

MARS

(Mississippi Application Reimbursement System)

CACFP Update Training
2018-2019

July/August, 2018



MISSISSIPPI
DEPARTMENT OF
EDUCATION

Ensuring a bright future for every child

CACFP Staff

Office of Child Nutrition

601-576-4954

CACFP Application Package

- My Account verification
- Organization Application verification
- Board of Directors/Principals
- Organization Management Plan
- Checklist
- Application Packet Notes for Organization
- Attachment List
- Site Application

Why is it important to verify “My Account”


- Email address must be current and valid to reset forgotten MARS passwords from login screen
- Organizations cannot receive email notification if email is entered incorrectly in this section
- Organizations can change password in this section

My Account

Child and Adult Care Food Program




[Applications](#) | [Claims](#) | [Compliance](#) | [Reports](#) | **[My Account](#)** | [Search](#)

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Child and Adult Care Food Program



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[My Account](#) >

Item	Description
My Training	Register for available training courses and view my course history
Account Profile	Update my user profile

My Account

Child and Adult Care Food Program



Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

My Account > My Account >

My Account

User Information

User Name: ALee

First Name:

Middle Initial:

Last Name:

Email Address:

Phone Number:

Change Password (Optional)

Password Minimum Requirements

Length:	8
Numeric Characters:	1
Uppercase Characters:	1

Enter your new password, then re-enter your new password to verify it.
Note: Passwords are case-sensitive and must meet the minimum requirements.

New Password:

Re-Enter New Password:

Password Hint (Optional)

Hint Question:

Hint Answer:

Organization Application verification

- Organization must make sure all information is current and up to date
- Executive Director and Authorized Individual “Alternate Signature Person” should match prior year
- Ethnicity Data and Racial Data should total the same amount of **potential eligible** children **not children enrolled** in childcare center
- Racial Data questions #36 and #37 are questions about advertisement

Organization Application

Ethnicity Data

Provide the ethnic makeup of the potential participants served by the Organization. Provide numbers of Potential Eligible Beneficiaries by ethnic categories.

34. Geographic Area (enter values):

Hispanic or Latino: 0.00 %

Non-Hispanic or Latino: 0.00 %

Racial Data

Provide the racial makeup of the participants served by the Organization. Provide numbers of Eligible Beneficiaries by racial categories.

35. Geographic Area (enter values):

American Indian or Alaskan Native: 0.00 %

Asian: 0.00 %

Black or African American: 0.00 %

Native Hawaiian or Pacific Islander: 0.00 %

White: 0.00 %

Other: 0.00 %

36. Describe efforts to assure that minority populations have equal opportunity to participate in the program.

37. Describe efforts to contact minority and grassroots organizations about the opportunity to participate in the program.

Board of Directors/Principals

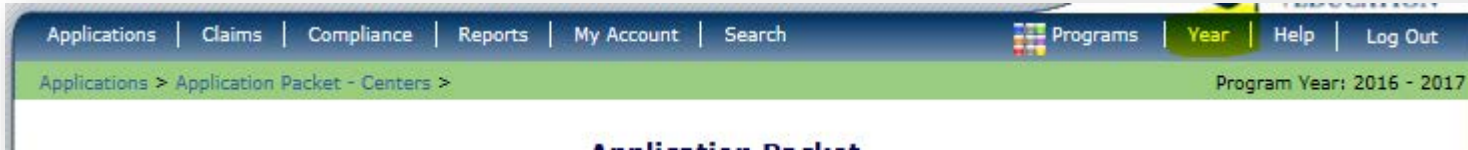
- For Profit Organizations must list:
 - Executive Director
 - Authorized Individual “Alternate Person”
- Non-Profit Organizations must list:
 - Executive Director
 - Authorized Individual “Alternate Person”
 - Board Members that hold a position on the Board

Organization Management Plan

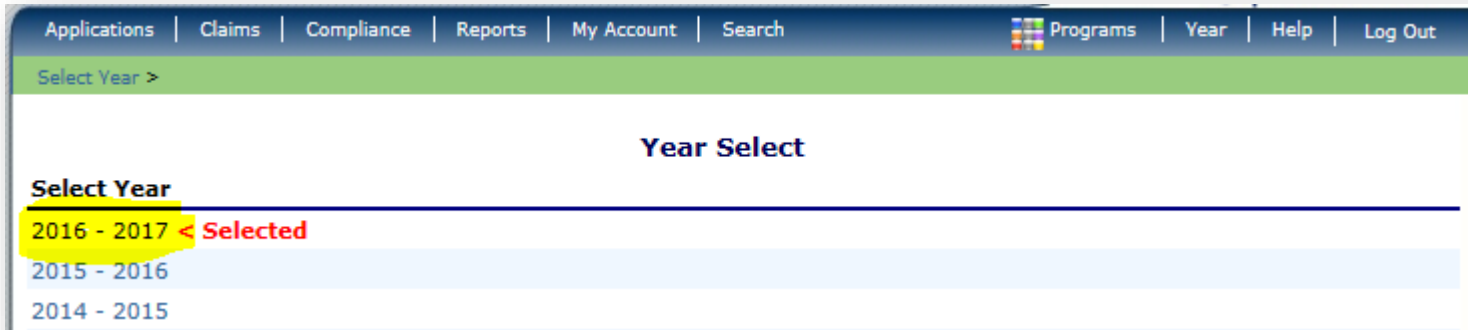
- Keys to renewing Management Plan
 - Review last year's Management Plan
 - Check No or NA whenever question does not apply to your organization
 - Answer questions in complete sentence

Review last years Management Plan

Click Year





Select Year



Checklist

Submit only documents that are requested in this section

Required Forms/Documents to send to MDE	Document Submitted to MDE	Date Submitted to MDE	Document on File w/MDE	Status	Status Date	Last Updated By
Food Service Permit	 <input checked="" type="checkbox"/>	11/21/2016	<input checked="" type="checkbox"/>	Approved	11/22/2016	ALee
License	 <input checked="" type="checkbox"/>	11/21/2016	<input checked="" type="checkbox"/>	Approved	11/22/2016	ALee

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	License		11/21/2016 5:44:30 PM
View Modify	Food Service Permit		11/21/2016 5:44:07 PM

Application Packet Notes for Organization

Always check Application Packet Notes for updates on renewal information, directions for application corrections, explanations and renewal deadlines.

Attachment List

- Upload all other State Agency requested documentation
- Title each document uploaded
- Verify document uploaded in the correct document requested

Attachment List

Add a brief description of the attachment

Attachment Detail

1. File To Attach:

2. Comment:

VIEW | **MODIFY** | DELETE

Site Application

- Update license effective and expiration dates A4 and A5

License / Registration Information

A1. Site Type:

Adult Care Center

Child Care Center

Child Care Outside School Hours Emergency Shelter

Head Start At-Risk Afterschool Care Center

A2. Tax Status: Nonprofit

If Other, please explain:

A3. License Number: 25C4PF-3881

A4. License Effective Date: 07/01/2016

A5. License Expiration Date: 06/30/2017

A6. License Capacity: 120

A7. Age Range of Participants: From: 0 Yrs 0 Mos To: 3 Yrs 0 Mos

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

Site Application

- All *for-profit* organizations are Affiliated Center A17

Center Information

A17. Affiliation: Affiliated Unaffiliated

Affiliated means the sites are part of the sponsoring Organization.

Unaffiliated means the sites are not part of the sponsoring Organization.

- Self-prep centers not answer questions C9, C11, and C12

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

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

C11. Name of Food Service Vendor: [REDACTED]

C12. Contract Period: From: [REDACTED] To: [REDACTED]

Site Application

- Affiliated Centers do not complete E1-E4

Signature Date

- E1.** If Site is Unaffiliated, enter Signature Date of Site Representative from Site Application:
- E2.** If Site is Unaffiliated, enter Signature Date of Organization Representative from Site Application:
- E3.** If Site is Unaffiliated, enter Signature Date of Site Representative from Provider Agreement with Sponsoring Organization:
- E4.** If Site is Unaffiliated, enter Signature Date of Organization Representative from Provider Agreement with Sponsoring Organization:

Staffing Pattern

Number 1- 3 must be completed.

(d) Total hours/month employee is paid

(e) Number of days/month will spend on CACFP duties

(f) Number of hours/day employee will spend on CACFP duties

(g) Number of hours/day employee will spend on other duties

(h) Salary of employee and/or hourly rate

(i) Amount requested from CACFP Title of Position

Agreement to Furnish Food

The Agreement to Furnish Food is a contract between the organization and a Food Service Management Company/School to furnish food.

Waiver for Unitized Meals

- The unitized meal requirement specifies that the meal components (Except the milk) must be portioned, package, delivered and served as a unit.
- This applies to Outside-School-Hours Care Centers Only.



Report Changes to Your Approve Application

- Changes that must be reported include:
- Name, address, phone number, or email changes
- A site is added, dropped, or moved
- A change in meal service (i.e. meal type/time).
- A new director or owner
- The center is sold
- The Center is closed

Additional Information

- Organizations will be able to enter the 2018-2019 information in MARS beginning August 1, 2018.
- Renewal Packages were previously mailed.

Questions/Comments



Day Care Homes - Provider Application

Select Provider Applications at the bottom of the Application Packet

Action	Form Name	Latest Version	Status
View Revise	✓ DCH Organization Application	Original	Approved
Revise Details	✓ DCH Board of Directors/Principals	Original	Approved
View Revise	✓ DCH Budget Detail	Rev. 1	Approved
View	✓ DCH Management Plan	Original	Approved
Details	➔ Checklist Summary (71)		
Details	Application Packet Notes (1)		
View	Application Packet Notes for Organization (1)		
Details	Attachment List (16)		


	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s) ➔	29	1	0	0	0	0	30

Day Care Homes - Provider Application

License Information

2. Provider is:
3. License Number:
4. Capacity:
5. License Effective Date: (mm/dd/yyyy)
6. License Expiration Date: (mm/dd/yyyy)

Provider Information

- | | Salutation | First Name | Last Name |
|---|------------|------------|------------------------|
| 7. Provider Name: | | Pippin | Bonnie |
| 8. Date of Birth:
(mm/dd/yyyy) | | | |
| 9. Email Address:  | | | |
| 10. Phone:
(999-999-9999) | | Ext: | Fax:
(999-999-9999) |
| 11. Alt Phone:
(999-999-9999) | | | |
| 12. Last 4 digits of SSN: | | | |

Day Care Homes - Provider Application

Schedule

26. A. Months of Operation
(Check all that apply)

All: Jan: Feb: Mar: Apr: May: Jun:
Jul: Aug: Sep: Oct: Nov: Dec:

B. Days of Operation
(Check all that apply)

Mon-Fri:
Mon: Tue: Wed: Thu: Fri: Sat: Sun:

Regular Schedule

27. Normal Hours of Child Care Operations:

Time Open:

Time Close:

28. Regular Meals:

Meal	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast				
<input type="checkbox"/> AM Snack				
<input type="checkbox"/> Lunch				
<input type="checkbox"/> PM Snack				
<input type="checkbox"/> Supper				
<input type="checkbox"/> Evening Snack				

29. Reason for Supper Second Shift:

Day Care Homes - Provider Application

Weekend Schedule

30. Normal Hours of Child Care Operations: Time Open: _____ Time Close: _____

31. Weekend Meals:

Meal	First Shift		Second Shift	
	Start Time	End Time	Start Time	End Time
<input type="checkbox"/> Breakfast				
<input type="checkbox"/> AM Snack				
<input type="checkbox"/> Lunch				
<input type="checkbox"/> PM Snack				
<input type="checkbox"/> Supper				
<input type="checkbox"/> Evening Snack				

32. Reason for Supper Second Shift:

33. Additional Organization notes related to Meal Service:

General Questions

34. Provider will make meal counts and menu records available to the Organization by the following date of each month:

10 (1-31)

35. Pre-Approval Visit Date: 07/01/2013 (mm/dd/yyyy)

Day Care Homes - Provider Application

Certification

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

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

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




Day Care Homes - Provider Application

- This error message generates if an application is submitted if required documents have not been uploaded

Code	Error Description
304946	Provider checklist items must be submitted.

Day Care Homes - Provider Application

The inspection report, agreement, and pre-approval visit forms generate in the DCH Checklist Summary

Required Forms/Documents to send to MDE	Document Submitted to MDE	Date Submitted to MDE
Sponsor Provider Agreement	 <input type="checkbox"/>	<input type="text"/>
Copy of Home Inspection OR License	 <input type="checkbox"/>	<input type="text"/>
Pre-Approval Visit Form	 <input type="checkbox"/>	<input type="text"/>

Questions/Comments



Non-Discrimination Statement

This institution is an equal opportunity provider.



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