

Child and Adult Care Food Program (CACFP) Renewal Applications Family Day Care Home Sponsor Instructions Fiscal Year (FY) 2026

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General Information

Background/Resources

1. [7 CFR 226.6\(b\)\(2\) – State Agency Responsibilities](#)
 - a. ODE CNP is required to review and approve annual updates to the application materials for each active CACFP agreement. We refer to this as Renewals.
2. [FNS Child and Adult Care Food Program Resources](#)
3. [ODE CNP CACFP Webpage](#)
4. [ODE CNP CACFP Memos and News Announcements](#)
5. [ODE CNP Community Nutrition Team Specialist Assignments](#)

Timeline

1. Renewal Memos sent to sponsors – **July 23, 2025**
2. [Civil Rights and Racial and Ethnic Data Trainings](#) due – **August 1, 2025**
3. CACFP Annual Training due – **Provided on May 12, 2025**
4. CNPweb opens to sponsors for CACFP Renewals – **August 1, 2025**
5. Offline and Online Renewal Application Documents due – **August 15, 2025**

Renewal Application Requirements

All Sponsors

1. Sponsors must submit offline forms using the assigned OneDrive folder for the organization. When uploading documents:
 - a. Upload each required document separately. Please do not upload as one combined document.
 - b. Name each document clearly to align with the specific offline form being requested.
2. Use the appropriate link for your organization, the link has been shared with the Authorized Representative, Food Program Coordinator and Financial Office Contact listed in CNPweb. If others at your organization need access to the file, please email ode.communitynutrition@ode.oregon.gov to request additional access.
 - a. [Mid-Willamette Valley Community Action Agency – Nutrition First](#)
 - b. [Neighbor Impact](#)
 - c. [Northwest Nutrition Service](#)
 - d. [Oregon Child Development Coalition, Inc.](#)
3. Sponsors must meet the due dates identified in the [Timeline](#) section of these instructions and additional due dates established by the assigned Child Nutrition Specialist.

Family Day Care Home Sponsors

1. Must complete:

- a. Annual Training – Provided on May 12, 2025
 - New Authorized Representatives and Food Program Coordinators must contact their assigned Child Nutrition Specialist for specific training requirements that may be required in addition to annual training requirements.
- b. [Civil Rights Training](#)
- c. [Racial/Ethnic Data Training](#)
- d. [Civil Rights Annual Training Quiz](#)

2. Must submit:

- a. [Offline forms](#)
 - Current written Organizational Compensation Policy
 - Current Organizational Budget
 - Current Organizational Charts:
 - Agency Organization Chart to show all work of the organization.
 - Program Organizational Chart with all positions that have a role in the CACFP.
 - Organizational Profit & Loss Statement for 1/1/2025-6/30/2025
 - Organizational Bank Statements for month of June 2025
 - Completed Fiscal Year 2026 CACFP Administrative FDCH Budget spreadsheet
 - All supporting documentation for the CACFP Administrative FDCH Budget
 - Submit CACFP procedures **if updates have been made from the versions submitted for the FY 2025 renewal:**
 - CNPweb Forms (if applicable)
- b. [Online forms](#)
 - Sponsor Info Sheet (CNPweb)
 - Budget (CNPweb)
 - Provider Info Sheet(s) (CNPweb)
 - Management Plan (CNPweb)

Offline Forms

Current Written Organizational Compensation Policy

FDCH sponsors must have a written organizational compensation policy. The policy must align with the labor costs submitted on the CACFP Administrative FDCH Budget and must be consistent with rates paid for similar work and amounts reported by the U.S. Department of Labor or Oregon Labor Department for the field of employment in the same or comparable geographic location. FDCH sponsors must refer to the approved salary ranges when budgeting and charging FDCH staff wages to CACFP administrative funds. Sponsors may pay salaries at rates higher than the ODE CNP-approved ranges. However, non-Program funds must be used to fully compensate an employee whose wages exceed the ODE-approved salary range. See the most recent [Salary Range Memo](#) for additional guidance which is released annually at the end of July with an effective date of August 1st.

The policy document must address:

- Position(s) responsible for each step of the policy
- What the process is for determining employee compensation and benefits
- Where/how documentation is maintained
- When/timeline for establishing and re-evaluating employee compensation and benefits

Current Organization Budget

FDCH sponsors must submit their current organizational budget in addition to the specific CACFP Administrative FDCH Budget workbook. The organizational budget must include CACFP information which must align with the CACFP Administrative FDCH Budget workbook that is submitted to ODE CNP for the upcoming FY.

The organizational budget must:

- Include revenue sources with amounts by Program and total organizational revenue
- Identify expense categories and amounts by Program and total organizational expenses

Current Organizational Charts

A current agency wide organization chart must be submitted to ODE CNP to show all work of the organization. Additionally, a CACFP specific organizational chart must be submitted with all positions that have a role in the CACFP. Position titles must match the organization budget and CACFP Administrative FDCH Budget.

Current agency organizational chart must:

- Identify internal structure of the organization
- Identify leadership positions
- Identify chain of command

Current CACFP organization chart must:

- Identify structure of CACFP Program within organization
- Identify all CACFP positions
- Identify chain of command

Organizational Profit & Loss Statement

An organization P&L statement must be submitted for 1/1/2025 – 6/30/2025. The submitted budgets should match the P&L in terms of cost categories, etc.

The organization P&L must:

- Include all revenue by source and amount for the period
- Include all expenses by source and amount for the period
- Identify net profit/loss for the period

Organizational Bank Statements

Organizational bank statements for all bank accounts for the organization must be submitted for June 2025.

Organizational bank statements must:

- Identify the Organizational Name and address and account number
- Identify all deposits and withdrawals for the month
- Identify the bank balance
- Include CACFP deposit(s)

CACFP Administrative FDCH Budget Workbook (excel)

All FDCH Sponsors must submit a budget for the current CACFP fiscal year and an approved annual CACFP budget must be on file with ODE CNP before a renewal application will be approved. See the Excel Budget Coversheet tab for additional information.

- Excel Budget template can be downloaded from the OneDrive folder for your organization:
 - [Mid-Willamette Valley Community Action Agency – Nutrition First](#)
 - [Neighbor Impact](#)
 - [Northwest Nutrition Service](#)
 - [Oregon Child Development Coalition, Inc.](#)
- Financial Management and Budget Resources:
 - See the coversheet of the excel workbook for resources.

Budget Supporting Documentation

Sponsors must submit documentation to support their CACFP budgeted costs. This includes but is not limited to:

- Position descriptions for all employees with CACFP duties
- Signed current contracts for contracted services included in the budget
- Cost allocation plans (for all shared costs)
- Documentation of Board approval for the budget
- Other documents supporting the budgeted costs
- Documentation of Non-program Funds Used to Meet CACFP Requirements
 - i.e. Donations, fundraisers, grant letters (showing unrestricted status), board designated funds (showing unrestricted or restricted for the use of the CACFP status)
 - Documentation must identify the amount and availability of these funds to be used for CACFP expenses in 2026

CACFP Written Procedures

FDCH sponsors are required to have current written procedures for administering the CACFP to ensure program compliance. The line numbers noted for each procedure align with the CNPweb Management Plan and information must match between the two.

Please ensure that each procedure clearly addresses the:

- Who – position(s)/titles involved with each step of the procedure
- What – steps taken to complete the procedure accurately and consistently
- How – where and how documentation is maintained for the procedure
- When – timeline for implementation of the procedure
- Why – the reason for the procedure (aka Policy)

Sponsors must submit the following procedures **if updates have been made from the versions submitted for the FY 2025 renewal:**

- Procedure for collecting and approving confidential income statements (line 40)
- Procedure for collecting and verifying child enrollment forms (line 41)
- Procedure for CACFP expenditure documentation (lines 59- 69)
- Procedure for consolidating and submitting meal claims (lines 72- 87)
- Policy for ensuring CACFP funds are used in accordance with FNS Instruction 796-2, Rev 4 (lines 90-96)
- Procedures to prevent and detect improper financial activities by employees (lines 97- 109)
- Policy for on-going training and new staff training (lines 126 – 144)
- Procedure for ensuring meals meet meal pattern requirements (lines 145- 154)
- Procedure for ensuring facilities comply with civil rights requirements (lines 155- 170)
- Policy for CACFP Carryover

CNPweb Forms

Complete the following forms as necessary and submit to ode.communitynutrition@ode.oregon.gov. These forms are available on the [CNPweb](#) Packet tab.

- To modify CNPweb users:
 - To add users, complete and submit the **User Authorization Request and Certification Form**
 - To remove users, submit the **User Authorization Termination Form**

Online Forms (CNPweb Applications)

CNPweb will open for CACFP Renewals on August 1, 2025. For instructions on how to access and revise the renewal application in CNPweb, please refer to the “CNPweb Quick Reference Guide for Renewing Sponsors” that is located in line 39 of the Packet tab in [CNPweb](#).

A note on CNPweb updates: To ensure compliance and accuracy for FY2025 and 2026, between August 1, 2025 and October 1, 2025, updates to Sponsor and Provider information forms in CNPweb must be made in both FY 2025 and FY2026 when revisions will apply to both program years. ODE CNP recommends making any changes in 2025, and rolling over the provider sheet after the approval is complete in FY 2025. Examples include changes in provider’s address, CCLD license updates, and meal service days and times.

ODE CNP will communicate with sponsor staff when we are freezing all revisions to CNPweb to complete our provider information sheet checks. Please be aware that during this time the application must be put into pending approval and all provider information sheets will not be available for revision until the check is completed.

Tips:

- CNPweb sheets pull over information from the last approved version from the previous fiscal years application. Ensure the previous fiscal years application is accurate before opening the application for the upcoming fiscal year.
- To add CNPweb sheets, click “Add” in the action column under the applications tab.

Packet	Applications	Activity	Claims	Payments	Users
	Form Name	Revision	Status	Date Approved	Action
+	Sponsor Info Sheet	3	Approved	8/3/2018	View Revise
	Sponsor Management Plan		No Management Plan		Add

- To edit sheets that have already been added, click “Edit” or “Revise” in the action column under the applications tab.
- Click “Save” at the bottom of each sheet to save progress.
 - CNPweb sheets can be started and saved as incomplete. The sheet may show it is in error status or pending submission, but the data will be saved and can be revised until the renewal application is placed into pending approval status.
 - If it is in Error status after saving it, review the errors and complete or correct the information and click save.

Sponsor Information Sheet

Addresses:

Ensure all addresses are spelled correctly and properly capitalized.

- Address must be the full formal address for the Sponsor including St., Ave, or Rd, etc.

Contacts:

Ensure contact information is accurate, especially email addresses, and they have CNPweb access. See CNPweb - Users Tab for a list of current users. Ensure surnames (Mrs., Ms., Mr.) are included for all listed contacts unless the individual does not want a surname to be used.

It is best practice to have more than one staff person listed in the Authorized Representative, Food Program Coordinator, Financial Office Contact, and Claim Contact roles. *Titles used in these positions must match what is entered on the Excel budget and Management Plan.*

If the Authorized Representative or Food Program Coordinator are new in FY 2025, CACFP New Sponsor/New Staff Training must be submitted in addition to annual training. Contact your assigned Child Nutrition Specialist for more information.

- Authorized Rep - must be an individual that has contract signature authority for the organization.
 - Common positions with this ability include: the Chief Executive Officer, Superintendent, Executive Director, or Business Office Manager.
- Food Program Coordinator - must be the individual that provides oversight and day to day management for the program.
 - ODE CNP requires the person listed be an *employee of the organization*.
- Business Manager/Financial Office Contact - must be an individual that is responsible for financial recordkeeping.
 - ODE CNP requires the person listed be an *employee of the organization*.
- Claim Contact - must be the individual that submits monthly claims in CNPweb.

- Food Service Management Company (FSMC) Contact - Does not apply to Family Day Care Home sponsors.
- Board Chair – not required for For-Profit organizations. Required for all other organization types.
- Hearing Official Contact – required for FDCH sponsors
- For-Profit owners – Does not apply to FDCH sponsors as the organization must be a public or non-profit organization.

General Information:

Line 127: will auto-populate based on information provided to ODE during the initial application. If this information is not accurate, please inform your assigned specialist.

Line 128: select the appropriate Organizational Information from the dropdown.

Lines 129 and 130: FDCH sponsors must select Sponsoring Organization (Multi Site) on line 129 and Homes on line 130.

Line 131 and 132: Select “Yes” if your organization operates the CACFP in multiple states.

- If “Yes” is selected for line 131, identify the states the organization operates the CACFP in line 132.

Food Service Management Company:

Line 133 and 134: FDCH sponsors do not use Food Service Management Companies. Select no for line 133 and leave line 134 blank.

For Sponsors of Centers Only:

Line 135: Does not apply to FDCH sponsors. Leave this section blank.

For Sponsors of Family Day Care Homes Only:

Line 136: FDCH sponsors requesting administrative advances must select “Yes”. If the FDCH sponsor is not requesting administrative advances, select “No”.

Number of Sites/Homes:

Line 137: auto-populates from the number of active Provider Info Sheets

Single Audit Compliance:

Line 138: the fiscal year must be a 12-month period and is specific to the organization.

Line 140: Select “Yes” if your organization expended more than \$1,000,000 in federal funds during the organization’s previous fiscal year. This audit is also commonly referred to as the A-133 Audit.

Confidential Income Statement Eligibility Official:

Line 142 – 143: must identify the individual responsible for reviewing and approving confidential income statements.

Claim Reimbursement Certification:

Line 144-145: must identify the individual responsible for ensuring the monthly claims are true and accurate. This may or may not be the same person as listed as the Claim Contact.

Minority and grass roots organizations:

Line 146: must include all minority and grass roots organizations contacted about the opportunity to participate in the program. The organizations must be listed, not the method that used to contact them. Examples could include: local churches, local DHS offices, etc.

Certifications:

Line 147-149: Respond truthfully in this section. Selecting “yes” to any of these questions does not automatically disqualify your organization from participating in the CACFP.

Line 150: This question is for vetting viability, accountability and capability of the institution and the principals. This is to be a list of publicly funded programs (not just federally funded programs) that the sponsor institution and its principles (board chair, CEO, etc.) have participated in during the past 7 years.

- **Please also state which public funds your organization anticipates receiving for the next year.**
- If the sponsor is a school district, university, community college or tribe, answer line 150 with a high-level list of public funds.
 - Examples: Title funds, CNP, State Education funds, Head Start, Preschool Promise, ERDC, Emergency Housing, etc.
- All other sponsors must provide a more specific list all public-funded programs the organizations and its principals have participated in during the past seven years.
 - Examples could include Head Start, ERDC, Weatherization, FEMA, State Housing and Community Services, etc.

Staff Training:

Line 151: sponsors must enter the date of their annual staff training for CACFP that occurred between Oct. 1 and Sept. 30 of the PRIOR year. Only one date is required, but more may be provided.

Comments:

Comments may be used for miscellaneous information such as an additional contact information. Please only include comments that are relevant and necessary for the approval of the application.

Certification Statement:

By submitting the renewal application, you are certifying that the information listed in the certification statement is true and complete.

- Click the Save button at the bottom of the page once reviewed. This will change the status of the Sponsor Information Sheet to “Pending Submission” until the entire CNPweb renewal application packet has been submitted.

Budget (CNPweb)

The budget in CNPweb will be completed based on the approved [CACFP Administrative FDCH Budget Excel Workbook](#). Refer to the “Budget” tab of the approved excel budget workbook for the information to enter on this CNPweb sheet.

Management Plan

Careful review and updating of the management plan, including a comparison with Sponsor Information, Site Information sheets, CACFP Budget Workbook and current written policies and procedures is an essential component of renewals that supports program integrity.

Terminology:

- Facility = FDCH Provider
- Institution = FDCH Sponsor
- Point of Service Meal Counts = Daily Meal Counts

Part One: Sponsor Information

Management Plan Contact Information:

Lines 1-6: The person who completes the Management Plan must be listed in these lines. This should be the same person who is either listed as the Authorized Representative or the Food Program Coordinator on the Sponsor Info Sheet. This person must submit the renewal application packet and any subsequent updates to the CACFP Management Plan.

Non-Discrimination Statement:

Line 8: The person completing the form must check the box to certify that they have read and understand the non-discrimination statement.

Outside Employment Policy

Lines 9-11: FDCH sponsors must check “yes” on lines 9 and 10. Line 11 is optional.

Part Two: Financial Viability and Financial Management

Description of Need/Recruitment (Multi-Site Only):

Lines 12 and 13: Indicate here if your organization intends to recruit new providers.

Line 14: If “Yes” is selected for lines 12 or 13, describe the recruitment process.

Fiscal Resources and Financial History:

Lines 15-19: Access to other funds are required to continue operation without reimbursements in the case of temporary interruption of funding such as a government shutdown or a problem with the state payment system.

- The information provided for these lines must match information provided on the Income tab on the CACFP Administrative FDCH Budget Excel Workbook
- **Note: line 16 is N/A to FDCH sponsors, do not check this box.**

Lines 20-25: Choose how the organization will repay CACFP funds due to an overclaim. At the very least sponsors should select to withhold future monthly reimbursement or unrestricted funds.

- Using future reimbursement is the easiest way for ODE and the sponsor to repay funds.
- It is highly advisable that the organization also has discretionary funds.
- **Note: line 21 is N/A to FDCH sponsors, do not check this box.**

Waiting List:

Line 26: This does not apply to FDCH sponsors. Check “No”, otherwise the sheet will error out.

Part Three: Administrative Capability

CACFP Function:

Lines 27- 46: List the position or title (not the name of the staff person) that fills the function

- If there is a double check system for a function, use “/” between the two titles to indicate the two roles in this function.
- Position/title in this section should match the titles in the Sponsor Info Sheet if a person carrying out the function is listed on both forms.
 - Be sure that staff with a CACFP function are also included for labor costs on the budget, even if their wages are not being charged to CACFP
 - Positions/titles listed in management plan must match position/titles on the budget
- Lines 34 – 36 – Answer is FDCH Providers
- Lines 38, 39, 42, 45 and 46 – Answer is N/A

Site monitoring (Multi Site only):

Line 48: The number of site monitoring visits is the number of providers multiplied by the minimum number of provider monitoring visits.

- Example: If a sponsor has 100 providers and there is a minimum of 3 provider visits, the number of provider monitoring reviews per year would be 300.

Line 49: Number of months administering the CACFP in a fiscal year.

Line 51: This line only pertains to site monitoring and should be based on how many reviews are required per year, the distance between locations, amount of time it takes to complete a monitoring visit, and the number of operating months

- The budget must include site monitoring duties for at least one staff, even if cost is not charged to CACFP.
- Mileage reimbursement costs must be included on the budget, if applicable

Line 52: This line pertains to collecting, processing, and tracking CACFP Child Enrollment Forms (CEF)

Line 53: This line pertains to sponsors adding new providers and the time spent on conducting pre-approval visits and first 30 day reviews.

- Not applicable for sponsors not adding new providers, enter “0”

Line 54: FTE must be proportionate to the number of providers and must be equal or greater than the Required Monitoring FTE line on the Summary page of the approved Excel Budget.

- If line 54 is not equal or greater than the Required Monitoring FTE on the approved budget adjust the information in lines 50 and 51
- Line 54 (Total Monitoring FTE) is calculated by adding together lines 50 and 51, then dividing that total by 173.3.
- The number in this line cannot be less than .167 FTE.

Line 55: The description here should include processes for both findings and serious deficiencies. The procedure must use both “finding” and “serious deficiency” in the description, even if the same process is used for both.

- If training is required (as is required for any serious deficiencies), include the title/position of who will lead the training, the method for training, and a description of the documentation.
- A finding is defined as Identification of noncompliance with Program regulations, FNS Instructions, or policy memos. Each finding is associated with a required corrective action.
- A serious deficiency is defined as the status of a day care home that has determined to be significantly out of compliance in one or more aspects in its operation of the program (7 CFR 226.2).

Line 56: The staff listed here must match the staff positions/titles listed in line 31.

- Backup for the site monitor must also be identified.

Part Four: Program Accountability

Governing Board of Directors:

Line 57: Required for FDCH sponsors.

- If the Board of Directors is on the organization’s website it should match the information entered in these lines
 - If not, please provide an explanation to your assigned Child Nutrition Specialist
- School Districts/Universities/Community Colleges - If the sponsor has a governing board or committee, this section must be completed with that group’s information.
 - Organizations must disclose relationships in right hand column, if any.
 - Board President/Chair in the Management plan must match information in lines 78 and 79 of the sponsor info sheet
 - Non-profit boards must have at least three members in the state of Oregon.

Fiscal Accountability:

Line 58: A bank account for the institution is required

Lines 59-69: Some of this documentation is required while others are as applicable.

- The following are required for all:
 - “Itemized receipts, invoices, and bills,” “Bank records,” and “Balance Sheet”
 - “Procurement documentation” is required.
- The following are required if expenses are charged to CACFP:
 - “Timesheets” and “payroll records”
 - “Rental agreements”
 - “Board minutes” must be checked if the board approves any CACFP expenses on the CACFP budget
 - “Cost allocation plans” are required if expenses are allocated.
 - Include “Indirect Cost Rate” under “Other”, indirect costs are charged to the CACFP.

Lines 70 and 71: This applies to all sponsors. Expenditures must be validated against the CACFP budget.

Line 72-87: For methods to consolidate and submit reimbursement claims:

- Several items must be checked, only select those that are required for your program type.
 - The following are required for all program types:
 - Point of service meal counts are used for preparing the claim.
 - Point of service meal counts = daily meal counts submitted by midnight daily
 - Menus and menu documentation reviewed for meal pattern compliance.
 - Regulatory edit checks are performed prior to submission for reimbursement.
 - Only approved meal types are claimed.
 - Reimbursement is not claimed for meals served in excess of the site authorized capacity or total enrollment.
 - Meals are only claimed for approved facilities/sites.
 - Meals are only claimed for participants that are within the regulatory age limit.
- Lines 75 and 85 – NA for FDCH sponsors
- If “Claims are reviewed by a second party for accuracy prior to submission for reimbursement” and/or “Back up claim staff” are checked, more than one staff person must be listed on Line 28.

Lines 90-96: Several methods may be selected here, only select those as applicable. Methods selected must be on the organization's written procedure for ensuring CACFP funds received are only used for allowable costs.

- The following is required for all:
 - Referred to FNS Instruction, and ODE Budget Guidance.
 - Only costs included in the annual budget are charged to CACFP.
 - Receipts are reviewed to ensure no unallowable costs are accounted as CACFP costs.
- The following are required if on the approved budget:
 - "Cost Allocation Plans"

Lines 97-108: Several methods may be selected here, only select those as applicable.

- Line 102: Annual Single Audit must be checked if the organization expends more than \$1,000,000 in federal funds a year
 - This must match the information provided on the Sponsor Information Sheet.
- Lines 103 and 104: If the organization has a Board, these lines must be checked Line 109: Sponsors are required to have a written [procurement policy](#). This field must be marked "yes". If the organization does not have a procurement plan, one must be put into place prior to approval.

Record Keeping

Lines 110-124: Select the location of the record named or select "Not Applicable" if the record is not applicable to the organization's CACFP operations.

- Line 112: Point of service meal counts = daily meal counts submitted by midnight daily
- Line 113: Meal count summary sheets = total number of meals claimed per provider
- Line 123: N/A for FDCH sponsors

Line 125: Describe the specific location where the documents will be housed

- Example: At the central office in a locked filing cabinet in the director's office

CACFP Training:

Lines 126-136: Select the methods used for on-going CACFP staff training.

- Line 129: N/A for FDCH sponsors
- Line 135 and 136: Select 135 and complete 136 to describe the resources used for *on-going* training staff (e.g. ODE materials, organization prepared, etc.) and how training is documented (e.g. certification form, signed agenda, e-mail certification, etc.)

Lines 137-142: Select the methods used for new CACFP staff training.

- Line 141 and 142- Select 141 and complete 142 to describe the resources used for training *new* staff (e.g. ODE materials, organization prepared, etc.) and how training is documented (e.g. certification form, signed agenda, e-mail certification, etc.)

Line 143: Describe how you will address a change in the Food Program Coordinator position.

- Process must include notifying ODE CNP, updating CNPweb sponsor info form, giving user access to CNPweb, and training
- If there is a back-up system for the Food Program Coordinator (FPC), include the back-up position/ title and how they are prepared for the duties

Line 144: Characterize the organization's employee turnover rate as either high, medium, low or none.

Meal Service and Other Operational Requirements:

Lines 145 - 154: Several methods may be selected here, only those as applicable. Methods selected must align with the program type(s).

- The following are required for all program types:
 - Plan and evaluate menus to ensure CACFP meal pattern compliance
 - For FDCH sponsors – only consider the evaluate portion of this item, the “plan” piece does not apply.
 - Maintain menu documentation, e.g. recipes, CN labels, PFS, Standard of Identity Product labels, etc.
 - For FDCH sponsors – consider this as verifying menu documentation for providers during monitoring visits.
 - Provide staff training on meal pattern requirements
 - Ensure adequate amounts of food and milk are purchased, prepared, and served
 - For FDCH sponsors – consider this “observing meal to ensure meal meets minimum portion sizes”
 - Perform meal observations to ensure the amounts served meet or exceed minimum portion sizes for age group(s) of participants served
 - Ensure dated menus document actual foods served daily (substitutions due to menu changes are recorded on a working menu)

Lines 155 – 165: Several methods may be selected here, only those as applicable. Methods selected must align with the program type(s).

- The following are required for all program types:
 - Make complaint forms available
 - Maintain a Civil Rights log
 - Offer CACFP program and serve meals to all participants regardless of race, color, sex, age, disability, or national origin
 - Include the nondiscrimination statement on required documents and websites
 - Display "And Justice for All" poster for public viewing
 - Collect racial/ethnic data annually based on current participants
 - Provide annual civil rights training provided to all staff
 - Ensure staff are able to verbalize the civil rights requirements
 - Maintain written policies and procedures

Lines 166 – 170: Sponsors must have at least one way to provide information on WIC to parents/ guardians. For FDCH sponsors consider this either distributing directly to all enrolled participants or to active providers with instructions to distribute or post for all enrolled participants.

Provider Information Sheets

General Information:

Line 2: Provider name must be the individual with the license to provide care at the home location. Ensure spelling and capitalization is correct.

Line 3: Enter the provider's birthdate in a MM/DD/YYYY format.

Line 4: This is the date the provider's current agreement started.

Line 5: If the provider is continuing operations into the next fiscal year, leave this line blank. If they are closing their agreement at the start of the fiscal year, then wait to enter the close date until after the start of the next fiscal year.

If they are closing their agreement in the current fiscal year, then enter that information on the current fiscal years provider sheet and do not add the provider information sheet in FY 2026. When it is approved for closure in FY 2025 it will remove the provider sheet from the upcoming fiscal year.

Line 6: For renewing providers, leave this line blank. This line is only to be used when terminating a provider's agreement.

Line 7: For renewing providers, leave this line blank. This line is only to be used when terminating a provider's agreement.

Line 8: A date should only be entered here if the provider has been called Seriously Deficient. Do remove this date during renewals.

Line 9: A date should only be entered here if the provider was called Seriously Deficient (SD) and the SD has been deferred. Do not remove this during renewals.

Line 10: The Child Care System ID Number is the number associated with their DELC License/Registration.

Home Information:

Line 11: Enter the name the provider is doing business as (DBA), if applicable. If sponsor does not have a business name, leave this blank. If the provider has a DBA listed in CCRIS, it must be included here.

Lines 12 - 16: Ensure the provider's mailing address is spelled correctly and properly capitalized.

- Must be the full formal address for the provider including St., Ave, or Rd, etc.
- Must be the address where the provider that is licensed to provide care receives their mail.

Line 17 – 22: Ensure the provider street address is spelled correctly and properly capitalized.

- Address must be the full formal address for the provider including St., Ave, or Rd, etc.
- Address must match the DELC license/registration or ERDC approval for the location where the provider is approved to care for children.

Line 23 - 24: Enter the phone number and email address for the provider that has the license to care for children at the street address. This should match the information on the DELC license/registration or ERDC approval.

Lines 25 – 29: Enter the provider's most current DELC license or registration information. If the provider is ERDC listed only, leave these lines blank.

Lines 30 – 34: If the provider is ERDC listed, check the box on line 30 and enter the information for the provider's ERDC approval. If the provider is both ERDC listed and licensed or registered with DELC, include the appropriate information in this section as well as lines 25 – 29.

Line 35: Enter the approved open and close times and days approved for childcare from the DELC license or registration. If the sponsor is approved for 24-hour care enter a start time of 12:00 AM and end time of 11:59 PM.

Business Owner:

Check the box if the Business Owner in slot #1 is the same as the provider.

Lines 36 – 43: If the provider is the same as the Business Owner ensure that the provider's information entered on these lines matches the information entered in the General Information and Home Information sections of the provider sheet. If the Business Owner on these lines is not the provider, enter the Business Owners' information.

- Ensure the street address is spelled correctly and properly capitalized.
- Address must be the full formal address for the provider including St., Ave, or Rd, etc.

Lines 44 – 59: If the day care home has more than one business owner, the additional business owners must be listed on these lines with their information. All business owners listed on the State of Oregon Secretary of State Business Registry must be included on the provider information sheet.

- Ensure the street address is spelled correctly and properly capitalized.
- Address must be the full formal address for the provider including St., Ave, or Rd, etc.

Meal Service:

Lines 60 - 65: ensure meal types, times and days are accurate.

- If the provider only serves a meal type occasionally, check the box "Occ Svc"
- If "Yes" is selected for "Shift," provide the first meal time on lines 60 – 65 and the other shift times in the General Comments (line 79).
 - Shift is when the meal is split between two separate times, but only one time is allowed in the meal service time in CNPweb and the two meal times are not within the meal service time window in CNPweb.

Eligibility Information:

Line 67: Enter the number of eligible provider's own children that the provider claims.

Line 68: An approved Confidential Income Statement must be on file to claim provider's own children's meals.

Line 69: Identify whether the home qualifies for Tier I, Teir II, or Teir II Mixed.

Tier I Homes Only:

The following questions apply only to homes that qualify for Tier I.

Line 70: Select the option that was used to determine Tier I eligibility for the home.

Lines 71 – 74: Complete the eligibility questions related to the option selected on line 70.

- For provider income selection – on lines 71 – 72, indicate if SNAP (Food Stamp) eligibility was used to qualify the provider. If the answer is yes, enter the provider's SNAP number.
- For school data selection – on lines 73 – 73B, list the school number and the Free/Reduced Price percentage used to qualify the home.
- For census data – on line 74, list the census tract number.

Line 75: Enter the certification date for the current eligibility information. This is the date the FDCH sponsor staff determined the eligibility information based on appropriate documentation.

Tier II Mixed Homes Only:

The following question applies only to homes that qualify for Tier II Mixed.

Line 76: An approved confidential income statement must be on file for all children whose meals are claimed at the Tier II High (also referred to as the Tier I) reimbursement rate.

Months of Operation:

Line 77 - 78: Select the tier level for each month of the fiscal year.

- If a provider's tiering expires part way through the year, then the months after the tiering expires must be "II" until new tiering to determine Tier I or Tier II Mixed is certified.
- If a provider's DELC license or registration expires prior to the end of the fiscal year then the months after the license/registration expiration date cannot be selected. **Only enter tier information for the months covered by the current approved DELC license/registration.**
- If all months of the fiscal year have the same tier level and the license/registration does not expire in the fiscal year, then you can select the tier level on the "Set All Months Tier" line instead of selecting tiering for individual months.

General Comments:

Line 61: **Only use this box for comments as specified by ODE CNP, no other comments should be made here.** Comments must be additional information that supports the application being approved. This includes:

- If offering shift meals, description of what the shift is must be entered. (i.e. If Breakfast is listed as being served from 8 to 8:30 am in the meal service lines but is also served from 2 to 2:30 pm, then Breakfast from 2 to 2:30 pm must be entered here.)
- If DELC licensed and the license is temporary or pending, enter information regarding its status here

Sponsor Certification:

Sponsors must check the box to certify that the home is not participating in the CACFP under any other sponsoring organization. Additionally, certifying that all information submitted is true and correct. Please review the certification statement and check the box.

Submitting the Packet for Pending Approval

Once updates are made to the Sponsor Info Sheet, Provider Info Sheet(s), Sponsor Budget and Management Plan, submit the forms into pending approval in CNPweb by going to the bottom of the *Packet* tab, checking the certification box, and clicking Submit.

☐ Check here and click on the "Submit" button below to submit forms to the State for Approval.

Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.

Submit

If you have any questions about these instructions, please contact your assigned [Child Nutrition Specialist](#).