

**Simply**



**C-NIPS**

**Kentucky Department of Education**  
**CACFP**  
**Child Nutrition Information and Payment System**

Kentucky Department of Education, School  
and Community Nutrition C-NIPS TRAINING

1

**Our Training Packet!**

Application Contact  
Information

FAX: Cover Sheet

Recipe for  
Success/Helpful Hints

Power Point Slide  
Handout

Kentucky Department of Education, School  
and Community Nutrition C-NIPS TRAINING

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# By the end of today, you should be able to:



- Log in and log out of C-NIPS
- Know how to change your password
- Know basic navigation between tabs
- Know how to
  1. Complete Sponsor Application
  2. Complete Site Application(s)
  3. Fill out Board of Directors
  4. Complete the Sponsor Budget
  5. Complete Checklist Items by
  6. Downloading, Saving, and Uploading Documents

## into CNIPS

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

### CNIPS HOME PAGE

Child Nutrition Information and Payment System - Microsoft Internet Explorer provided by KY Dept. of Education

https://cnips.education.ky.gov/CNIP5/splash.aspx

Kentucky Department of Education

Returning Users: Log On

User ID:

Password:

Log On

Welcome to CNIPS!  
Last updated: 5/1/2012

Please login to the system using the username and initial password provided to you at CNIPS training. Upon a successful login you will be asked to change your password. See our password policy below. If you have forgotten/lost your user ID or password please contact the COT Help Desk.

Need Help?

- Lost or forgotten passwords - Contact the COT Help Desk at (502) 564-7276. Questions on the CNIPS system application should be directed to the SCN Help Desk at (502) 564-5628.

Maintenance Window

- KY-CNIPS will be unavailable each Tuesday and Thursday evening from 6:30pm to 7:30pm (EST) for regular maintenance.

Password Policy

- Security policies require a password ten (10) to twelve (12) characters in length. Please note that the password must be at least ten (10) characters in length. The password must contain at least:
  - one number; one letter; and one special character (e.g., !, /, ?). Passwords are case sensitive.

Sponsor User Manual

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING



## Sign In to C-Nips Using Your New User Name and Password!

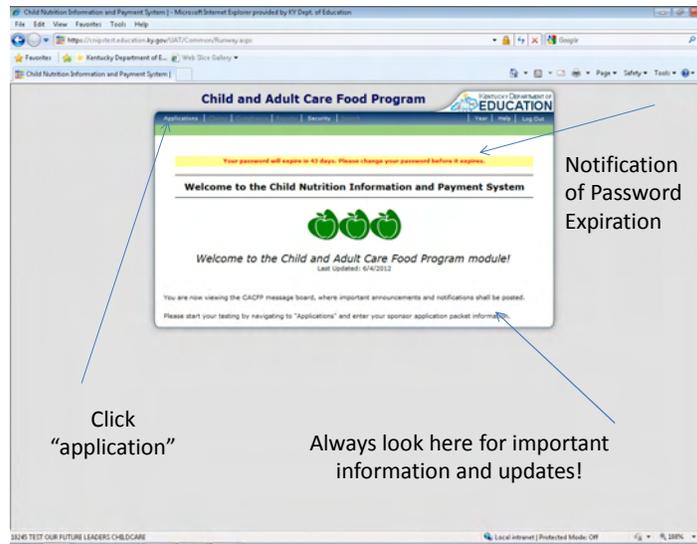
*Notification: Change your Password!*

### Must have

- a capital letter
- a number
- a symbol
- Be between 10-12 characters
- Case Sensitive

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Click on "Application Packet"-Centers

Item	Description
Application Packet - Center	Center Application Forms (Sponsor and Site)
ACQR - Center	Center Actual Cost Quarterly Report
Download Forms	Forms Available for Downloading

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Make sure all of this is correct!

Physical Address of Sponsor

Same?

Child & Adult Care Food Program Sponsor Application for 2010 - 2011

10248 Status: Active  
**The Oak Tree Day School and Child Care Center**  
 Site:  
 No address on file for this year  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

**Sponsor Description**

FEIN	Type of Agency	Type of CACFP - Centers Organization
99-9999999	For Profit Organization	Sponsor of Affiliated Sites

1. Are all of your organization's CACFP participating sites located in the same building? Yes  No

2. Does your organization operate the CACFP in any other state(s)? Yes  No

Name(s) of State(s):

**Addresses**

**Physical Address**

3. Address Line 1:  
 Address Line 2:  
 4. City:  
 5. State: KY Zip:  
 6. County:

**Mailing Address**

Mailing Address is the same as the Physical Address

7. Address Line 1:  
 Address Line 2:  
 8. City:  
 9. State: KY Zip:

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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**Program Contact.**  
May or may not be the same as the Executive Director/Owner

If this is the same as Program Contact, mark here and the information will populate.

If this is the same as Program Contact, mark here and the information will populate.

If this is the same as Program Contact, mark here and the information will populate.

Child Nutrition Information and Payment System | Child & Adult Care Food Program Sponsor Applic - Microsoft Internet Explorer

Child Nutrition Information and Payment System

**Contacts**

**Program Contact**  
The Program Contact must be an individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

10. Name:

11. Email Address:

12. Facility Phone:  Ext:  Fax:

13. Cell/Alt Phone:

14. Title:

Executive Director/Owner is the same as the Program Contact

**Executive Director/Owner**

15. Name:

16. Email Address:

17. Facility Phone:  Ext:  Fax:

18. Cell/Alt Phone:

19. Title:

Claim Preparer is the same as the Program Contact

**Claim Preparer**

20. Name:

21. Email Address:

22. Facility Phone:  Ext:  Fax:

23. Cell/Alt Phone:

24. Title:

Authorized Individual is the same as the Program Contact

**Authorized Individual**  
An Authorized Individual is an individual who has been authorized to act on behalf of the Sponsor by agreeing to and signing the Statement of Authority.

25. Name:

26. Email Address:

27. Facility Phone:  Ext:  Fax:

28. Cell/Alt Phone:

29. Title:

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**General**

30. Does the Sponsor have less than three years of Administrative and Financial History?  Yes  No

**Certification**

31. Federal regulations require an agency to certify information regarding past business participation and criminal background. Please answer the following questions:

1. Has the agency or any of the agency's principals participated in any publicly funded programs within the past seven years?  Yes  No

**NOTE: Principal** means any individual who holds a management position within or is an officer of the Sponsor, including all members of the Sponsors board of directors.

**Publicly funded** means money that is received from a local, state, or federal governmental agency.

If yes, as part of your management plan, submit a listing of the publicly funded programs in which the Sponsor and its principals have participated in the past seven years and currently participate in.

2. Within the past seven years, has the Sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements?  Yes  No

If yes, answer question #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed?  Yes  No

If yes, as part of your management plan, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no, as part of your management plan, attach a detailed explanation.

4. Has the Sponsor or any of the Sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity?  Yes  No

**NOTE: A lack of business integrity** includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

If yes, as part of your management plan, attach a detailed explanation.

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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**CHECK AFTER**

**READ!**

I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Hit "SAVE" to save the information in your application.

Hit SAVE now!

Child Nutrition Information and Payment System - Microsoft Internet Explorer

NOTE: Principal means any individual who holds a management position within or is an officer of the Sponsor, including all members of the Sponsors board of directors.

Publicly funded means money that is received from a local, state, or federal governmental agency.

If yes, as part of your management plan, submit a listing of the publicly funded programs in which the Sponsor and its principals have participated in the past seven years and currently participate in.

2. Within the past seven years, has the Sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements?  Yes  No

If yes, answer question #3.

3. Were the violations corrected and eligibility restored, including payments of debts owed?  Yes  No

If yes, as part of your management plan, submit documentation of reinstatement, including proof of payment of debts owed, if applicable.

If no, as part of your management plan, attach a detailed explanation.

4. Has the Sponsor or any of the Sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity?  Yes  No

NOTE: A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

If yes, as part of your management plan, attach a detailed explanation.

32.  I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

SAVE Cancel

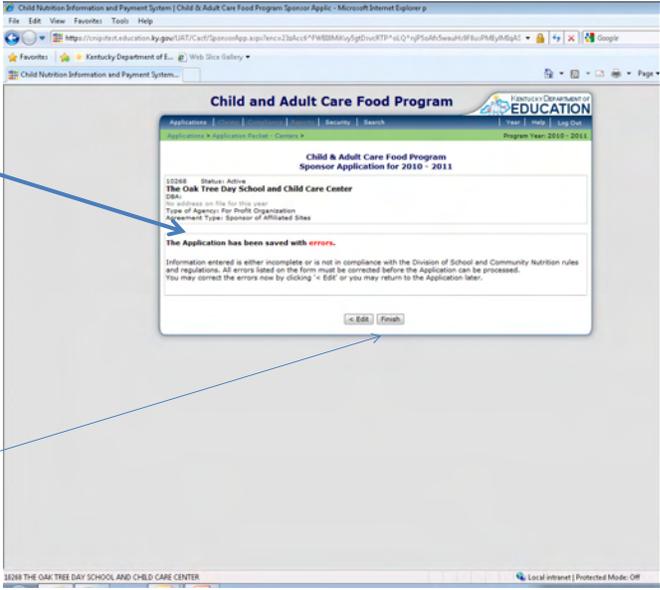
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

**ERRORS?**

If there are errors, this page will come up. Saved WITH Errors



Click "edit" to go back to your sponsor application, or "finish" to go to your application packet.

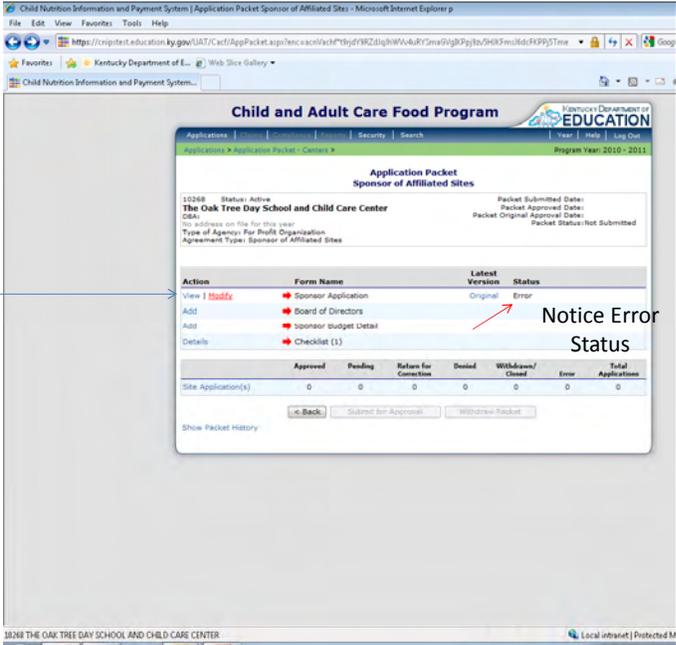


Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 13

**Application Packet**

Click on **Modify** to begin working on your sponsor application again.

Notice Error Status

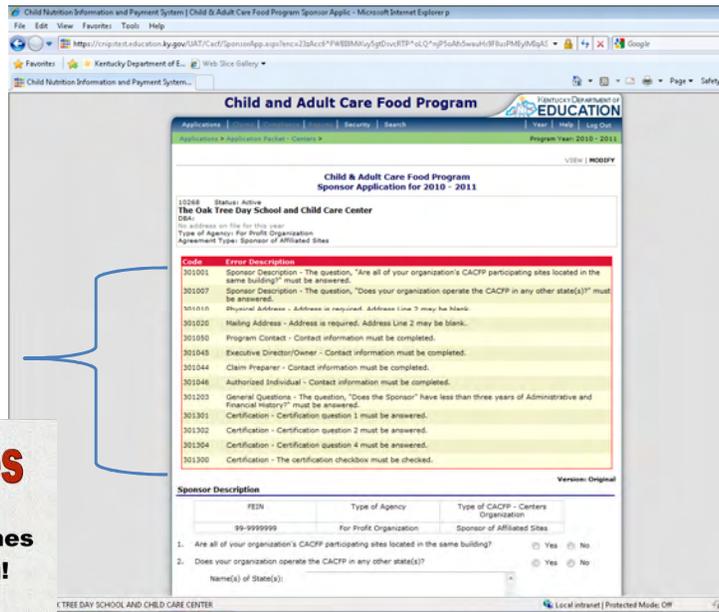


	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	0	0	0	0	0	0

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 14

The system will identify your errors for you! Correct Your Errors and SAVE again!

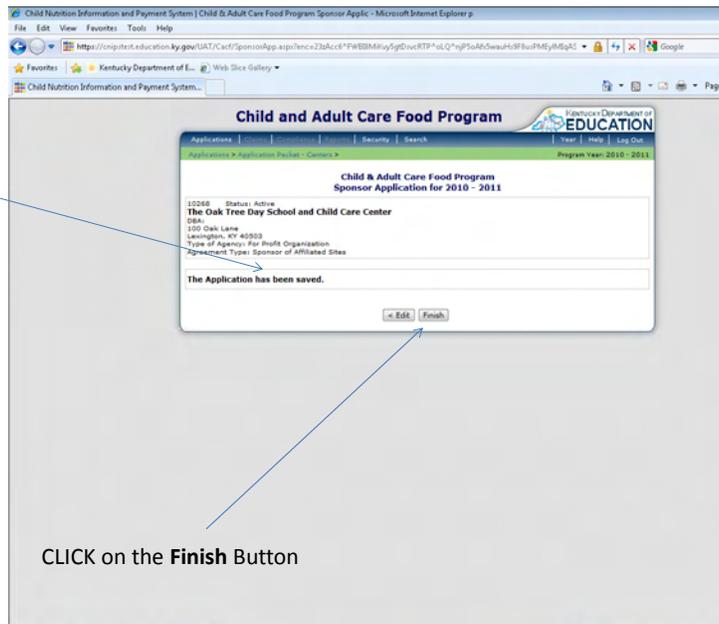
**Mistakes Are The Stepping Stones To Learning!**



Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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When your sponsor application is complete, the system will tell you that your work has been saved.



CLICK on the **Finish** Button

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

Notice the green check. That is GOOD! You need four green checks before you can submit your application packet to the State Agency

Board of Directors is NEXT! Click Add

Child Nutrition Information and Payment System | Application Packet Sponsor of Affiliated Sites - Microsoft Internet Explorer

https://cnpis.kentuckyeducation.gov/UA7/CafdfAppPacket.aspx?enc=accn/vachP3byd9RZzqghWVkuUy5ma0VghPjyBzSHKfmu6dxfPPjStme

Child Nutrition Information and Payment System...

**Child and Adult Care Food Program** Kentucky Department of EDUCATION

Applications > Application Packet > Centers > Program Year: 2010 - 2011

Application Packet Sponsor of Affiliated Sites

12284 Status: Active  
 The Oak Tree Day School and Child Care Center  
 DBA:  
 1200 Oak Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Packet Submitted Date:  
 Packet Approved Date:  
 Packet Original Approval Date:  
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Add	✗ Board of Directors		
Add	✗ Sponsor Budget Detail		
Details	✗ Checklist (1)		

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

Back Submit for Approval Withdraw Packet

Show Packet History

1208 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER Local intranet | Protected Mode: Off

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 17

Click "ADD MEMBER." All Sponsors will need at least one Board Member.

Child Nutrition Information and Payment System | Center Board of Directors Member List for 2010 - 2011 - Microsoft Internet Explorer

https://cnpis.kentuckyeducation.gov/UA7/Commom/BoardMemberDetailLink.aspx?enc=23baccf9F9B8B8Mky5gDucRTPolQ\*ng5uAM5uawh8F

Child Nutrition Information and Payment System...

**Child and Adult Care Food Program** Kentucky Department of EDUCATION

Applications > Application Packet > Centers > Program Year: 2010 - 2011

Center Board of Directors Member List for 2010 - 2011

12284 Status: Active  
 The Oak Tree Day School and Child Care Center  
 DBA:  
 1200 Oak Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Action	Name	Board Position	Phone	Version
Board of Director Members have not been entered.				

Created By: SCNspnsr/CN AM 6/25/2012 4:00:41 PM

Back Add Member

1208 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER Local intranet | Protected Mode: Off

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 18

**Board Member Type**

**HOME Address**

**Related Board or Staff Members**

Child Nutrition Information and Payment System | Center Board of Directors - Member Information - Microsoft Internet Explorer p

Child and Adult Care Food Program

Center Board of Directors - Member Information

15268 Status: Active  
The Oak Tree Day School and Child Care Center  
DBA:  
1520 Oak Lane  
Lexington, KY 40503  
Type of Agency: For Profit Organization  
Agreement Type: Sponsor of Affiliated Sites

**Board Member Information**

1. Board Member Type:   
2. Length of Time on Board:   
3. Expiration Date: / / (mm/yyyy)   
4. Name: Salutation First Name Last Name   
5. Date of Birth: (mm/yyyy)   
6. Email Address:   
7. Phone: Ext: Fax:   
8. Occupation:   
9. Current Employer:   
**Home Address**   
10. Address Line 1:   
11. Address Line 2:   
12. City:   
13. State: KY Zip:   
14. 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: SChNjessan/CW on: 6/25/2012 4:03:34 PM

15268 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER  
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

**One Saved Board Member with No Errors**

Child Nutrition Information and Payment System | Center Board of Directors Member List for 2010 - 2011 - Microsoft Internet Explorer p

Child and Adult Care Food Program

Center Board of Directors  
Member List for 2010 - 2011

15268 Status: Active  
The Oak Tree Day School and Child Care Center  
DBA:  
1520 Oak Lane  
Lexington, KY 40503  
Type of Agency: For Profit Organization  
Agreement Type: Sponsor of Affiliated Sites

Action	Name	Board Position	Phone	Version	Original
View   Modify	Sandy Rull 200 Sherman Avenue Lexington, KY 40502 DOB: 11/07/1956	Chairman of the Board	(555) 222-2222		

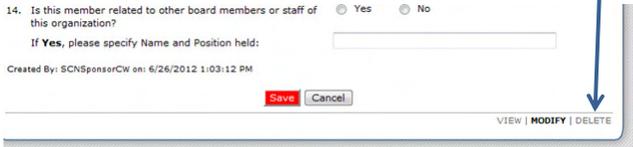
Created By: SChNjessan/CW on: 6/25/2012 4:06:41 PM Modified By: SChNjessan/CW on: 6/26/2012 5:18:41 PM

15268 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER  
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

*SIDEBAR*

## How do I Delete a Board Member?

1. Open Your Board Member by clicking on Modify
2. Click on Delete at the Bottom of the Page



14. 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: SCNSponsorCW on: 6/26/2012 1:03:12 PM

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

3. Click on the **RED** delete button

Press the 'Delete' button to delete the board member and any related items. (This cannot be un-done.)

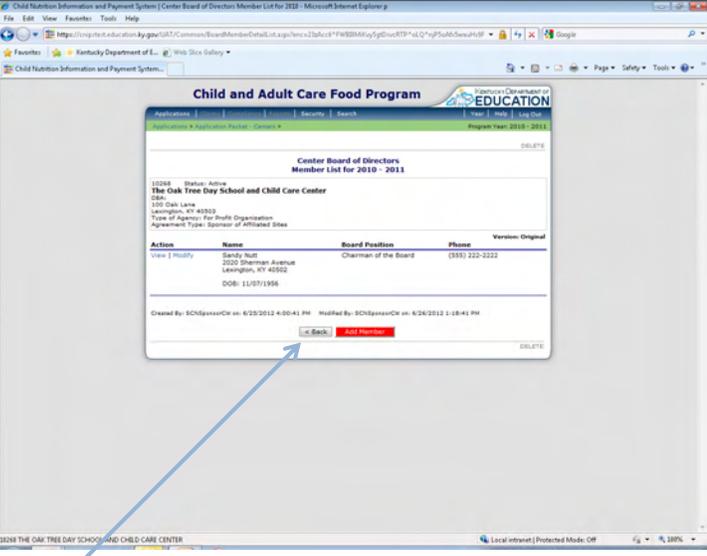


[VIEW](#) | [MODIFY](#) | [DELETE](#)

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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### Let's Click on the BACK Button



Child Nutrition Information and Payment System | Center Board of Directors Member List for 2010 - 2011

Child and Adult Care Food Program

Center Board of Directors  
Member List for 2010 - 2011

10206 Status: Active  
The Oak Tree Day School and Child Care Center  
DBA:  
100 Oak Lane  
Lexington, KY 40503  
Type of Agency For Profit Organization  
Agreement Type: Sponsor of Affiliated Site

Action	Name	Board Position	Phone	Version	Original
View   History	Sandy Hall 2020 Sherman Avenue Lexington, KY 40502 DOB: 11/07/1956	Chairman of the Board	(502) 222-2222		

Created By: SCNSponsorCW on: 6/25/2012 4:00:41 PM Modified By: SCNSponsorCW on: 6/26/2012 1:18:41 PM

3026 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Do you have two GREEN check marks?



Child Nutrition Information and Payment System | Application Packet Sponsor of Affiliated Sites - Microsoft Internet Explorer p

https://compnet.education.ky.gov/UAT/Cat/AggPacket.aspx?enc=acn/vch/PbjYFRZdZqHwVvAulYrSmaZVgBPyIbuSHKfmu8d4FP9YTime

Kentucky Department of Education

### Child and Adult Care Food Program

Application Packet Sponsor of Affiliated Sites

12268 Status: Active  
**The Oak Tree Day School and Child Care Center**  
 004  
 100 Oak Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Packet Submitted Date:  
 Packet Approved Date:  
 Packet Original Approval Date:  
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending
View   Modify	✗ Sponsor Budget Detail	Original	Pending Validation
Details	✗ Checklist (1)		

Approved	Pending	Returns for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
0	0	0	0	0	0	0

Site Application(s)

Buttons:

Show Packet History

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

Local intranet | Protected Mode Off

Let's Work on the SPONSOR BUDGET DETAIL!



Click on Modify

Child Nutrition Information and Payment System | Application Packet Sponsor of Affiliated Sites - Microsoft Internet Explorer p

https://compnet.education.ky.gov/UAT/Cat/AggPacket.aspx?enc=acn/vch/PbjYFRZdZqHwVvAulYrSmaZVgBPyIbuSHKfmu8d4FP9YTime

Kentucky Department of Education

### Child and Adult Care Food Program

Application Packet Sponsor of Affiliated Sites

12268 Status: Active  
**The Oak Tree Day School and Child Care Center**  
 004  
 100 Oak Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Packet Submitted Date:  
 Packet Approved Date:  
 Packet Original Approval Date:  
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending
View   Modify	✗ Sponsor Budget Detail	Original	Pending Validation
Details	✗ Checklist (1)		

Approved	Pending	Returns for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
0	0	0	0	0	0	0

Site Application(s)

Buttons:

Show Packet History

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Local intranet | Protected Mode Off

Total is Gathered from the TOTAL of last years reimbursement

		Sponsor Complete This Column	FOR STATE USE ONLY Approved
<b>A. ANTICIPATED ANNUAL CACFP REIMBURSEMENT</b>			
Number of sites anticipated for sponsorship			
1. Projected Total Annual Revenue	\$	<input type="text"/>	\$0.00
<b>B. OPERATING EXPENSES</b>			
1. Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	<input type="text"/>	\$0.00
2. Total Food Expenses	\$	<input type="text"/>	\$0.00
3. Supplies and Equipment	\$	<input type="text"/>	\$0.00
4. Other	\$	<input type="text"/>	\$0.00
<b>Total Operating Costs</b>		\$0.00	\$0.00
<b>C. NET OPERATING AMOUNT</b>			
1. Difference (A-B)		\$0.00	\$0.00

Total of last years Food, Labor, and Supplies. Yearly Cost. NOT Monthly

This Amount MUST BE a NEGATIVE Number. You always have to SPEND more than your REIMBURSEMENT!

Kentucky Department of Education, School and Community Nutrition - NPS TRAINING

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“0”s go here for 99% of you!

Check the Box AFTER Reading Thoroughly

Click SAVE!

The screenshot shows a web browser window with the URL: https://computer.education.ky.gov/IA7/Common/BudgetDetail.aspx?nc=22&cc=FP&BIBMI=y&gD=ucRTP\*oLQ\*+pP2uAt5swuHt8FbuPMEj0

The form content includes:

- 4. Other** \$0.00
- Total Operating Costs** \$0.00
- C. NET OPERATING AMOUNT**
- 1. Difference (A-B) \$0.00
- D. ADMINISTRATIVE EXPENSES**
- 1. Administrative Costs \$0.00
- 2. Other \$0.00
- Total Administrative Costs** \$0.00
- NOTE: May not exceed 15% of A.1.
- E. SUMMARY**
- 1. Total Expenses (Operating and Administrative) \$0.00
- 2. Total Anticipated Annual CACFP Reimbursement \$0.00
- Certification**
- I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.
- Document Attachments ONLY IF THE STATE AGENCY REQUESTS!**
- Sponsors must account for the cost of operating a nonprofit food service. Attach a detailed budget itemizing each cost item.
- Sponsors are required to disclose and identify any financial information that inhibits the State from making an informed assessment of the allowability of a particular cost. If you have any expenses that require disclosure, attach a detailed explanation.
- Actions** Notes Version Uploaded By
- Add an attachment
- Created By: SCNSponsorCW on: 6/25/2012 4:23:16 PM Modified By: SCNSponsorCW on: 6/25/2012 4:23:16 PM
- Buttons: Save Cancel

Kentucky Department of Education, School and Community Nutrition - NPS TRAINING

26 Local Intranet | Protected

Do you have three GREEN check marks?

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending
View   Modify	✓ Sponsor Budget Detail	Original	Pending Approval
Details	✗ Checklist (1)		

Approved	Pending	Returns for Correction	Denied	Withdrawn/Closed	Error	Total Applications
0	1	0	0	0	0	1



You did it!!

THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER  
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

Let's Skip Down to the Site Application!

Child and Adult Care Food Program  
Application Packet - Site List for 2010 - 2011

10268 Status: Active  
The Oak Tree Day School and Child Care Center  
DBA:  
100 Oak Lane  
Lexington, KY 40503  
Type of Agency: For Profit Organization  
Agreement Type: Sponsor of Affiliated Sites

Action	Site #	Site Name	Type	Latest Version	Status
<a href="#">View</a>   <a href="#">Modify</a>	0001	The Oak Tree Day School and Child Care Center		Original	Pending Validation

Total Sites Enrolled: 1

Click on "Modify" to begin adding information about your first (or only) site. All of your sites will already be listed.

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 29

Child and Adult Care Food Program  
Site Application for 2010 - 2011

10268 Status: Active  
The Oak Tree Day School and Child Care Center  
DBA:  
100 Oak Lane  
Lexington, KY 40503  
Type of Agency: For Profit Organization  
Agreement Type: Sponsor of Affiliated Sites

0001 Status: Active  
THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER  
No address on file for this year

**License / Registration Information**

A1. Site Type:  
 Adult Care Center  
 Child Care Center  
 Child Care  
 Outside School Hours  
 Emergency Shelter  
 Head Start  
 At-Risk Afterschool Care Center

A2. Tax Status:   
 If Other, please explain: \_\_\_\_\_

A3. License Number: \_\_\_\_\_

A4. License Effective Date: \_\_\_\_\_

A5. License Expiration Date: \_\_\_\_\_

A6. License Capacity: \_\_\_\_\_

A7. Age Range of Participants: From: 0 Yrs 0 Mos To: 0 Yrs 0 Mos

A8. Do you provide child care for infants under 12 months old?  Yes  No

**Physical Address**

A9. Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_

A10. City: \_\_\_\_\_  
 A11. State: KY Zip: \_\_\_\_\_  
 A12. County: \_\_\_\_\_

**Mailing Address**

Click type of site

Tax Status

License and Participant Information

Physical Address

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 30

**Mailing Address.** If it is the same as the physical address, click the box.

**Directions to Your Center** (if necessary)

**Affiliated/Unaffiliated Center**

**Pre-Approval Visit Date**

**Center Contact**

Child Nutrition Information and Payment System...  
 A12. County: FAYETTE COUNTY (034)  
**Mailing Address**  
 Mailing Address is the same as the Physical Address  
 A13. Address Line 1:  
 Address Line 2:  
 A14. City:  
 A15. State: KY Zip:  
**Directions**  
 A16. Enter driving directions to your site from Frankfort, KY:  
**Center Information**  
 A17. Affiliation:  Affiliated  Unaffiliated  
 Affiliated means the sites are part of the Sponsor organization.  
 Unaffiliated means the sites are not part of the Sponsor organization.  
 A18. Unaffiliated site will make meal counts and menu records available to the Sponsor by the following date of each month:  
 A19. Has this site previously participated in the CACFP under a sponsoring organization?  Yes  No  
 If yes, provide previous Sponsor's name, FEIN, and participating dates:  
 A20. Date of Pre-Approval visit:  
**Center Contact - Person in charge of this center on a daily basis**  
 B1. Name: S: Last Name  
 B2. Email Address: E:  
 B3. Facility Phone: Ext: Fax:  
 B4. Cell/VAR Phone:  
 B5. Title:  
 Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING  
 31  
 33248 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER || SITE: 6091 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER

**Schedule**

**Click Months and Days of Operation**

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:

**Hours of Operation**

C2. Normal Hours of Operations: Time Open: :00 Time Close: :00  
 C3. Regular Meals

**Meal Times**

Meals	Typical Shift		School Age Shift (Optional)	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	:00	:00	:00	:00
<input type="checkbox"/> AM Snack	:00	:00	:00	:00
<input type="checkbox"/> Lunch	:00	:00	:00	:00
<input type="checkbox"/> PM Snack	:00	:00	:00	:00
<input type="checkbox"/> Supper	:00	:00	:00	:00
<input type="checkbox"/> Late Night Snack	:00	:00	:00	:00

C4. At-Risk Meals

Meals	Typical Shift		School Age Shift (Optional)	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast	:00	:00	:00	:00
<input type="checkbox"/> Snack	:00	:00	:00	:00
<input type="checkbox"/> Lunch	:00	:00	:00	:00
<input type="checkbox"/> Supper	:00	:00	:00	:00

**Weekend Hours**

C5. Weekend Hours of Operations: Time Open: :00 Time Close: :00  
 C6. Additional Sponsor notes related to Meal Service:  
 Additional Comments?  
 End Service  
 Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING  
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Information About Your Food Service

Participant Information

For Unaffiliated Sites Only

**Food Service**

C7. How are meals prepared?  Prepared on site  
 Prepared at Central Facility and Delivered  
 Contracted with a Public School  
 Purchased from a food service vendor  
 Other

If Other, please explain:

C8. How are meals served?  Unit (Individual Meals)  
 Family

C9. Check all meals that are purchased through a food service vendor:  Breakfast  Lunch  Supper  Snacks

C10. Do you have a food service contract?  Yes  No

C11. Name of Food Service Vendor:

C12. Contract Period: From:  To:

**Adult Care Centers Only**

C13. Which meal types does offer vs. serve apply?  Breakfast  Lunch  Supper  None

**Participants**

D1. Number of enrolled participants in each income eligibility category:

A. Free Category:	<input type="text"/>
B. Reduced-Price Category:	<input type="text"/>
C. Paid Category:	<input type="text"/>
D. Total Enrolled:	<input type="text"/>

**Signature Date**

E1. If Site is Unaffiliated, enter Signature Date of Site Representative from Site Application:

E2. If Site is Unaffiliated, enter Signature Date of Sponsor Representative from Site Application:

E3. If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:

E4. If Site is Unaffiliated, enter Signature Date of Sponsor Representative from Permanent Agreement with Sponsoring Organization:

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 33

Check the Certification!

**Certification**

I hereby certify that neither the Sponsor nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: SCNSponsorCW on: 6/26/2012 1:41:05 PM Modified By: SCNSponsorCW on: 6/27/2012 11:22:59 AM

**Save** **Cancel**

VIEW | MODIFY

Click SAVE!

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 34

Look for the green arrow next to the site number. That means good to go!

Click "back" to go back to your application packet.

Action	Site #	Site Name	Type	Latest Version	Status
View	0001	The Oak Tree Day School and Child Care Center	CC	Rev. 1	Submitted

Total Sites Enrolled: 1

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 35

### Let's Work on Our Checklist Items

Click on DETAILS next to Checklist

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending Approval
View   Modify	✓ Sponsor Budget Detail	Original	Pending Approval
Details	✗ Checklist (1)		

	Approved	Pending	Returns for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Site Application(s)	0	0	0	0	0	1	1

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 36

Click on the Blue Link with your Sponsor Name

Child Nutrition Information and Payment System | CACFP Checklist Summary - Microsoft Internet Explorer provided by KY Dept. of Education

Child and Adult Care Food Program

CACFP Checklist Summary

10266 Status: Active  
**The Oak Tree Day School and Child Care Center**  
 DB#: 100  
 100 Shady Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Sponsor	Total Items	Submitted Items	Approved Items
The Oak Tree Day School and Child Care Center	1	0	0

Child & Adult Care Food Program Sites

Child & Adult Care Food Program Sites	Total Items	Submitted Items	Approved Items
The Oak Tree Day School and Child Care Center	0	0	0

10268 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Here is Your List of Checklist Items.

Child Nutrition Information and Payment System | CACFP Checklist - Microsoft Internet Explorer provided by KY Dept. of Education

Child and Adult Care Food Program

CACFP Checklist

10268 Status: Active  
**The Oak Tree Day School and Child Care Center**  
 DB#: 100  
 100 Shady Lane  
 Lexington, KY 40503  
 Type of Agency: For Profit Organization  
 Agreement Type: Sponsor of Affiliated Sites

Required Forms/Documents to send to SCN	Document Submitted to SCN	Date Submitted to SCN	Document on File w/ SCN	Status	Status Date	Last Updated By
Statement of Authority	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Pending Approval	07/02/2012	lindseah@
Management Plan	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Approved	07/02/2012	lindseah@

Action	Checklist Item	Comment	Attachment Date/Time
View   Modify	Management Plan		7/2/2012 3:25:18 PM
View   Modify	Management Plan		6/27/2012 11:07:51 AM

10268 THE OAK TREE DAY SCHOOL AND CHILD CARE CENTER

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Click on the Blue Link of the document in the checklist you want to download.

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

39

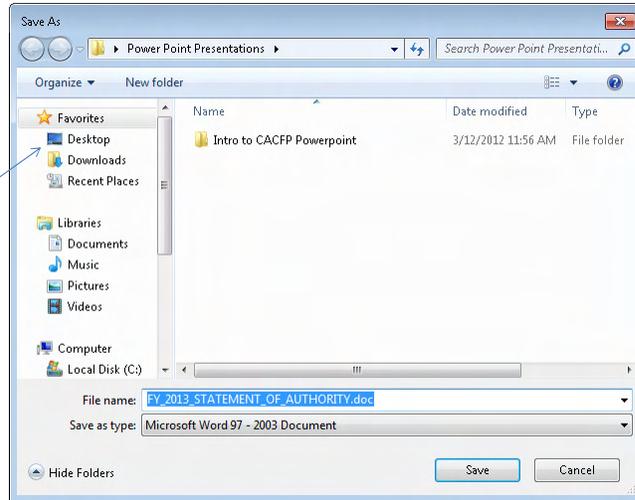
When the file download box appears, click on the "SAVE" button.

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

40

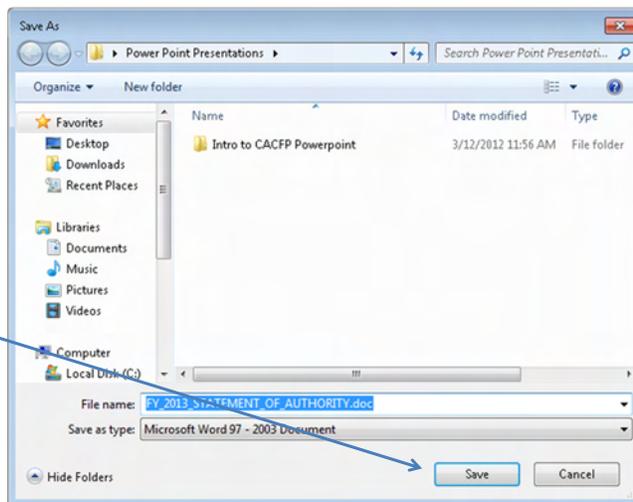
Click on the word "desktop" to select the place to save your document to.

Desktop

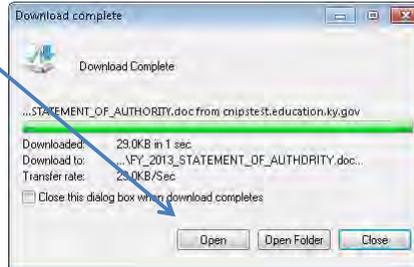


Click on the word "save" at the bottom of the page to save the document to your computer desktop.

SAVE



A box will appear, letting you know your download is complete. Click "Open" to begin working on your document.



Work on Your Document. Fill Out All of the Answers Completely.

**CHILD AND ADULT CARE FOOD PROGRAM  
STATEMENT OF AUTHORITY**

Sponsor Legacy Number: 000-123-999 CNIPSID # 01624  
Sponsor Name: The Oak Tree  
Address: 110 Shady Lane  
City/State/Zip: Lexington, KY 40503  
Office or Center Phone Number: 859-555-1212

I, the undersigned, state that the center(s) for which we are herewith submitting an application for the Child and Adult Care Food Program (CACFP) is (are) an integral part of the above named organization.

All funds relating to the Child and Adult Care Food Program shall be subject to the control of the duly constituted governing body of the organization, and that all funds received shall be used exclusively for the purpose of operating the Child and Adult Care Food Program.

The following named individual(s) is/are duly authorized to sign official documents in connection with the sponsor's operation of the CACFP.

Signature of Program Contact: Jason Eitz Date: 8/15/2012

Signature of Authorized Individual: Jason Eitz Date: 8/15/2012

The undersigned certifies that he/she has the authority to represent the sponsoring organization/independent center named above. It is also understood that the information on this form is being given in connection with the receipt of Federal funds and that all of the provisions of the Agreement apply.

Signature, Chairman of the Board and/or Owner: Proctor, Mike Date: 8/15/2012

Signature, Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Save Your Work When You are Finished. Click on the "File" tab.

**CHILD AND ADULT CARE FOOD PROGRAM**  
**STATEMENT OF AUTHORITY**

Sponsor Legacy Number: 000-123-999 CNIPS ID # 01234  
Sponsor Name: The Oak Tree  
Address: 110 Shady Lane  
City/State/Zip: Lexington, KY 40503  
Office or Center Phone Number: 859-555-1212

I, the undersigned, state that the center(s) for which we are herewith submitting an application for the Child and Adult Care Food Program (CACFP) is (are) an integral part of the above named organization.

All funds relating to the Child and Adult Care Food Program shall be subject to the control of the duly constituted governing body of the organization, and that all funds received shall be used exclusively for the purpose of operating the Child and Adult Care Food Program.

The following named individual(s) is/are duly authorized to sign official documents in connection with the sponsor's operation of the CACFP:

Signature of Program Contact: Jason Niss Date: 8/15/2012  
Signature of Authorized Individual: Jason Niss Date: 8/15/2012

The undersigned certifies that he/she has the authority to represent the sponsoring organization/independent center named above. It is also understood that the information on this form is being given in connection with the receipt of Federal funds and that all of the provisions of the Agreement apply.

Signature, Chairman of the Board and/or Owner: Peggy Kaha Date: 8/15/2012  
Signature, Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature, Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Page: 1 of 1 | Words: 237

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 45

SAVE

**Information about FY\_2013\_STATEMENT\_OF\_AUTHORITY**  
C:\Users\lowlmath\Desktop\FY\_2013\_STATEMENT\_OF\_AUTHORITY.doc

**Compatibility Mode**  
Some new features are disabled to prevent problems when working with previous versions of Office. Converting this file will enable these features, but may result in layout changes.

**Permissions**  
Anyone can open, copy, and change any part of this document.

**Prepare for Sharing**  
Before sharing this file, be aware that it contains:  
• Document properties, author's name and related dates  
• Headers and footers  
• Custom XML data  
• Content that cannot be checked for accessibility issues because of the current file type

**Versions**  
• Today, 8:08 AM (auto save)

**Properties**  
Size: 29 KB  
Pages: 1  
Words: 237  
Total Editing Time: 23 minutes  
Title: STATEMENT OF AUTHORITY  
Tags: Add a tag  
Comments: Add comments

**Related Dates**  
Last Modified: Yesterday, 11:32 AM  
Created: 6/26/2012 11:54 AM  
Last Printed: 6/26/2012 12:51 PM

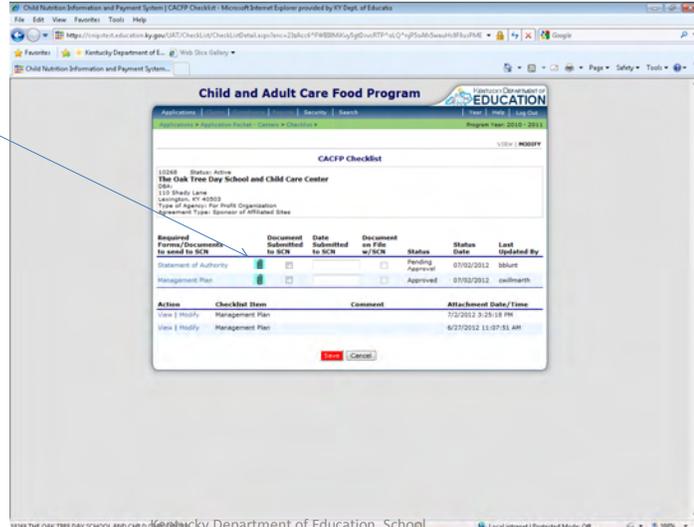
**Related People**  
Author: Denise Hagan  
Add an author  
Last Modified By: sbount

**Related Documents**  
• Open File Location  
• Show All Properties

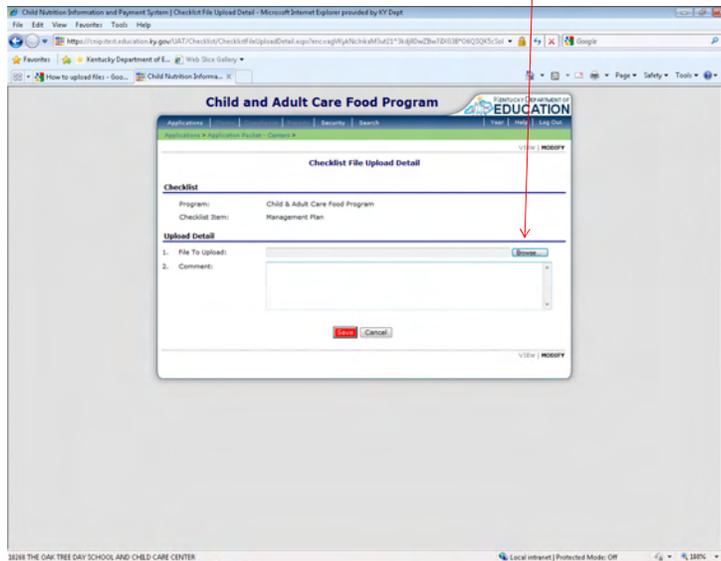
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 46

When you go back to your checklist, click on the paperclip to UPLOAD your document back into the system.

Paperclip



Click on the BROWSE button to find your document



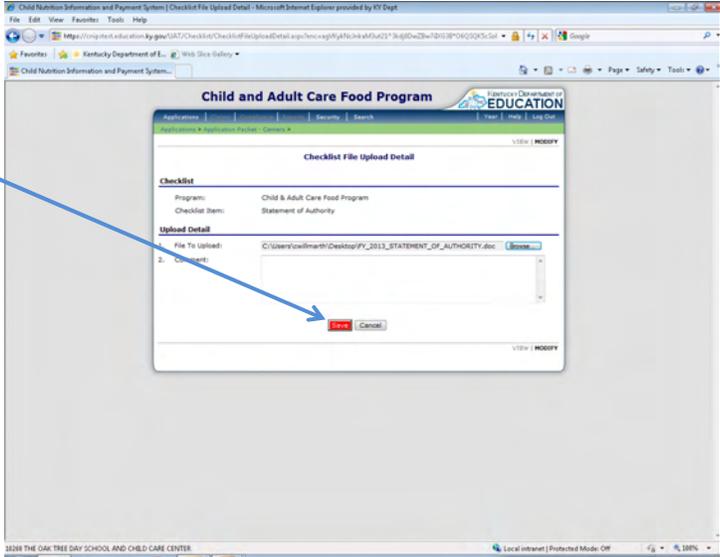


1. Click on **DESKTOP** to find all of the documents on your desktop

2. Click on the Document you want to **UPLOAD**.

3. Click **OPEN!**

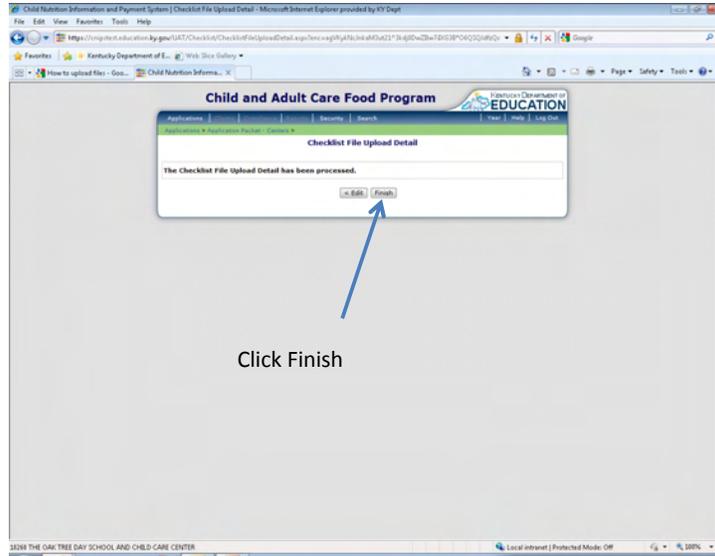
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING



Click on **SAVE** to save your document to the C-Nips System!

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

A Box will appear letting you know that your document is in the system!

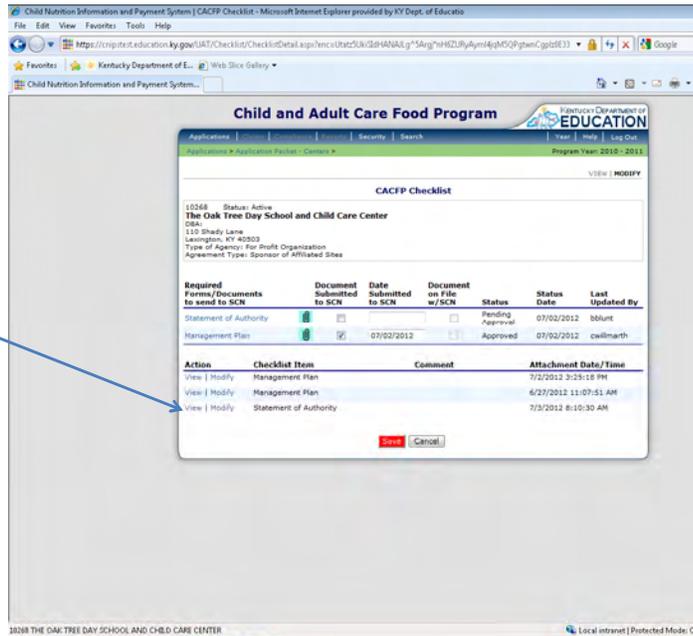


Click Finish

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

51

Your uploaded document will show up on the checklist page!



Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

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Check mark the box after you have completed and uploaded each document

Always hit SAVE after you are finished!

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 53

## The Management Plan Document

1. Double Click on the Management Plan Link
2. Save to Desktop

Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING 54

Kentucky Department of Education  
Division of School and Community Nutrition  
CACFP  
MANAGEMENT PLAN 2013-2016

Sponsor Name: The Oak Tree CNIPS Sponsor ID: 05231

**Financial Viability, Administrative Capability, and Accountability (VCA) Profile**  
Federal regulation 226.6(b) requires each institution applying for participation in the Child and Adult Care Food Program (CACFP) to submit enough information to document that the institution is financially viable, administratively capable of operating the CACFP, and has internal controls in effect to ensure accountability. To document this, the Sponsor must prove in its application materials that it is capable of operating in conformance with the following performance standards: The State Agency may only approve institutions that meet these performance standards.

**ADMINISTRATIVE VIABILITY**

1. Complete the following list by writing down who is responsible for each task. Please write the name of the position (for example, cook, director, etc.) and not the person's name. Each task is required by CACFP regulations.

Task	Staff Position Responsible
Who distributes and collects income eligibility applications?	Director
Who categorizes, signs and dates the applications?	Director
Who takes attendance daily?	Classroom Teachers
Who takes the daily meal counts at the point of meal service?	Cook
If food is prepared by the sponsor, who completes the daily menu record?	Cook
If meals are purchased from a vendor, who checks the delivery and signs the daily delivery invoices?	NA
Who is responsible for ensuring meals meet CACFP meal pattern requirements?	Director
Who maintains written documentation of all expenses of the food service operation, including food, paper goods, equipment and payroll?	Director
Who prepares the monthly claim form using the income eligibility applications, attendance and meal counts?	Director
Who reviews the claim for accuracy and completes the edit checks?	Owner
Who provides the annual training for key staff?	Director
Who conducts three or more monitoring visits to each center, each year?	Director
<b>(For-Profit centers Only)</b> Who checks each month that each center is eligible to claim?	Director

2. Complete for personnel who will be involved in program labor for CACFP. Program labor duties include cooking, serving, menu planning, daily recordkeeping responsibilities, and cleanup of kitchen and dining area. Total of program labor yearly cost to CACFP in this section must be reported in Operating Expenses section in the budget area located in the CNIPS application packet.

If the Sponsor is not claiming program labor costs then skip to Question 3.

Name of Person	Program Labor Responsibilities	Total Yearly Salary and Benefits	Yearly Salary Claimed to CACFP
Jason Nutt	Oversee All Daily CACFP Paperwork	\$30,000	\$10,000
Christy Elm	Shop, Cook, Serve Food	\$27,000	\$27,000
Gary Birch	Infant Teacher	\$27,000	\$13,500
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. Describe the Sponsor policy that restricts other employment by employees that interferes with the program responsibilities:

**The Oak Tree Day School and Child Care Center** employees may be allowed outside employment provided that such employment:

1. in no way interferes with the performance of the employee's duties, including CACFP-related duties or responsibilities; and
2. is performed outside the employee's approved work schedule and off (facility name) premises.

**FINANCIAL VIABILITY**

1. List all non-CACFP activities and programs, both state and federal, from which your organization receives funds (including any subsidy payments):

A. Child Care Council-Tuition Subsidy \_\_\_\_\_  
 B. STARS Quality Childcare Initiative \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_

2. Within the past seven years, has the sponsor or any principals been declared ineligible to participate in any other publicly funded programs for violating program requirements?

Yes  No

Click twice to check or uncheck the checkbox.

If **No**, please skip to question #4

If **Yes**, provide a detailed explanation below and answer question #3.

\_\_\_\_\_

3. (If you answered **Yes** to Question 2 above) Were the violations corrected and eligibility restored, including payment of debts owed?

Yes  No

If **Yes**, submit documentation of reinstatement, including proof of payment of debts, if applicable.

If **No**, please provide a detailed explanation below.

\_\_\_\_\_

4. Has the sponsor or any of the sponsor's principals been convicted of any activity that occurred within the past seven years that indicated a lack of business integrity?

Yes  No

If **Yes**, please provide a detailed explanation below.

\_\_\_\_\_

5. Has your organization been terminated or determined to be "Seriously Deficient" By the CACFP or in any other federal child nutrition program in Kentucky or in any other state during the prior seven years?

Yes  No

6. Have any of your agency's employees/board members served as employees/board members for any agency terminated from the CACFP in Kentucky or in any other state during the prior seven years?

Yes  No

7. Does your agency contract for goods or services with any employee, board members, or member of their immediate family?

Yes  No

If **Yes**, complete the following information:

Contracting Agency or Business	Name	Relationship

8. If the funding generated by the sponsor or the sponsored facility(ies) is not sufficient, give source of revenue to be used to cover the shortfall (Describe the revenue by source).

Savings and CD's

9. Describe the sponsors plan for repayment of CACFP reimbursement should an over claim be assessed.

The sponsor will immediately write a check to the State Agency from the sponsor's checking and/or savings account.

10. Does your agency have any outstanding debt resulting for a civil judgment by a local, state, federal court or regulatory agency?  Yes  No

If Yes, please describe:

11. Does your agency have any outstanding debt resulting from the nonpayment of payroll taxes to the IRS?  Yes  No

If Yes, please describe:

**CIVIL RIGHTS COMPLIANCE**

Civil rights compliance and enforcement is an administrative responsibility in the Child Nutrition Programs. The United States Department of Agriculture (USDA) has based its civil rights regulations on several civil rights laws including Title IX of the Education Amendments, which prohibits discrimination on the basis of sex; the Americans With Disabilities Act of 1990, Age Discrimination Act of 1975, and the Civil Rights Restoration Act of 1987 which prohibits discrimination based on race, color, and national origin. Together these statutes and regulations prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, age, or disability. As an institution participating in the USDA-funded CACFP, you must NOT discriminate in the operation of your program and activities on the basis of race, color, national origin, sex, age, or disability.

**Child and Adult Care Food Program  
Civil Rights Compliance Assessment**

1. Is the current "... AND JUSTICE FOR ALL" poster displayed prominently in all service areas (sites and applicable administrative offices)?  Yes  No

If No, describe your time and plan to come into compliance.

2. Is the current official version of the USDA nondiscrimination policy statement included on all organization materials (parent handbooks, brochures, fliers, promotional materials, menus) that mention USDA or the CACFP?  Yes  No

If No, describe your time and plan to come into compliance.

3. Does your institution use a News Release inform application, participants, potentially eligible persons, and grassroots organizations on how they can participate in the CACFP, including eligibility requirements, benefits, services, and changes in services, locations, and hours of service?  Yes  No

If No, describe your time and plan to come into compliance.

Page 7

5. Does your institution have an established procedure to receive complaints alleging discrimination that includes the following:
- a. Do staff members receive training on the approved civil rights complaint procedure?  
 Yes  No

**Date of Training for CACFP Year 2012-2013** \_\_\_\_\_

- b. Do staff members understand the approved procedures for receiving and forwarding an alleged civil rights complaint?  
 Yes  No

- c. Are civil rights complaint forms available at all sites and applicable administrative offices?  
 Yes  No

If you answered **No** to any of the answers a-c above, describe your time and plan to come into compliance.

Page 8

**Please provide the following information:**

- (1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  
<http://education.ky.gov/KDE/Administrative+Resources/School+and+Community+Nutrition/Nutrition+Programs/CHILD+AND+ADULT+CARE+FOOD+PROGRAM.htm>
- (2) The number of participants enrolled in the CACFP program at your center.

No.	ETHNIC		RACIAL				
	Hispanic or Latino	White	Black or African American	American Indian	Asian	Native Hawaiian or Pacific Islander	2 or More Races/ Other
1.	50 %	15 %	20 %	5 %	1 %	1 %	8 %
2.	20 #	5 #	10 #	0 #	0 #	0 #	10 #

Type Name of Person Completing Assessment Jason Nutt

Date 8/15/2012

**Checklist**

- Have you answered all the question items?
- For any question items requiring a detailed response, have you completed the description for coming into compliance?
- Have you printed your name and dated the form?

1. Save Your Management Plan

2. Upload it Back into the System



Do You See This Box?

Congratulations! You Did It!

Click "Finish!"  
Kentucky Department of Education, School and Community Nutrition C-NIPS TRAINING

Make sure all checklist item boxes are checked

1. Click SAVE!

The screenshot shows a web browser window displaying the 'Child and Adult Care Food Program' CACFP Checklist form. The form is titled 'CACFP Checklist' and includes fields for 'Agency Name', 'Address', 'City', 'State', and 'Zip'. Below these fields is a table with columns: 'Required Forms/Dispute to send to SCS', 'Document Submitted to SCS', 'Date Submitted to SCS', 'Document on File w/ SCS', 'Status', 'Status Date', and 'Last Submitted By'. The table contains two rows: 'Statement of Authority' and 'Management Plan'. The 'Statement of Authority' row has a checked box in the 'Document Submitted to SCS' column and a status of 'Pending Approval'. The 'Management Plan' row has a checked box in the 'Document Submitted to SCS' column and a status of 'Approved'. At the bottom of the form, there is a 'SAVE' button and a 'Cancel' button. A red arrow points from the text '1. Click SAVE!' to the 'SAVE' button.

Is the Link Under "Child and Adult Care Food Program Sites" BLUE? If Yes, Click on the Blue Link.

The screenshot shows the 'CACFP Checklist Summary' page. It includes a header with 'Child and Adult Care Food Program' and 'KENTUCKY DEPARTMENT OF EDUCATION'. Below the header is a navigation bar with 'Applications > Application Packet > Centers > Checklist >'. The main content area shows the following information:

11623 Status: Active  
**High Street Neighborhood Ctr.**  
 DBA:  
 228 South Limestone St.  
 Lexington, KY 40508  
 Type of Agency: Private Non Profit Organization  
 Agreement Type: Independent Center

Sponsor	Total Items	Submitted Items	Approved Items
High Street Neighborhood Ctr.	3	3	0
<b>Child &amp; Adult Care Food Program Sites</b>	<b>Total Items</b>	<b>Submitted Items</b>	<b>Approved Items</b>
High Street Neighborhood Center	1	0	0

At the bottom of the summary area, there is a '< Back' button. A blue arrow points from the text 'Is the Link Under "Child and Adult Care Food Program Sites" BLUE? If Yes, Click on the Blue Link.' to the blue link under the 'Child & Adult Care Food Program Sites' section.

**\* YOU HAVE A FOOD SERVICE/CATERING CONTRACT, YOU WILL ALSO HAVE A CATERING CONTRACT CHECKLIST ITEM. DOWNLOAD, PRINT IT OUT, AND FAX TO STATE AGENCY!**

Required Forms/Documents to send to SCN	Document Submitted to SCN	Date Submitted to SCN	Document on File w/SCN	Status	Status Date	Last Updated By
Food Service Contract	<input type="checkbox"/>		<input type="checkbox"/>	Pending Approval	07/26/2012	cwillmarth

Check Your Submitted Box and **SAVE!**

**CLICK** Finish

**CLICK** Back

Do you have four **GREEN** check marks?



I HAVE FOUR! Am I finished?

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending
View   Modify	✓ Sponsor Budget Detail	Original	Pending Approval
Details	✓ Checklist (1)		

Approved	Pending	Returns for Correction	Denied	Withdrawn/ Closed	Errors	Total Applications
0	0	0	0	0	0	0

YES!!

Four **GREEN** Checks and One **RED** "Submit for Approval" button means You have an application **PACKET** (including the site application) that is **READY to SUMBIT!**

Action	Form Name	Latest Version	Status
View   Modify	✓ Sponsor Application	Original	Not Submitted
Details	✓ Board of Directors	Original	Pending
View   Modify	✓ Sponsor Budget Detail	Original	Pending Approval
Details	✓ Checklist (1)		

Approved	Pending	Returns for Correction	Denied	Withdrawn/ Closed	Errors	Total Applications
1	0	0	0	0	0	1



## By now you should be able to:

- Log in and log out of C-NIPS
- Know how to change your password
- Know basic navigation between tabs
  - Know how to
    1. Complete Sponsor Application
    2. Complete Site Application(s)
    3. Fill out Board of Directors
    3. Complete Checklist Items
    4. Download, Save, and Upload Documents into CNIPS

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Your “Live”  
Application Packet  
will be available on  
August 10. You will  
not be able to  
complete any portion  
of your application  
until then.

*You will have an  
opportunity to ask  
questions at annual  
training!*



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**Simply**  
**C-NIPS**

**Kentucky Department of Education**  
**CACFP**  
**Child Nutrition Information and Payment System**

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