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# CACFP

## **Quick Reference for Provider and Center Claim File Upload**

Child Nutrition & Wellness

# Kansas State Department of Education

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# CACFP

## Child & Adult Care Food Program Monthly Claim Upload File Process

### This Quick Reference Covers:

- A. File Layout
- B. Import file into KNCLAIM

### A. File Layout

- 1 – The file is ASCII text file comma delimited. The terminator character at the end of each record is a Pipe Character |. Each record should be on a separate line.
- 2 – The file must contain **one** header record followed by the claim records.
- 3 – The file can contain both provider and center claim records.

#### 4– Header Record Layout

Column ID	Max Length	Data Type	Format	Notes
Record ID	1	Char		H
Program ID	5	Char		CACFP
Sponsor Number	15	Char		
Claim Period	6	Numeric		YYYYMM
FDCH Sponsor Monthly Cost	10,2	Numeric	9999999.99	
Record Terminator	31	Char		

#### 5 – Claim Record Layouts

Kansas sponsors use two claiming method types. Following are the methods and the record layout fields follow for each type. They are different so use only one layout type.

- **Actual meal counts** - Fill out all fields on the record layout.
- **Claiming Percentages** – Fill out fields that are marked with an '\*'. The provider identifier fields, enrollment, operating days, and meal total fields.

5 – Claim Record Layouts (continued)

**Actual meal counts** -Provider Record Layout (One Record per Provider)

Column ID	Max Length	Data Type		Notes
Record ID	1	Char		P
Program ID	5	Char		CACFP
License Number	10	Numeric		7 digit license number plus 3 digit extension
Tier I Total Attendance	6	Numeric	999999	
Tier II High Total Attendance	6	Numeric	999999	
Tier II Low Total Attendance	6	Numeric	999999	
Total Attendance	8	Numeric	99999999	
Number of Operating Days	2	Numeric	99	
Tier I Breakfast	6	Numeric	999999	
Tier I AM Snack	6	Numeric	999999	
Tier I Lunch	6	Numeric	999999	
Tier I PM Snack	6	Numeric	999999	
Tier I Supper	6	Numeric	999999	
Tier I Evening Snack	6	Numeric	999999	
Tier II High Breakfast	6	Numeric	999999	
Tier II High AM Snack	6	Numeric	999999	
Tier II High Lunch	6	Numeric	999999	
Tier II High PM Snack	6	Numeric	999999	
Tier II High Supper	6	Numeric	999999	
Tier II High Evening Snack	6	Numeric	999999	
Tier II Low Breakfast	6	Numeric	999999	
Tier II Low AM Snack	6	Numeric	999999	
Tier II Low Lunch	6	Numeric	999999	
Tier II Low PM Snack	6	Numeric	999999	
Tier II Low Supper	6	Numeric	999999	
Tier II Low Evening Snack	6	Numeric	999999	
Total Breakfast	8	Numeric	99999999	
Total Snack	8	Numeric	99999999	
Total Lunch	8	Numeric	99999999	
Total PM Snack	8	Numeric	99999999	
Total Supper	8	Numeric	99999999	

Total Evening Snack	8	Numeric	99999999	
Record Terminator	31	Char		

**Claiming Percentages -Provider Record Layout (One Record per Provider)**

Column ID	Max Length	Data Type		Notes
Record ID	1	Char		P
Program ID	5	Char		CACFP
License Number	10	Numeric		7 digit license number plus 3 digit extension
Tier I Total Attendance	6	Numeric	999999	
Tier II High Total Attendance	6	Numeric	999999	
Tier II Low Total Attendance	6	Numeric	999999	
Total Attendance	8	Numeric	99999999	
Number of Operating Days	2	Numeric	99	
Claiming Data Tier II Hi	6	Numeric	999999	Mixed Tier – Tier II High Participation
Claiming Data Tier II Lo	6	Numeric	999999	Mixed Tier – Tier II Low Participation
Zero 1	6	Numeric	999999	0
Zero 2	6	Numeric	999999	0
Zero 3	6	Numeric	999999	0
Zero 4	6	Numeric	999999	0
Zero 5	6	Numeric	999999	0
Zero 6	6	Numeric	999999	0
Zero 7	6	Numeric	999999	0
Zero 8	6	Numeric	999999	0
Zero 9	6	Numeric	999999	0
Zero 10	6	Numeric	999999	0
Zero 11	6	Numeric	999999	0
Zero 12	6	Numeric	999999	0
Zero 13	6	Numeric	999999	0
Zero 14	6	Numeric	999999	0
Zero 15	6	Numeric	999999	0
Zero 16	6	Numeric	999999	0
Total Breakfast	8	Numeric	99999999	0
Total Snack	8	Numeric	99999999	0
Total Lunch	8	Numeric	99999999	0
Total PM Snack	8	Numeric	99999999	0
Total Supper	8	Numeric	99999999	0
Total Evening Snack	8	Numeric	99999999	0

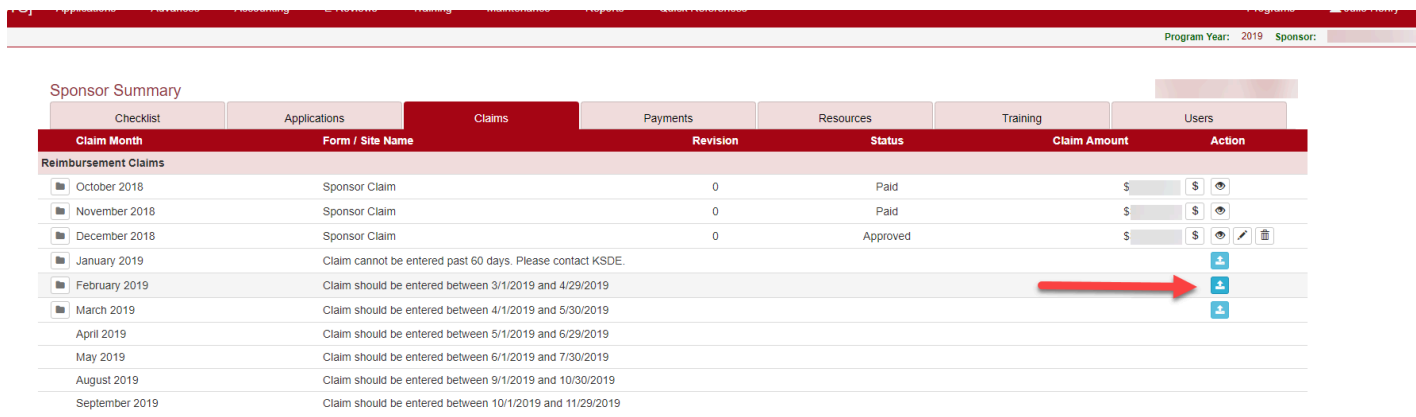
Record Terminator	31	Char		
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Center Record Layout (One Record per Center per Program)

Column ID	Max Length	Data Type		Notes
Record ID	1	Char		C
License Number	15	Char		7 digit license number plus 3 digit extension
Program Type	4	Char		CCC = Child Care Center HS = Head Start ES = Homeless Shelter ASCS = At-Risk Snack ACC = Adult Day Care OSHC = Outside School Hours
Free Participation	6	Numeric	999999	Not for Profit only
Reduced Participation	6	Numeric	999999	Not for Profit only
Paid Participation	6	Numeric	999999	Not for Profit only
Total Enrollment	7	Numeric	9999999	For-Profit only
Number of Operating Days	2	Numeric	99	
Average Daily Attendance	6	Numeric	999999	
Area Eligible Snacks	6	Numeric	999999	
Total Breakfast	8	Numeric	99999999	
Total AM Snack	8	Numeric	99999999	
Total Lunch	8	Numeric	99999999	
Total PM Snack	8	Numeric	99999999	
Total Supper	8	Numeric	99999999	
Total Evening Snack	8	Numeric	99999999	
Total Title XX Beneficiaries	6	Numeric	99999999	
Free/Reduced-Price Eligible	6	Numeric	99999999	
For-Profit Center meets 25% eligibility	1	Char		0 = Not for profit 1 = For-Profit Center, meets the 25% eligibility 2 = For-Profit Center, does not meet 25% eligibility
Record Terminator	31	Char		

## B. Import file into KNCLAIM

- 1 – Log into KNCLAIM CACFP application.
- 2 – After you select the program year, click on red navigation menu bar “Applications” link located on the left-hand side of the screen.
- 3 – Select “Sponsor Summary” from the list.
- 4 – Select “Claims” tab.
- 5 – If a claim doesn’t exist for the month, a blue “upload” button will display. On the line with the month you want to upload, click on the “upload” button.

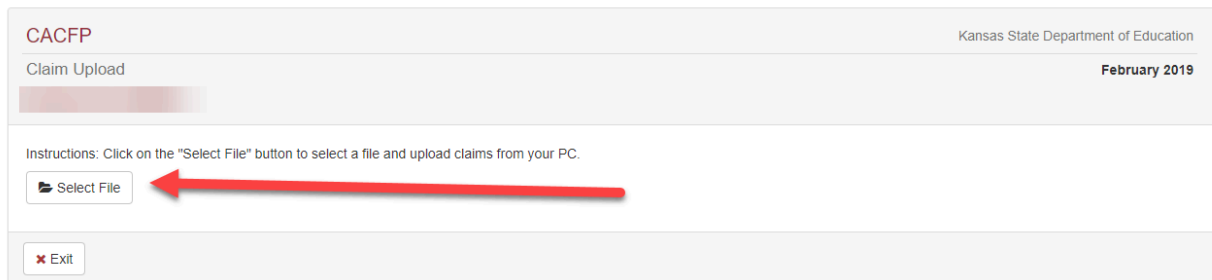


Program Year: 2019 Sponsor:

Sponsor Summary

Checklist	Applications	Claims	Payments	Resources	Training	Users
Claim Month	Form / Site Name	Revision	Status	Claim Amount	Action	
<b>Reimbursement Claims</b>						
October 2018	Sponsor Claim	0	Paid	\$		
November 2018	Sponsor Claim	0	Paid	\$		
December 2018	Sponsor Claim	0	Approved	\$		
January 2019	Claim cannot be entered past 60 days. Please contact KSDE.					
February 2019	Claim should be entered between 3/1/2019 and 4/29/2019					
March 2019	Claim should be entered between 4/1/2019 and 5/30/2019					
April 2019	Claim should be entered between 5/1/2019 and 6/29/2019					
May 2019	Claim should be entered between 6/1/2019 and 7/30/2019					
August 2019	Claim should be entered between 9/1/2019 and 10/30/2019					
September 2019	Claim should be entered between 10/1/2019 and 11/29/2019					

- 6 –Click on the “Select File” button and select the file to upload.



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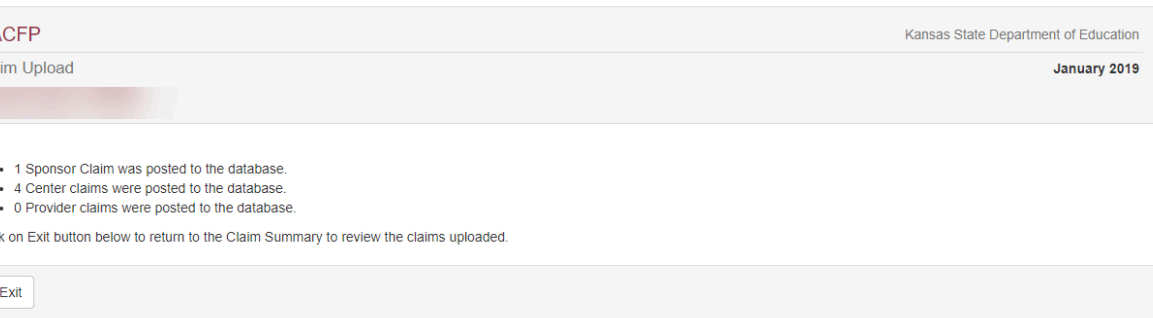
Claim Upload February 2019

Instructions: Click on the "Select File" button to select a file and upload claims from your PC.

Select File

Exit

- 7 – When the upload is complete, a confirmation page will be displayed. If any errors occur, they will be displayed in an error list on this screen.



The screenshot shows a web application interface. At the top left, there is a red navigation bar with the text 'CFP' and 'Claim Upload'. At the top right, it says 'Kansas State Department of Education' and 'January 2019'. Below the navigation bar, there is a list of bullet points: '1 Sponsor Claim was posted to the database.', '4 Center claims were posted to the database.', and '0 Provider claims were posted to the database.'. Below the list, there is a line of text: 'Click on Exit button below to return to the Claim Summary to review the claims uploaded.'. At the bottom left, there is a button labeled 'Exit'.

- 8 – Click on 'Exit' to return to the summary page or select from the red navigation menu bar.

**Do you need help or have a problem to report?**

**Call 785-296-2276 and ask for computer technical support.**

