

**Nebraska Department of Education
(NDE)
CNP (.NET)**

**CACFP DCH Provider Applications
Point of Sale (POS) File Specifications**

Final V1.0

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**State of Nebraska
Department of Education**



Submitted by:



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Document Revision History

Version	Status	Date	Change Description	Updated By
V2.0	Final	01/30/2015	Initial Document	Charlotte Grier Colyar Consulting Group
V2.1	Final	02/05/2015	Updated for NDE specifications	Eva Shepherd NDE

1. Point of Sale (POS) Interface

Child and Adult Care Food Program (CACFP) Daycare Home (DCH) Provider application data may be either manually entered into CNP via the CACFP Provider Applications module or imported via a file in a designated, pre-defined file format. Since some Sponsors maintain DCH provider application administrative systems that automatically capture point of sale (POS) data for applications served and generate application data by provider, CNP provides the ability for authorized users to import a POS file in a defined file format. Once the file is imported into CNP, application validation and error checking will function in the same manner as if the provider data was manually entered into CNP and the user had selected the Save button.

This option is available only for the Child and Adult Care Food Program (CACFP) which includes the following:

- Day Care Home Provider Applications

1.1 Interface Characteristics

The following table identifies the characteristics of this interface:

Table 1: POS Systems – Interface Characteristics

Category	Characteristic
Purpose of Interface(s)	To upload a DCH Provider Application Data
Type of Interface(s)	Batch
Initial Frequency Setting	On-demand initiated by Sponsor user
Interface Direction	Import into CNP
Import Method	Via YYYY-YYYY FDCH Provider List within the CNP CACFP DCH Application module (see Section 2)
Acceptable File Formats	ASCII Fixed Width per specification in this document
NDE Contact for Interface Development Questions	<ul style="list-style-type: none"> ▪ Eva Shepherd ▪ eva.shepherd@nebraska.gov
NDE Contact for Production Questions	<ul style="list-style-type: none"> ▪ Sharon Davis ▪ Sharon.L.Davis@nebraska.gov

1.2 Constraints

The import process relies on the creation of an interface file that is a fixed width ASCII text file and contains DCH Provider Application data reporting information from a Sponsor’s point of sale (POS) system. The file must be formatted according to the layout specified in the CNP CACFP POS File Layout specifications. Sponsors will need to develop a method of creating this file, which may require working with their POS vendor.

1.3 Process Overview

Creating the CNP CACFP DCH Provider Application POS File

When a Sponsor is ready to import DCH provider application data into CNP for a specific month, they will initially execute an external process from their POS system to create the “import” file. This file can be saved on the Sponsor’s local computer hard drive, network directory, or in any location desired by the user. The name of the file is not relevant to CNP, therefore the Sponsor can choose their own naming standard for the file. It is recommended that the Sponsor includes the Provider name and month (e.g., SallyAndersonJan2014) in the file name.

Importing the CACFP DCH Provider Application POS File into CNP

Once the file is created, the user will log into CNP to execute the import process. The interface process is initiated by a user with the appropriate CNP security to load the file. The intent is for the Sponsor user to conduct the upload process using the NDE-granted CNP security rights and access to the DCH Provider Application POS file.

To upload the file into CNP, the Sponsor will click on a button on the CNP CACFP FDCH Provider List screen (see Section 2). CNP will present the user with a “File Open” dialog box and the user will navigate to and select the “import” file from the location where the user saved the file. After selecting the file, the user will click on an “import” link. CNP will import the file and save the data. Uploaded files will be validated to ensure that Sponsors can only upload data for their sites.

Data Validation

After the file has been imported, CNP will display a results screen so the user understands which, if any, records need to be corrected. If there are errors in the data, the user can either correct them manually in CNP or correct the errors in the POS system and re-upload the corrected file. The file can be uploaded as many times as the Sponsor would like; however, CNP will overlay any existing data with new data. Repetitive uploads will always overlay existing data until the DCH provider application has been approved. After the provider application has been approved, subsequent uploads will result in the creation of a revised DCH provider application.

1.4 File Layout

Appendix A defines the file format for the CNP DCH Provider Application POS file. Please note the following:

- N = Numeric
Example: Numeric data that is represented with two digits and no decimal places will be shown in this document as N(2,0).
- C = Character
Example: Character data that fills a field that is 64 spaces wide will be shown in this document as C(64).

2. Accessing DCH Provider Application POS Option within CNP

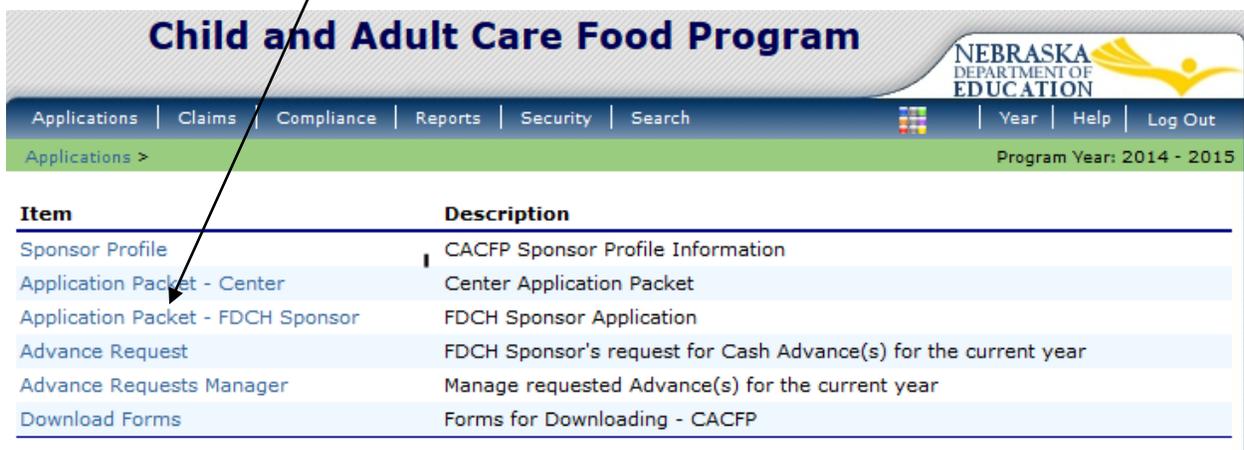
The following screens identify the steps required to upload DCH Provider Application data.

Step 1: Access the DCH Application Sub-module

Once an authorized user has logged into the CACFP module, access to the application component for DCH Provider Application is via “Applications” on the Menu Bar.



Step 2: Select “Application Packet – FDCH Sponsor”



Step 3: On the Day Care Home Sponsor Application Packet, select Provider Application(s) to upload the file.

Packet Assigned To: unassigned

Action	Form Name	Latest Version	Status
View Revise	✓ FDCH Sponsor Application	Original	Approved
Revise Details	✓ FDCH Board of Directors	Original	Approved
Details	Staff Profile FDCH		
View Revise	✓ FDCH Budget Detail	Original	Approved
View Revise	✓ FDCH Management Plan	Original	Approved
Details	County Approval (32)		
Details	✓ Checklist Summary (1)		
Details	Application Packet Notes		
Details	Attachment List (106)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Provider Application(s)	650	1	1	0	10	2	655

Step 4: On the FDCH Provider List, click the “Import Provider Application(s)” button

Provider Totals					
Approved: 650	Unapproved: 5	Total: 655	Closed: 10	Self-Cancelled: 0	Terminated: 10
Applications Pending Approval: 0			Applications with Errors (Inactive): 2		

Provider Search	
Show All Providers or Search By:	<input type="text"/> <input type="button" value="Search"/>
<input type="checkbox"/> Include All closed Providers	

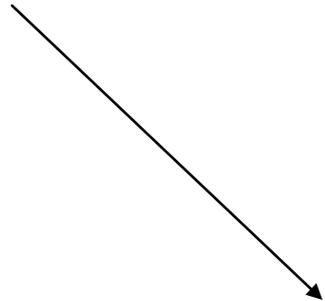
Step 5a: Select the POS DCH Provider Application data file to be uploaded (use the Browse button to locate the file)

To Upload a file:

1. Click on the "Browse" button to find the file on your computer.
2. Once you locate the file, click the "Open" button.
3. When finished with the above steps, click "Upload".

* The upload may take a few minutes. Thank You for your patience.

Select File:



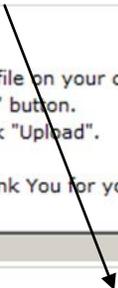
Step 5b: Select the "Upload" button

To Upload a file:

1. Click on the "Browse" button to find the file on your computer.
2. Once you locate the file, click the "Open" button.
3. When finished with the above steps, click "Upload".

* The upload may take a few minutes. Thank You for your patience.

Select File:



Appendix A

CNP CACFP DCH Provider Application Point of Sale (POS) File Format Specifications

Notes:

- Each row in the POS file is a provider application for a respective DCH provider; multiple providers (i.e., multiple records) are included in a single POS file.
- A single POS file may contain different license types.
- The file extension must be .txt.
- Remove field headers, commas or tabs between fields.
- After upload is successful, errors may occur on the application's business rules are not met. The provider application can be corrected in modified mode.

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
1	1	3	Upload Form ID = 602	3	N(3,0)	Y	Value = 602 for every record
2	4	9	Serial Number	6	N(6,0)	Y	Sequential Record Number (1, 2, 3, etc.)
3	10	25	Agreement Number (no dashes)	16	C(16)	Y	Do not include dashes
4	26	89	Sponsor Name	64	C(64)	Y	Name of Sponsor
5	90	95	Requested Effective App Date	6	C(6)	Y	MMYYYY (must be numeric ie: 092013)
6	96	159	Site Name	64	C(64)	N	Name of the Facility (if applicable)
7	160	175	Provider First Name	16	C(16)	Y	
8	176	176	Provider Middle Initial	1	C(1)	N	
9	177	208	Provider Last Name	32	C(32)	Y	
10	209	258	Provider Full Name	50	C(50)	N	LEAVE BLANK
11	259	268	Phone #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555
12	269	276	Phone Ext	8	N(8)	N	
13	277	286	Fax #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555
14	287	296	Alt Phone #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555
15	297	304	Alt Phone Ext	8	N(8)	N	
16	305	314	Alt Fax #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555
17	315	442	Email Address	128	C(128)	N	
18	443	450	Date of Birth	8	C(8)	N	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date)
19	451	458	Pre-approval Visit Date	8	C(8)	Y*	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date) . *Required on the applicaton.
20	459	474	Alt Provider ID	16	C(16)	Y*	If this value doesn't exist, a license # must be supplied. This can only be blank if there's a license # (NA is not a license #).
21	475	482	County Code	8	C(8)	N	
22	483	610	Street Address 1 (Physical Address)	128	C(128)	N	
23	611	738	Street Address 2 (Physical Address)	128	C(128)	N	

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
24	739	802	Street City (Physical Address)	64	C(64)	N	
25	803	806	Street State (Physical Address)	4	C(4)	N	
26	807	815	Street Zipcode (Physical Address)	9	N(9)	N	Left Justify. Do not include dashes or spaces. Ex: 12345-6789 = 123456789
27	816	943	Mailing Street Address 1	128	C(128)	N	
28	944	1071	Mailing Street Address 2	128	C(128)	N	-
29	1072	1135	Mailing City	64	C(64)	N	
30	1136	1139	Mailing State	4	C(4)	N	
31	1140	1148	Mailing Zipcode	9	N(9)	N	Left Justify. Do not include dashes or spaces. Ex: 12345-6789 = 123456789
32	1149	1151	License Type	3	N(3)	Y	11 = "Home 1" ('HOMEI') 12 = "Home 2" ('HOMEII') 17 = "License Exempt" ('LICENSEEXEMPT') 20 = "Military Family Day Care" ('MILITARY')
33	1152	1167	License #	16	C(16)	Y*	If unlicensed or not applicable, enter "NA". * If unlicensed, an Alt Provider ID must be supplied.
34	1168	1172	License Capacity	5	N(5)	Y*	Left Justify, Space Fill, Leave blank if N/A. *Required, if Field Seq. 35 is filled.
35	1173	1180	License Start Date	8	N(8)	Y*	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date). *Required, if Field Seq. 35 is filled.
36	1181	1188	License Exp Date	8	N(8)	N	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date)
37	1189	1204	Tier Code	16	C(16)	Y	TIERI = "Tier I" TIERII = "Tier II" TIERIIMIX = "Tier II Mixed"

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
38	1205	1220	Tier I Eligibility Code	16	C(16)	Y*	AREA_SCHOOL = "Area Eligible - School" AREA_CENSUS = "Area Eligible - Census" INCOME = "Income Qualified" SNAP = "SNAP" TANF = "TANF" FDPIR = "FDPIR" Leave blank if N/A. *Required, if Field Seq. 37 = 'TIERI'.
39	1221	1228	Tier I Eligibility Start Date	8	N(8)	N	LEAVE BLANK
40	1229	1236	Tier I Eligibility End Date	8	N(8)	N	LEAVE BLANK
41	1237	1300	District Name	64	C(64)	N	LEAVE BLANK
42	1301	1364	School Name	64	C(64)	Y*	Leave blank if N/A. *Required, if Field Seq. 37 = 'TIERI'.
43	1365	1380	School #	16	C(16)	N	LEAVE BLANK
44	1381	1396	School Zipcode	16	N(16)	N	LEAVE BLANK
45	1397	1405	Tier I Free & Redc Price Percent	9	N(9)	N	LEAVE BLANK
46	1406	1421	Census Code	16	C(16)	N	LEAVE BLANK
47	1422	1423	Tier II Reimbursement Method	2	C(2)	N	LEAVE BLANK
48	1424	1425	Age range enrolled From - Years	2	N(2)	N	LEAVE BLANK
49	1426	1427	Age range enrolled From - Months	2	N(2)	N	LEAVE BLANK
50	1428	1429	Age range enrolled To - Years	2	N(2)	N	LEAVE BLANK
51	1430	1431	Age range enrolled To - Month	2	N(2)	N	LEAVE BLANK
52	1432	1436	Number of Enrolled Children	5	N(5)	Y*	Left Justify, Space Fill, Leave blank if N/A. *Required, on the applicaton.
53	1437	1441	Number of Enrolled Children Non-Resident	5	N(5)	N	LEAVE BLANK
54	1442	1446	Number of Enrolled Children Own/Resident	5	N(5)	N	LEAVE BLANK
55	1447	1451	Number of Enrolled Children Resident Foster	5	N(5)	N	LEAVE BLANK
56	1452	1452	Claim Own Children Indicator	1	C(1)	N	LEAVE BLANK
57	1453	1468	Claim Own Children Code	16	C(16)	N	LEAVE BLANK
58	1469	1469	Care for Infants	1	C(1)	Y*	Chooses (Y=Yes, N=No) *Required on the applicaton.
59	1470	1470	Operate October	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month ='Y'
60	1471	1471	Operate November	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month ='Y'
61	1472	1472	Operate December	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month ='Y'
62	1473	1473	Operate January	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month ='Y'

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
63	1474	1474	Operate February	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
64	1475	1475	Operate March	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
65	1476	1476	Operate April	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
66	1477	1477	Operate May	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
67	1478	1478	Operate June	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
68	1479	1479	Operate July	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
69	1480	1480	Operate August	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
70	1481	1481	Operate September	1	C(1)	N*	Chooses (Y=Yes, N=No) *At least one (1) month = 'Y'
71	1482	1482	Operate Monday	1	C(1)	N	LEAVE BLANK
72	1483	1483	Operate Tuesday	1	C(1)	N	LEAVE BLANK
73	1484	1484	Operate Wednesday	1	C(1)	N	LEAVE BLANK
74	1485	1485	Operate Thursday	1	C(1)	N	LEAVE BLANK
75	1486	1486	Operate Friday	1	C(1)	N	LEAVE BLANK
76	1487	1487	Operate Saturday	1	C(1)	N	LEAVE BLANK
77	1488	1488	Operate Sunday	1	C(1)	N	LEAVE BLANK
78	1489	1489	Open 24 Hours	1	C(1)	N*	Chooses (Y=Yes, N=No) *Required on the applicaton.
79	1490	1494	Regular Schedule Time Open	5	C(5)	N*	HH:MM (24 hour format. Must be 00:00 (midnight) thru 23:59 (11:59pm)). Leave blank if N/A. *Required on the applicaton.
80	1495	1499	Regular Schedule Time Close	5	C(5)	N*	HH:MM (24 hour format. Must be 00:00 (midnight) thru 23:59 (11:59pm)). Leave blank if N/A. *Required on the applicaton.
81	1500	1504	Weekend Schedule Time Open	5	C(5)	N	HH:MM (24 hour format. Must be 00:00 (midnight) thru 23:59 (11:59pm)). Leave blank if N/A.
82	1505	1509	Weekend Schedule Time Close	5	C(5)	N	HH:MM (24 hour format. Must be 00:00 (midnight) thru 23:59 (11:59pm)). Leave blank if N/A.
83	1510	1510	Breakfast Meals Served Ind	1	C(1)	N	LEAVE BLANK
84	1511	1515	Breakfast Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
85	1516	1520	Breakfast Meals Regular Schedule End Time	5	C(5)	N	LEAVE BLANK
86	1521	1521	Breakfast Number of Shifts	1	N(1)	N	LEAVE BLANK
87	1522	1526	Breakfast Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
88	1527	1531	Breakfast Meals Weekend End Time	5	C(5)	N	LEAVE BLANK

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
89	1532	1532	Breakfast Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
90	1533	1533	Breakfast Served Monday	1	C(1)	N	LEAVE BLANK
91	1534	1534	Breakfast Served Tuesday	1	C(1)	N	LEAVE BLANK
92	1535	1535	Breakfast Served Wednesday	1	C(1)	N	LEAVE BLANK
93	1536	1536	Breakfast Served Thursday	1	C(1)	N	LEAVE BLANK
94	1537	1537	Breakfast Served Friday	1	C(1)	N	LEAVE BLANK
95	1538	1538	Breakfast Served Saturday	1	C(1)	N	LEAVE BLANK
96	1539	1539	Breakfast Served Sunday	1	C(1)	N	LEAVE BLANK
97	1540	1540	AM Snack Meals Served Ind	1	C(1)	N	LEAVE BLANK
98	1541	1545	AM Snack Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
99	1546	1550	AM Snack Meals Regular Schedule End Time?leave Blank	5	C(5)	N	LEAVE BLANK
100	1551	1551	AM Snack Number of Shifts	1	C(1)	N	LEAVE BLANK
101	1552	1556	AM Snack Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
102	1557	1561	AM Snack Meals Weekend End Time	5	C(5)	N	LEAVE BLANK
103	1562	1562	AM Snack Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
104	1563	1563	AM Snack Served Monday	1	C(1)	N	LEAVE BLANK
105	1564	1564	AM Snack Served Tuesday	1	C(1)	N	LEAVE BLANK
106	1565	1565	AM Snack Served Wednesday	1	C(1)	N	LEAVE BLANK
107	1566	1566	AM Snack Served ThursdayLeave Blank	1	C(1)	N	LEAVE BLANK
108	1567	1567	AM Snack Served Friday	1	C(1)	N	LEAVE BLANK
109	1568	1568	AM Snack Served Saturday	1	C(1)	N	LEAVE BLANK
110	1569	1569	AM Snack Served Sunday	1	C(1)	N	LEAVE BLANK
111	1570	1570	Lunch Meals Served Ind	1	C(1)	N	LEAVE BLANK
112	1571	1575	Lunch Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
113	1576	1580	Lunch Meals Regular Schedule End Time	5	C(5)	N	LEAVE BLANK
114	1581	1581	Lunch Number of Shifts	1	C(1)	N	LEAVE BLANK
115	1582	1586	Lunch Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
116	1587	1591	Lunch Meals Weekend End Time	5	C(5)	N	LEAVE BLANK
117	1592	1592	Lunch Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
118	1593	1593	Lunch Served Monday	1	C(1)	N	LEAVE BLANK
119	1594	1594	Lunch Served Tuesday	1	C(1)	N	LEAVE BLANK

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
120	1595	1595	Lunch Served Wednesday	1	C(1)	N	LEAVE BLANK
121	1596	1596	Lunch Served Thursday	1	C(1)	N	LEAVE BLANK
122	1597	1597	Lunch Served Friday	1	C(1)	N	LEAVE BLANK
123	1598	1598	Lunch Served Saturday	1	C(1)	N	LEAVE BLANK
124	1599	1599	Lunch Served Sunday	1	C(1)	N	LEAVE BLANK
125	1600	1600	PM Snack Meals Served Ind	1	C(1)	N	LEAVE BLANK
126	1601	1605	PM Snack Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
127	1606	1610	PM Snack Meals Regular Schedule End Time	5	C(5)	N	LEAVE BLANK
128	1611	1611	PM Snack Number of Shifts	1	C(1)	N	LEAVE BLANK
129	1612	1616	PM Snack Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
130	1617	1621	PM Snack Meals Weekend End Time	5	C(5)	N	LEAVE BLANK
131	1622	1622	PM Snack Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
132	1623	1623	PM Snack Served Monday	1	C(1)	N	LEAVE BLANK
133	1624	1624	PM Snack Served Tuesday	1	C(1)	N	LEAVE BLANK
134	1625	1625	PM Snack Served Wednesday	1	C(1)	N	LEAVE BLANK
135	1626	1626	PM Snack Served Thursday	1	C(1)	N	LEAVE BLANK
136	1627	1627	PM Snack Served Friday	1	C(1)	N	LEAVE BLANK
137	1628	1628	PM Snack Served Saturday	1	C(1)	N	LEAVE BLANK
138	1629	1629	PM Snack Served Sunday	1	C(1)	N	LEAVE BLANK
139	1630	1630	Supper Meals Served Ind	1	C(1)	N	LEAVE BLANK
140	1631	1635	Supper Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
141	1636	1640	Supper Meals Regular Schedule End Time	5	C(5)	N	LEAVE BLANK
142	1641	1641	Supper Number of Shifts	1	C(1)	N	LEAVE BLANK
143	1642	1646	Supper Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
144	1647	1651	Supper Meals Weekend End Time	5	C(5)	N	LEAVE BLANK
145	1652	1652	Supper Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
146	1653	1653	Supper Served Monday	1	C(1)	N	LEAVE BLANK
147	1654	1654	Supper Served Tuesday	1	C(1)	N	LEAVE BLANK
148	1655	1655	Supper Served Wednesday	1	C(1)	N	LEAVE BLANK
149	1656	1656	Supper Served Thursday	1	C(1)	N	LEAVE BLANK
150	1657	1657	Supper Served Friday	1	C(1)	N	LEAVE BLANK

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
151	1658	1658	Supper Served Saturday	1	C(1)	N	LEAVE BLANK
152	1659	1659	Supper Served Sunday	1	C(1)	N	LEAVE BLANK
153	1660	1660	Night Snack Meals Served Ind	1	C(1)	N	LEAVE BLANK
154	1661	1665	Night Snack Meals Regular Schedule Start Time	5	C(5)	N	LEAVE BLANK
155	1666	1670	Night Snack Meals Regular Schedule End Time	5	C(5)	N	LEAVE BLANK
156	1671	1671	Night Snack Number of Shifts	1	C(1)	N	LEAVE BLANK
157	1672	1676	Night Snack Meals Weekend Start Time	5	C(5)	N	LEAVE BLANK
158	1677	1681	Night Snack Meals Weekend End Time	5	C(5)	N	LEAVE BLANK
159	1682	1682	Night Snack Number of Shifts Weekend	1	C(1)	N	LEAVE BLANK
160	1683	1683	Night Snack Served Monday	1	C(1)	N	LEAVE BLANK
161	1684	1684	Night Snack Served Tuesday	1	C(1)	N	LEAVE BLANK
162	1685	1685	Night Snack Served Wednesday	1	C(1)	N	LEAVE BLANK
163	1686	1686	Night Snack Served Thursday	1	C(1)	N	LEAVE BLANK
164	1687	1687	Night Snack Served Friday	1	C(1)	N	LEAVE BLANK
165	1688	1688	Night Snack Served Saturday	1	C(1)	N	LEAVE BLANK
166	1689	1689	Night Snack Served Sunday	1	C(1)	N	LEAVE BLANK
167	1690	1690	Meals Prepared on Site	1	C(1)	N	LEAVE BLANK
168	1691	1691	Meals Prepared on Other	1	C(1)	N	LEAVE BLANK
169	1692	1693	Meal Count & Menu Records available by date each month	2	N(2)	N	LEAVE BLANK
170	1694	1694	SNAP Provider	1	C(1)	N	LEAVE BLANK
171	1695	1726	Case Number	32	C(32)	N	LEAVE BLANK
172	1727	1734	SNAP Begin Date	8	N(8)	N	LEAVE BLANK
173	1735	1742	SNAP End Date	8	N(8)	N	LEAVE BLANK
174	1743	1750	Signature Date of Contracting Provider(s) on Site Application	8	N(8)	N	LEAVE BLANK
175	1751	1758	Signature Date of Sponsor Representative on the Site Application	8	N(8)	N	LEAVE BLANK
176	1759	1766	Signature Date of Provider(s) from Permanent Agreement with Sponsoring Organization	8	N(8)	N	LEAVE BLANK
177	1767	1774	Signature Date of Sponsor Representative from Permanent Agreement with Sponsoring Organization	8	N(8)	N	LEAVE BLANK

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
178	1775	1775	Has the provider ever been found guilty of committing fraud?	1	C(1)	Y*	Chooses (Y=Yes, N=No) *Required on the Application
179	1776	1783	If yes, provide the date the sentence expired:	8	N(8)	N*	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date) *Required, if Field Seq 178 = 'Y' .
180	1784	1815	Cal Fresh Case #	32	C(32)	N	LEAVE BLANK
181	1816	1823	Effective Date of Provider Agreement	8	N(8)	N	LEAVE BLANK
182	1824	1831	Closed as of Date	8	C(8)	N	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date). Blank if N/A
183	1832	1847	Closed Code	16	C(16)	N*	Blank if not closed. DROPPED = "Dropped for Cause" CLOSED = "Provider Closed" TRANSFER = "Provider Transfer" SPONSOR = "Sponsor Closed" TERMINATED = "Provider Terminated" *Required if Closed Date is entered.
184	1848	1855	Alt System Update Date	8	C(8)	Y	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date)
185	1856	1871	Alt System Update Time	16	C(16)	Y	HH:MM (24 hour format. Must be 00:00 (midnight) thru 23:59 (11:59pm)).
186	1872	1999	License Street Address 1	128	C(128)	N	LEAVE BLANK
187	2000	2127	License Street Address 2	128	C(128)	N	LEAVE BLANK
188	2128	2191	License City	64	C(64)	N	LEAVE BLANK
189	2192	2195	License State	4	C(4)	N	LEAVE BLANK
190	2196	2204	License Zipcode	9	N(9)	N	LEAVE BLANK
191	2205	2220	Alternate Contact First Name	16	C(16)	N	
192	2221	2252	Alternate Contact Last Name	32	C(32)	N	
193	2253	2260	Alternate Contact Date of Birth	8	N(8)	N	MMDDYYYY (must be numeric ie: 09072013 and must be a valid date)
194	2261	2388	Alternate Contact Email Address	128	C(128)	N	
195	2389	2398	Alternate Contact Phone #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555

Field Seq.	Position From	Position To	Description	Field Size	Field Type	Required	Notes
196	2399	2406	Alternate Contact Phone Extension	8	N(8)	N	
197	2407	2416	Alternate Contact Fax #	10	N(10)	N	Do not include dashes; enter Areacode + prefix + suffix ex: 5555555555
198	2417	2544	Alternate Contact Street Address 1	128	C(128)	N	
199	2545	2672	Alternate Contact Street Address 2	128	C(128)	N	
200	2673	2736	Alternate Contact City	64	C(64)	N	
201	2737	2740	Alternate Contact State	4	C(4)	N	
202	2741	2749	Alternate Contact Zipcode	9	N(9)	N	Left Justify. Do not include dashes or spaces. Ex: 12345-6789 = 123456789

Appendix B

CNP CACFP DCH Provider Application Point of Sale (POS) Error Descriptions