

# Child and Adult Care Food Program (CACFP) WINS Information Sheet

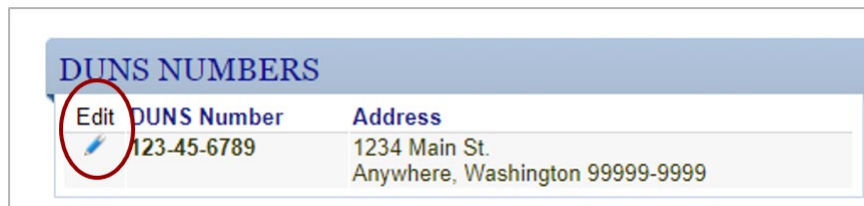
## Submitting the Sponsor Application in WINS

All Child and Adult Care Food Program (CACFP) sponsors must have an approved sponsor application prior to submitting claims for reimbursement.

### 1. Verify the DUNS Number

All Sponsors must have a Dun & Bradstreet (D&B) Number (DUNS Number) and address for which that number is registered. Once a DUNS number has been assigned, it must be registered at the SAM.gov website.

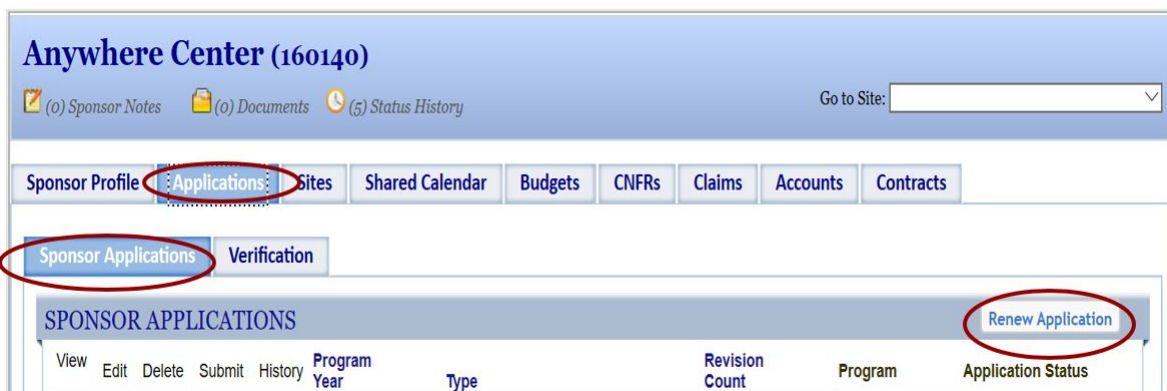
- a. Verify the address listed on your Sponsor Profile page is accurate.
- b. Select the 'Edit' button if changes are needed or to revise the entered SAM expiration date.



### 2. Navigate to the Sponsor Application

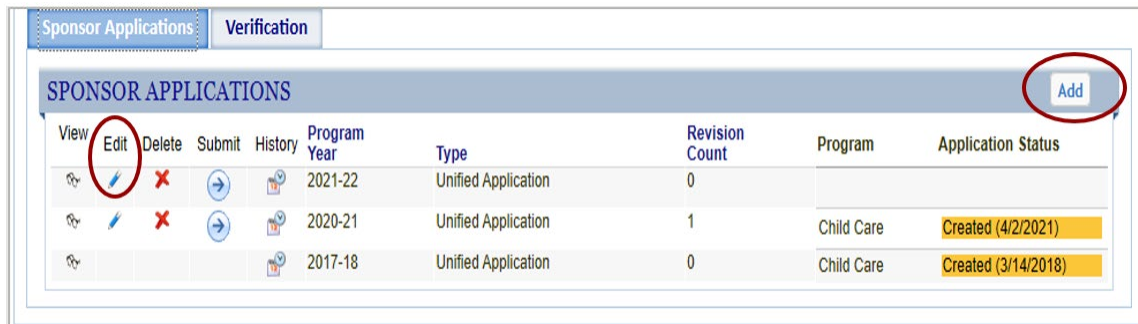
Utilize the [WINS Sponsor Home Page User Manual](#) for more details about utilizing the home page.

- a. Select the 'Applications' tab on the Sponsor Profile page.
- b. Select the 'Sponsor Applications' tab.
- c. Select the 'Renew Application' button.



### 3. Renewing the Application

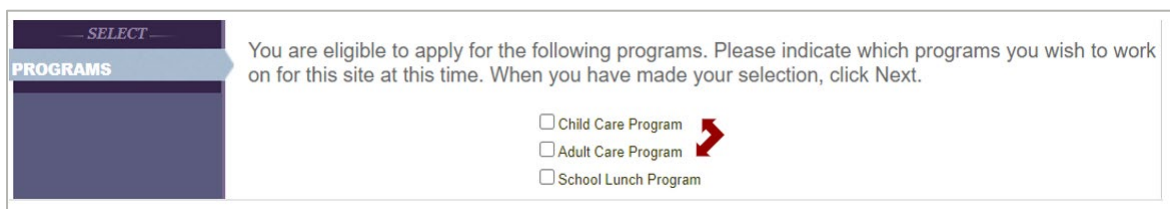
- a. Select the 'Add' button to begin the Sponsor Application.
- b. Select the 'Edit' icon corresponding to the applicable year.



### 4. Complete the Unified Application

#### a. Programs Section

Select the appropriate program to renew - Child Care or Adult Care



#### b. Sponsor Section

##### i. Addresses

- Ensure all Sponsor addresses in WINS are accurate and current.
  - Review Mailing, Street and Financial information.
  - Select the 'Edit' icon to update.
- Ensure all Sponsor Phone Numbers are accurate and current.
  - Review Office and Fax numbers.
  - Select the 'Edit' icon to update.
- Select the checkbox to verify the information provided here is accurate and current to the best of your knowledge.

**SPONSOR ADDRESSES**

Edit	Type	Address	Street Name	City	State	Zip Code	Attention
	Mailing *	1234	Main	Anywhere	WA	99999-9999	
	Street *	1234	Main	Anywhere	WA	99999-9999	
	Financial	1234	Main	Anywhere	WA	99999-9999	

**SPONSOR PHONES**

Edit	Type	Phone Number
	Office *	(000) 000-0000
	Fax	(000) 000-0000

I verify the information provided here is accurate and current to the best of my knowledge.

## ii. Program Contacts

- Each section must have a Required Contact, Program, Contact Name, Contact Email and Contact Phone.
- Review the Program Contacts listed to be sure the list is current.
- Updating Program Contacts: Select the 'Edit' button next to the contact to edit.
- If contact name not listed in the drop down: Select the 'Manage Staff' button in the upper right corner and add the contact information.

**SPONSOR**

ADDRESSES

**CONTACTS**

CIVIL RIGHTS

FORMS AND RECORDS

ASSURANCES

FSMC / VENDOR

CACFP

SPONSOR TYPE

FINANCIAL VIABILITY

ADMINISTRATIVE

TRAINING

MEALS & SERVICE

GOVERNING BOARD

REVIEW

CERTIFICATION

**PROGRAM CONTACTS** [Manage Staff](#)

Select the staff person who is responsible for each of the following roles in your organization.

View	Edit	Required Contact	Program	Contact Name	Contact Email	Contact Phone
		Business/Fiscal	All	Smith, Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Business CEO/President	CACFP	Johnson, Mary	Mary.Johnson@anywhere.com	(000) 000-0000 ext. 0
		CACFP Program Contact	CACFP	Smith, Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Claim Contact	CACFP	Smith, Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Second Program Contact	CACFP	Doe, Jane	jane.doe@anywhere.com	(000) 000-0000 ext. 000

**RESPONSIBLE PRINCIPALS** [Add](#)

Select the responsible principals for your organization.

View	Edit	Delete	Title	Contact Name	Contact Email	Contact Phone
			Chief Executive Officer	Johnson, Mary	Mary.Johnson@anywhere.com	(000) 000-0000 ext. 0

I verify the information provided here is accurate and current to the best of my knowledge.

- If changes need to be made you can either select an existing staff profile or create a new contact.
- Creating a new contact:
  - Select the 'Add' button in the Manage Sponsor Staff section.
  - Complete the information in the Staff Entry section.
  - Select the 'Save' button when completed.

**SELECT EXISTING STAFF PROFILE**

Select from list of Site Contacts

Select Site:

Site Contact:

Show Deactivated Staff

**MANAGE SPONSOR STAFF** **Add**

View	Edit	First Name	Last Name	Title	Status	Status Date
		Jane	Doe	Director	Active	7/13/2016

**Close**

**STAFF ENTRY**

Name: Prefix  First \*  Middle  Last \*  Suffix

Gender:  \*

Title:  \*

E-mail Address:  \*

Contact Phone: (  )   \* Extension:

Status:  \* Status Date: 4/23/2021

**Save** **Cancel**

### iii. Responsible Principals

- Review the Responsible Principals.
- Adding a New Responsible Principal:
  - Select the 'Add' button, the "Add Responsible Principal" window will pop up.
  - Add Contact Name from drop down and their Date of Birth.
  - Select the 'Save' button.
  - Select the checkbox to verify the information provided here is accurate and current to the best of your knowledge.

SPONSOR

ADDRESSES

CONTACTS

CIVIL RIGHTS

FORMS AND RECORDS

ASSURANCES

FSMC / VENDOR

CACFP

SPONSOR TYPE

FINANCIAL VIABILITY

ADMINISTRATIVE

TRAINING

MEALS & SERVICE

GOVERNING BOARD

REVIEW

CERTIFICATION

### PROGRAM CONTACTS

Manage Staff

Select the staff person who is responsible for each of the following roles in your organization.

View	Edit	Required Contact	Program	Contact Name	Contact Email	Contact Phone
		Business/Fiscal	All	Smith,Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Business CEO/President	CACFP	Johnson,Mary	Mary.Johnson@anywhere.com	(000) 000-0000 ext. 0
		CACFP Program Contact	CACFP	Smith,Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Claim Contact	CACFP	Smith,Bob	bob.smith@anywhere.com	(000) 000-0000 ext. 00
		Second Program Contact	CACFP	Doe,Jane	jane.doe@anywhere.com	(000) 000-0000 ext. 000

### RESPONSIBLE PRINCIPALS

Add

Select the responsible principals for your organization.

View	Edit	Delete	Title	Contact Name	Contact Email	Contact Phone
			Chief Executive Officer	Johnson,Mary	Mary.Johnson@anywhere.com	(000) 000-0000 ext. 0

I verify the information provided here is accurate and current to the best of my knowledge.

### ADD RESPONSIBLE PRINCIPAL

Contact Name:  \*

Date of Birth:  /  /  mm/dd/yyyy \*

- o Select the checkbox to verify the information provided here is accurate and current to the best of your knowledge.

#### iv. Civil Rights

Select the appropriate response to each question to attest to Civil Rights requirements.

SPONSOR

ADDRESSES

CONTACTS

CIVIL RIGHTS

FORMS AND RECORDS

ASSURANCES

FSMC / VENDOR

Does this institution and all its facilities accept all participants regardless of race, color, age, gender, disability, or national origin?  \*

Do you attest that this institution has never been found to be out of compliance with the civil rights laws of any federal agency?  \*

Is the "And Justice For All" poster displayed in a prominent location?  \*

#### v. Forms and Records

Select the appropriate response to each question on this page to attest to Record Maintenance for the CACFP.

SPONSOR

ADDRESSES

CONTACTS

CIVIL RIGHTS

FORMS AND RECORDS

ASSURANCES

FSMC / VENDOR

### Record Maintenance ?

Our organization understands that if we no longer participate in the Child Nutrition Programs, we must maintain records for three years after the date of the final claim:  \*

In the case that audit findings have not been resolved, the records shall be retained beyond the three year period for as long as may be required for the resolution of the issues raised by the audit:  \*

## vi. Assurances

Select the appropriate response to each question to attest to Assurance requirements.

**Assurances**

Has the organization, board president, owner or other persons responsible for the management of any USDA Child Nutrition program ever been placed on the National Disqualified list?  \*

Has the organization or any of its principals ever been terminated or determined seriously deficient in the operation of any USDA Child Nutrition program?  \*

Do you certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from doing business with the federal government?  \*

In the past 7 years, has the organization or any of its principals been declared ineligible to participate in a publicly funded program for violating that program's requirements?  \*

In the past 7 years, has the organization or any of its principals been convicted of any business-related crime that indicated a lack of business integrity?  \*

Does the organization participate in USDA Child Nutrition Programs in other states?  \*

## vii. FSMC/Vendor

- Select the appropriate response to each question.
- If all questions are 'No,' go to next section.

Does this organization contract for services with a Food Service Management Company?  \*

Does this organization contract with a vendor for the purchase of prepackaged/unitized meals?  \*

Does this organization have an inter-agency agreement to purchase meals/snacks from another LEA?  \*

Does this organization sell meals/snacks to another LEA?  \*

- If the 'Yes' option is selected for the two questions regarding LEAs, please reach out to your CACFP Specialist for guidance.
- If 'Yes' is selected for either of the first two questions, another screen will appear.
  - These questions will need to be answered and you will be required to complete a FSMC/Vendor Fact Sheet.
  - The FSMC/Vendor Fact Sheet is found under the Sponsor homepage, under the 'Contracts' tab. Sponsor applications will not be approved until this section has been submitted and approved by OSPI fiscal staff.

Does this organization contract for services with a Food Service Management Company?  \*

What programs are covered under this contract?

CACFP:  \*      NSLP:  \*      SBP:  \*

SMP:  \*      SFSP:  \*      FFVP:  \*

---

Does this organization contract with a vendor for the purchase of prepackaged/unitized meals?  \*

You will be required to complete FSMC/Vendor Fact Sheet(s) before you can begin to claim for the current program year.

What programs are covered under this contract?

CACFP:  \*      NSLP:  \*      SBP:  \*

SMP:  \*      SFSP:  \*      FFVP:  \*

---

Does this organization have an inter-agency agreement to purchase meals/snacks from another LEA?  \*

---

Does this organization sell meals/snacks to another LEA?  \*

**b. Sponsor Application – CACFP Section**

**i. Sponsor Type**

- Select the appropriate response by selecting the bubble next to either an Independent Center (single site) or a Sponsoring Organization (multiple sites).

Are you participating as an Independent Center?:  \*

Are you participating as a Sponsoring Organization?:  \*

- Sponsoring Organizations must indicate whether sponsored centers are part of their legal entity. When sponsored centers are not part of the legal entity, centers are considered unaffiliated sites.

Are you participating as a Sponsoring Organization?:  \*

Are all of your sponsored centers part of your legal entity?  \*

**ii. Financial Viability**

- Enter the year your organization was established.
- Enter what sources of income are available for your food service program in the box provided.

- Enter how your organization tracks how the CACFP reimbursement is spent and ensures that all reimbursement is only used for CACFP-allowable costs in the box provided.

- If you have any expenses that require disclosure chose yes and explain in the box provided.
- Disclosed expenses could include transactions between family members, officers or employees of the institution.
- For example: Related party-less than arm’s length transaction. Failure to disclose these relationships inhibits the state’s ability to make informed decisions regarding the allowability of the costs. If the contracted person who does the payroll is the daughter of the owner or the person who owns the building is the father of the director of the program.

### iii. Administrative

Enter how many hours per month will be spent on operation food service labor and add hours per month that will be spent on CACFP administrative labor.

- **Independent Sites Calculation**

- **Without a cook**

Number of average operating days **multiplied by** the number of staff meal service labor hours **equals** operational hours

- **With a cook**

Number of average operating days **multiplied by** the number of staff meal service labor hours) **plus** (cook’s daily hours **multiplied by** the number of operating days) **equals** operational hours, Do not include labor hours unaffiliated with CACFP related duties.

- **If organization chooses to claim administrative hours**



- Add the total the number of hours spent on claim prep/submission, training, planning, record keeping and working on applications and enter that number.
  - Generally, claiming administrative hours is only necessary if monthly reimbursement is not already exhausted by operational costs.
- **Sponsoring Organizations (Multiple-Site Sponsors) Calculation**
  - Determine what type of sites you have under your sponsorship (affiliated or unaffiliated).
  - **Affiliated sites** (all sites part of organization’s legal entity)
  - Enter both administrative and operational hours:
    - **Operational Hours Calculation**  
Number of operating days **multiplied by** the number of CACFP related staff labor hours at each site.
    - **Administrative Hours Calculation**  
Total the number of CACFP hours spent at each site on claim prep/submission, monitoring/training, planning, record keeping and working on applications.
  - **Unaffiliated sites** (all sites not part of organization’s legal entity)
    - Enter only administrative hours: Total the number of hours spent for each site on claim prep/submission, monitoring/training, planning, record keeping and working on applications.
    - Enter zero (0) for operational hours.
- **Select the position of the person responsible for each required duty in the operation of CACFP from the dropdown menu.**
  - This must be reviewed annually.
  - Considerations for “Person Responsible for Required Duties”
    - Assures that an accurate study month is completed annually.
      - Select ‘N/A’ for At-Risk Programs.
    - Plans menu, assuring they meet meal pattern requirements.
      - This oversight must be assigned within your organization even if you have a Food Service Management Contract or Vendor Agreement.
    - Assures that for-profit eligibility is documented each month.
      - Select ‘N/A’ for non-profit organizations.

<p align="center"><b>SPONSOR</b></p> <p>ADDRESSES CONTACTS CIVIL RIGHTS FORMS AND RECORDS ASSURANCES FSMC / VENDOR</p>	
<p align="center"><b>CACFP</b></p> <p>SPONSOR TYPE FINANCIAL VIABILITY</p>	
<p align="center"><b>ADMINISTRATIVE</b></p> <p>✘ TRAINING ✘ MEALS &amp; SERVICE ✘ GOVERNING BOARD</p>	
<p align="center"><b>REVIEW</b></p> <p>✘ CERTIFICATION</p>	

How many hours a month will be spent on operating food service labor? (Operating labor refers to staff time for meal preparation, serving, and cleanup.)  \*

How many hours a month will be spent on CACFP administrative labor? (Administrative labor refers to staff time for planning, record keeping, training, and monitoring.)  \*

In the list below, select the position of the person responsible for each required duty in the operation of the CACFP.

Assures that an accurate study month is completed annually:  \*

Ensures that enrollment information is collected/updated annually:  \*

Trains staff concerning CACFP annually and for new staff when they are hired:  \*

Plans menus, assuring they meet meal pattern requirements:  \*

Orders or shops for food:  \*

Cooks/prepares meals and snacks:  \*

Serves meals:  \*

Takes point of service meal counts:  \*

Keeps monthly food receipts and CACFP labor cost records on file:  \*

Compiles meal counts:  \*

Assures that all required records are available and organized:  \*

Assures that for-profit eligibility is documented each month before filing a claim, if a for-profit institution:  \*

#### iv. Training

- Select the appropriate response to each question regarding training requirements.
- **Institution attended required OSPI Training:** This question must be answered 'Yes'.
- Enter the date the appropriate person completed the OSPI Annual Training requirements. This must be entered for the application to be approved.
  - **Please Note:** This is an annual training offered by OSPI.
  - If appropriate attendees from the organization were unable to attend the live training, annual updates training is recorded for later viewing and is located on the [CACFP Annual Training Moodle](#).

<p align="center"><b>SPONSOR</b></p> <p>ADDRESSES CONTACTS CIVIL RIGHTS FORMS AND RECORDS ASSURANCES FSMC / VENDOR</p>	
<p align="center"><b>CACFP</b></p> <p>SPONSOR TYPE FINANCIAL VIABILITY ADMINISTRATIVE</p>	
<p align="center"><b>TRAINING</b></p> <p>✘ MEALS &amp; SERVICE ✘ GOVERNING BOARD</p>	
<p align="center"><b>REVIEW</b></p> <p>✘ CERTIFICATION</p>	

CACFP training for key staff will be provided when they are hired and at least one time per year thereafter. Records from each training session will include the agenda, date, and a sign-in with all participants' signatures. The required topics are:  \*

- CACFP meal pattern
- Meal counts
- Claims submission and review procedures
- Recordkeeping requirements
- Reimbursement system
- Civil rights

Our organization will assure that the appropriate person(s) attend the annual mandatory state agency training.  \*

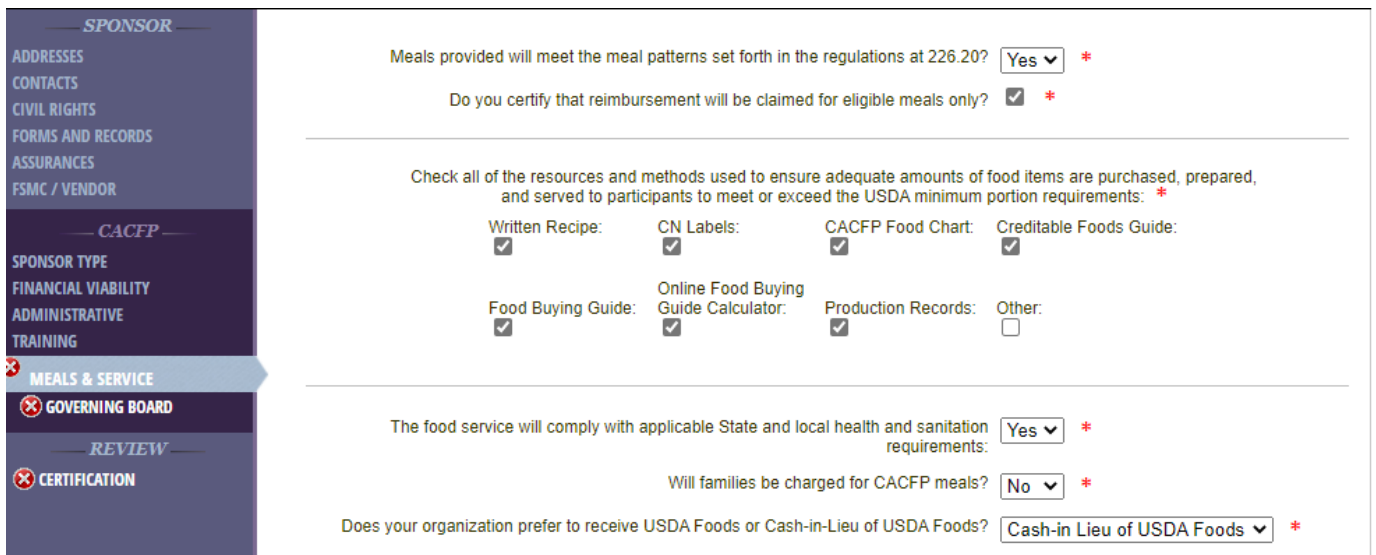
Our organization will address on-going staff training needs, and communicate CACFP changes and organization policies and procedures to all staff.  \*

Institution attended required OSPI training:  \*

Institution training date:  mm/dd/yyyy \*

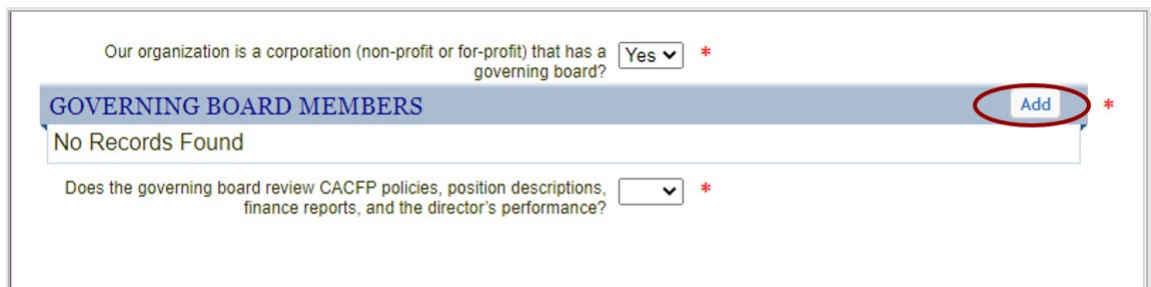
**v. Meals & Service**

- Select the appropriate response to each question regarding Meals & Service.
- Choose from the dropdown if meals provided will meet the meal patterns set forth in the regulations at [7 CFR 226.20](#).
- Click the box if you agree to certify that reimbursement will be claimed for eligible meals only.
- Select each resource and method that **your organization will use** to ensure that adequate amounts of food items are purchased, prepared, and served to participants to meet or exceed the USDA minimum portion requirements.
- Answer in the drop downs if food service will comply with applicable State and local health and sanitation requirement, if families will be charged for CACFP meals and if your organization prefers to receive USDA Food or Cash-in-Lieu of USDA Foods.



**vi. Governing Board**

- **Our organization is a corporation (non-profit or for-profit) that has a governing board?:** Select appropriate answer in the dropdown.
  - If yes, click the 'Add' button.



**SEARCH CRITERIA**

Search For:  Staff First Name:  Staff Last Name:

Include Deactivated Staff

---

**ANYWHERE CENTER STAFF**

View	Select	Edit	Deactivate	First Name	Last Name	Title
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Jessica	Condron	Director
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Jane	Doe	Director
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Jane	Doe	Director

- Click the 'Select Board Member' button. The Search Criteria page will appear.
- Select staff that your organization has already entered or add staff as needed.
- Enter *Area of Expertise*.
- Enter the *Relationship to other board members or institution employees* (leave blank if no relation).
- Click 'Save' button.

Board Member: James Martinez \*

Area of Expertise:  \*

Relationship to other board members or institution employees:

Leave blank if no relation.

- **Does governing board review CACFP policies, position descriptions, finance reports and the director's performance?:** Select appropriate response in the dropdown.

SPONSOR

ADDRESSES  
CONTACTS  
CIVIL RIGHTS  
FORMS AND RECORDS  
ASSURANCES  
FSMC / VENDOR

CACFP

SPONSOR TYPE  
FINANCIAL VIABILITY  
ADMINISTRATIVE  
TRAINING  
MEALS & SERVICE

**GOVERNING BOARD**

Our organization is a corporation (non-profit or for-profit) that has a governing board?  \*

**GOVERNING BOARD MEMBERS**  \*

Edit	Delete	Name	Area of Expertise	Mailing Address	Phone Number	Relationship to Other Board Members
	<input checked="" type="checkbox"/>	James Martinez Board Chairperson	Finance		(000) 000-0000 ext. 0000	

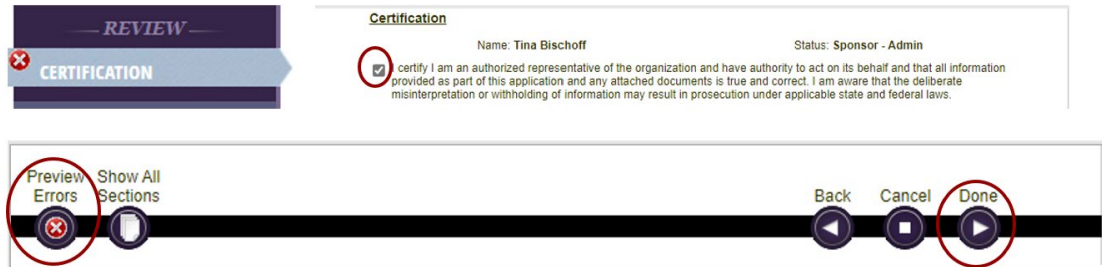
Does the governing board review CACFP policies, position descriptions, finance reports, and the director's performance?  \*

Preview Show All  
Errors Sections

### c. Certification

- Preview for Errors. If errors are noted, make the appropriate corrections.

- Check the box to certify that you are an authorized representative of the organization and have authority to act on its behalf and that all information provided as part of this application and any attached documents are true and correct.
- Select 'Done'.



## 5. Submit Your Sponsor Application

- You will be returned to the Sponsor Application homepage; select the 'Submit' arrow to submit to your Program Specialist for review. A new page will pop up.
- Select 'Submit to OSPI' on the Application Submission Checklist.
- You will be returned to the Sponsor Application homepage and can double check to see if your Sponsor Application has been submitted.
- If the Sponsor Application is returned for corrections by the Program Specialist, they will notify you by email that it has been returned so you can edit and correct as instructed. Then re-submit for application approval.

Sponsor Applications		Verification							
SPONSOR APPLICATIONS									Add
View	Edit	Delete	Submit	History	Program Year	Type	Revision Count	Program	Application Status
					2021-22	Unified Application	0	Child Care	Created (4/23/2021)

### Application Submission Checklist

You are submitting the unified program application. Check the program(s) you wish to submit and click 'Submit to OSPI'. Or click 'Cancel' to return without submitting.

SPONSOR APPLICATION					
Submit	OK to Submit?	Program	Is Revised?	Error Count	Incomplete Items
<input checked="" type="checkbox"/>	Yes	Child Care	No	0	0

View		History	Program Year	Type	Revision Count	Program	Application Status
			2021-22	Unified Application	0	Child Care	Submitted (4/26/2021)
			2020-21	Unified Application	1	Child Care	Submitted (4/26/2021)
			2017-18	Unified Application	0	Child Care	Created (3/14/2018)

## 6. Organizations with Food Service Management Contracts or Vendor Agreements

- a. From the Sponsor Application page you can see the tab for Contracts where you can locate the FSMC/Vendor Fact Sheet.
  - FSMC/ Vendor Fact Sheets must be completed prior to filing a claim for the new program year.
  - Use the [Completing Contract Fact Sheets in WINS Information Sheet](#) for more details on completing these steps.



Additional WINS information sheets are located in WINS under the 'Info' tab, in the 'Documentation and Job Aids' section.

**Have Questions?** Please contact your CACFP Specialist.