



Child and Adult Care Food Program (CACFP)

CNP Connect
Submitting a Monthly Meal Claim for Reimbursement
A Step-by-Step Guide

<http://www.esnacs.ride.ri.gov/esnacs/>



In order to receive reimbursement for meals served as part of the Child and Adult Care Food Program, you will need to submit a monthly claim for reimbursement.

To complete this process you will need: enrollment for the month broken down by eligibility category (free/paid/reduced), daily attendance counts, and daily meal counts for all sites.

Claims for reimbursement must be entered through the CNP connect online system. We ask that all claims be submitted within 10 days after the last service day of the month for which you are claiming.

Please remember: the CNP connect system is not compatible with any browser but Internet Explorer and works best on a PC, not a mac. If you access the system in an unsupported browser, you may be unable to save and will lose your work.

The following slides will walk you step-by-step through the monthly claim process.



Welcome to CNP CONNECT - The Rhode Island Virtual Nutrition Workspace Service

Date: 10/25/2018 LoginTime: 10:41 A.M

- Meal Benefits App.
- Fresh Fruit & Veg Prog
- Site Menu
- Agreement Menu
- Claim Menu
- Report Menu

BRETT RIDE - SponsorAdmin

Main Menu

Logoff - MainMenu

Welcome back BRETT,

Please select the Federal Fiscal Year you wish to enter:

RIDE ALERT:

EXECUTIVE SUMMARY:

The mission of the Board of Regents and the Department of Education is to lead and support schools and communities in ensuring that all students achieve at the high levels needed to lead fulfilling and productive lives, to compete in academic and employment settings, and to contribute to society."

The Rhode Island Department of Elementary and Secondary Education is responsible for administering the five major United States Department of Agriculture (USDA) Child Nutrition Programs. These programs include the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Special Milk Program, the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program (SFSFP). All of these programs are performance funded entitlement programs. As entitlement programs, funding is unlimited and is guaranteed.

As the administering agency, the Department is required to provide program administration, to distribute federal reimbursements, to monitor and review compliance with program rules and regulations, and to provide training and technical assistance.

Non-discrimination statement:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

In addition to the above, the RI Department of Education does not discriminate on the basis of religion or sexual orientation. To file a complaint of discrimination for these protected classes, contact:

RI Department of Education,
Director, Office of Equity and Access,
255 Westminster Street,
Providence, RI 02903-3400
or call (401) 222-4600.

MY EVENT CALENDAR

LEGEND: ■ ALERT ■ HIGH ■ MEDIUM ■ LOW ■ Current Day

Sep	October 2018						Nov
Sun	Mon	Tue	Wed	Thu	Fri	Sat	
30	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31	1	2	3	
4	5	6	7	8	9	10	

1. On the main menu be sure to choose the correct fiscal year you are working in.

2. Once the year is selected, select the Claim Menu from the top menu.

Remember: RIDE's fiscal year runs from Oct-Sept, so at the start of each new school year your September claim will be submitted in a different fiscal year than the October claim.



Welcome to CNP CONNECT - The Rhode Island Virtual Nutrition Workspace Service

- Meal Benefits App.
- Fresh Fruit & Veg Prog
- Site Menu
- Agreement Menu
- Claim Menu
- Report Menu



BRETT RIDE - SponsorAdmin

Claim Menu - Please select a sponsor

[Logoff](#) - [MainMenu](#) - [Claim Menu](#)

Fiscal Begin Date -10-2017

SEARCH TERMS:

Order of Terms: SponsorNo,SponsorName, SponsorCity, SponsorZipcode - use commas between terms and # sign between multiple searches

SPONSOR TYPE:

Name 2nd Name



1. On the left side choose from the Sponsor Type drop down menu. Most Sponsors will only have one option, however, if your organization operates multiple programs, such as child care and adult day care, you will need to select the appropriate option for the claim that you wish to enter.

2. A list of the Sponsors that you have access to will populate in the center box. Click on the appropriate Sponsor for the claim that you wish to submit. Again, most Sponsors will only see one option here but you must click on the name that appears in the box regardless.



Welcome to CNP CONNECT - The Rhode Island Virtual Nutrition Workspace Service

- Meal Benefits App.
- Fresh Fruit & Veg Prog
- Site Menu
- Agreement Menu
- Claim Menu
- Report Menu

BRETT RIDE - SponsorAdmin
Claim Menu - Please select a sponsor

Logoff - MainMenu - Claim Menu Fiscal Begin Date -10-2017

SEARCH TERMS:

Order of Terms: SponsorNo,SponsorName, SponsorCity, SponsorZipcode - use commas between terms and # sign between multiple searches

SPONSOR TYPE: Independent

#	Name	2nd Name
[Redacted]	[Redacted]	[Redacted]

Contact Information:
JANIS GONECONTE
(401)222-4252 ext: [Redacted]

- Workflow Wizard**
- 1. Select an Operating Month:
 - 2. Select a Site:
 - 3. View Meal Count Calendar:
 - 4. Enter Daily Meal Counts:
 - 5. Compare Actual Expenses to Budget:
 - 6. Review Monthly Meal Count Totals:

Select an Operating Month

9/1/2018



1. Select the operating month of the claim you are submitting and press continue.

If you do not see the month that you are looking for in the dropdown list, you may be in the wrong fiscal year and will need to go back to the home page to edit this.

For example, if you are trying to enter a claim for September 2018 but only see September 2019 as an option in the dropdown list, you will need to go back to the homepage and enter the prior fiscal year to the one that you are currently in.



Welcome to CNP CONNECT - The Rhode Island Virtual Nutrition Workspace Service

- Meal Benefits App.
- Fresh Fruit & Veg Prog
- Site Menu
- Agreement Menu
- Claim Menu
- Report Menu

BRETT RIDE - SponsorAdmin

Claim Menu - Please select a sponsor

[Logout](#) - [MainMenu](#) - [Claim Menu](#)

Fiscal Begin Date -10-2017

SEARCH TERMS:
 [Search](#)

Order of Terms: SponsorNo,SponsorName, SponsorCity, SponsorZipcode - use commas between terms and # sign between multiple searches

SPONSOR TYPE:
Independent

#	Name	2nd Name

Contact Information:
JANIS GONECONTE
(401)222-4252 ext:

Workflow Wizard

- Select an Operating Month: 9/1/2018 ADJ 0 ✓
- Select a Site: 1 of 1 Site(s) Reporting
- View Meal Count Calendar: 9/28/2018 ✓
- Enter Daily Meal Counts: saved ✓
- Compare Actual Expenses to Budget: N/A FOR THIS PROGRAM
- Review Monthly Meal Count Totals: ACCEPTED_RIDE ✓

Select a Site

Sort by SiteNo | Sort by SiteName | 2nd Name

Site No	Site Name	2nd Name

[Continue](#)

UPLOAD MEAL COUNT FILE (.CSV) EXCEL FILE TYPE

1. In the select a site box, click and highlight which site you would like to enter meal counts for.
2. Click continue.



Browser address bar: http://www.esnacs.ride.ri.gov/esnacs/Default_Portal.aspx

Navigation: CNP Connect - Home | Income Eligibility Calculator | RIDE Child Nutrition Programs | Help | Free Downloads

Welcome to CNP CONNECT - The Rhode Island Virtual Nutrition Workspace Service

Date: 10/25/2018 LoginTime: 10:41 A.M.

Meal Benefits App. | Fresh Fruit & Veg Prog | Site Menu | Agreement Menu | Claim Menu | Report Menu | 0 Messages

BRETT RIDE - SponsorAdmin

Claim Menu - Please select a sponsor

Logoff - MainMenu - Claim Menu Fiscal Begin Date - 10-2017

SEARCH TERMS:

Order of Terms: SponsorNo, SponsorName, SponsorCity, SponsorZipcode - use commas between terms and # sign between multiple searches

SPONSOR TYPE: Independent

Contact Information:
JANIS GONECONTE
(401)222-4252 ext:

Workflow Wizard

- Select an Operating Month: 9/1/2018 ADJ 0 ✓
- Select a Site: [Redacted] ✓
3. [Redacted] ✓
4. Enter Daily Meal Counts: saved ✓
5. Compare Actual Expenses to Budget: N/A FOR THIS PROGRAM
6. Review Monthly Meal Count Totals: ACCEPTED_RIDE ✓

View Meal Count Calendar:

September 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	

[CLICK HERE TO SEE MEAL COUNTS](#)

2005 Rhode Island Department of Elementary and Secondary Education. All rights reserved.
Comments or questions regarding this webpage can be directed to : [Web-Cow Inc](#)

This will bring up the monthly calendar. If you have not entered meal counts yet, the calendar will not be highlighted. Highlighted dates represent days for which meal count information has already been entered.

Click on the link to see or enter meal counts.

The meal counts page will open in a new window.



Save Meal Count Box [X]

Approve Meal Counts

4A SET ENROLLMENT FOR SELECTED MONTH: 10-2018
SITE: [REDACTED]

REGULAR CACFP ENROLLMENT				TITLE XX/XIX	
FREE	REDUCED	PAID	TOTAL	TITLE	%
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/>
<input type="button" value="CONTINUE TO MEAL COUNT FORM"/>					

For Non At-Risk Sites ONLY

1. Enter enrollment figures for eligibility categories (free, reduced, paid) – these numbers should represent only those children who were in attendance during the review month. If a child is reported in the ‘free’ or ‘reduced’ category, the Sponsor must have a complete and current meal benefit application on file.
2. If you are a For-Profit center only, enter the total number of enrollees receiving Title XX benefits for the month that you are entering the claim.
3. Click continue to meal count form.



Save Meal Count Box

Cancel

Save

Approve Meal Counts

4A SET ENROLLMENT FOR SELECTED MONTH: 10-2018

SITE: [REDACTED]

REGULAR CACFP ENROLLMENT

AT-RISK ENROLLMENT

FREE

REDUCED

PAID

TOTAL

AT-RISK ONLY

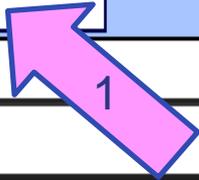
0

0

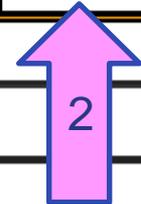
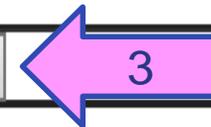
0

0

0



CONTINUE TO MEAL COUNT FORM



For At-Risk Sites ONLY

1. If you operate a traditional childcare program in addition to your at-risk program, enter enrollment figures for eligibility categories (free, reduced, paid) – these numbers should represent only those children who were in attendance during the review month. If a child is reported in the ‘free’ or ‘reduced’ category, the Sponsor must have a complete an current meal benefit application on file.
2. For your at-risk program, enter the highest daily attendance during the claim month that you are entering meal counts for.
3. Click continue to meal count form.



Save Meal Count Box [Cancel] [Save] 1 Counts

4A SET ENROLLMENT FOR SELECTED MONTH: 10-2018
SITE: 218B8 Newport Boys and Girls Club

REGULAR CACFP ENROLLMENT				AT-RISK ENROLLMENT
FREE	REDUCED	PAID	TOTAL	AT-RISK ONLY
20	1	5	26	50

4B ENTER DAILY MEAL COUNTS
 = Locked = Sub-Totals = Enterable
 = DELETE DAILY RECORD

Show/Hide Before School | Show/Hide At-Risk

	DAY	Before School Program / Day Care Program								At-Risk Program				
		Att	Breakfast	Lunch	Supper	AM Snack	PM Snack	Evening Snack	Total Snacks	Att	Breakfast	Lunch	Supper	Snack
1	Mon	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Tue	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Wed	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Thu	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Fri	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Sat	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Sun	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Mon	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Tue	0	0	0	0	0	0	0	0	0	0	0	0	0

1. Enter daily attendance and meal count information for each day and meal period that you are claiming for reimbursement

Note: you will only be able to enter meal counts for days and meal types that are approved in your online agreement in CNP connect.

2. Save often to avoid losing your work. The system will automatically time you out after a certain amount of inactivity and any unsaved information will be lost.



Save Meal Count Box ✕

Cancel Save Approve Meal Counts ← 1

													At-Risk Pr		
													Att	Breakfast	Lunch
1	✕ Mon	0	0	0	0	0	0	0	0	0	50	0	0		
2	✕ Tue	0	0	0	0	0	0	0	0	20	0	0			
3	✕ Wed	0	0	0	0	0	0	0	0	0	0	0			
4	✕ Thu	0	0	0	0	0	0	0	0	0	0	0			
5	✕ Fri	0	0	0	0	0	0	0	0	0	0	0			
6	✕ Sat	0	0	0	0	0	0	0	0	0	0	0			
7	✕ Sun	0	0	0	0	0	0	0	0	0	0	0			
8	✕ Mon	0	0	0	0	0	0	0	0	0	0	0			
9	✕ Tue	0	0	0	0	0	0	0	0	0	0	0			
10	✕ Wed	0	0	0	0	0	0	0	0	0	0	0			
11	✕ Thu	0	0	0	0	0	0	0	0	0	0	0			
12	✕ Fri	0	0	0	0	0	0	0	0	0	0	0			
13	✕ Sat	0	0	0	0	0	0	0	0	0	0	0			
Totals:		0	0	0	0	0	0	0	0	0	0	0			

Daily Meal Count Sponsor Site Meal Count

Check Here to report for ALL Sites

View & Print

Click on the View & Print button to run a Report or..
Click on the Continue button to close meal count window and refresh Workflow Wizard.

Continue ← 2

1. Once all counts are entered for each service day in the month, click the approve meal counts box at the top and save.

2. Scroll to the bottom of the page and select continue.

The meal counts screen will close and you will be back on the main screen.



Workflow Wizard [?]

1. Select an Operating Month:

10/1/2018 ADJ 0
2. Select a Site:

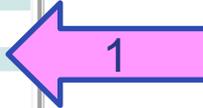
1 of 2 Site(s) Reporting
3. View Meal Count Calendar:

10/2/2018
4. Enter Daily Meal Counts:

saved
5. Compare Actual Expenses to Budget:

N/A FOR THIS PROGRAM
6. Review Monthly Meal Count Totals:

in-process



CACFP Operating Month Totals

# of Participants	Free	Reduced	Paid	Total	
Enrollment:	<input type="text" value="20"/>	<input type="text" value="1"/>	<input type="text" value="5"/>	<input type="text" value="26"/>	
TITLE XX/XIX :	<input type="text" value="0"/>	<input type="text" value="0.00"/> %			
Total Attendance/ADA		Proprietary Centers	# of Centers	Op Days for Month	ADA
Reg Totals:		<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
		At-Risk Centers	At-Risk Enrollment	At-Risk Op Days	ADA
At Risk Totals:		<input type="text" value="1"/>	<input type="text" value="50"/>	<input type="text" value="2"/>	<input type="text" value="35"/>
Meals Served		FREE	REDUCED	PAID	Total
Breakfasts Served:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Lunches Served:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Snacks Served:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
Supper Served:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	
At Risk					
Breakfast Served:	<input type="text" value="0"/>			<input type="text" value="0"/>	
Lunch Served:	<input type="text" value="0"/>			<input type="text" value="0"/>	
Supper Served:	<input type="text" value="0"/>			<input type="text" value="30"/>	
Snacks Served:	<input type="text" value="0"/>			<input type="text" value="30"/>	

Reports

- Daily Meal Count Report
 Sponsor Site Meal Count Report
 Reimbursement Worksheet
 RIDE Claim Form

View & Print

Delete Claim

Forget Changes

Confirm

Ready for RIDE Approval

I certify to the best of my knowledge and belief that this claim is true and correct in all respects: records are available to support his claim, in accordance with terms of the existing

1. If you have more than one site and need to input meal counts for another site, click the check mark next to step 2 on the left hand side and repeat the process.



1. Select an Operating Month: ✓ 10/1/2018 ADJ 0				
2. Select a Site: ✓ 218B8 - Newport Boys and Girls Club				
3. View Meal Count Calendar: ✓ 10/2/2018				
4. Enter Daily Meal Counts: ✓ saved				
5. Compare Actual Expenses to Budget: N/A FOR THIS PROGRAM				
6. Review Monthly Meal Count Totals: ✓ in-process				

Total Number of Participants	Free	Reduced	Paid	Total
Enrollment:	20	1	5	26
TITLE XX/XIX :	0	0.00 %		
Total Attendance/ADA	Proprietary Centers TITLE XIX/XX	# of Centers	Op Days for Month	ADA
Reg Totals:	0	1	2	0
	At-Risk Centers	At-Risk Enrollment	At-Risk Op Days	ADA
At Risk Totals:	1	50	2	35
Meals Served	FREE	REDUCED	PAID	Total
Breakfasts Served:	0	0	0	0
Lunches Served:	0	0	0	0
Snacks Served:	0	0	0	0
Supper Served:	0	0	0	0
At Risk				
Breakfast Served:	0			0
Lunch Served:	0			0
Supper Served:	0			30
Snacks Served:	0			30
Reports				
<input checked="" type="radio"/> Daily Meal Count Report	<input type="radio"/> Sponsor Site Meal Count Report	<input type="radio"/> Reimbursement Worksheet	<input type="radio"/> RIDE Claim Form	
View & Print				
Delete Claim Forget Changes Confirm <input checked="" type="checkbox"/> Ready for RIDE Approval				
I certify to the best of my knowledge and belief that this claim is true and correct in all respects: records are available to support his claim, in accordance with terms of the existing				

1. If all information for the site(s) is entered correct and you are ready to submit, check the ready for RIDE approval box.

2. Select confirm.

Remember: If you are a 'level 2' user, you will not be able to complete this step. Only a 'level 1' user can submit the monthly claim for reimbursement.



Claim Menu - Please select a sponsor

Logoff - MainMenu - Claim Menu

Fiscal Begin Date -10-2017

SEARCH TERMS:

Order of Terms: SponsorNo,SponsorName, SponsorCity, SponsorZipcode - use commas between terms and # sign between multiple searches

SPONSOR TYPE:

#	Name	2nd Name

Contact Information:
 JANIS GONECONTE
 (401)222-4252 ext:

Workflow Wizard

- Select an Operating Month: 9/1/2018 ADJ 0
- Select a Site: 1 of 1 Site(s) Reporting
- View Meal Count Calendar: 9/28/2018
- Enter Daily Meal Counts: saved
- Compare Actual Expenses to Budget: N/A FOR THIS PROGRAM
- Review Monthly Meal Count Totals: ACCEPTED_RIDE

Operating Month Totals

Total Monthly Operating Sites: 1 Total Monthly Operating Days: 18 Average Daily Attendance: 388

Meals Served to Children	FREE	REDUCED	PAID	ADULT	TOTAL
Breakfast Served:	0	0	0	0	0
SN Breakfast Served:	1,146	205	654	0	2,005
Lunch Served:	2,354	512	1,647	0	4,513
Snack Served:	0	0	0		0
AE Snack Served:	449				449
KMilk Served:	0		0	0	0

AVG. MILK COST:	<input type="text" value="0"/>	MEAL ENROLLMENT:	
# OF HALF-PINTS PURCHASED DURING MONTH COVERED BY THIS CLAIM		FREE:	172
KMILK ENROLLMENT:		REDUCED:	46
FREE:	0	PAID:	188
PAID:	0	Sub-Total:	406

Reports Daily Meal Count Sponsor Site Meal Count Reimbursement sheet RIDE Claim Form

Ready for RIDE Approval

I certify to the best of my knowledge and belief that this claim is true and correct in all respects: records are available to support his claim, in accordance with terms of the existing Agreement and that payment has not been received. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation will subject me to prosecution under applicable State and Federal criminal statutes.

The claim is now submitted to RIDE for review and processing- note the ready for RIDE approval button is greyed out and the delete claim and confirm buttons are now gone.



If you need to edit your claim for any reason after it has been submitted, you will need to contact David Mattos at (401) 222-4254 to get the claim put back into 'edit mode.'

To ensure prompt payment, we ask that all claims be entered within 10 calendar days after the close of the month for which you are claiming. If you fail to submit a claim within 60 days of the last serving day in the month for which you are claiming, you will lose the ability to submit a claim for reimbursement for that month.

Payment batches are processed in the middle and at the end of each month. Payment is typically received by Sponsors within 2 weeks of a batch being processed by RIDE. To review the status of your claim and/or information regarding your payment, access the "Remittance Listing Report" under the reports tab in CNP connect.

The screenshot displays the RIDE web application interface. At the top, there is a navigation bar with tabs for 'Fresh Fruit & Veg Prog', 'Site Menu', 'Agreement Menu', 'Claim Menu', and 'Report Menu'. The 'Report Menu' tab is selected. Below the navigation bar, there is a header area with 'Admin' on the left and 'Welcome to the Report Wizard Generator' in the center. On the right side of the header, there are two document icons and '0 Messages'. The main content area is divided into two sections: 'Report List:' and 'Filter Criteria:'. The 'Report List:' section has a dropdown menu set to 'CACFP' and a list of report options. 'Remittance Listing' is highlighted in blue. A pink arrow points from this option to the 'Report Menu' tab. The 'Filter Criteria:' section contains several dropdown menus: 'Sponsor Type' (set to 'Child Care Center'), 'Fiscal Begin Date' (set to '2019'), 'Operating Month' (with 'from' and 'thru' dropdowns), and 'Payment Type' (set to 'ALL'). A second pink arrow points from the 'Filter Criteria:' section to the 'Report Menu' tab.