

December 2011



Office of Child Nutrition and School Health

NEVADA DEPARTMENT OF EDUCATION

CNP SYSTEM INSTRUCTIONS WITH VERIFICATION SYSTEM INSTRUCTIONS

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INTRODUCTION

Welcome to the Nevada CNP system!



The Child Nutrition Program (CNP) system is a web-based sponsor application and claim processing system which has been designed to streamline the application and claim reimbursement process. It is anticipated that the system will provide valuable, real-time data for both sponsors and NDE in making decisions that impact the healthy nutrition of Nevada's children.

To access the Child Nutrition Program (CNP) online reimbursement system, new and prospective sponsors must contact the Office of Child Nutrition and School Health (OCNSH) Help Desk to establish a sponsor profile.

- Help Desk Contact - 775-687-9144
- RCCI/SMP Contact - 775-687-9218
- NSLP Contact - 775-687-9219
- Financial Contact - 775-687-9176
- Audit Contact - 702-668-4322

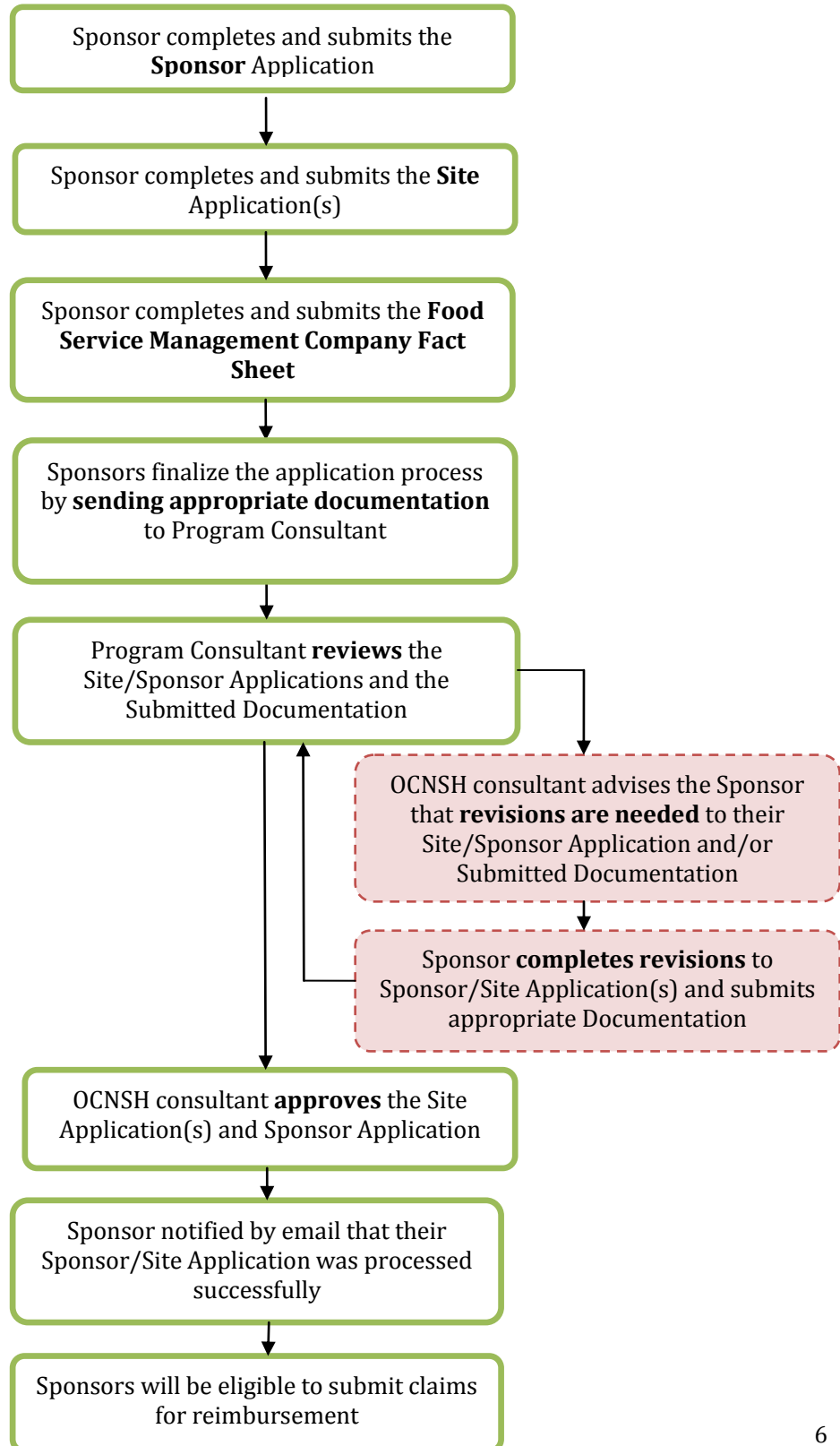
The help desk will assist sponsors in troubleshooting issues with the CNP System by either answering the questions or directing the sponsor to the Program Consultant.

CNP System Instructions

Applications

CNP Process Flow Chart

Applications



ACCESSING THE CNP SYSTEM

To request a **USER PROFILE**, complete the User Profile Application and fax the form to (775)687-9114. To receive the form, call (775)-687-9144.

The sponsor profile develops the chronologic history of the program on the CNP software system. This includes a sponsor application, site applications for each feeding site or milk program type, and a food service management company profile, if required.

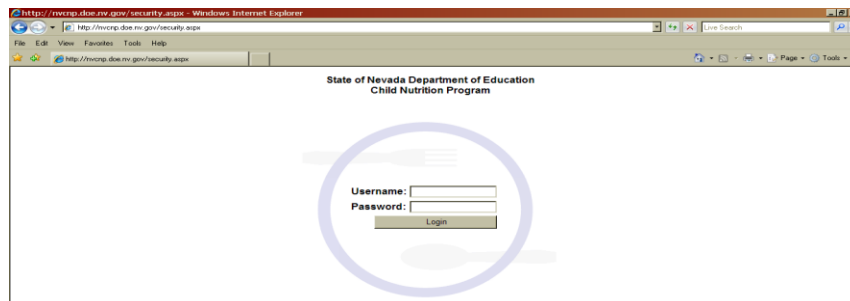
SIGN ON

1. Once a sponsor has obtained a **USER ID** and **PASSWORD** from NDE, the sponsor can access the CNP software at: <http://nvcnp.doe.nv.gov/>
2. It is recommended that you use **Internet Explorer** only. Program standards were written to accommodate Internet Explorer only, and other browsers may have unresolved display errors.

Click > **Login**

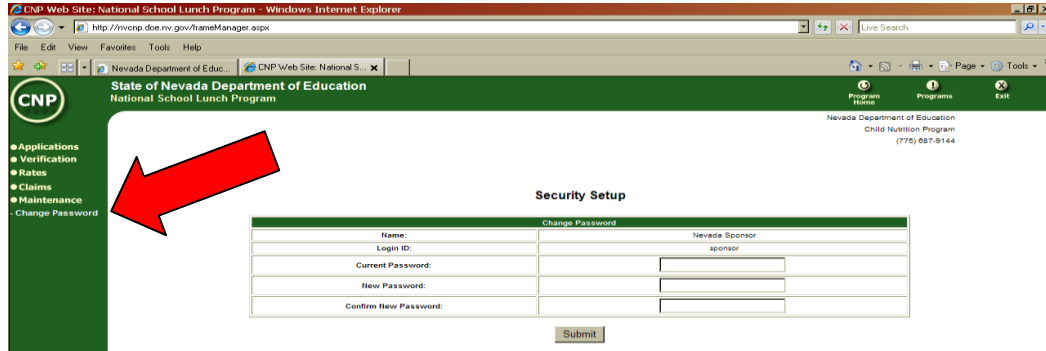


3. The following screen will appear, requesting the **USER ID** and **Temporary PASSWORD** provided by NDE.
 - The password must be changed once you access the program.



CHANGING YOUR PASSWORD

1. From the side bar menu click on Maintenance.
2. Click on the link to **Change Password** and the following screen will appear:



3. Enter the "Current Password." If this is the first time you are changing your password then the password will be the one that NDE gave you.

If you have forgotten your password, then contact the Administrator of the CNP system.

CNP Administrator	775-687-9144
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The password you choose **MUST** conform to NDE standards for password complexity.

The password must contain:

1. 6-20 characters
 2. at least one special character
 3. at least one capitalized letter
 4. at least one number
4. Click once on **Submit**.
A message box will appear which confirms your password has been successfully changed. Click once on "Finish" to return to the home page.

Special Note: Under no circumstances should the user ID and complex password be shared with another individual.

- The program records entries to all applications and claims by the User ID.
- CNP access will allow users to view their individual program data only.

The person who holds the User ID is legally responsible for any changes made under his/her User ID

HOW TO READ THE ONLINE SCREEN

Explanation of the Menu Items

- Menu: At the top Right corner of the Home Page, the menu choices are Program Home, Programs, and Exit.

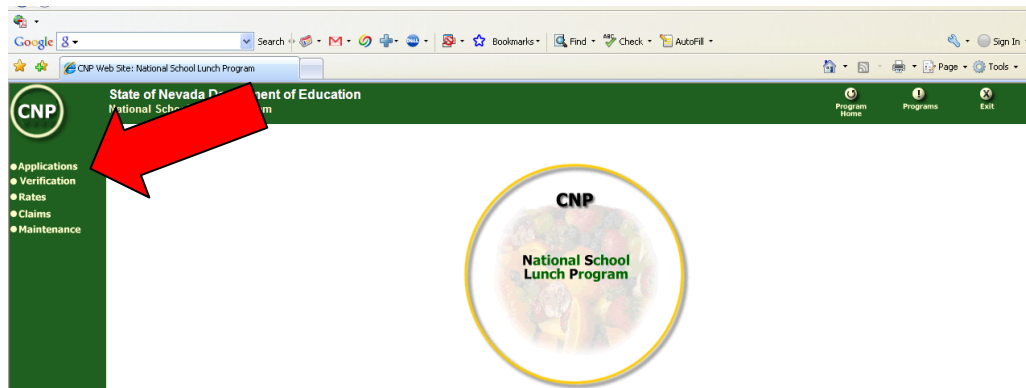
Program Home	Returns to the CNP Home Page
Programs	Returns to the CNP Programs Page
Exit	Exits the program.

- Side Bar Menu: On the Left side of the Web page, there is a side bar menu. The menu choices are Applications, Verification, Rates, Claims, and Maintenance.

Applications	<p>Contains links to</p> <ul style="list-style-type: none"> • Sponsor Application Entry and Modifications <ul style="list-style-type: none"> ○ Sponsor Application ○ Site Information ○ Racial and Ethnic/ Site Reviews/ Health Ins./Civil Rights ○ Food Service Management Company Contract Fact Sheet ○ Child Nutrition Financial Sheet ○ Form Download ○ Transaction History Report ○ Verification • Sponsor Information • View Application
Verification	<p>Contains a link to the Office of Child Nutrition Website School Food Authority Verification Summary Webpage</p> <ul style="list-style-type: none"> • Access to this page is limited to the school food service directors for each SFA and/or their designated employees. • A separate USER ID and PASSWORD are required to access this system.
Rates	Contains a link to View Reimbursement Rates
Claims	<p>Contains links to</p> <ul style="list-style-type: none"> • Claim Entry • Claim Inquiry • Payment Summary
Maintenance	Contains a link to Change Password

SPONSOR APPLICATION

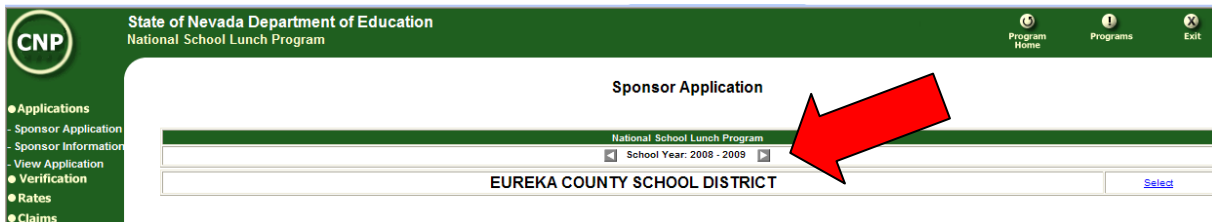
1. Choose > **APPLICATIONS**



2. Choose > **SPONSOR APPLICATION**

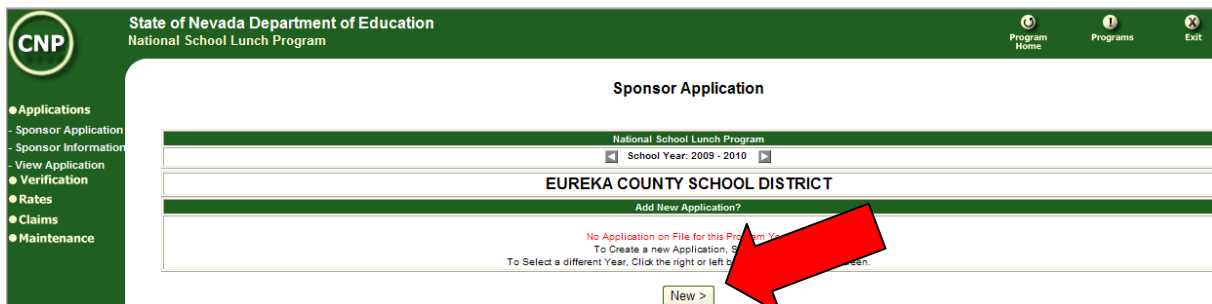


3. Select the **appropriate school year** by clicking the small arrow **OR** Choose > **NEW**



4. **Choose > New** to enter new claim.

5. If has already been submitted **Choose> Select** to access Information.



5. Enter Sponsor **Demographic Information** for the sponsor, program contact, claim contact, contact personnel, and Hearing Officer for Free/Reduced applications.
 - a. Read each question and answer completely, only if the activity is performed within the district.
 - b. Sponsor Application **MUST** be completed first.
 - i. The data will roll to each new school year, eliminating the need to repopulate some of the data annually.
 - ii. Complete the application completely before leaving the screen as the data does not hold and will have to be re-entered.
 - iii. There is a save button, be sure to save in the middle of the application because the system times out after a few minutes and all information will be lost.

6. Purchase and Sell Information

- a. Click> **Yes, No** or **N/A** for each indicated area.
The following three questions are required regarding the purchasing or selling of food.

Purchase and Sell Information	
Do you purchase any of the following services?	
<small>Mail contract with original signatures and one copy to NDE. Note: Do not complete if you are an LEA furnishing meals to another LEA.</small>	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Food Service Management Company Services Company Name: <input type="text" value="ARAMARK"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Do you receive meals/snacks from another sponsor? If yes, School Name: <input type="text"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	Agreement Number: <input type="text" value="None"/> <small>Complete for LEA to LEA agreement and keep interagency agreement on file.</small> Do you sell meals/snacks? (LEA to LEA) If yes, enter the number of sponsors to whom meals are sold <input type="text"/>
If yes, enter the names of the sponsors to whom meals are sold <input style="width: 100%;" type="text"/>	

7. Qualifying Information

- a. Click> **Yes, No** or **N/A** for each indicated area.
 - i. Indicate Yes if you use a Meal Benefit Application for Free and Reduced Price Meal qualification.
 1. If the sponsor is not utilizing the meal benefit application provided by the State Agency or USDA, then a copy of the sponsor meal benefit application must be submitted to the OCNSH for approval.
 2. RCCI's indicate N/A in this area since no application is used.
 - ii. Indicate Yes if you use a Parent Letter Template for Free and Reduced Price Meal qualification provided by the State Agency or USDA.
 1. If the sponsor is not utilizing the parent letter provided by the State Agency or USDA, then a copy of the sponsor parent letter must be submitted to OCNSH for approval.

Qualifying Information	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Do you use the NDE or USDA Meal Benefit Application for Free and Reduced Price Meals? If no, submit a copy of the form that will be used for NDE approval prior to use.
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Do you use the Letter to Parent as furnished by NDE or USDA? If no, submit a copy of the form that will be used for NDE approval prior to use.

8. Menu Planning Method

- a. Indicate the menu planning method for your program at both breakfast and lunch meals.
 - i. Food based menus must have a written, pre-planned 21 day menu cycle, at a minimum, at all times.
 1. Component values must be clearly stated with portions indicated.
 - ii. Numenus, NSMP, or nutrient-based menu planning must have an analyzed, pre-planned 21 day menu cycle, at a minimum, at all times.
 1. Labels to validate products used and analyzed must be available for review at all times and reflect the products currently in use.
 - iii. Alternate menu planning approaches must be submitted to the State Agency for approval before implementation.
- b. Indicate the Menu Service type (Onsite preparation, satellite preparation, etc.)
- c. Indicate if Offer vs. Serve is implemented at either breakfast or lunch. RCCI's are exempt from Offer vs. Serve unless program is voluntarily implemented.
- d. Indicate which grades participate in Offer vs. Serve.

Menu Planning Method	
Breakfast: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Enhanced Food Based <input type="checkbox"/> Alternate Menu Planning Approach	<p style="text-align: center;"><i>Notes for Menu Planning Method for Breakfast:</i></p> <p style="text-align: center;"><i>Alternate Menu Planning Approach: Reference 7 CFR 220.9 (h). Prior approval by NDE/CNS required. Contact your Program Consultant.</i></p>
Lunch: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Minor Modification <input type="checkbox"/> Major Modification <input type="checkbox"/> Enhanced Food Based	<p style="text-align: center;"><i>Notes for Food Based Menu Planning Only:</i></p> <p style="text-align: center;"><i>Minor Modification: Reference 7 CFR 210.10 (1)</i></p> <p style="text-align: center;"><i>Major Modification: Reference 7 CFR 210.10 (1) Prior approval by NDE/CNS required. Contact your Program Consultant.</i></p> <p style="text-align: center;"><i>If you are selecting Major or Minor Modification, you are selecting an Alternate Menu Planning Approach, which is for Food Based Menu Planning Options only.</i></p>
Service Type:	On Site Preparation <input type="button" value="v"/>
<input type="radio"/> Yes <input checked="" type="radio"/> No	Will Offer versus Serve be implemented for breakfast?
If yes, which grade(s)	<input type="text"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for lunch?
If yes, which grade(s)	<input type="text"/>

9. Meal Pricing Information

- a. Enter the established daily meal charges for each of the indicated meals at the indicated age/grade levels.
- b. Indicate if adult meal prices are a la carte.

Meal Pricing Information						
		Established daily charges				
Maximum Reduced Lunch		\$0.40				
Maximum Reduced Breakfast		\$0.30				
Maximum Reduced Snack		\$0.15				
Meal	Children				Reduced	Adult
	High Schools	Middle/Jr. High Schools	Elem. Schools			
Breakfast	<input type="text" value="1.00"/>	<input type="text" value="1.00"/>	<input type="text" value="1.00"/>		<input type="text" value="0.30"/>	<input type="text"/>
Lunch	<input type="text" value="2.00"/>	<input type="text" value="2.00"/>	<input type="text" value="1.50"/>		<input type="text" value="0.40"/>	<input type="text"/>
Afterschool Snacks	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack						

10. Special Milk Program Information

- a. Indicate which milk program you participate in. **Sponsors with more than one type of student population must indicate the different levels of participation by reporting multiple sites. (Daycare, Kindergarten, etc.) (see Appendix B)**
- i. If you participate in a pricing program, enter the charge for milk (by 8 ounce or half-pint portion)
 - ii. Pricing programs in Nevada must utilize the worksheet in Form Download of the CNP system titled "Establishing The Cost of Milk" to determine that the margin is within the specified range.
 1. Form Download is located in Sponsor Information and can be accessed by:
 - a. Choose > Applications
 - b. Choose > Sponsor Information
 - c. Click > Download Form

Special Milk Program Information	
<input type="checkbox"/>	Pricing Program with No Free Milk Option: Milk is sold to all children participating in this program. Charge for milk is: <input type="text"/>
<input type="checkbox"/>	Pricing Program with Free Milk Option: Milk is provided free to those children who qualify for free milk based on family income as reported on their Application for Free Milk. Milk is sold to other children participating in the program. Charge for milk is: <input type="text"/>
<input type="checkbox"/>	Non-Pricing Program: Milk is provided free of charge to all children participating in the program. Free milk applications are not collected.
<input type="checkbox"/>	Non-Pricing Program: Milk is provided free of charge to all children participating in the program. Free milk applications are collected.

11. Miscellaneous Questions

- a. Indicate the attendance factor that the district chooses to utilize. You have the option of using the national average or a district derived formula that incorporates all sites combined.
- b. If you are a school district, indicate the number of buildings/sites from the Nevada Department of Education school list at www.doe.nv.gov/Resources.htm#school_lists that do not participate in NSLP.
- c. Indicate if menu analysis is completed.
- d. Indicate the name of the approved software you utilize.
- e. Indicate how your program is described.
 - i. SMP Programs that have multiple levels of care (Daycare, Kindergarten) should indicate - Selection E. - Nonresidential Child Care Institutions (SMP Only)
- f. If you are a private sponsor, indicate if you hold a Federal Tax Exemption under Section 501 (c) 3 of the Internal Revenue Code of 1954. A copy must be furnished to the State Agency if you are a new sponsor.

Miscellaneous Questions	
What was the Attendance Factor (all sites combined) for prior school year?	<input type="text" value="93.5"/> %
How many of your buildings/sites do not participate in the NSLP?	<input type="text"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	Does sponsor do nutrient analysis of own menus by computer? If yes, specify the software: <input type="text" value="NutriKids"/>
Indicate the type of sponsor: (Check One) <input checked="" type="radio"/> A. Public School <input type="radio"/> B. Private School* <input type="radio"/> C. Public Residential Child Care Institution (RCCI) <input type="radio"/> D. Private Residential Child Care Institution (RCCI)* <input type="radio"/> E. *Nonresidential Child Care Institution (SMP only)* <input type="radio"/> F. Summer Camp (SMP only)* Check if B is a Boarding School: <input type="checkbox"/> Does C or D have day students? <input type="radio"/> Yes <input type="radio"/> No	
* If you are not a public school or a public RCCI, are you exempt from Federal Tax under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended? <input type="radio"/> Yes <input type="radio"/> No	

12. **Operating Month Information**

- a. Enter the number of OPERATING days the program has scheduled for each of the months indicated. DO NOT indicate the total number of days in the month unless you represent a residential program.

Operating Month Information											
Enter the actual operating days for each month.											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0	10	25	21	18	15	17	20	16	22	20	0

13. **Estimated Meals**

- a. **The Number of Sites** - is entered automatically after the completion of a site claim and the approval of the site by the program consultant. **Program sponsors cannot enter data in this field.**
- b. **Projected Daily Number of Paid, Free, or Reduced** - Enter the number of ESTIMATED DAILY meals the program anticipates providing in each of the categories indicated.
- i. Seamless meals are currently included within the lunch and breakfast counts as applicable.
- c. If you participate in SMP, YOU MUST enter a site claim for each program when providing multiple level programs (Daycare and Kindergarten). Kindergarten programs must report their usage at the "School/RCCI SMP" to comply with federal regulations. Daycare programs must report their usage at the "Daycare / Non-RCCI SMP" category. (see Appendix B).

Estimated Meals				
Meal Type	Number of Sites	Projected Daily Number of Paid	Projected Daily Number of Free	Projected Daily Number of Reduced
Lunch	7	856	8888	310
Regular Breakfast	1			
Severe Need Breakfast	6	129	410	127
Regular Afterschool Snack	1	8	6	1
Area Eligible Afterschool Snack	1		33	
School / RCCI SMP	1	55	27	
Summer Camp SMP	0			
Daycare / Non RCCI SMP	0			

14. Audits

- d. If the program is a Public school districts, educational service districts, public universities and colleges, cities, counties, other municipalities, for-profits or federal government agencies click > n/a
- e. If the program expends greater than \$500,000, indicate the end of the most recently completed fiscal year. Submit a copy of the last A-133 audit as indicated.
 - i. Sponsors who do not have a current A-133 audit when required are prohibited from participation in USDA Child Nutrition programs.

Audits
<p>Note: Public school districts, educational service districts, public universities and colleges, cities, counties, other municipalities, for-profits and federal government agencies are exempt from completing this section. Please indicate if this includes your organization by checking the box marked not applicable (n/a). Tribal organizations <u>must</u> complete this section.</p> <p><input type="checkbox"/> n/a</p>
<p>Enter the most recently completed fiscal year-end (e.g. 07/01/2007 through 06/30/2008, enter 06/30/2008)</p> <p>Month Jun Day 30 Year 2007</p>
<p>Enter the total amount of federal funds expended during the most recently completed fiscal year, as stated above. Include all federal funds regardless of the source.(e.g., HHS, USDA, HUD, etc.)</p> <p>\$ <input type="text" value="0.00"/></p>
<p>Federal regulations require that audits of nonprofit institutions including tribal organizations are to be conducted in accordance with Office of Management and Budget (OMB) Circular A-133.</p> <p>If your total amount of federal funds expended is \$500,000 or more: You must submit a copy of your most recent OMB Circular A-133 audit report to:</p> <p>Office of Fiscal Accountability Att. Chief Auditor 1749 Moody St., Suite 40 Carson City, NV 89706</p>

15. Submission of Data

- a. Proof your data to be sure that the information is correct.

CLICK > SUBMIT

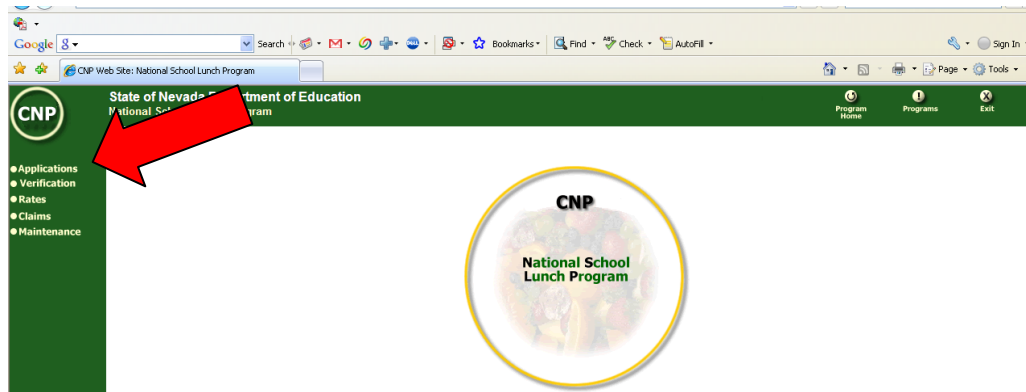
- b. Resolve any error messages - "A" error messages are warnings only
 - i. A list of error messages may be found in Appendix C.
 - ii. If you cannot resolve an error message, contact the help desk at (775) 687-9144.
 - iii. As this new software is initially implemented, you may encounter a situation not identified in testing. OCNSH will attempt to resolve any conflicts as efficiently as possible. Thank you for your patience.

SITE APPLICATIONS

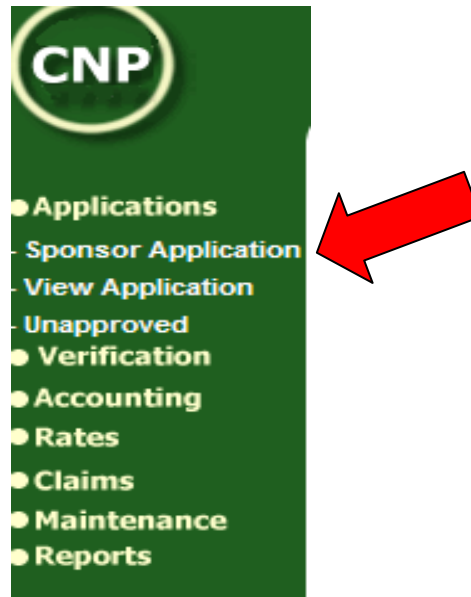
Sponsors must fill out a Site Application for each individual site once the Sponsor Application has been submitted.

- a. All claim information is attributed to each site through this function.
- b. Child care sites with licensed schools must register and report as multiple sites.

1. Choose > **APPLICATIONS**



2. Choose > **SPONSOR APPLICATION**





3. Select the **appropriate school year** by clicking the small arrow.


National School Lunch Program	
◀	School Year: 2008 - 2009 ▶



4. Choose > **SELECT**

5. Choose >  **SITE INFORMATION**

Sponsor			
Sponsor Name	Agreement Number	School Year	
CHURCHILL COUNTY SCHOOL DISTRICT	N-1-09	2008 - 2009	
Application Packet			
	Sponsor Application	Approved Date: 01/29/2009	No Errors
	Site Information		



SPECIAL NOTE: If a site is not listed, contact your OCNSH consultant for the official school number.

- c. Access to the claims process for this site will be limited until the assigned consultant approves the site for participation
 - d. Meals are not reimbursable until the date of approval
 - e. Please allow at least 72 hours for this process to be completed
6. Choose > **ADD SITE**
 7. Choose > **Click here to enroll xxxx in the NSLP Program** (xxxx is generic for the site name)
 8. Enter Site **Demographic Information** as indicated.
 - a. Read each question and answer completely.
 - b. Some repetitive data self populates the Site Application from the Sponsor Application (Meal Service type - satellite, bulk, self-prep).
 - c. The data will roll to each new school year, eliminating the need to repopulate some of the data annually.

9. Indicate the nutrition programs for the **individual site participation**.
 - a. Programs other than schools may not participate in both NSLP/SBP and SMP. (Special circumstances apply for schools.)
 - b. The food service director or designee must enter the lunch meal counts for the second previous school year to determine qualification for Severe Need Breakfast Rates. SY 2010 - Meal Count Requested is for SY 2007-2008.
 - c. This number must match the total meals reimbursed for that period through the National School Lunch Program or approval will be denied.
 - d. Once you submit the site for approval, the severe Need or Regular Breakfast Rate will be automatically determined. You may not mark the reimbursement rate.
 - i. When the number exceeds 40% the higher rate qualifies.
 - e. Indicate the dates of operation for the listed programs within the SY for which you are applying. SY 2010 = July 1, 2009 through June 30, 2010.
 - i. Schools or programs who accept applications must indicate the approving official.
 - ii. RCCI's do not accept applications. List N/A in both the name and title lines.

10. If your program chooses to participate in the **Afterschool Snack Program**
 - a. Complete the information requested
 - b. To participate, the afterschool program must have children attending school
 - c. Snacks are reimbursable only on days school is in session
 - d. The afterschool program must have a structured, supervised recreational or educational activity as a component of the snack period.
 - e. List in detail the type of enrichment, activity, or educational activities provided. If additional space is needed, submit a schedule to the OCNSH program consultant.
 - i. Homework, free-time, cleaning the rooms, showers, etc are not acceptable programs.
 - ii. Formal tutoring programs and Group treatment sessions are acceptable when structured and supervised with an interactive professional leader.
 - iii. Physical activities may not be free play. Activities must be structured and supervised.

Approving Official(s) for Free/Reduced Price Applications. Must be a school district employee.	
Name:	Millie Andrews and Mary Briggs
Title:	Nutrition Services Sup & Secretary

Afterschool Snack

Dates of operation: From To

After school activity times of operation: From To

Snack service time: From To

Estimated number of snacks to be served:

Type of Programs: Enrichment Activities Education Activities

Describe or attach description:

Alternate Building number of the site used for determining area eligibility, If not this site:

11. Summer Programs for SCHOOLS ONLY

- a. Schools must indicate if they are providing active summer feeding sites and programs.

Schools Only For This Section



Check here if this site will sponsor any sort of academic, enrichment, and/or remedial program during the summer months.

Is the site located at the school site?

Yes

No

N/A

If No, enter address:

and telephone number:

Schools Only For This Section



Check here if you extend your National School Lunch Program/School Breakfast Program for this site during the summer months, and enter the dates below.



Check here if you operate the seamless summer feeding program at this site, and enter the dates below.



N/A

Dates of operation during the summer months

Dates of operation

From

To

From

To

From

To

From

To

**Seamless Summer Only For This Section
(Must Select Seamless Summer Option Above)**

Does this site operate on a year-round school calendar?

Yes

No

N/A

Organization to operate the site under SFA sponsorship

Percent of Free / Reduced enrollment eligibility for school meals (must be greater than 50%)

What menu planning approach are you using?

Eligibility was determined by which of the following:

School Data

Census Block Group Data

Applications

Other

N/A

If Other selected, explain how eligibility was determined.

How will meals be advertised to the community (indicate all that apply):

Fliers

Posters

Newspapers

Applications

Other

Type of Site

Open

Restricted Open

Closed Enrollment

Migrant

Camp

N/A

Days of the week in operation

Sunday Monday Tuesday Wednesday
 Thursday Friday Saturday

Select at least one but no more than two of the following (breakfast, lunch, and/or snacks)

Breakfast service times and number of daily meals	From <input type="text"/>	To <input type="text"/>	Meals <input type="text"/>
Lunch service times and number of daily meals	From <input type="text"/>	To <input type="text"/>	Meals <input type="text"/>
Snack service times and number of daily meals	From <input type="text"/>	To <input type="text"/>	Meals <input type="text"/>

For Camp and Migrant Sites only

Supper service times and number of daily meals	From <input type="text"/>	To <input type="text"/>	Meals <input type="text"/>
--	------------------------------	----------------------------	-------------------------------

**Seamless Summer Restricted Open Sites Only For This Section
(Must Select Restricted Open Option Above)**

Why is the school restricting attendance at this site?

**Seamless Summer Camps Only For This Section
(Must Select Camp Option Above)**

Type of Camp Residential Non-Residential N/A

The camp will only claim reimbursement for children that are determined eligible for free / reduced price meals. Yes No N/A

Number of daily meals

Explain why the SFA is sponsoring the camp.

What is the organized program for participating children at a non-residential camp?

**Seamless Summer Closed Enrollment Sites Only For This Section
(Must Select Closed Enrollment Option Above)**

Identify data used to qualify this site (school or census data in eligible areas, income eligibility applications in other areas).

Explain why the SFA is sponsoring the closed site.

12. Miscellaneous Questions

- a. Indicate if weekend meals are provided.
- b. An Educational plan is required for SCHOOLS ONLY who provide weekend meals.
- c. Indicate the grade level for which services are provided at this feeding site.

Miscellaneous Questions													
<input checked="" type="radio"/> Yes <input type="radio"/> No		Does the sponsor claim meals on the weekend for this site? <small>Submission of Educational Plan not required for RCCIs.</small>											
Grade Level (check all that apply at this site)													
<input type="checkbox"/> PK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6	<input checked="" type="checkbox"/> 7	<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 12

13. Menu Planning Method

- a. This data self populates from the sponsor application. Check the data for accuracy to ensure that your site is adequately described. The sponsor is responsible for declaring the appropriate program features.
- b. Make any changes necessary.

Menu Planning Method	
Breakfast: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Enhanced Food Based <input type="checkbox"/> Alternate Menu Planning Approach	<p style="color: red; font-size: small; margin: 0;">Notes for Menu Planning Method for Breakfast:</p> <p style="font-size: x-small; margin: 0;">Alternate Menu Planning Approach: Reference 7 CFR 220.9 (h). Prior approval by NDE/CNS required. Contact your Program Consultant.</p>
Lunch: <input type="checkbox"/> Traditional Food Based <input type="checkbox"/> Assisted NSMP <input checked="" type="checkbox"/> NSMP <input type="checkbox"/> Minor Modification <input type="checkbox"/> Major Modification <input type="checkbox"/> Enhanced Food Based	<p style="color: red; font-size: small; margin: 0;">Notes for Food Based Menu Planning Only:</p> <p style="font-size: x-small; margin: 0;">Minor Modification: Reference 7 CFR 210.10 (1) Major Modification: Reference 7 CFR 210.10 (1) Prior approval by NDE/CNS required. Contact your Program Consultant. If you are selecting Major or Minor Modification, you are selecting an Alternate Menu Planning Approach, which is for Food Based Menu Planning Options only.</p>
Service Type:	Bulk Satellite ▼
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for breakfast?
If yes, which grade(s)	<input style="width: 100%;" type="text" value="K-5"/>
<input checked="" type="radio"/> Yes <input type="radio"/> No	Will Offer versus Serve be implemented for lunch?
If yes, which grade(s)	<input style="width: 100%;" type="text" value="K-5"/>

14. Counting Procedures

- a. This data self populates from the sponsor application. Check the data for accuracy to ensure the site is adequately described. The sponsor representative is responsible for declaring the appropriate program features.
- b. Indicate the method Breakfast and Lunch reimbursable meals are counted. Each sponsor is responsible to ensure that each meal is counted as it is handed to the child. Census or Attendance logs may not be used in lieu of counting each reimbursable meal as it is served.
 - i. Staff members taking these counts are responsible for knowing the components of a reimbursable meal and determining if a meal should be counted.
 - ii. If an adult at the end of the line is NOT checking for the reimbursement status of the meal, Sponsors must declare the method for approval, or the meals will NOT be reimbursable.
 - iii. Computer system counts are only acceptable if each child is accounted for as the reimbursable meal is served.

Counting Procedures	
At the point of service, Breakfasts are counted by:	Computer ▼
If Other, please explain:	<input style="width: 100%;" type="text"/>
An adult at the end of the line verifies that the meal is complete.	<input type="checkbox"/>
If Other, Please explain:	<input style="width: 100%;" type="text"/>
At the point of service, Lunches and Milk (Special Milk Program Milk Only) are counted by:	Computer ▼
If Other, please explain:	<input style="width: 100%;" type="text"/>
An adult at the end of the line verifies that the meal is complete.	<input type="checkbox"/>
If Other, Please explain:	<input style="width: 100%;" type="text"/>
At the point of service, Afterschool Snacks are counted by:	▼
If Other, please explain:	<input style="width: 100%;" type="text"/>
An adult at the end of the line verifies that the meal is complete.	<input type="checkbox"/>
If Other, Please explain:	<input style="width: 100%;" type="text"/>

15. Collection Procedures

- a. Indicate how payment is collected for each reimbursable event listed. If Other is indicated, an explanation may be required.

Collection Procedures	
For Breakfast Programs, which ticket/token/computer system distribution and money collection method do you use:	Other <input type="button" value="v"/>
If Other, please explain:	Nutrikids: Pay Cash in Line
For Lunch and School Milk Programs, which ticket/token/computer system distribution and money collection method do you use:	Other <input type="button" value="v"/>
If Other, please explain:	Nutrikids: Pay Cash in line
For Afterschool Snack Programs, which ticket/token/computer system distribution and money collection method do you use:	<input type="button" value="v"/>
If Other, please explain:	
RCCIs Only	
Private / Public Group RCCI - Group Foster Care License Expiration Date: <input type="text"/>	
Note: A copy of the Certificate of Compliance must be sent to NDE.	

16. Private residential child care institution licenses

- a. Non-governmental sponsors are required to license under child care regulations in Nevada and must submit a copy of their child care license.
- b. To participate in these programs, the licenses must be current.
- c. Reimbursement caps are derived from these licenses.

17. Provisions 1, 2, and 3

- a. Provisions 1, 2 and 3 are special claiming options available to school lunch and breakfast program sponsors with high percentages of students qualifying for free/reduced price meals. If the sponsor has not previously participated in Provision 1, 2 or 3 and is interested, contact NDE for further information.
- b. If your site has been approved for Provision participation, indicate the approval and base year for the approval.

Provisions			
Provision 1	Provision 2	Provision 3	Provision Base Year
<input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="text"/>
Provisions 1, 2 and 3 are special claiming options available to school lunch and breakfast program sponsors with high percentages of students qualifying for free/reduced price meals. If the sponsor has not previously participated in Provision 1, 2 or 3 And is interested, contact NDE for further information.			

18. Submission of Data

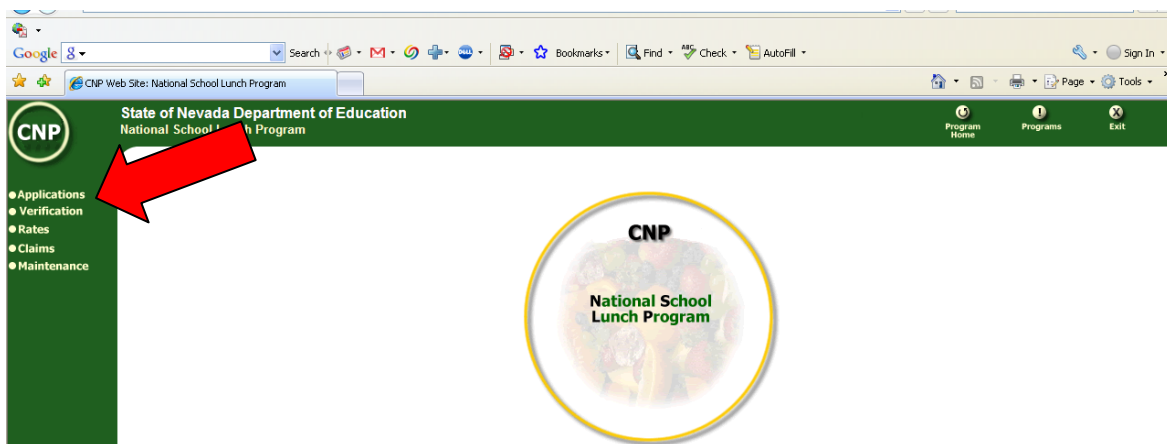
- a. Proof your data to be sure that the information is correct.

CLICK > SUBMIT

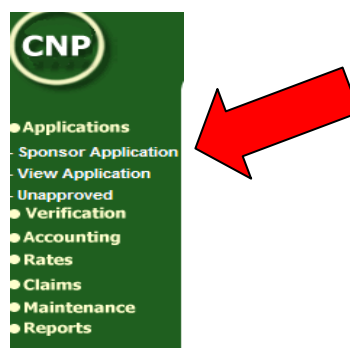
Food Service Management Company Fact Sheet

If you use a Food Service Management Company in your program, you must complete the fact sheet before proceeding.

1. Choose > **APPLICATIONS**



2. Choose > **SPONSOR APPLICATION**












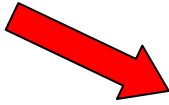
3. Select the **appropriate school year** by clicking the small arrow.



4. Choose > **SELECT**

16. Click >  **Food Service Management Company Contract Fact Sheet**

Sponsor		
Sponsor Name	Agreement Number	School Year
CHURCHILL COUNTY SCHOOL DISTRICT	M-102100-09	2008 - 2009
Application Packet		
	Sponsor Profile	
	Authorized Signatures	1 Authorized Signature(s)
	Sponsor Application	Approved Date: 03/13/2009
	Site Information	1 Approved Site(s)
	Food Service Management Company Contract Fact Sheet	
	Child Nutrition Financial Report	
	Form Download	
	Transaction History Report	
	Verification	No Errors



17. Fill in the requested information.

18. Click > **SUBMIT**

Revising a Sponsor/Site Application or Adding a New Site

During the agreement year, a sponsor may request to update, add, or change information on a sponsor/site application by contacting their assigned OCNSH consultant by email. The email must include the name of the site(s) to be added or changed and the information that will be updated. The OCNSH consultant will review the request and notify the sponsor by email that the application(s) are ready to be updated and/or changed. Once the sponsor has made the updates/changes, the application must be re-submitted for approval, and an email sent to the consultant advising that the application has been submitted for approval.

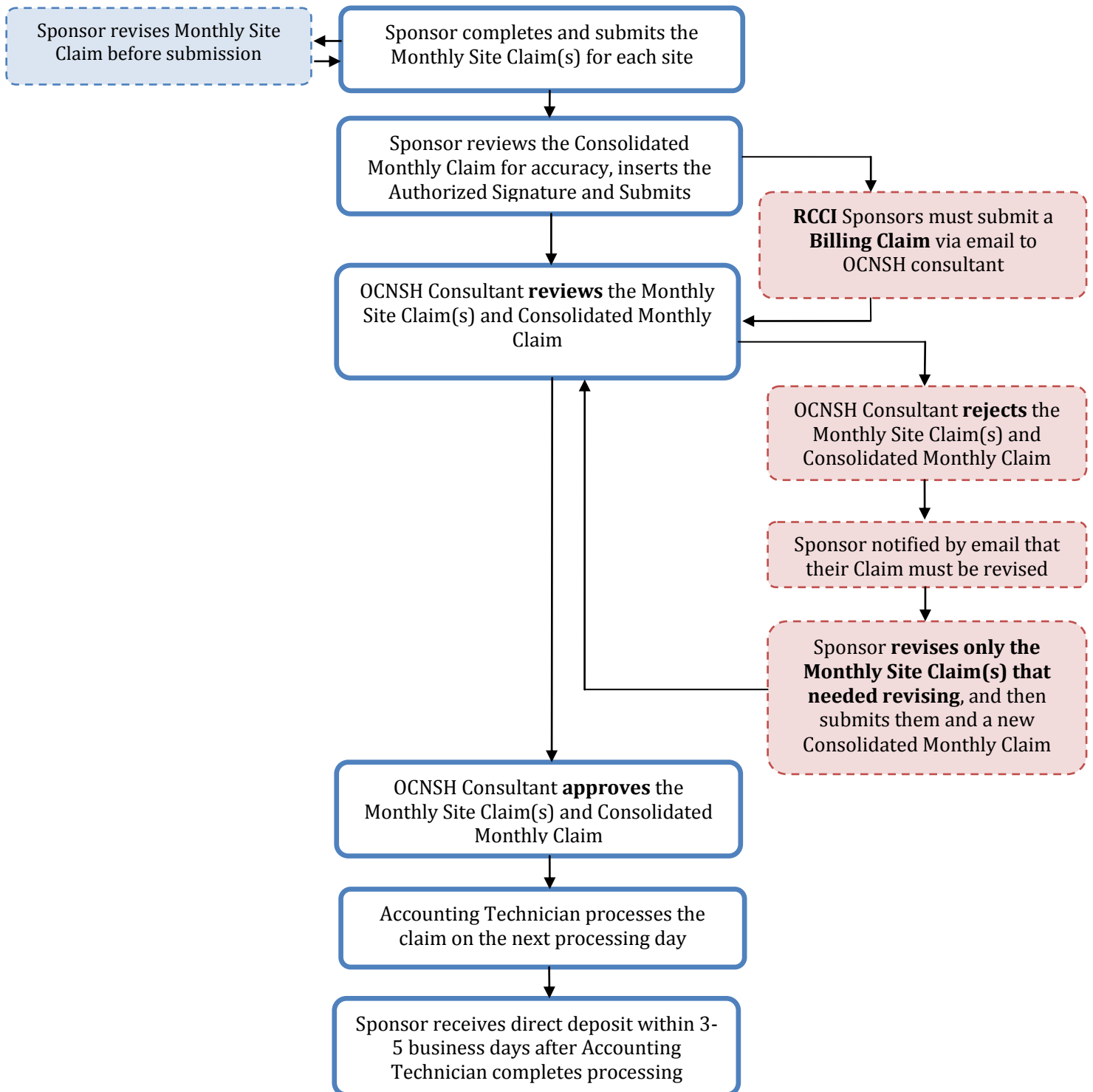
The OCNSH consultant will review the revised sponsor/site application. After the application has been approved, the sponsor will receive an automated notification email from the CNP system.

Please Note: All changes/updates on a sponsor/site application must be completed by the sponsor, and approved by the OCNSH consultant, before the sponsor will be able to submit a claim for reimbursement.

CNP System Instructions

Claims for Revision

CNP Process Flow Chart Claims for Reimbursement



* Special Note: if Sponsors need to **Revise a Paid Claim**, contact the Program Consultant to make arrangements

About Claims for Reimbursement

A separate claim must be submitted for each calendar month. Nevada Department of Education requires sponsors to submit each month’s meal counts on a separate claim. This is due to the State’s accounting requirements to separate payments between fiscal years (June 30 marks the end of one year and July 1 the beginning of the next).

Federal regulation 7 CFR 225.15(c)(2) and 7 CFR 220.11(b) states that “All final claims must be submitted to the state agency within 60 days following the last day of the month covered by the claim.” The table below gives deadlines for submitting claims.

Month of Report	30-Day	60-Day	80-Day	90-Day
January	March 2+	April 1+	April 21+	May 1+
February	March 30	April 29	May 19	May 29
March	April 30	May 30	June 19	June 29
April	May 30	June 29	July 19	July 29
May	June 30	July 30	August 19	August 29
June	July 30	August 29	September 18	September 28
July	August 30	September 29	October 19	October 29
August	September 30	October 30	November 19	November 29
September	October 30	November 29	December 19	December 29
October	November 30	December 30	January 19	January 29
November	December 30	January 29	February 18	February 28
December	January 30	March 1+	March 21+	March 31+

Leap Year: Reports are due one day earlier

The 60-day deadline for submitting claims will be **strictly enforced**. Sponsors will be notified that they are out of compliance if they fail to submit claims within the 60-day deadline. Original claims submitted after the 60-day deadline may not be paid with federal funds unless the U.S. Department of Agriculture (USDA) determines the claim was late because of circumstances beyond the sponsor’s control or the sponsor exercises its one-time-in-36-months option. Requests for claim exceptions are covered in Part III of these instructions.

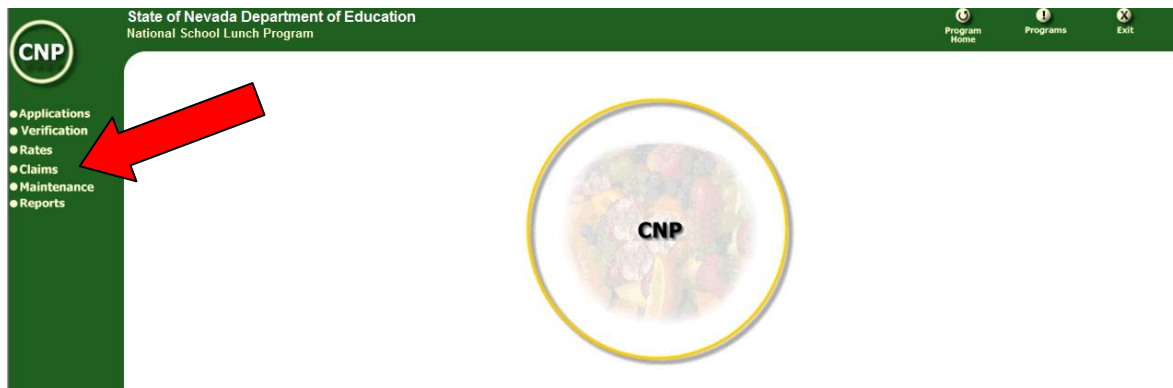
Adequate supporting documentation must be maintained by the sponsor. The sponsor must keep on file all documentation to support the activities of the program, including meal count records, receipts, invoices, other evidence of purchases, time sheets to support employee labor, and mileage logs to support mileage, if used for monitoring and/or transporting meals. The data must be available for review and/or audit. All claims and supporting documentation must be retained for a period of three (3) years after the end of the fiscal year to which they pertain.

Claims for Reimbursement

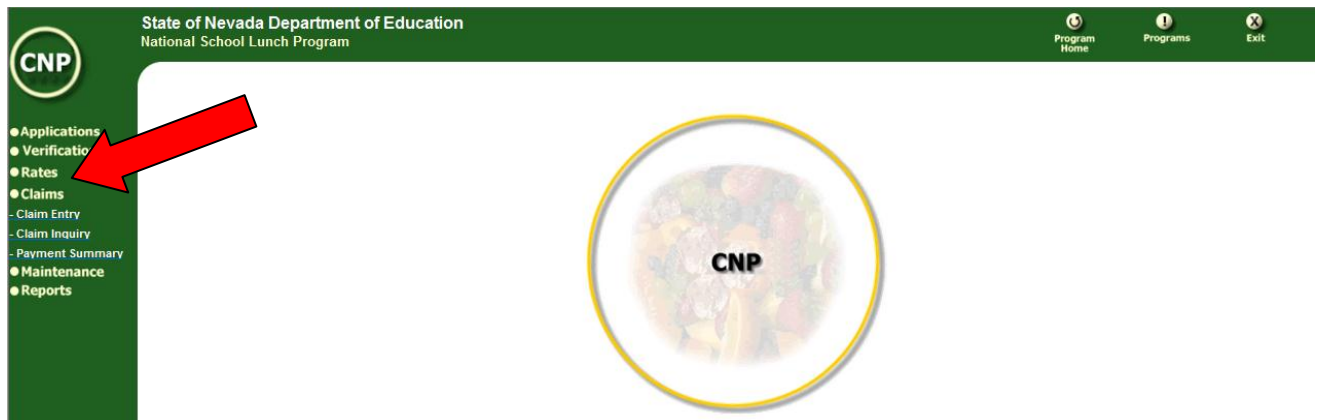
Filing Claims for Reimbursement is a **two-step process**. To complete the claim process, Sponsors must file a Monthly Site Claim, and then file a Consolidated Monthly Claim.

Step One - Monthly Site Claim

1. Click > **LOGIN**
2. **Sign in using your User ID and Password**
3. Choose > **CLAIMS**



4. Choose > **CLAIM ENTRY**



5. Choose > the **Month** in the Monthly Site Claim column

State of Nevada Department of Education
National School Lunch Program

School Lunch Claim(s)

Monthly Site Claim		Consolidated Monthly Claim	Revision Number	Claim Status
7/1/2008		7/1/2008		
8/1/2008		8/1/2008		
9/1/2008		9/1/2008	1	Paid
10/1/2008		10/1/2008	1	Paid
11/1/2008		11/1/2008	0	Paid
12/1/2008		12/1/2008	0	Paid
1/1/2009		1/1/2009	0	Paid
2/1/2009		2/1/2009	0	Pending Approval
3/1/2009		3/1/2009		
4/1/2009		4/1/2009		
Year-to-Date Totals				

< Back Cancel

6. Choose > **SITE**

Sponsor		
Sponsor Name	Agreement Number	School Year
CHURCHILL COUNTY SCHOOL DISTRICT	N-1-09	2008 - 2009

Site(s)						
Site	Sub	Claim Date	Revision	Site Status	Site Approved	
Churchill County High School	None			Active	07/14/2008	
Churchill County Jr. High School	None			Active	07/15/2008	
E.C. Best Elementary School	None			Active	07/14/2008	
Lahontan Elementary School	None			Active	07/17/2008	
Northside Elementary School	None			Active	03/12/2009	
Numa Elementary School	None			Active	07/15/2008	
West End Elementary School	None			Active	07/15/2008	

7. Fill out the **Monthly Site Claim**.

The Sponsor Name, Site Name, and Agreement Number will be filled out automatically based upon information from your Sponsor Application.

Monthly Site Claim for Reimbursement
National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form			
Sponsor Name	Site Name	Agreement Number	Month Claimed
CHURCHILL COUNTY SCHOOL DISTRICT	Churchill County High School	N-1-09	7/1/2008

Submission Type:	Sponsor Claim	Received Date:	4/13/2009
Authorized Signature:			

Meals Served to Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Eligible Children						
	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	
Paid						
Free						
Reduced						

Program Information						
Days Meals or Milk Served	Lunch	Breakfast		Afterschool Snacks		Special Milk
		Regular	Severe Need	Regular	Area Eligible	

Miscellaneous Information			
	Breakfast	Lunch	Snack
Adult Meals (earned and paid)			
Other Revenue Dollars (include a la carte and separate milk sales)			\$
Highest Number of Children Fed on Any Given Day (RCCI Only)			

Special Milk Program	
Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above)	Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility
Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)	

I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7 CFR 210.9 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may not be paid.

Created By: omberger Created Date: 7/6/2011 9:05:57 AM Modified By: Modified Date:

Note: Please review this information before submitting this claim.
Click the Submit button to enter this claim.

Refresh Cancel Save Submit

The Month Claimed will also populate automatically because that was selected in the first step. PLEASE NOTE: The Claim for Reimbursement for any month includes only meals/milk served in that month EXCEPT if the first or last month of Program operations for any year contains **10 operating days or less**. In such an instance two months may be combined on the Claim for Reimbursement. [Example: August (5 operating days) combined with September (20 operating days)]. However, Claims for Reimbursement **may not** combine operations occurring in two fiscal years. (i.e. June and July or September and October).

8. Meals Served to Children:

- a. **Lunch** - Report all Paid, Free, and Reduced price lunches, served in the Claim month in the appropriate box.
- b. **Breakfast** – Determine if the site is approved as a regular breakfast site or a severe need breakfast site. Report meals in the approved category that were served in the Claim month.
- c. **Afterschool Snacks (Regular/Area Eligible)**
 - i. **Paid:** report all paid regular snacks served in the Claim Month in the appropriate box. *Area eligible snacks are all free snacks.*
 - ii. **Free:** report all free snacks in regular or area eligible programs that were served in the Claim Month in the appropriate box. (eligibility is determined by the Application for Free/Reduced Price Meals, current SY): Or report all free snacks at all sites that are located in area(s) of eligible schools (50 percent of the enrolled students are certified eligible for free or reduced price meals in the month of October). *Only snacks served on days in which your school is in session are reimbursable.*
 - iii. **Reduced:** report all regular reduced snacks served in the Claim Month in the appropriate box. *Area eligible snacks are all free snacks.*
- d. **Afterschool Snacks (RCCI Only)** – Report all snacks served in RCCI settings as Regular – Free snacks. Note: *Only snacks served on days in which your school is in session are reimbursable.*

9. Eligible Children:

Special Note: RCCI's must ensure that they are entering the total number of children provided any services during the month. DO NOT ENTER AVERAGES OR THE HIGHEST NUMBER.

a. Lunch

- i. **Paid:** subtract approved free/reduced price numbers of children from the total number of children who have access to the National School Lunch Program in the appropriate box.
- ii. **Free and Reduced:** report the number of children approved free or reduced price lunch served in the Claim month in the appropriate box.

b. Breakfast

- i. **Paid:** subtract approved free/reduced price numbers of children from the total number of children who have access to regular School Breakfast and/or Severe Need Breakfast served in the Claim month in the appropriate box.
- ii. **Free and Reduced:** report the number of children approved for free or reduced price for regular or severe need breakfasts served in the Claim month in the appropriate box.

c. After School Snacks - Regular

- i. **Paid** - Subtract approved free/reduced price numbers of children from the total number of children who have access to the National School Lunch Program in the appropriate box.
- ii. **Free and Reduced** – report the number of children approved for free or reduced price snacks in the Claim month in the appropriate box.

d. After School Snacks – Area Eligible

- i. All children from area eligible schools are counted as free.

e. Special Milk

- i. **Paid:** report the number of all children who receive non-free milk during the Claim Month in the appropriate box.
- ii. **Free:** report the total number of applications that qualify for free milk at all sites in the appropriate box.
- iii. **Reduced:** do not fill out this field.

10. Program Information

a. Lunch, Breakfast, Afterschool Snacks, and Special Milk

- i. **Days Meals or Milk Served:** Indicate the highest number of days for program site in the Claim month that the NSLP, Regular School Breakfast, Severe Need Breakfast and Afterschool Care Snack Program were available to children. **RCCI – Count only the days a reimbursable snack was served. (Weekends, holidays, staff development days, and any other release days from schools are not eligible for reimbursement).**

11. Miscellaneous Information

- a. **Highest Number of Children Fed on Any Given Day (RCCI Only):** this number cannot exceed the highest number of students served on any given day of the month.
- b. **Adult Meals (earned and paid):** optional at this time.
- c. **Other Revenue Dollars (include a la carte and separate milk sales):** optional at this time.

12. Special Milk Program

- a. **Number of ½ or 8 oz. pints of milk served in Pricing or Non-Pricing Programs (only complete if you entered a number in the Eligible Children Special Milk, Paid cell above):** report the number of half-pints or 8 ounce equivalents of milk served to children.
- b. **Number of ½ pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above):** report the number of half-pints of milk served to children during the Claim month at no charge. The free category is reserved for those sponsors who have collected Applications for Free Milk.
- c. **Average Milk Cost per ½ pint purchased (Round to four digits).** Only complete this if you have entered ½ pints of free milk based on income eligibility.
- d. **Special Milk Program Only Sponsors must submit SMP Claim Documentation with this Claim.** The worksheet may be found in Form Download of the CNP system which is located in Sponsor Information, and can be accessed by:
 - i. Choose > Applications
 - ii. Choose > Sponsor Information
 - iii. Click > Form Download

13. Click > **SUBMIT**

If an error occurred, review the error narratives in **Appendix C**.

To correct errors, click the back button and correct the appropriate data on the claim form, then submit the claim again.

14. **Continue this step until ALL Monthly Site Claims have been submitted.** Then proceed to the second step of the claim process, which is filing a Consolidated Monthly Claim.

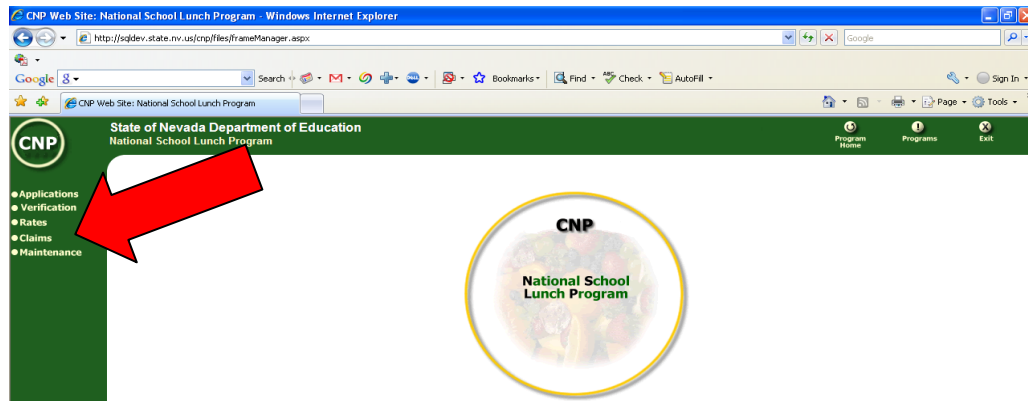
Step Two – Consolidated Monthly Claim

Sponsors must submit **ONE** Consolidated Monthly Claim to complete the claim for reimbursement process. The Consolidated Monthly Claim totals all Monthly Site Claims.

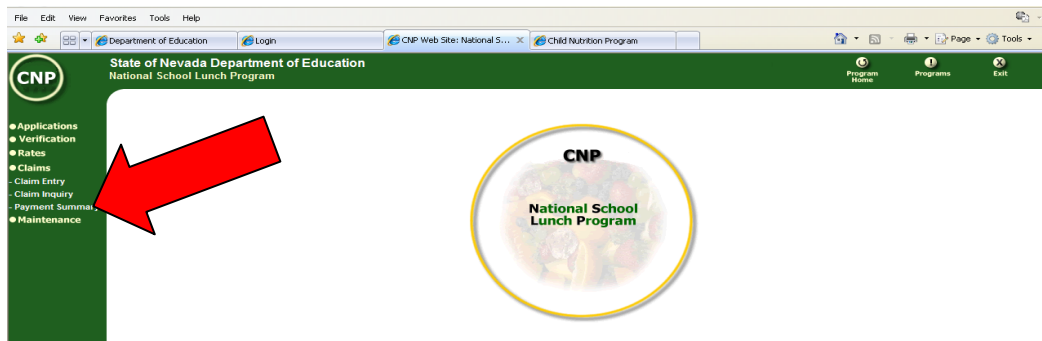
9. Click > **LOGIN**

10. Sign in using your User ID and Password

11. Choose > CLAIMS



12. Choose > CLAIM ENTRY



13. Choose the **Month** in the Consolidated Monthly Claim column

Sponsor Information					
Sponsor Name			Agreement Number		
CHURCHILL COUNTY SCHOOL DISTRICT			N-10-09		
Select a Claim Month					
School Year: 2008 - 2009					
Monthly Site Claim	Consolidated Monthly Claim	Payment Number	Claim Status	Month to Date	
7/1/2008	7/1/2008			Earned Amount	Amount Paid
8/1/2008	8/1/2008				

14. Choose > ADD CLAIM

The Monthly Consolidated Claim screen will appear with all data fields automatically populated based on the information from the Monthly Site Claims that were submitted. **These fields cannot be accessed or modified from this screen.** Review the data for accuracy.

15. Insert > **AUTHORIZED SIGNATURE** from the drop down menu

State of Nevada Department of Education
National School Lunch Program

Consolidated Monthly Claim Form for Reimbursement
National School Lunch, School Breakfast, Afterschool Snack and Special Milk Programs

Monthly Claim Form

Sponsor Name	Agreement Number	Month Claimed
Nevada Sponsor	1111111	7/1/2008
Submission Type	IDE Site Claim	Received Date
Authorized Signature		7/21/2008

Meats Served to Children

Paid	Lunch	Breakfast		Afterschool Snacks			Special Milk
		Regular	Severe Need	Regular	Area Eligible		
	10	0	0	0	0		

16. Click > **SUBMIT**

Special Milk Program

Number of 1/2 pints of milk served in Pricing or Non-Pricing Program (only complete if you entered a number in the Eligible Children, Special Milk, Paid cell above) Average Milk Cost per 1/2 pint purchased (Round to four digits). Only complete this if you have entered 1/2 pints of free milk based on income eligibility

Number of 1/2 pints of free milk served based on income eligibility (only complete if you entered a number in the Eligible Children, Special Milk, Free cell above)

I acknowledge that I am the school food authority responsible for reviewing and analyzing meal counts to ensure accuracy as specified in 7 CFR 210.8 governing claims for reimbursement. I acknowledge that failure to submit accurate claims will result in the recovery of an overclaim and may result in the withholding of payments, suspension or termination of the program as specified in 7 CFR 210.24. I acknowledge that if failure to submit accurate claims reflects embezzlement, willful misapplication of funds, theft or fraudulent activity, the penalties specified in 7 CFR 210.25 shall apply.

I certify that I have reviewed and analyzed the milk counts to ensure their accuracy; that the number of half pints of milk were served in accordance with the terms of special milk program agreement; that the claim is correct and just; that payment therefore has not been received; and that records are available to substantiate this claim.

I have read the instructions for filing the claim and am aware that if the claim is not submitted by the claim deadline the claim may be denied.

Created By: Eureka Created Date: 4/17/2009 3:26:52 PM Modified Date:

Note: Please review this information before submitting this claim.
Click the Submit button to enter this claim.

Refresh Cancel Submit

Claim Revisions

Sponsors may revise a monthly claim that has been submitted if the claim has NOT yet been approved by the OCNSH consultant, and is within the program regulations for submitting a revised claim.

Sponsors who have NOT submitted a Consolidated Monthly Claim may make corrections to the Monthly Site Claim before completing the Consolidated Monthly Claim.

Revising a Monthly Site Claim

1. Login in to the CNP system
2. Click > **CLAIMS**
3. Choose > **CLAIMS ENTRY**
4. Choose > **MONTHLY SITE CLAIM** for the month being revised
Make corrections to revise the claim as necessary
5. Choose > **SUBMIT**
If additional sites need to be revised, follow steps 1-6 for each site needing correction
6. When all Monthly Site Claims are correct, Choose > **INPUT ANOTHER CLAIM**
7. Choose > **CONSOLIDATED MONTHLY CLAIM**
8. Choose > **VIEW** for the month being revised
9. Check the consolidated claim for accuracy
10. Insert > **AUTHORIZED SIGNATURE** from the drop down menu
11. Choose > **SUBMIT**

Please Note: each time a revision is made to a Monthly Site Claim and a Consolidated Monthly Claim, the revision is tracked in the system. Revision numbers for both the Monthly Site Claim and the Consolidated Monthly Claim can be located in the upper right hand corner of the Monthly Site and Consolidated Monthly Claim forms.

Sponsors who have approved claims and have received their reimbursement must contact the OCNSH program consultant to make corrections to the claim. The sponsor must contact their assigned OCNSH consultant by email and include the following information:

- Month to be revised
- Sites to be revised
- Reason for the revision

The OCNSH consultant will review the request and make necessary adjustments to allow for the revision. The sponsor will receive an email notification by the CNP system when the revised claim has been approved.

Special Notes about Claims

- When a claim status is indicated as “Ok to Pay,” you have the action of being able to modify or delete the claim. You may go in and modify any of the information submitted on the claim if you find you have input errors. You can also delete the claim and start over. It is important to remember that when you delete a claim from this screen you are deleting all of your site information that you entered. If you have multiple sites, you might want to consider modifying not deleting.
- **Eligible Children:** enter the total number of first meals served to eligible children for breakfast, lunch, after school snack or special milk. Claim only those meal types that were approved in your application. Claims for reimbursement from residential camps must reflect only those meals served to eligible children.
- **Days meals or milk served:** enter the number of days for this claim period that each meal service was offered at this site. The number of operating days cannot exceed the number of operating days submitted in the site application.
- The Recap action shows you a summary of the claim and the payment you will receive. This section will be described in detail below.
- Once the status changes from “Ok to Pay” to “Paid” you can no longer modify that month’s claim. You would follow the directions for submitting a Revised Claim for Reimbursement (page 32) to access the claim system. Once you reach the month/year screen, you will “add” a claim for that month even though a claim is already in the system. The claim will automatically come up as a “revision”.
- If you received the message “There were no errors on this claim” then your claim has passed all edits. You may now create another claim or view the summary of the claim just submitted. If completely done, you may exit the system by clicking once on “Exit” in the upper right corner of the screen.
- If an error occurred, review the error narratives in Appendix A at the end of this document.
 - **All “I” errors need to be corrected before the claim can be submitted.**
 - All “A” errors are considered a **warning** and do not have to be corrected but should be investigated to maximize reimbursement.
 - Investigate the “A” error and decide whether or not they need correcting.
 - To correct errors, click on back and correct the appropriate data on the claim form.
 - If the error is related to the application or an application revision (such as the number of operating days, total meals served, etc), you will need to contact your Nutrition Consultant for help in correcting the error so your claim for reimbursement can be submitted.

APPENDIX A

ABBREVIATIONS AND ACRONYMS	
CNP	Child Nutrition Programs
ID	Identification (number or code)
LEA	Local Education Agency
NSLP	National School Lunch Program
NDE or DOE	Nevada Department of Education
OCNSH	Office of Child Nutrition and School Health
RCCI	Residential Child Care Institution
SBP	School Breakfast Program
SFA	School Food Authority
SMP	School Milk Program
SA	State Agency (Nevada)
SY	School Year
USDA	United States Department of Agriculture
WRO	Western Regional Office

APPENDIX B

SMP Sponsor	School	Day Care	Day Care	Camps
	Licensed School Classes Kindergarten and above	Day Care	After School Program - Safekey	Summer Camp
All Saints Day School	x	x		
Board of Regents TMCC/EL Cord Child Care Center	x	x		
Board of Regents UNLV-CSUN Preschool		x		
Board of Regents UNR/CFRC	x	x		
Board of Regents WNC Family Services	x	x		
City of Henderson			x	
City of North Las Vegas Parks & Recreation			x	
City of Reno Parks, Recreation & Community Service			x	
Clark Co. Parks & Recreation - Safe key			x	
Griffith United Methodist Day School	x	x		
Hill & Dale CDC – Community Lutheran	x	x		
Las Vegas Area Council, Boy Scouts of America				x
Lighthouse Academy		x		
Renown Regional Medical Center		x		
Trinity Lutheran Child Care Center		x		
Zion Lutheran Preschool		x		
St. Anne School	x			
St. Viator School	x			
Our Lady of the Snows Parochial School	x			