Corrective Action:  
 Sponsor Corrective Action Plan:

1

Special Instructions:

**Recommendation Tracking**

- Current Status: Open
- Severity:
- Due Date:
- CACFP Response:

**Dates**

Created                                      09/01/2015 by maa14  
 Submitted for Acceptance  
 Accepted

2

[Show/Hide history](#)

**Note:** You may **Save** a response but saving a response DOES NOT submit the response to CACFP. Click **Back** to return to the listing of findings/recommendations if no response is entered.

8. Click **Finish** on the Confirmation Screen.

Some Findings/Recommendations may require additional supporting documentation to be submitted to CACFP. Please follow all instructions in the finding/recommendation.

Action	Findings/Recommendations	Severity	Status	Due Date
1. <a href="#">View Edit</a>	Finding: 7 CFR 226.18(e)(3): Payment may be made for meals served to the provider's own children only when providers' children are income eligible.	Action Required	Submitted	08/28/2015

When the CAP has been entered and submitted the status changes to submitted.

9. CACFP staff will evaluate the response and supporting documentation, if required. CACFP will either approve or not approve the response. Responses that have been approved have a status of **Closed**; those that were not approved will have a status of **Not Approved**.

### [Responding to Not Approved Corrective Action Plans \(CAPs\)](#)

2. <a href="#">View Edit</a>	Finding: 7 CFR 226.18(b)(7): The day care home provider must receive in a timely manner the full food service rate for each meal served to enrolled children.	Action Required	Not Approved	05/01/2010
------------------------------	---	-----------------	--------------	------------

Click **Edit** to respond to all Not Approved Findings

3. <a href="#">View Edit</a>	Recommended Action: In addition to the sign-in sheets and copies of training handouts, JDN must include an agenda to identify the specific CACFP related topics discussed at the provider training.	No Action Required	Closed	02/15/2010
------------------------------	---	--------------------	--------	------------

View the information in the **CACFP Response Box**. Highlight and delete your organization's previous **Sponsor Corrective Action Plan** response. Enter and update the **Sponsor Corrective Action Plan Response**. If a corrective action plan is not approved, a new **Due Date** will be assigned.



**Review Findings (Corrective Action Plans)**

**Case Number: 1214**

**Finding:** **Finding: 7 CFR 226.16(e): Each sponsoring organization shall comply with the recordkeeping requirements established by the State agency.**

**Finding Cited:** JDN does not keep the NYS Local Homes System up-to-date as required. Accurate child enrollment and expirations were not entered in the System, children were missing from the System and/or children were not inactivated.

**Required Corrective Action:** JDN must develop and submit a procedure to keep the NYS Local Homes System up-to-date and maintain current provider and participant information. At a minimum, the sponsor must use the Local Homes System to inactivate all children no longer participating in CACFP and update the enrollment begin and end date for all children currently participating in the Program. JDN must also submit Homes System Report 10501 (Active Participants) so that CACFP can verify that the updates listed above were completed. Failure to update the data in your Local Homes System will adversely impact the conversion and upgrade of your agency to the new CACFP Information and Payment System (CIPS) that is scheduled for roll-out this fiscal year.

**Sponsor Corrective Action Plan:**

Delete all information from this box and enter a new Corrective Action Plan.

**Special Instructions:**

**Finding Tracking**

1. **Current Status:** Not Approved
2. **Severity:**
3. **Due Date:**
4. **CACFP Response:**

**Dates**

**Created** 01/14/2010 by JXB21  
**Submitted for Acceptance**  
**Accepted**

# Chapter 7: Reports

## Accessing Reports in CIPS

1. Click **Reports** in the **Dark Blue** menu bar
2. Select the desired report from the **Report List**



Child and Adult Care Food Program  
New York State Department of Health

Applications | Claims | Reviews | **Reports** | Security | Search | Year | Help | Log Out

Reports >

### Child and Adult Care Food Program Reports

**Report Filters**

Report Group: ALL

**Report List**

Sponsor Reports

- Day Care Home Provider Application Data Displays data from the day care home provider application.

Claim Reports

- Claim Error Report Claim Error Report

Accounting Reports

- Cash Advance Report Cash Advance Report

Miscellaneous Reports

- Participants Report (10501) This report displays Participants information.
- Participants Report (10502) This report displays Participants information.
- Participants Ethnicity Report (10591) This report displays Participants information.
- Provider Visit Report Displays Provider Visit Information.
- Provider Check Report This report generates the provider payment information in an Excel file to be used with accounting software to generate provider checks.

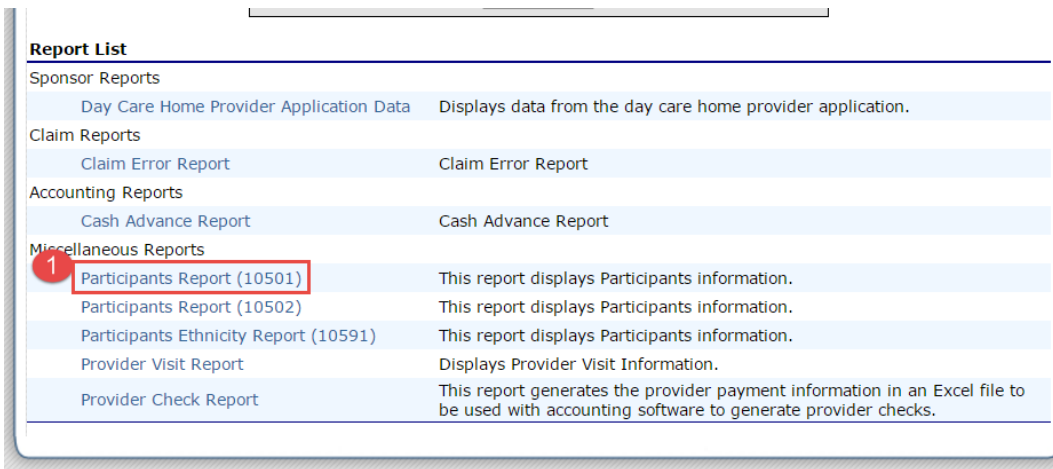
Note: All reports available to access will be displayed when you enter this screen.

## Accessing Sponsor Report Data

### Participant Report

#### *Filtering to Show Duplicate Children*

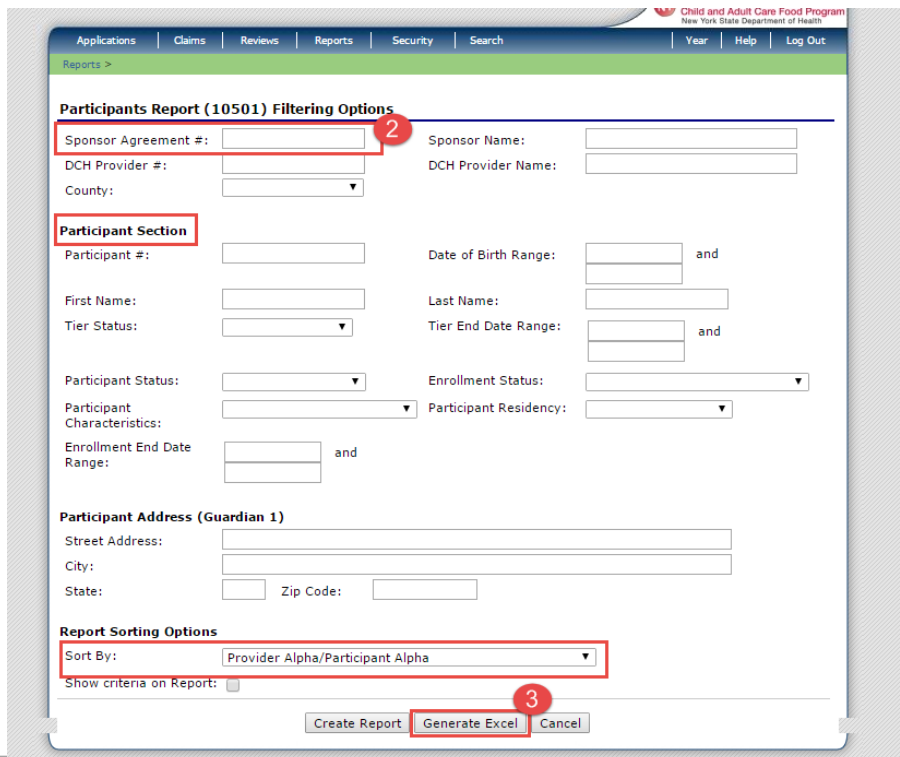
1. Click **Participant Report (10501)**



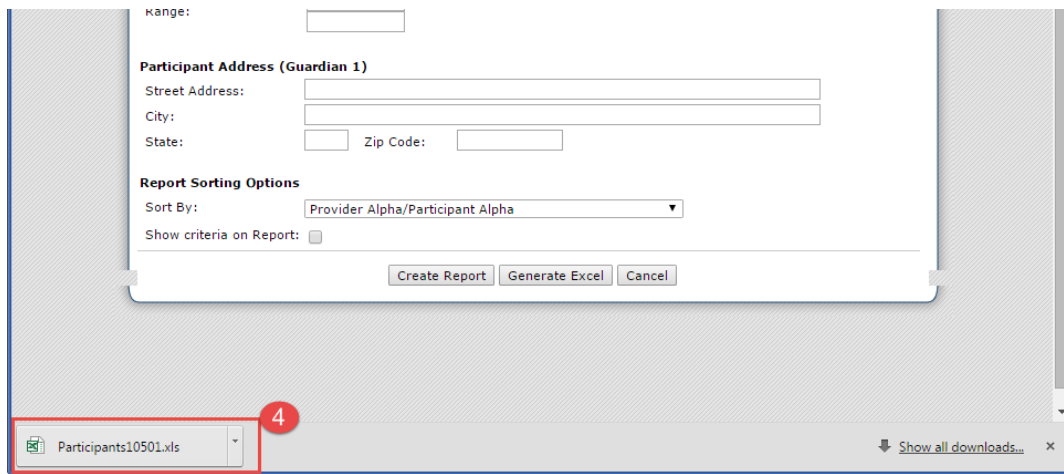
2. Enter your **Sponsor Agreement #**

- **Participant Section:** This area allows for filtering of the report created so the report only shows participants that you are interested in for example all Tier 1 Area Census Children
- **Sort By** allows you to choose how the report will display the order of the headings in the Excel file

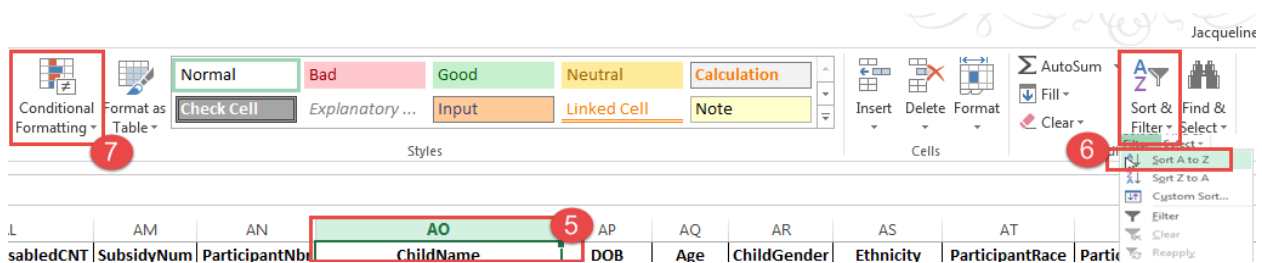
3. Click **Generate Excel**



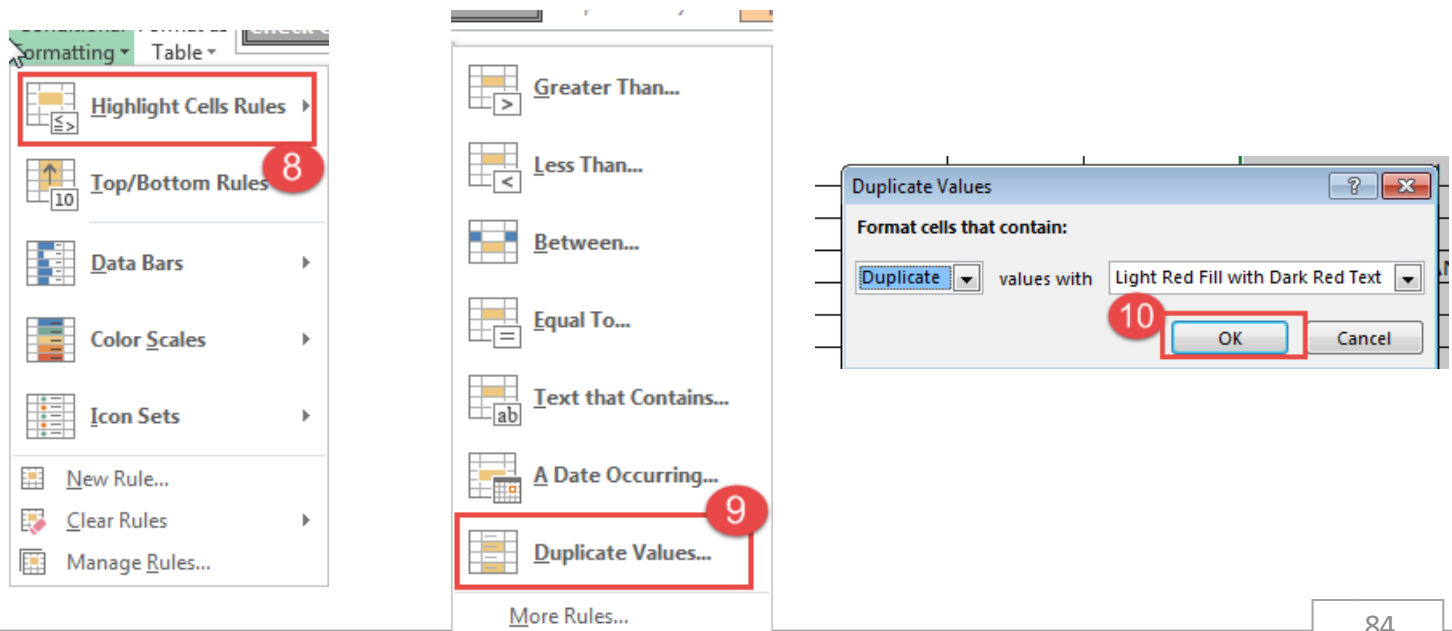
4. Open the Excel Spreadsheet (**Participants10501.xls**) at the bottom of the screen



5. Scroll across the spreadsheet to the column titled **ChildName** and highlight the column
6. Click **Sort & Filter** then click **Sort A-Z**
7. Click **Conditional Formatting**



8. Click **Highlight Cell Rules**
9. Select **Duplicate Values**
10. Click **Ok** in the message box



Children enrolled with the same name will be highlighted on the spreadsheet. You may then verify duplicate enrolled children.

Note: The spreadsheet will display both active and inactive children. You may filter the sheet further to only display actively enrolled children

### ***Filtering for Other Information from this Report***

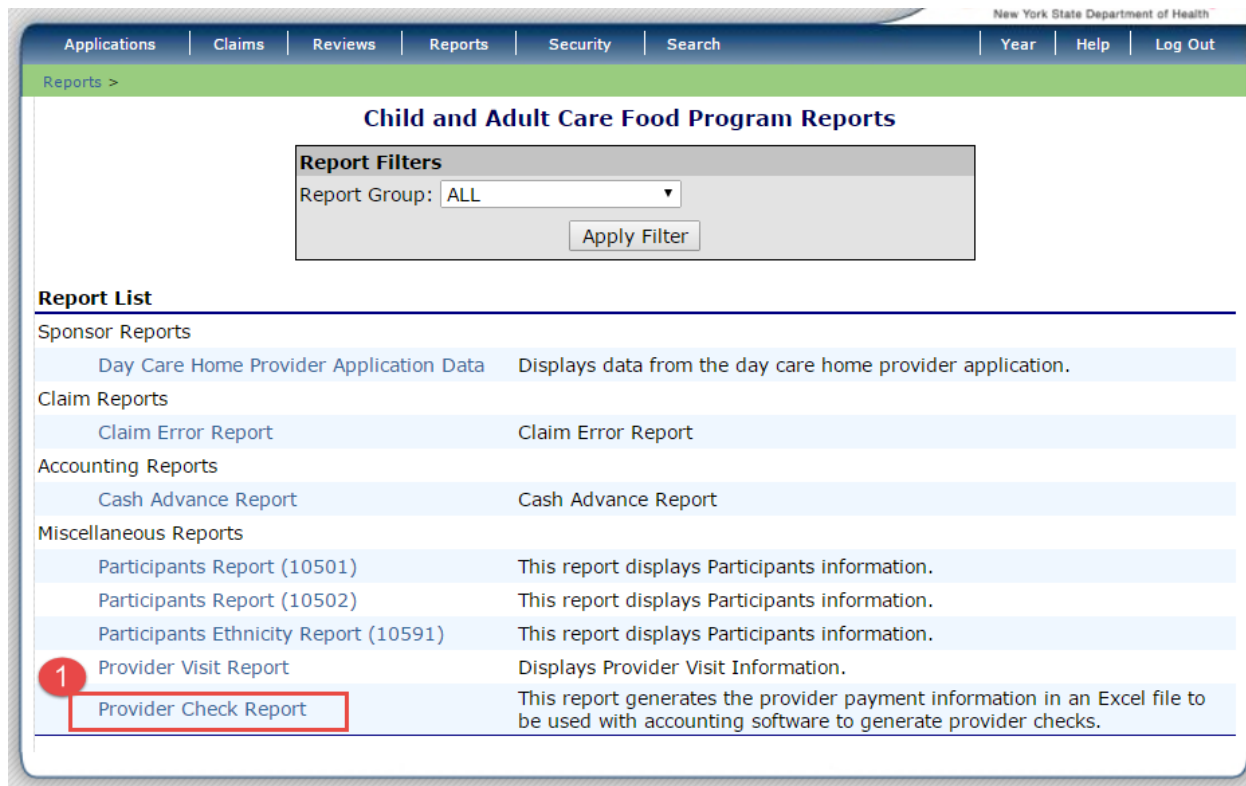
This report contains a large amount of information that can help you keep your records current. You can filter and sort this report to show the following information:

- Children over 13 years old
- Participant Enrollment End Date
- Provider Tier Expiration Date

### [Claim Tally Sheet](#)

This report will display the list of providers that you have entered on a claim.

#### 1. Click **Provider Check Report**



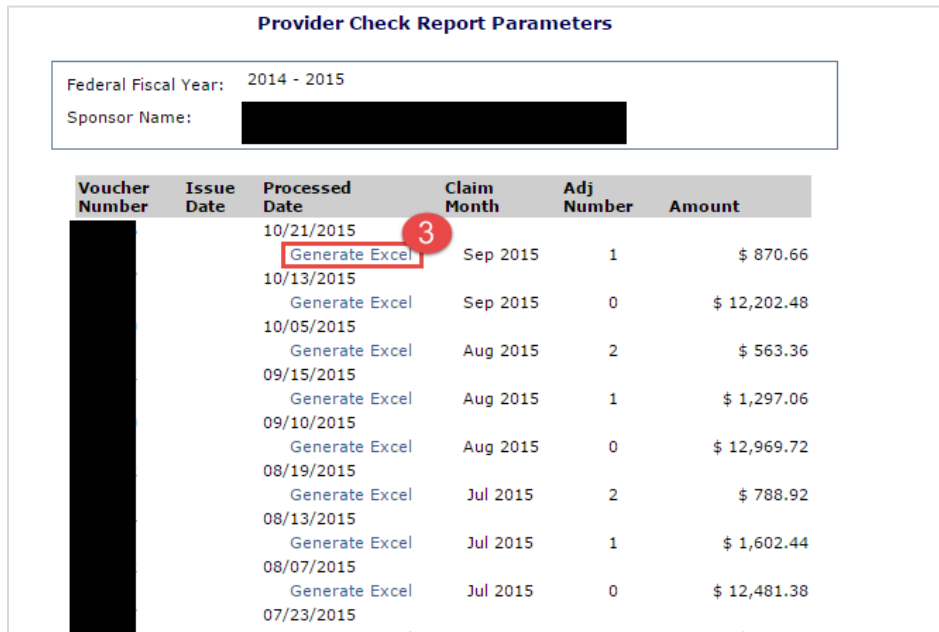
The screenshot shows the 'Child and Adult Care Food Program Reports' page. At the top, there is a navigation bar with links for Applications, Claims, Reviews, Reports, Security, Search, Year, Help, and Log Out. Below the navigation bar, there is a 'Report Filters' section with a dropdown menu for 'Report Group' set to 'ALL' and an 'Apply Filter' button. The main content area is titled 'Report List' and contains a table of reports categorized into Sponsor Reports, Claim Reports, Accounting Reports, and Miscellaneous Reports. The 'Provider Check Report' is highlighted with a red box and a red circle containing the number 1.

Report List	
<b>Sponsor Reports</b>	
Day Care Home Provider Application Data	Displays data from the day care home provider application.
<b>Claim Reports</b>	
Claim Error Report	Claim Error Report
<b>Accounting Reports</b>	
Cash Advance Report	Cash Advance Report
<b>Miscellaneous Reports</b>	
Participants Report (10501)	This report displays Participants information.
Participants Report (10502)	This report displays Participants information.
Participants Ethnicity Report (10591)	This report displays Participants information.
1 Provider Visit Report	Displays Provider Visit Information.
<b>1 Provider Check Report</b>	This report generates the provider payment information in an Excel file to be used with accounting software to generate provider checks.

2. Select your organization from the drop down menu



3. Click **Generate Excel** for the claim that you desire



4. Open the Excel Spreadsheet (**Provider\_Check\_Report.xls**) at the bottom of the screen



- The Excel Spreadsheet will then show the providers that were on the claim you selected with each payment amount.

Provider #	Name	Date	Earned Amount	Status
1030		9/10/2015	2121.94	Paid
1127		9/10/2015	562.06	Paid
1079		9/10/2015	682.84	Paid
1058		9/10/2015	390.44	Paid
1014		9/10/2015	47.96	Paid
1004		9/10/2015	534.26	Paid
1097		9/10/2015	82.30	Paid
1009		9/10/2015	287.10	Paid
1057		9/10/2015	387.14	Paid
1051		9/10/2015	230.72	Paid
1032		9/10/2015	415.08	Paid
1036		9/10/2015	336.00	Paid
1124		9/10/2015	536.20	Paid
1098		9/10/2015	378.72	Paid
1059		9/10/2015	269.22	Paid
1112		9/10/2015	644.66	Paid
1054		9/10/2015	424.94	Paid
1090		9/10/2015	130.62	Paid
1108		9/10/2015	449.46	Paid
1003		9/10/2015	1145.98	Paid
1028		9/10/2015	271.10	Paid
1008		9/10/2015	1299.22	Paid
1052		9/10/2015	230.34	Paid
1025		9/10/2015	145.10	Paid
1111		9/10/2015	966.32	Paid
			<u>12969.72</u>	

**Note:** If there has been a provider name change, the **Provider Check Report** will display the appropriate name based on the application's **Application Effective Date**

### Monitoring Report

This report is helpful to view scheduled monitoring visits that are generated by CIPS. You can use this to make sure all monitoring visits are done each year.

- Click **Provider Visit Report**

**Child and Adult Care Food Program Reports**

Report Filters  
Report Group: ALL  
Apply Filter

**Report List**

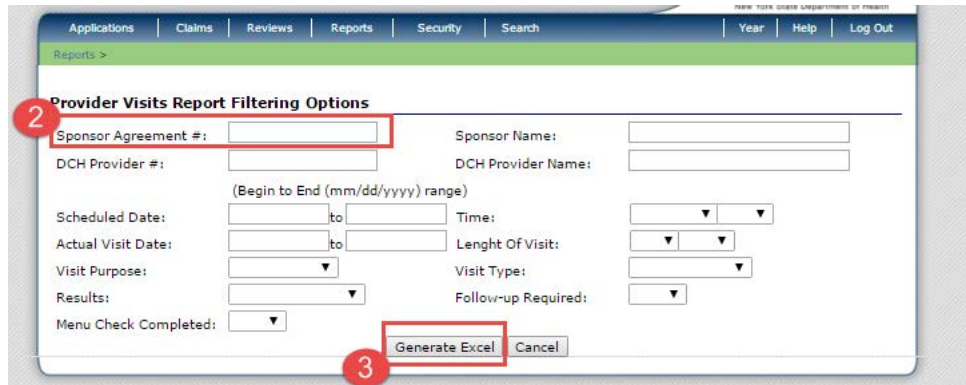
Sponsor Reports  
Day Care Home Provider Application Data Displays data from the day care home provider application.

Claim Reports  
Claim Error Report Claim Error Report

Accounting Reports  
Cash Advance Report Cash Advance Report

Miscellaneous Reports  
Participants Report (10501) This report displays Participants information.  
Participants Report (10502) This report displays Participants information.  
Participants Ethnicity Report (10591) This report displays Participants information.  
**Provider Visit Report** Displays Provider Visit Information.  
Provider Check Report This report generates the provider payment information in an Excel file to be used with accounting software to generate provider checks.

2. Enter your **Sponsor Agreement #**
3. Click **Generate Excel**

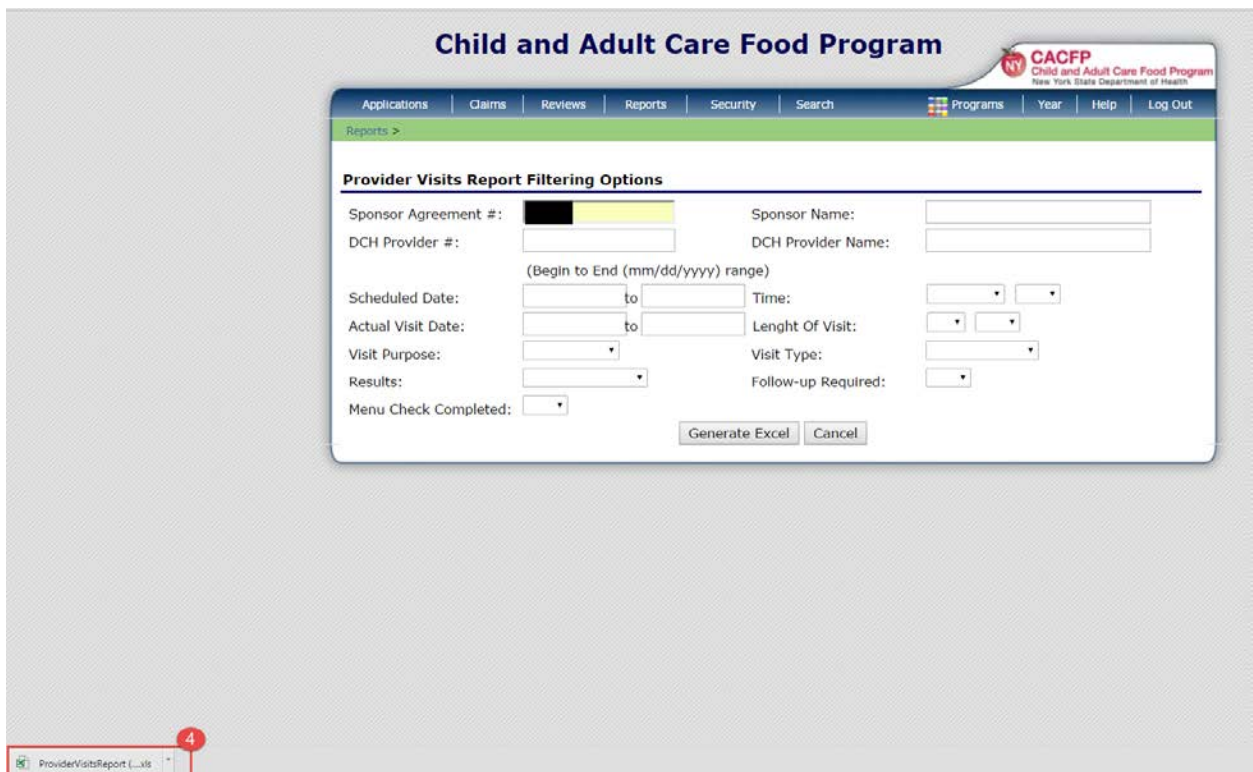


Applications | Claims | Reviews | Reports | Security | Search | Year | Help | Log Out  
 Reports >


**Provider Visits Report Filtering Options**

Sponsor Agreement #:  Sponsor Name:   
 DCH Provider #:  DCH Provider Name:   
 (Begin to End (mm/dd/yyyy) range)  
 Scheduled Date:  to  Time:    
 Actual Visit Date:  to  Length Of Visit:    
 Visit Purpose:  Visit Type:   
 Results:  Follow-up Required:   
 Menu Check Completed:

4. Open the Excel Download (**ProviderVisitReport.xls**) located at the bottom of your web page



**Child and Adult Care Food Program**


  
 Child and Adult Care Food Program  
 New York State Department of Health

Applications | Claims | Reviews | Reports | Security | Search | Programs | Year | Help | Log Out  
 Reports >

**Provider Visits Report Filtering Options**

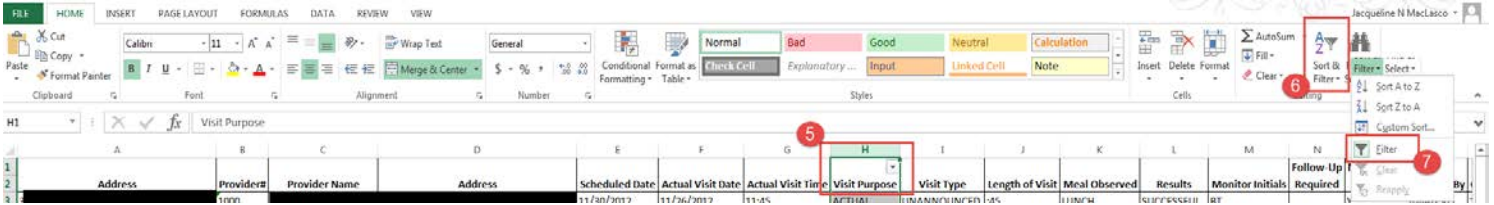
Sponsor Agreement #:  Sponsor Name:   
 DCH Provider #:  DCH Provider Name:   
 (Begin to End (mm/dd/yyyy) range)  
 Scheduled Date:  to  Time:    
 Actual Visit Date:  to  Length Of Visit:    
 Visit Purpose:  Visit Type:   
 Results:  Follow-up Required:   
 Menu Check Completed:

ProviderVisitsReport (...).xls



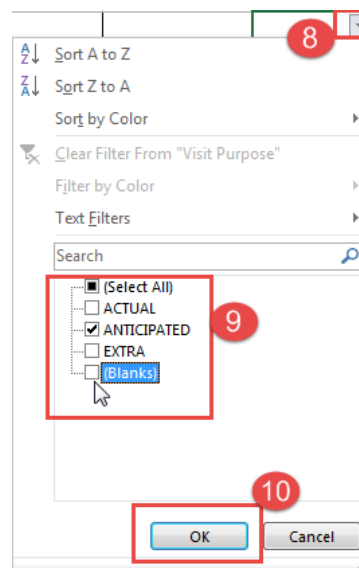
Hint: Delete the first two columns to make it easier to sort this report

5. Highlight **Visit Purpose** Column
6. Click **Sort & Filter**
7. Click **Filter**



Notice the box with a triangle in the corner of the visit purpose box. This allows you to show only the **Anticipated** visits.

8. Click the **Gray Box with the Triangle**
9. De-select all boxes except **Anticipated**
10. Click **Ok**



## When to Ask for Help....Troubleshooting Guide

Question from caller:	Possible Resolution:
<b>Having trouble activating HCS account; HCS log in not working; HCS password not correct</b>	Call HCS Commerce Account Management Unit (CAMU) Help Desk at 1-866-529-1890 Option 1.
<b>Payment has not been received</b>	<p>It takes up to 2 weeks to receive payment once the claim is submitted. Payment is not received after 2 weeks, please contact the Financial Representative at CACFP.</p> <p><b><u>Check the status of the claim:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Processed</b> – means payment is within 2 weeks.</li> <li>• <b>Accepted</b> - means the claim has been submitted.</li> <li>• <b>Pending</b> - means you have not submitted the claim.</li> <li>• <b>Error</b> - means there is a problem with the claim data.</li> </ul>
<b>How to print a claim?</b>	After clicking <b>Submit for Payment, Summary</b> will appear in the Action column on the left at the Claim Month Detail screen for the claim month. Open the Summary. Use the print icon on the HCS screen.
<b>Claim says: "Pending"</b>	Is there a red <b>Submit for Payment</b> button on the screen? If so, click it when the claim is complete. Once the status has changed to <b>PROCESSED</b> , the claim check is usually mailed within 2 weeks.
<b>One of the Providers is not eligible (and it should be).</b>	Speak to the Nutritionist or Financial Representative.
<b>Unable to enter all the meals/snacks.</b>	Speak to the Nutritionist or Financial Representative.
<b>Unable to access CIPS or the screen is frozen, or other web connectivity issues.</b>	Please call our CACFP Help Desk for technical assistance. Call 1-800-942-3858. Please press "1" to be connected to a Help Desk agent.

<p><b>On screen errors</b></p>	<p>The system will indicate whatever is needed to complete. Follow the prompt message and supply whatever information is requested. If there are questions, contact the Nutritionist or Financial Representative.</p>
<p><b>Adding a new user; Inactivating a new user; Replacing the HCS Director; Replacing the HCS Coordinator</b></p>	<p>See Chapter 6- CIPS Security.</p>
<p><b>Changing security for a user</b></p>	<p>See Chapter 6- CIPS Security</p>
<p><b>How to revise information on the Sponsor or Provider application?</b></p>	<p>For the Sponsor Application and Provider Application click <b>Revise</b>. Once revisions are complete click <b>FINISH</b>, and then click <b>SUBMIT FOR APPROVAL</b>. Speak to a Nutritionist if there are questions.</p>
<p><b>RENEWAL Questions</b></p>	<p>Speak to the Financial Representative or Nutritionist.</p>