School Nutrition Programs

Website https://ican.sd.gov/ican/splash.aspx

UPDATED June 2016

National School Lunch and School Breakfast Programs

Updated: June 2016

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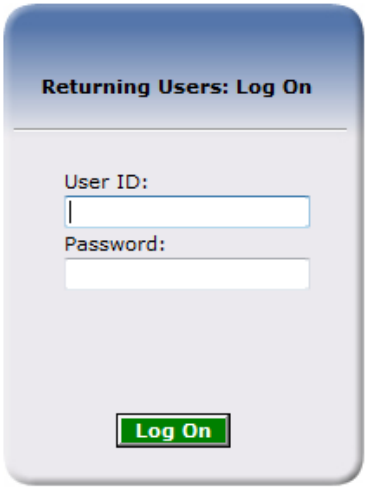
Chapter 1 – Logging in to the System

1) In the Log On box, enter your User ID.
2) Enter your Password.
3) Click *Log On*.



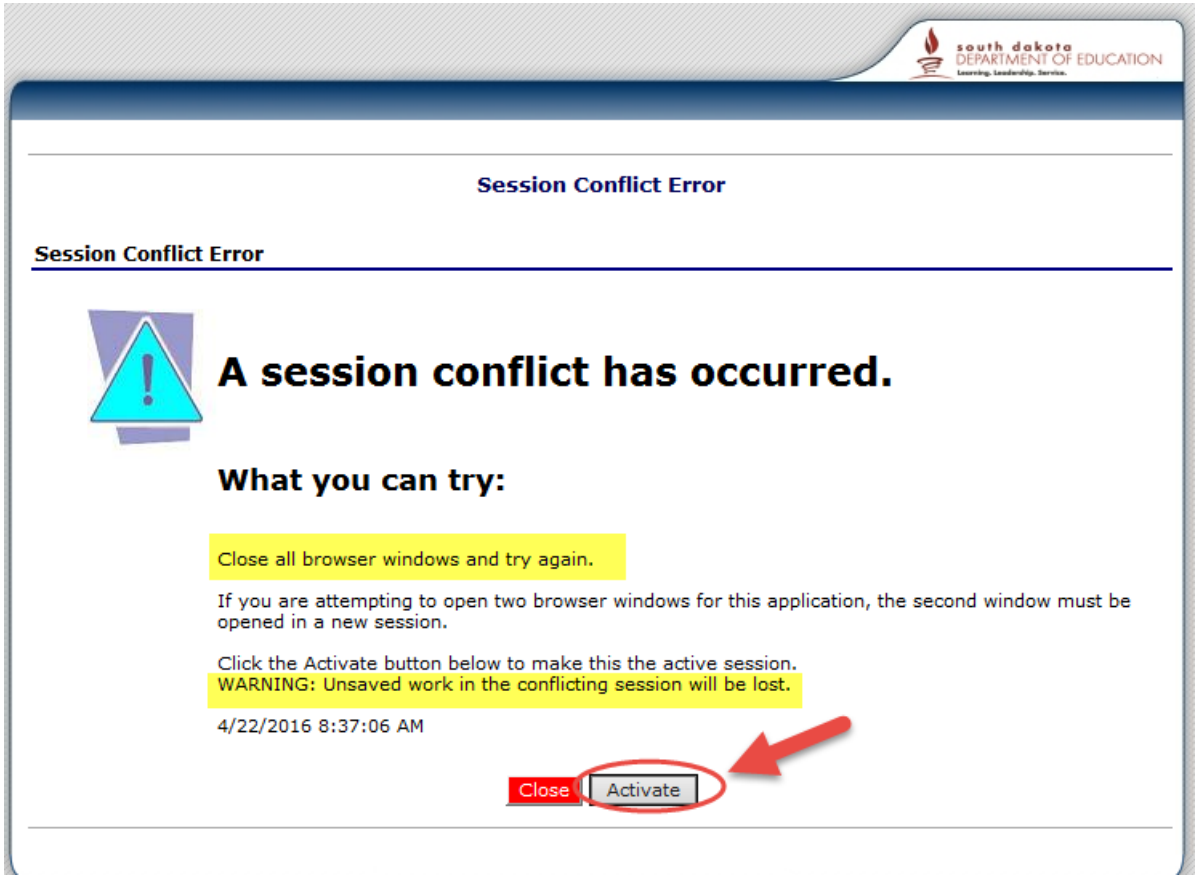
4) Once you successfully log on, the iCAN Programs page is displayed. Click on the specific tile you wish to access. In this instance the *School Nutrition Programs*.

Tip: Actual access to specific program tiles is based on the user's security rights. You may not see all tiles displayed. If you have access to only one program you will not see this screen.

SESSION CONFLICT ERROR

Occasionally you may encounter a *Session Conflict Error* when logging into to iCAN.

First try clicking the *Activate* button. In most instances this will take you directly to the iCAN Log On. If clicking *Activate* does not work, you will need to close out your other browsers (***after saving your work***!) and try to log on again. If the problem persists, please send an email to DOE.iCANHelp@state.sd.us or call 605-773-3413.



Chapter 2 –Navigating the iCAN System

Once you have logged in, the top portion of the iCAN page contains key elements that provide basic information about your location within the system.

1. The **Program Name** will identify which Program you are in.

2. The dark blue line contains the **Menu** Items. Selecting a menu item will take you to that menu page.

3. The light blue line is the **Breadcrumb Trail**. This identifies your location within the iCAN system. Selecting a specific portion of the trail will take you back to that particular screen.

4. Your School or Agency information will be shown in the **information box**.

5. **Year** will allow you to select prior Program Years to view information.

6. **Help** will take you to the online help screen where you can search for a specific question or obtain instructions for navigating the iCAN system.

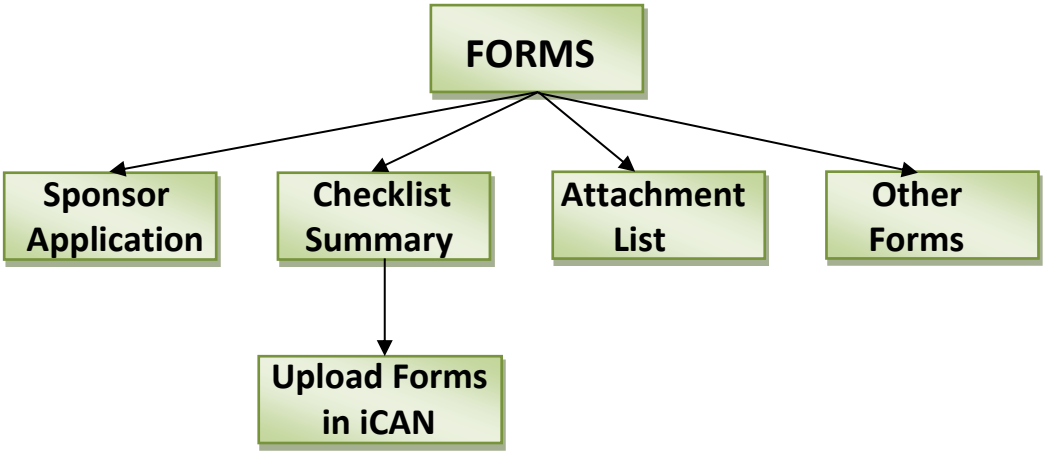
7. Please make sure you **Log Out** to exit the iCAN system.

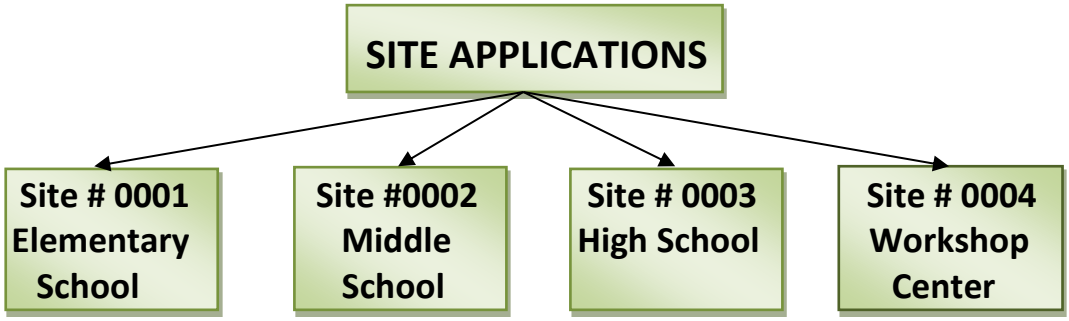
An Overview of the Application Process

The Application Packet consists of two main sections.

FORMS: This contains the Sponsor Application, a Checklist Summary and an Attachment List. Your list of forms will vary depending on your particular School/Agency.

SITE APPLICATIONS: There will be an individual application required for each of your sites.



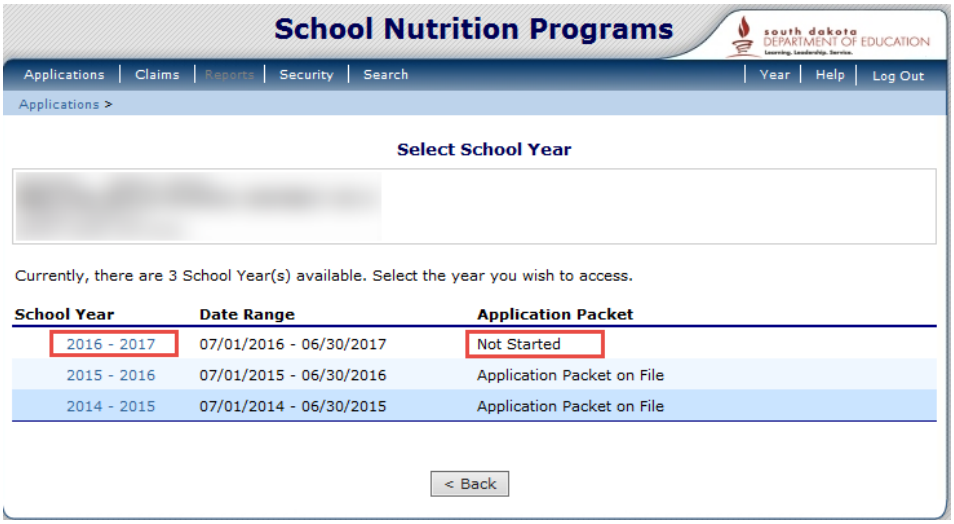


Chapter 3 – Application Packet

Completing a Sponsor Application

1) Select *Applications* in the Menu line. 2) Select *Application Packet*.

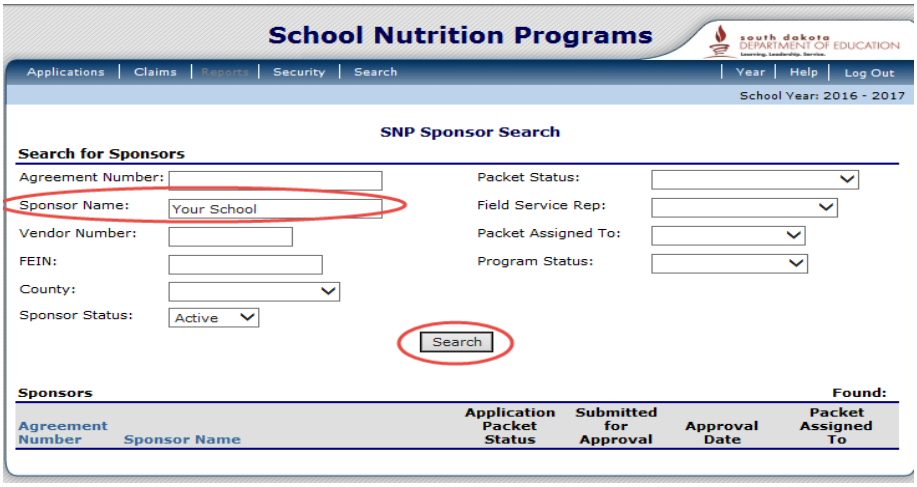
3) Your school or agency name should already be listed. Select the appropriate School Year.



4) If you see this screen choose *"add"*. This will take you to the *"sponsor application"*.

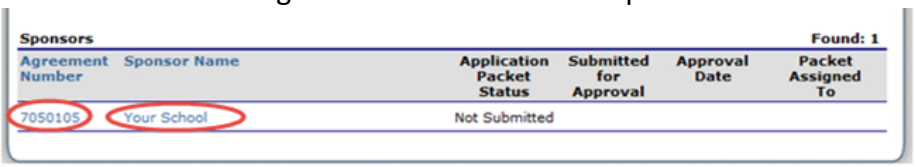
5) If you see this screen-Select *Enroll* to begin a renewal application, or if you do not wish to complete an application at this time, select *Cancel*.
6) If you selected *Enroll*, Click *OK* to continue.

Tip: For individuals that work with **multiple Agencies** (such as a Food Service Management Co.), you must first search for the Sponsor. Fill in the Sponsor's name and select *Search*.

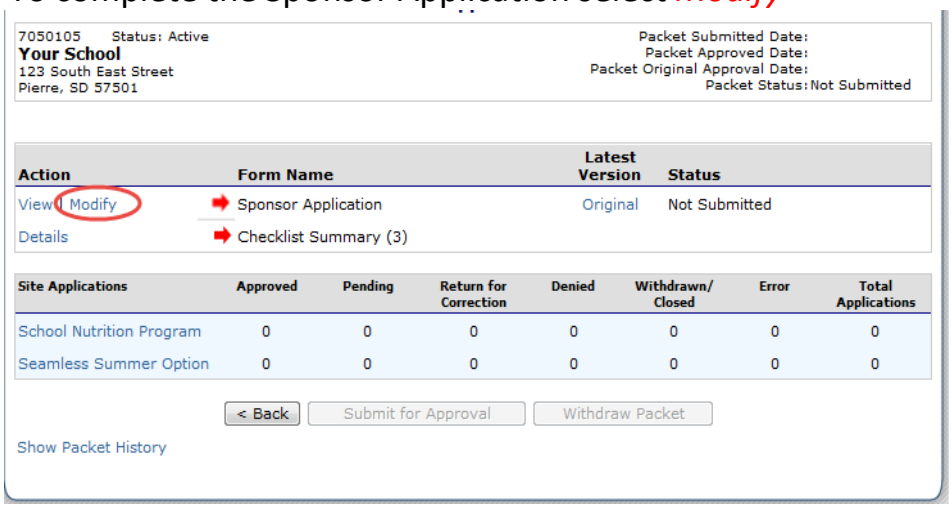


The Sponsor's Name will appear at the bottom of the screen.

Select either the Agreement Number or the Sponsors name.



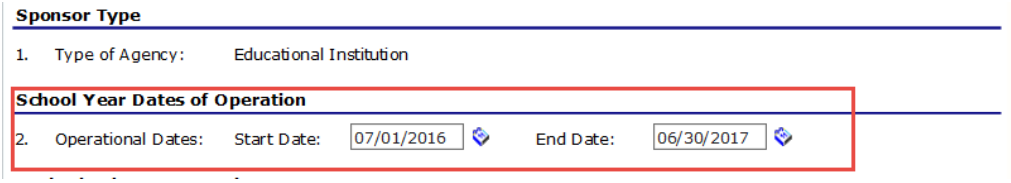
7) To complete the Sponsor Application select *Modify*



8) Complete all open boxes of the application.
   Renewing agencies will have some prior year information roll forward. Review and update as necessary.

Tip: The salutation drop-down box (Mr., Mrs., etc.) is a required field.

Question #2, Operational Dates, will automatically default to July 1 to June 30. ***Please update using your school or agency's actual dates of operation.***



Authorized Representative

		Salutation	First Name	Last Name
3.	Name:			
4.	Email Address:			
5.	Phone:		Ext:	Fax:
6.	Cell/Alt Phone:			
7.	Title:			
8.	New Contact?	☐		

Street Address

9. Address Line 1:
   Address Line 2:
10. City:
11. State: Zip:
12. County:

Mailing Address

☐ Same as the Street Address

13. Address Line 1:
    Address Line 2:
14. City:
15. State: Zip:
16. County:

If your Street Address (physical address) and Mailing Address are different please make sure this is filled out accordingly.

Food Service Director (FSD) / Manager

☐ Same as the Authorized Representative

		Salutation	First Name	Last Name
17.	Name:			
18.	Email Address:			
19.	Phone:		Ext:	Fax:
20.	Cell/Alt Phone:			
21.	Title:			
22.	New Contact?	☐		

Tip: Correct email addresses for the Authorized Representative, Claim Representative and Food Service Director is very important. These addresses are used by the CANS office for various communications with your SFA/Agency.

Continue to complete all open boxes.

Second Contact

Alternate contact at this site, if needed

☐ Same as the Food Service Director (FSD) / Manager

	Salutation	First Name	Last Name
29. Name:			

30. Email Address:

31. Phone: Ext: Fax:

32. Cell/Alt Phone:

33. Title:

34. New Contact? ☐

Determining Official

35. This person processes applications and makes eligibility determinations.

Name/Title:

Name can not be the same as Verifying Official.

For **RCCIs, CEP and Provision** schools only: Verification is not required but Questions #35-#37 need to be answered. Some examples; **Determining Official**-the person who files your claims. **Hearing Official**-the person who handles greivances. **Verifying Official**-the person who fills out the 742 Verification Report.

Determining Official

35. This person processes applications and makes eligibility determinations.

Name/Title:

Name can not be the same as Verifying Official.

Hearing Official

36. This person shall ensure that all required provisions of the appeal process are followed as outlined on the Letter to Households of Approval/Denial of Benefits. The Hearing Official must be someone not involved in making the determination under appeal or any previous conference and hold a position at a higher administrative level than the reviewing and verifying official(s).

Name/Title:

*Hearing Official must be in a position higher than the Determining Official and Verifying Official.

Verifying Official

37. This person verifies the eligibility of applicant households in accordance with program regulations, and, if needed, completes the independent review of applications when required.

Name/Title:

Name can not be the same as Determining Official.

Meal Count and Collection Procedures

38. Have your meal count procedures and/or your billing and payment collection procedures at any of your sites been revised? ○ Yes ◉ No

Food Distribution Program (Commodities)

Note: The renewal of NSLP will renew your FND Commodity Agreement. Therefore, you are eligible for distributions of food donated by USDA.

39. Do you wish to accept distributions of USDA donated food? ◉ Yes ○ No

Eligibility Information

40. Does your organization use the Current State prototype household application? ◉ Yes ○ No
41. Does your organization use a software system to read information from scanned applications? ○ Yes ◉ No
    If yes, what is the name of your scanned application system?
42. Does your organization use online applications? ○ Yes ◉ No
    If yes, what is the name of your online application system?
43. Are you using an electronic system for processing free and reduced applications? ○ Yes ◉ No
    If Yes, what is the name of your electronic system?
44. Will any of your sites be participating in the Community Eligibility Provision (CEP) for the National School Lunch Program? ○ Yes ◉ No

For RCCI, CEP and Provision ONLY; #40 to #43 use base year information.

If your agency is an RCCI, complete questions 45 – 48.

Licensed Residential Child Care Institution (RCCI) only

45. Is the site licensed as an RCCI site for the care of children? ◉ Yes ○ No
46. What is the student population type?
    - ○ Day only
    - ○ Residential only
    - ○ Residential and day students
47. What documentation is used to qualify residential students for free meals?
    - ○ Roster
    - ○ Other

    If Other, please describe:
48. What documentation is used to qualify day students for free and reduced price meals?

    (Check all that apply.)
    - ☐ Free and Reduced Price Application
    - ☐ Direct Certification
    - ☐ Homeless Liaison
    - ☐ Other

    If Other, please describe:

If your school or agency contracts with a Food Service Management Company (FSMC), complete questions 49 – 53. You will complete the section for FSMC Contract and upload the contract or renewal.

Food Service Management Company (FSMC)

49. Will the school nutrition program be managed by a Food Service Management Company (FSMC)? ◉ Yes ○ No

Sponsor Contact for FSMC Contract

☐ Same as Authorized Representative

	Salutation	First Name	Last Name
50. Name:			

51. Email Address:

52. Phone: Ext: Fax:

53. Title:

If you have a vended meal contract, complete questions # 54 – 57.
If you have any other food service contract, complete questions #58.

Vended Meals

54. Does your organization purchase meals from a School Food Authority (SFA)? ○ Yes ◉ No

If Yes, please list the School Food Authority (SFA) name(s):

Do you have a contract? ○ Yes ○ No

55. Does your organization purchase meals/snacks from a vendor other than a School Food Authority (SFA)? ○ Yes ◉ No

List the vendor name(s):

Do you have a contract? ○ Yes ○ No

56. Does your organization claim reimbursement for meals provided to a School Food Authority (SFA)? ○ Yes ◉ No

Do you have a contract? ○ Yes ○ No

57. Does your organization vend meals to a School Food Authority (SFA)? ○ Yes ◉ No

If Yes, please list the School Food Authority (SFA) name(s):

58. Does your organization have any other contracts related to food service? ○ Yes ◉ No

If Yes, please describe additional contracts.

An SFA on the National School Lunch/ Breakfast

Example: A grocery store or college.

Providing meals to another SFA on the program.

Example: A Senior Meal Program

This section will automatically populate, if applicable, for your school or agency.

Specially Needy Lunch - Reimbursement Rate Determination

Lunches claimed for School Year (2014 - 2015)

Total Free Lunches	Total Reduced Price Lunches	Total Lunches	Free & Reduced %	Qualify for extra $.02 reimbursement rate
			0.00 %	No

If there is any additional information you wish to provide, complete #59.

Comments from Sponsor

59.

Make sure to check the certification box, or you will receive an error.

Certification

☑ hereby certify that neither the Sponsor 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 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 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 Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor 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.

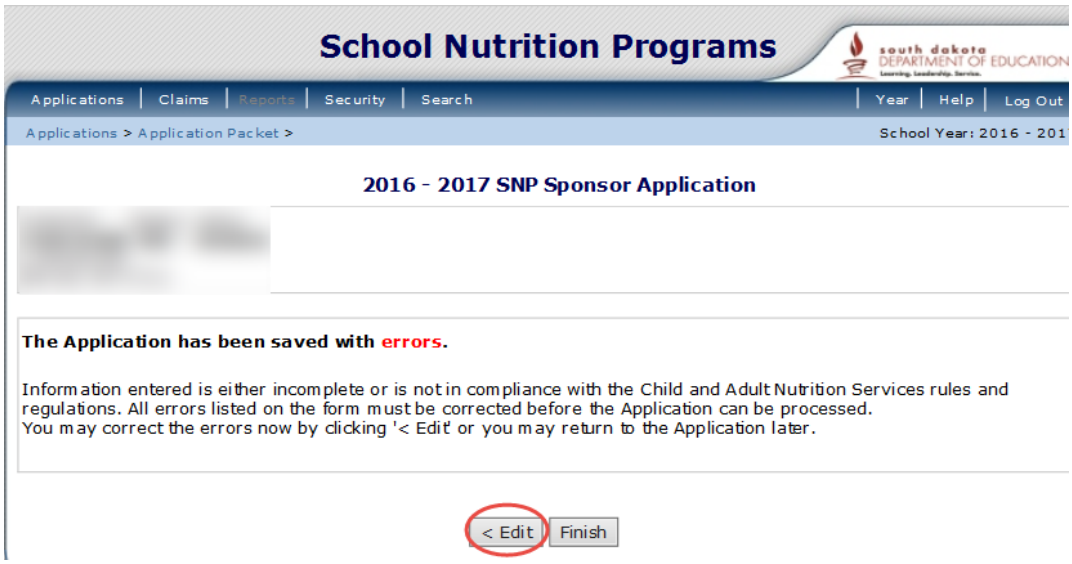
Created By: theller on: 5/6/2016 12:36:38 PM Modified By: PamMcCown on: 5/10/2016 1:43:49 PM

Save Cancel

9) Click *Save*.

Errors and Warnings

Once saved, you may see that the application contains errors. You will need to *edit* your application before you are able to submit. Click the *edit* button to see what your errors are and to make corrections.

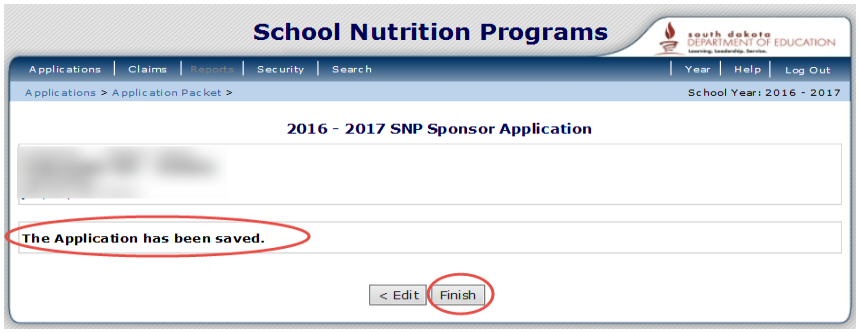


Make corrections and Click *Save* when you are finished

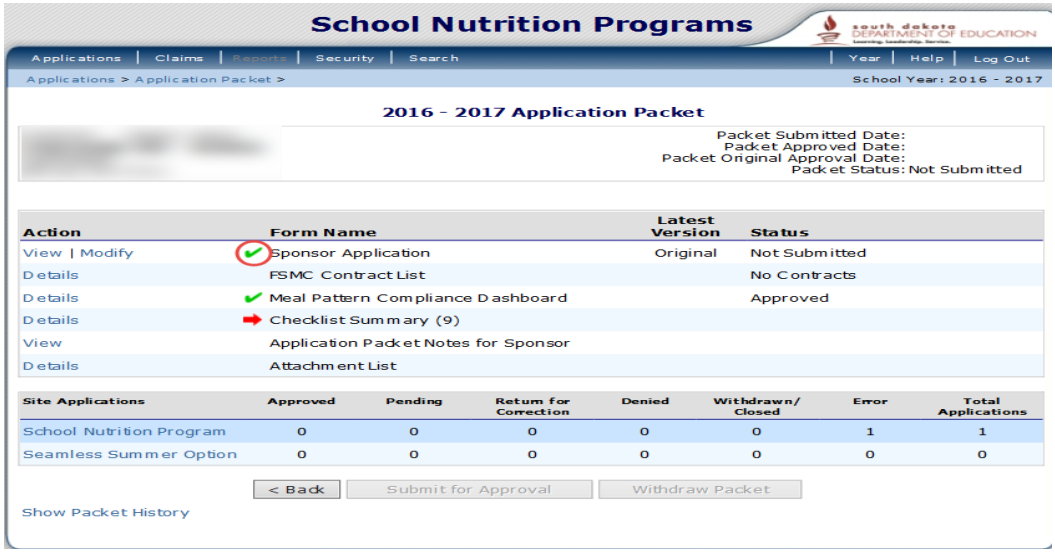
Examples of Errors

Code	Error Description
1100	Street Address must be completed. Address Line 2 may be blank.
1400	The question 'Student population type must selected' must be answered.
1515	If the school nutrition program is managed by an FSMC, the Sponsor Contact for FSMC Contract is required.
1529	If your organization has any other contracts related to food service, Additional contracts description must be provided.
1001	The certification checkbox must be checked.

10) If you receive the following message, your application has been saved without errors. Click *Finish*.



11) You will be taken back to the Application Packet Menu. Notice the green check mark next to the Sponsor Application. This indicates that this section is now complete.

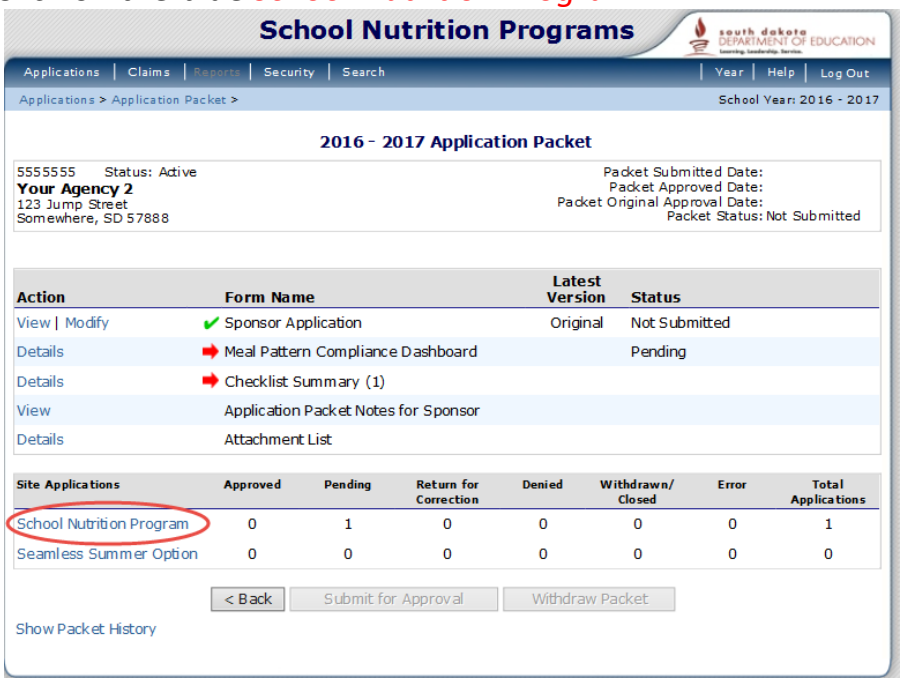


Tip: You are now finished with the Sponsor Application portion of the Application Packet. Next, complete the Site Application section. Then proceed to the Checklist Summary and upload additional documents before you submit your Application Packet.

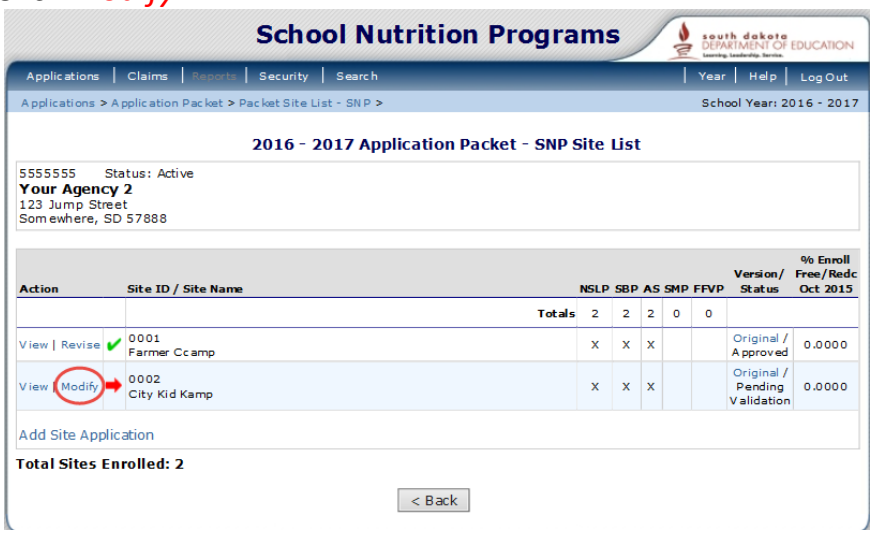
SITE APPLICATIONS

Next you will complete the Site Applications.

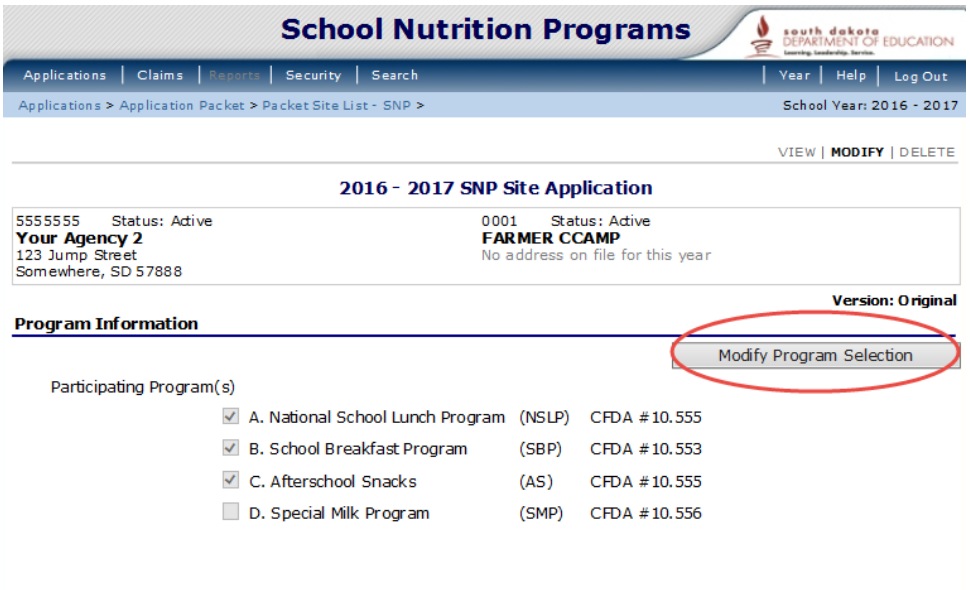
1) Click on the blue *School Nutrition Program* link.



2) Click *modify*

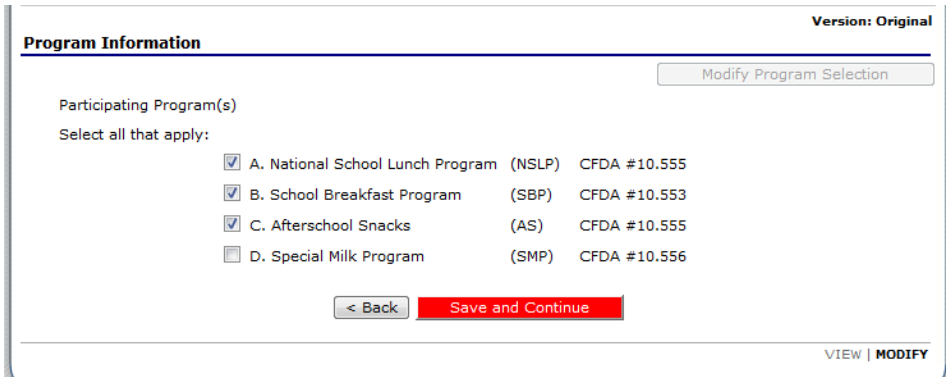


Renewing schools or agencies: the Participating Program(s) information will roll forward from the prior school year. Please review and *Modify Program Selection* as necessary. Complete any additional open boxes.



New schools or agencies, you will need to check the boxes next to each program you wish to participate in.

3) Click *Save and Continue*



4) Continue to complete the SNP Site Application.

VIEW | MODIFY | DELETE

2016 - 2017 SNP Site Application

5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888

0001 Status: Active
FARMER CCAMP
No address on file for this year

Version: Original

Program Information

Modify Program Selection

Participating Program(s)

- [x] A. National School Lunch Program (NSLP) CFDA #10.555
- [x] B. School Breakfast Program (SBP) CFDA #10.553
- [x] C. Afterschool Snacks (AS) CFDA #10.555
- [ ] D. Special Milk Program (SMP) CFDA #10.556

Site Contact

	Salutation	First Name	Last Name
1. Name:			

2. Email Address:
3. Phone: Ext: Fax:
4. Cell/Alt Phone:
5. Title:

Street Address

6. Address Line 1:
   Address Line 2:
7. City:
8. State: Zip:
9. County:
10. Special directions (if needed) to locate the site.

If applicable for your School/Agency, question # 13, *Severe Need Breakfast Reimbursement Rate Determination* will need to be completed using your claim data from the 2nd prior year.

Participation Information

11. Site Type:
12. Is this a new site with a majority of the students transferred from severe need schools? ○ Yes ◉ No

    If yes, enter the number of lunches for the first 3 months of operation in question 13.

13. Lunches claimed for School Year (2014 - 2015) - Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Severe Need Breakfast Reimb. Rate
0	0	0	0	%	No

14. Select Grades at this site: (Check all that apply)

Early Education: ☐	1st grade: ☐	5th grade: ☐	9th grade: ☐
Head Start: ☐	2nd grade: ☐	6th grade: ☐	10th grade: ☐
Pre-Kindergarten: ☐	3rd grade: ☐	7th grade: ☐	11th grade: ☐
Kindergarten: ☐	4th grade: ☐	8th grade: ☐	12th grade: ☐
Other: ☐			

15. Kitchen Type:

If Combination, identify which types:

Tips: Question 15 Kitchen Type- If multiple Sponsor Sites eat in one cooking/feeding site (example: one building houses K-12) those sites should only have one "On-Site Prep" the other sites are "walking".

- Pre-Packaged Satellite-individually portioned trayed food sent to a satellite site.
- Bulk Satellite-bulk food sent to a satellite site.
- Central Kitchen-food prep site only, no feeding occurs at the site; food sent to other sites.
- On-Site Prep-food is prepped and served at this site.
- Vended Meals-meals are purchased from another SFA with a vended meal contract.
- Vending Machine Meal Service-meals are purchased by students from a reimbursable meal vending machine.
- Combination-combination of Kitchen Types. Example: On-Site Prep and Bulk Satellite. Identify in comment which types and what site receives the transported food.
- Walking-students from one site walk to the feeding site.

Pricing Information

16. **PRICING:** Insert prices charged for each program in which this site will participate (e.g. if the full price for lunch is $2.00, insert 2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is $0.40 for lunch, $0.30 for breakfast, and $0.15 cents for snacks. Do not enter dollar signs in the meal pricing fields.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)				
School Breakfast Program (SBP)				
Afterschool Snack (AS)				

Tip: Question 16-

- "Pricing Information" will trigger checklist items and allow for approval of provision status.
- Adult Price **must be completed** for all agencies, both pricing and non-pricing. If SFA uses general funds, or another source of funds to cover Adult meal prices, please add comment explaining process.

Community Eligibility Provision (CEP)

17. Identified Students: 0
18. Enrollment: 0
19. This Site's Identified Student Percentage (ISP): 0.00 %

Tip: Selecting CEP here will trigger the CEP Schedule in the Application Packet.

- **Skip to CEP approval process instructions when done with sites.**

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

A1. A. Months of Operation: (Check all that apply)

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

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

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

A2. Meal Service Times Begin Time: :00 End Time: :00

Additional Meal Service Times

A3. Will Offer versus Serve (OVS) be implemented for Lunch? ○ Yes ○ No

A4. What grades are utilizing Offer vs. Server (OVS) for Lunch?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☐
Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☐
Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☐
Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☐
Other: ☐

A5. How many Points of Service?

A6. Are alternate points of service used? ○ Yes ○ No

Describe your alternate points of service, if used:

Section B - SCHOOL BREAKFAST PROGRAM (SBP)

B1. A. Months of Operation: (Check all that apply)

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

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

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

- If the month is not checked, you will not be able to claim meals for that month.
- If days of operation are missed, the claim will prevent you from claiming more than the number checked.
- If you are a 4-day per week school, but occasionally have 5-days per week (this includes snow days), you should check 5 days per week and include a NOTE that you are typically a 4-day per week schedule.

B3. Will Offer versus Serve (OVS) be implemented for Breakfast? ○ Yes ○ No

B4. What grades are utilizing Offer vs. Server (OVS) for Breakfast?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☐
Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☐
Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☐
Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☐
Other: ☐

B5. How many Points of Service?

B6. Are alternate points of service used? ○ Yes ○ No

Describe your alternate points of service, if used:

Section C - AFTERSCHOOL SNACKS (AS)

C1. A. Months of Operation: (Check all that apply)

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

B. Days of the week snacks served and claimed for reimbursement: (Check all that apply)

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

C2. Snack Service Times Begin Time: :00 End Time: :00

Alternate Service Times

C3. What time does the normal school day end? :00

C4. Describe the Snack Count Method:

C5. Describe educational or enrichment activities.

C6. Is the site licensed? ○ Yes ○ No

C7. Free and Reduced Enrollment Percentage: 0.00 %

Site is:
○ Attendance Area Eligible - Eligible based on this site (claim all snacks free).
○ Attendance Area Eligible – Eligible based on another site (claim all snacks free).
○ Non-Area Eligible (claim all snacks free, reduced and full price).

Select the qualifying site for the Afterschool Snack Program:

Other:

Tips:

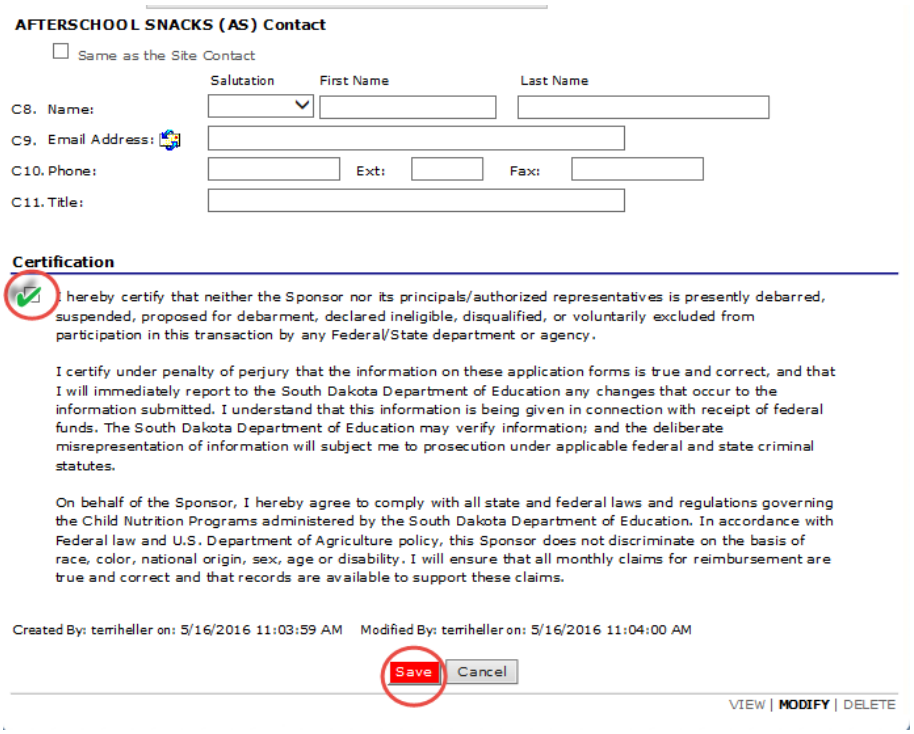
C2: snack must be served after school.

C4: Narrative must include a statement how snack count method insures that only one snack per child is counted and claimed. If **Non-Area eligible:** how is eligibility of students tracked for proper claiming?

C5: Snack program must have educational/enrichment activity.

C6: if yes, you must attach your license in the checklist items under corresponding site.

5) Make sure to check the certification box, or you will receive an error. Click *Save* when finished.



Errors and Warnings

Once saved, you may see that the Site Application contains errors or warnings. You will need to *Edit* your Site Application before you are able to submit. Click the *Edit* button to see what your errors are and to make corrections.

Examples of Errors

Code	Error Description
3060	Pricing information is required for each Participating Program selected.
3001	The certification checkbox must be checked.
3110	A2 - Meal Service Begin Time must be prior to End Time.
3222	B4 - Offer vs. Serve was answered yes. You must answer the 'which grade(s)' question.
3322	C5 - If the program AS is selected, the Educational or Enrichment component must be entered.

Code	Warning Description
3065	Pricing information - If NSLP 'Pricing Information' = 'Pricing', then NSLP Adult Price must be greater than zero.
3075	Pricing information - If SBP 'Pricing Information' = 'Pricing' then SBP Adult Price must be greater than zero.
3085	Pricing information - If AS 'Pricing Information' = 'Pricing' then AS Adult Price must be greater than zero.

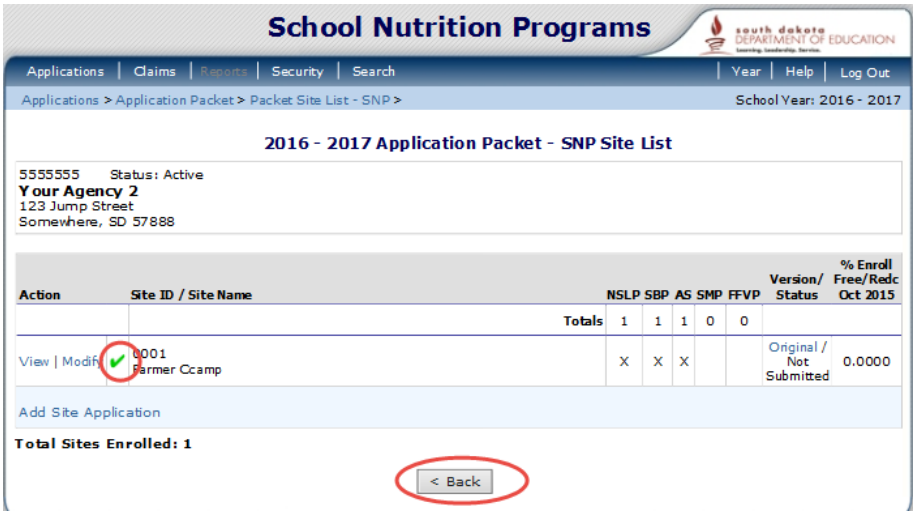
Tip: The red errors must be corrected before you can submit the application. The blue warnings are indications that you may need to review a particular answer.

Make corrections and Click *Save* when you are finished

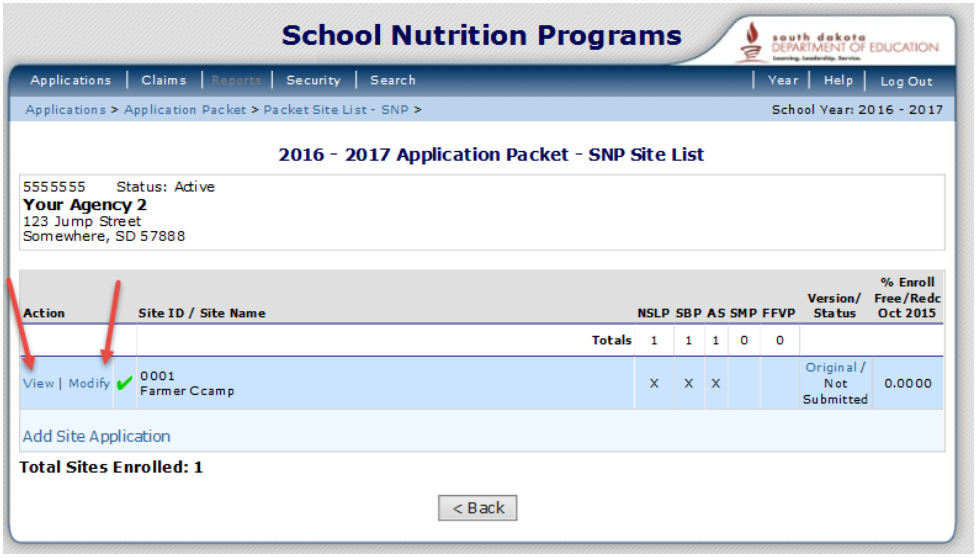
If you receive the following message, your Site Application has been saved without errors or warnings. Click *Finish.*

If you have multiple sites, you will need to complete a Site Application for each location. Follow the steps on pages 29 – 33 for each of your sites.

Once all your sites have been saved successfully, you will see a green check mark next to each. Click the *Back* button to return to the Application Packet.



Tip: You are also able to *View* or *Modify* your sites by choosing the applicable action.

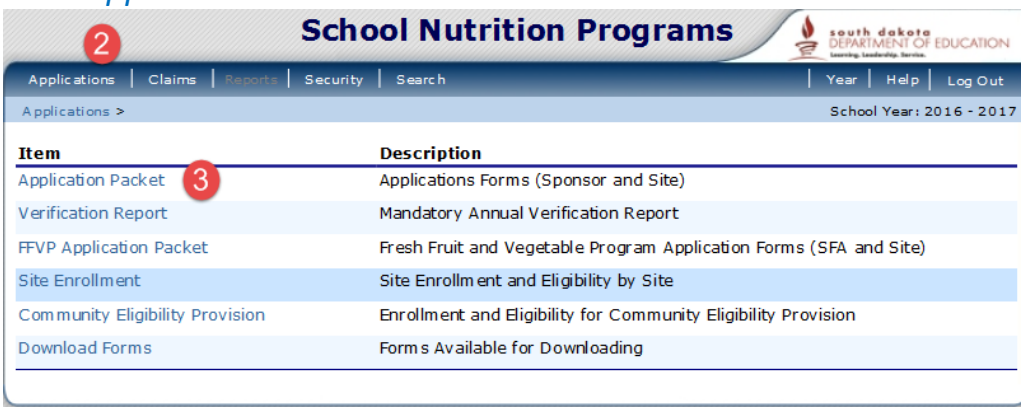


Tip: If you ARE NOT Special Milk only skip this section

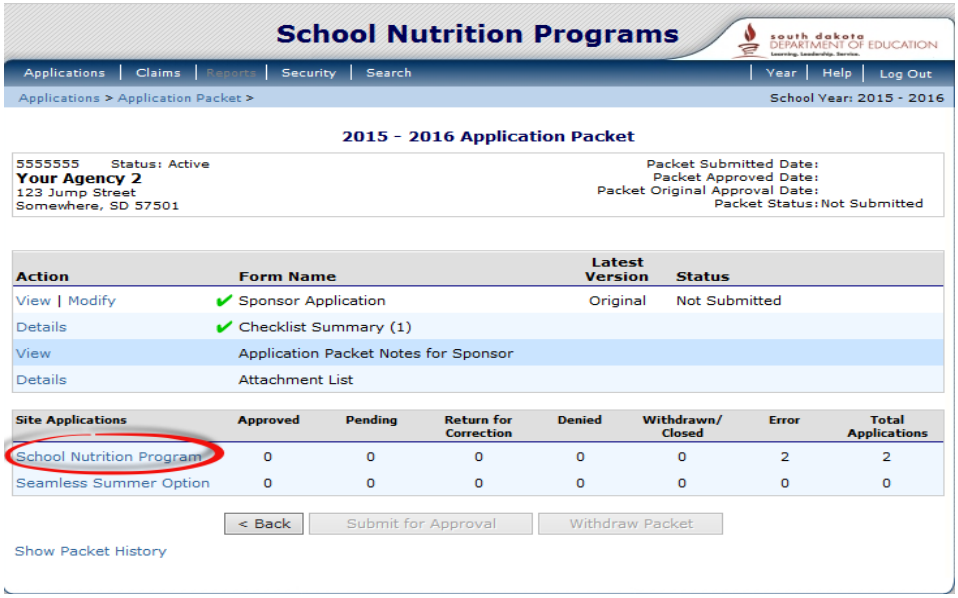
Completing Special Milk Only Site Applications

SPECIAL MILK ONLY (SMP) Site Applications

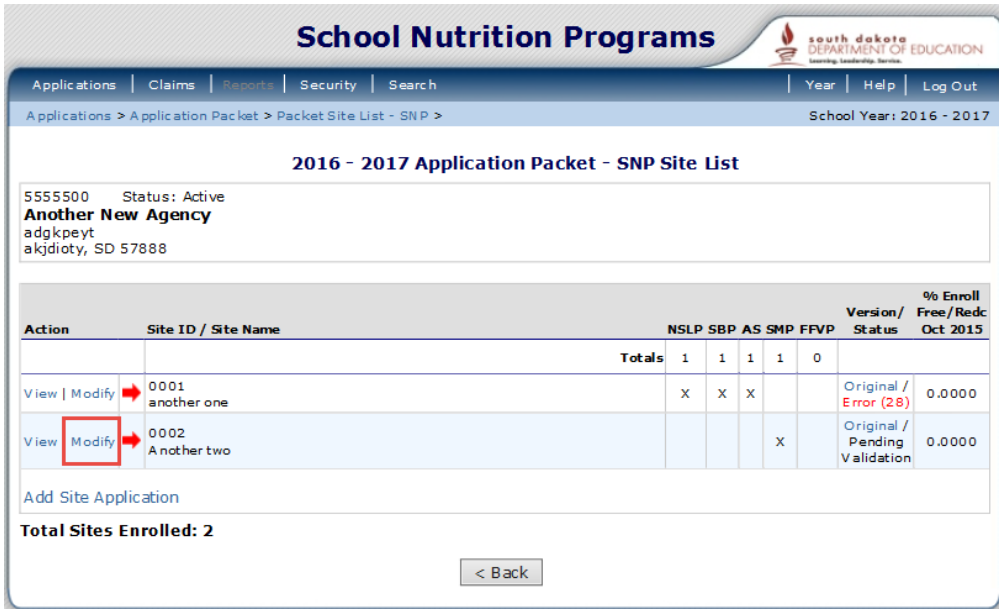
1) Log into the iCAN system
2) Click *Applications* in the blue bar at the top of the screen.
3) Click *Application Packet*



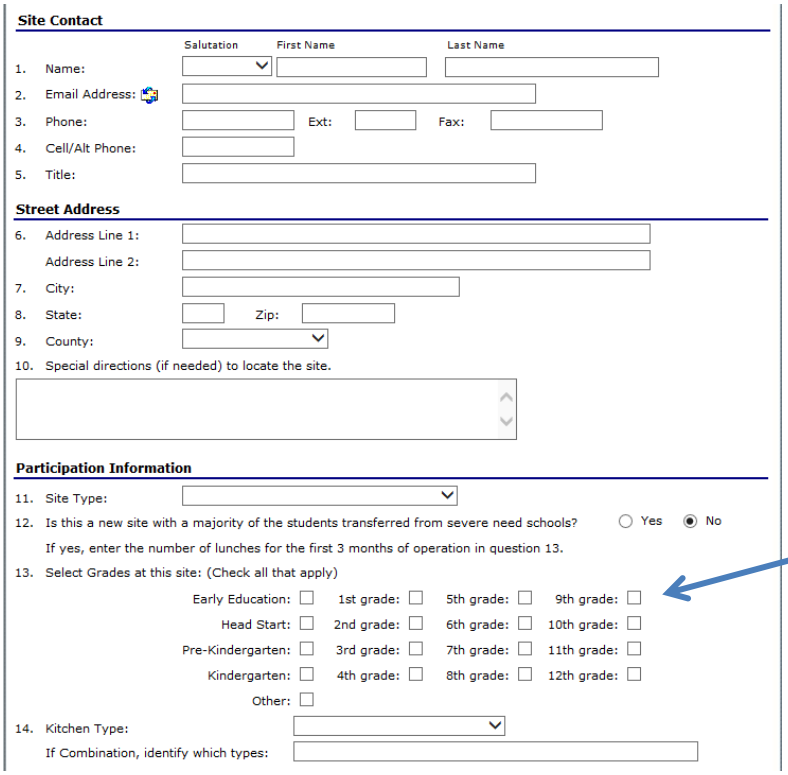
4) Click on the blue *School Nutrition Program*



5) Select *Modify*



6) Continue to complete the SMP Site Application answering questions #1-14.



Check all grades that will receive special milk.

14. Kitchen Type:

If Combination, identify which types:

Tips: Question 14 Kitchen Type- If multiple Sponsor Sites eat in one cooking/feeding site (example: one building houses K-12) those sites should only have one "On-Site Prep" the other sites are "walking".

- Pre-Packaged Satellite-individually portioned trayed food sent to a satellite site.
- Bulk Satellite-bulk food sent to a satellite site.
- Central Kitchen-food prep site only, no feeding occurs at the site; food sent to other sites.
- On-Site Prep-food is prepped and served at this site.
- Vended Meals-meals are purchased from another SFA with a vended meal contract.
- Vending Machine Meal Service-meals are purchased by students from a reimbursable meal vending machine.
- Combination-combination of Kitchen Types. Example: On-Site Prep and Bulk Satellite. Identify in comment which types and what site receives the transported food.
- Walking-students from one site walk to the feeding site.

7) There are four types of sites on the application D1.
   Click on the drop down to see the options available.

Section D - SPECIAL MILK PROGRAM (SMP)

Students participating in Special Milk are not eligibile to also participate in NSLP or SBP.

D1. Site Type:

D2. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☐ Sep: ☐ Oct: ☐ Nov: ☐ Dec: ☐

Jan: ☐ Feb: ☐ Mar: ☐ Apr: ☐ May: ☐ Jun: ☐

B. Days of the week milk served and claimed for reimbursement: (Check all that apply)

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

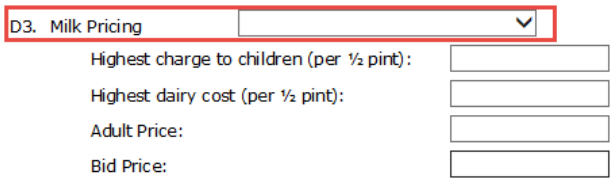
School (no meals) – this means a school site where no meals are offered.

School (split session kindergarten) –this is a school site and children are in school partial days without access to the meal service.

Residential Summer Camp- While this says "summer", we have allowed all camps.

Other- nonprofit nursery schools, child care centers, settlement houses, and similar nonprofit institutions devoted to the care and training of children, which do not participate in a meal service program

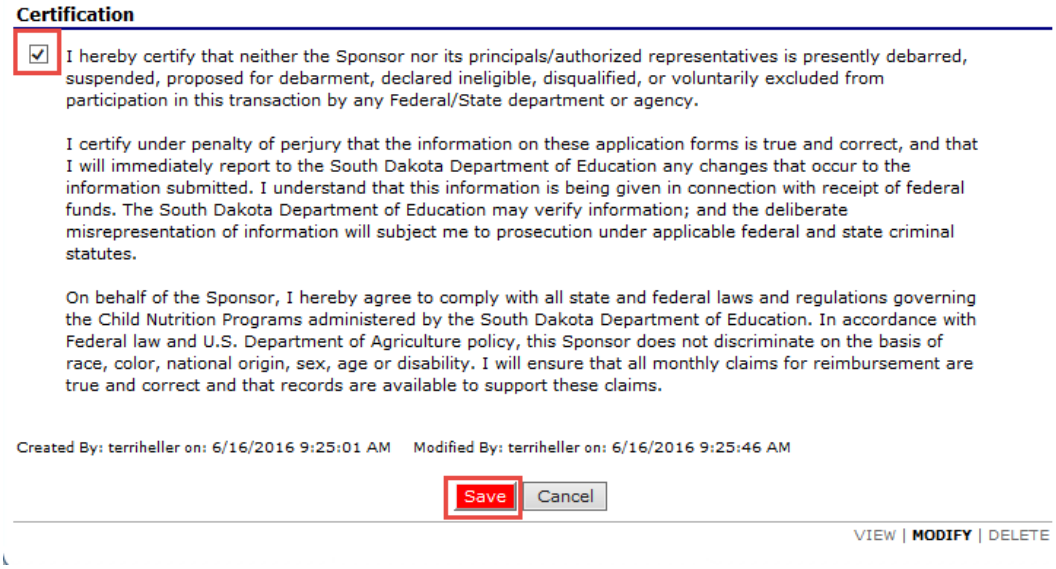
8) In section D; D3 you will have *Milk Pricing* options.



There are three options for offering the Special Milk Program:

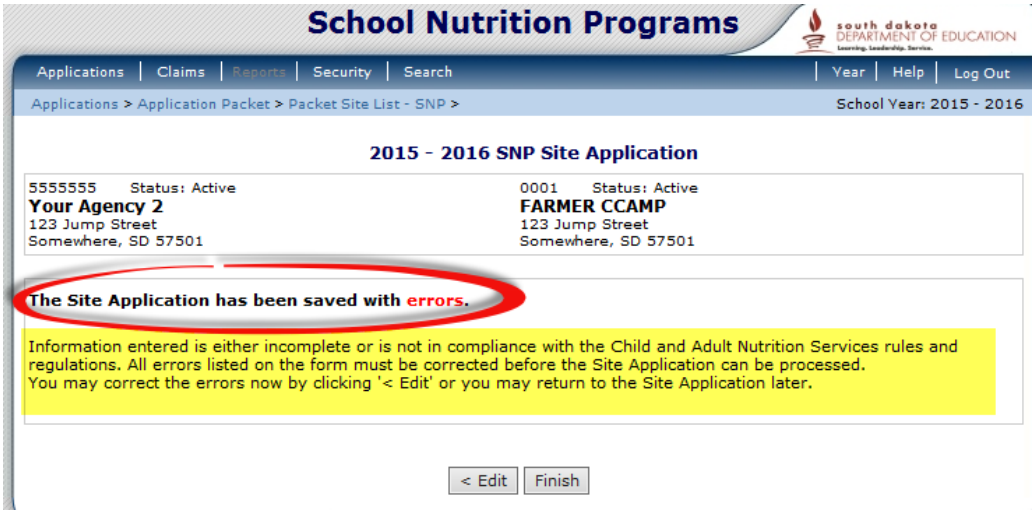
- Pricing with Free Option
  - Families can apply for free milk. Others pay a fee.
  - School receives standard rate for "paid milk", and average cost of milk for free.
- Pricing without Free Option
  - All families pay the same price for milk. School receives standard rate for all milk.
- Nonpricing
  - No families pay for milk. School receives standard rate for all milk.

9) Check the certification box.
Click *Save*.



Errors and Warnings

Once saved, you may see that the Site Application contains errors.

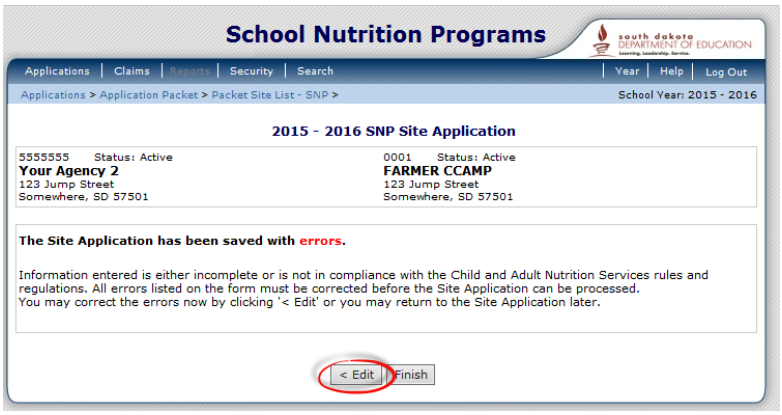


Examples of Errors

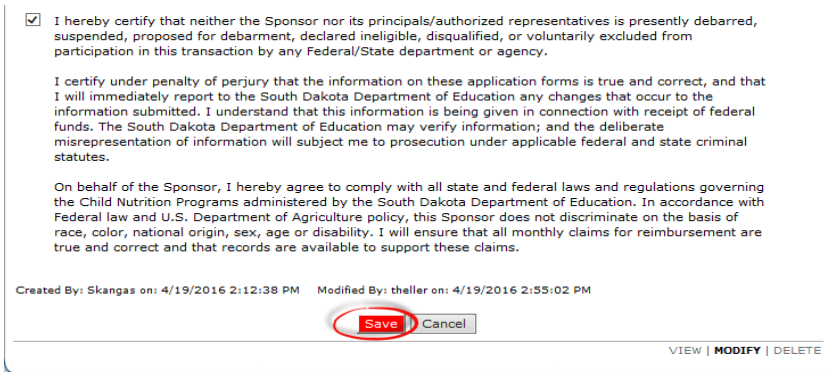
Code	Error Description
3001	The certification checkbox must be checked.
3412	D1 - If the program SMP is selected, the Site Type must be selected.
3400	D2(A) - If the SMP program is selected, at least one month must be checked.
3401	D2(B) - If the program SMP is selected, at least one day that milk is served must be checked.
3405	D3 - Milk Pricing option must be selected.
3407	D3 - If the program SMP is selected, the highest charge to children must be entered.
3409	D3 - If the program SMP is selected, the highest dairy cost must be entered.
3420	D3 - Bid Price must be entered.

Red errors must be corrected before you can submit your application.

Click the *Edit* button to correct errors.



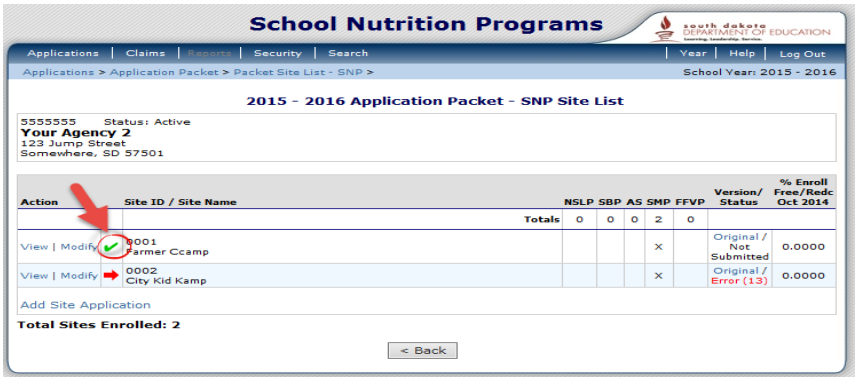
Make corrections and Click *Save* when you are finished.



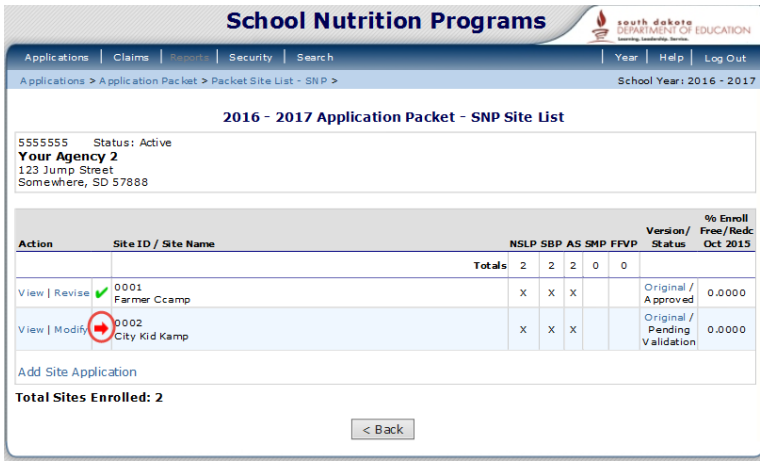
If you receive the following message, your Site Application has been saved without errors or warnings. Click *Finish*.

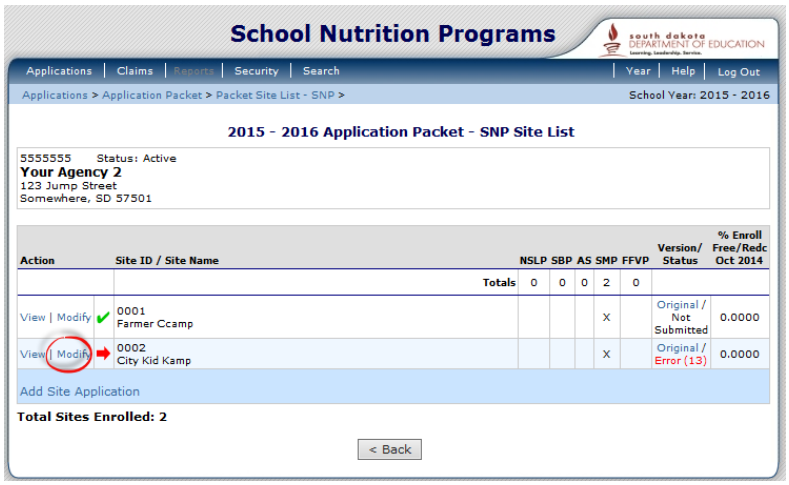
If you have multiple sites, you will need to complete a Site Application for each location. Follow the steps for each of your sites.

Once all of your sites have been saved successfully, you will see a green check mark next to each.



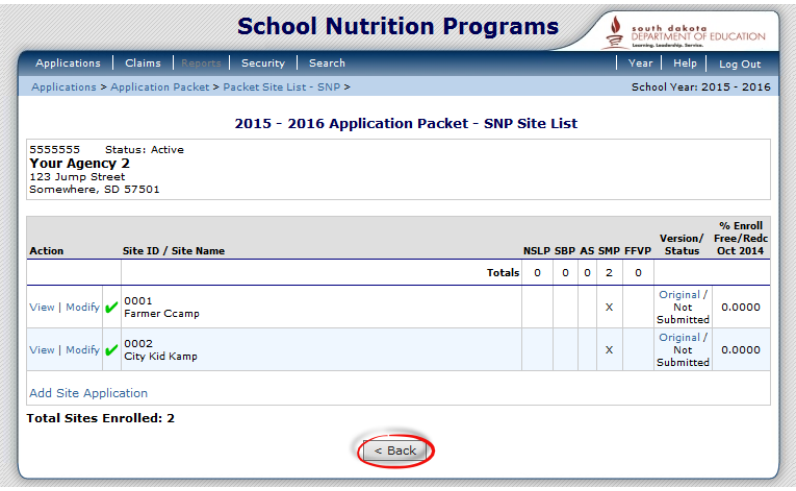
If you see the red arrow, this means your site has not been successfully completed.





You are able to *View* or *Modify* your sites by choosing the applicable action.

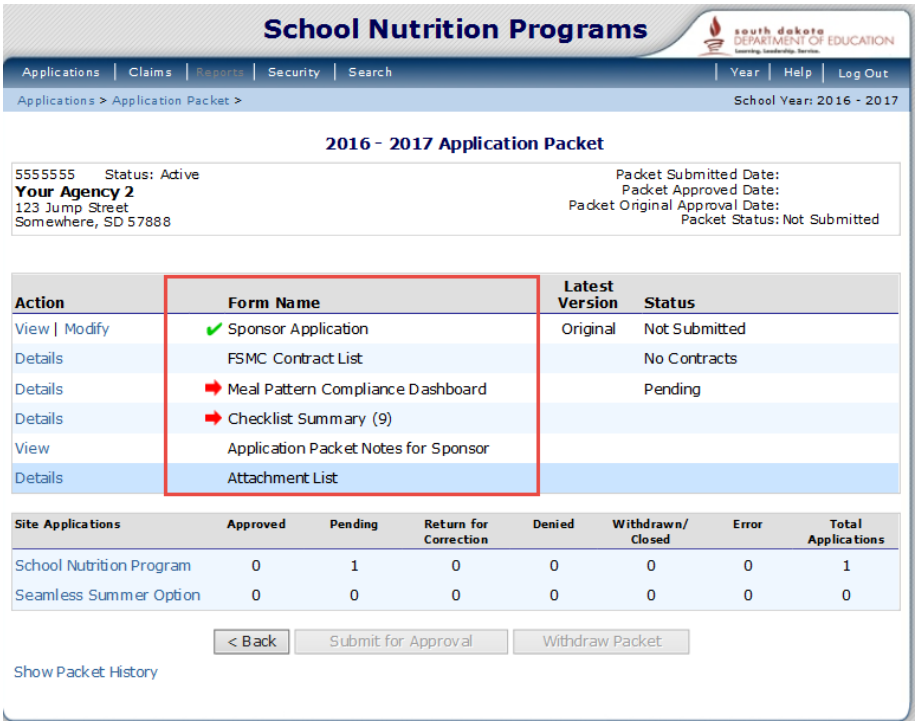
To make corrections and/or complete a site go to *Modify.* When all sites are completed successfully, click the *Back* button to return to the Application Packet.



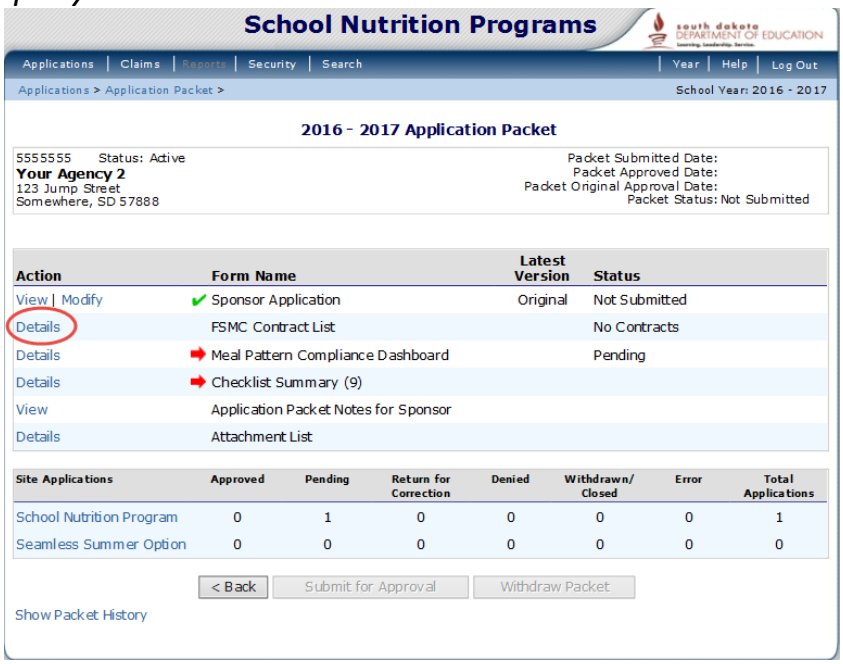
Forms and Additional Documents

There will be a list of Forms that need to be completed or documents that you will need to attach.

Tip: The list will vary, depending on your particular school or agency.



1) Click on the blue *Details* for the form you wish to complete. In this example, we will complete a *Food Service Management Company Contract.*



2) Click *Create New Contract*

3) Complete all open fields.

#4-The most current renewal date should be entered. DO NOT enter future renewal dates. Add any additional information in the comments box #7.

Food Service Management Company Contract
For School Year: 2016 - 2017

5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888

Contract Information

1. Company Name:
2. Initial Year: 2016-2017

Company Contact Information

Additional Contract Information

3. Contract Date
   Begin Date:
   End Date:
4. Number of Optional Renewal Years: 0
   1st Renewal Date: Begin Date: End Date:
   2nd Renewal Date: Begin Date: End Date:
   3rd Renewal Date: Begin Date: End Date:
   4th Renewal Date: Begin Date: End Date:
5. Final Year of Contract: 2017
6. Was the CANS FSMC prototype used? Yes No
7. Comments:

If you terminate one contract before the school year is done, complete #8-10 and explain the early termination. If you choose not to renew the contract for the upcoming school year, check box #11. You will then either have a new contract beginning with the new current year, or you returned to self-operating and will have no additional contracts, or you have other vended meal arrangements. When finished click *Save*.

Early Termination Information

To terminate this Food Service Management Company contract mid-school year, please complete the following questions.

8. Early Termination? Yes No
9. Early Termination Date:
10. Early Termination Comments:

Cancellation of Renewal Years

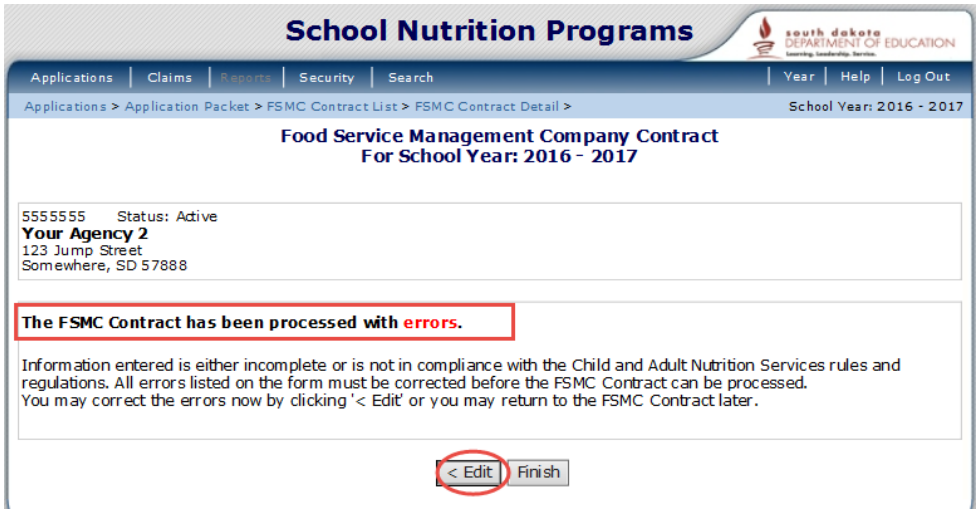
11. This Food Service Management Company contract will not be renewed for the upcoming school year 2016-2017.

Created By: theller on: 5/18/2016 10:53:58 AM Modified By: theller on: 5/18/2016 10:57:28 AM

Save Cancel

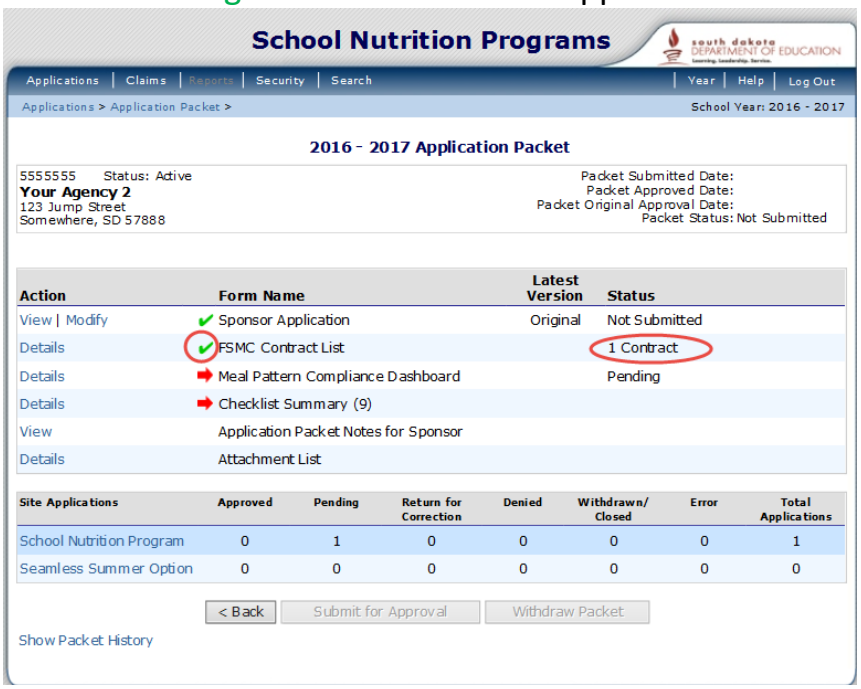
4) If your contract page has been completed correctly you will see *The FSMC Contract has been processed.* Click *Finish.*

If there are errors you will see this image. Click *edit,* make required changes, *save and finish.*



Click the *back* button to return to the application packet.

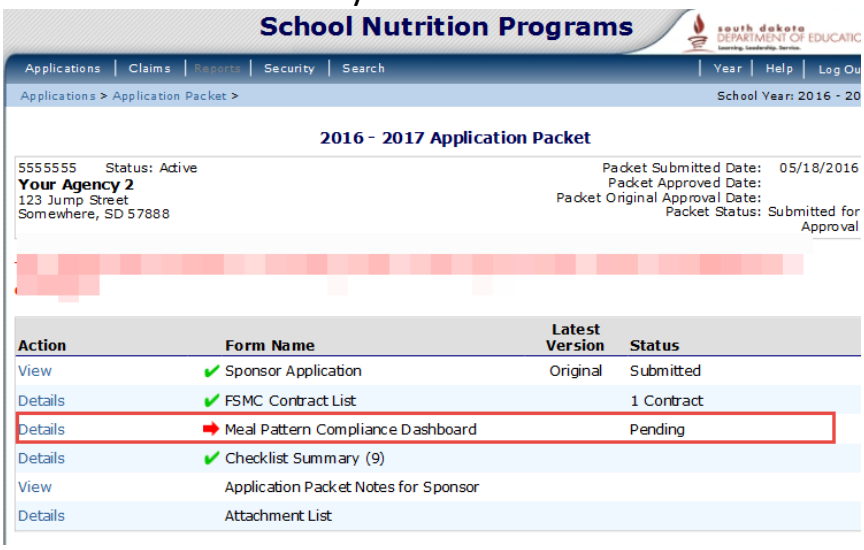
5) Notice the status next to the FSMC Contract List shows *1 Contract* entered and a green check mark has appeared.



6) Click *details* to open FSMC Contract list.

7) Click *view to review information*

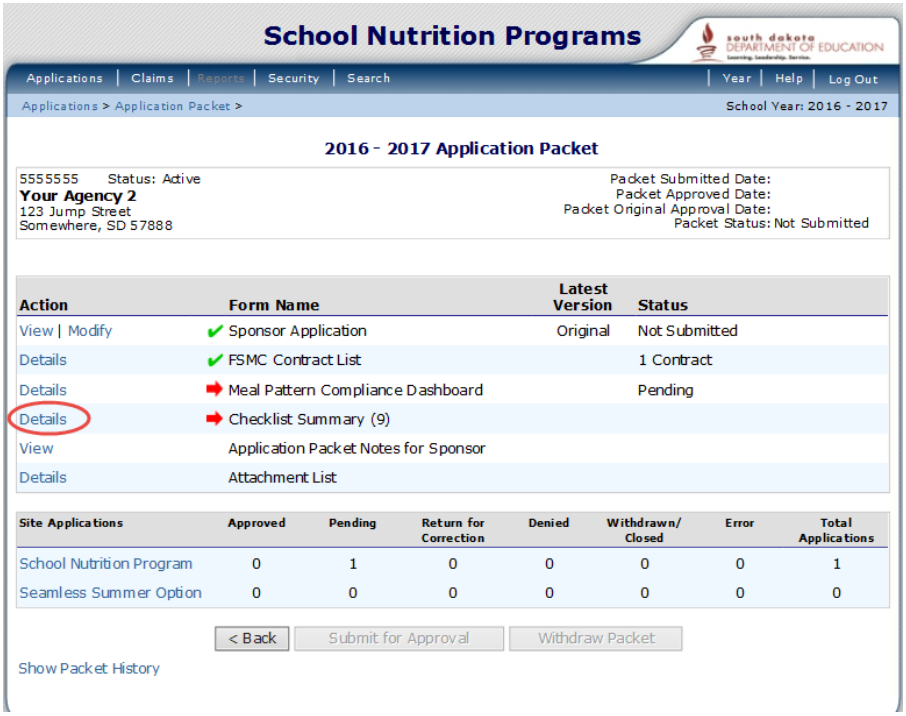
8) The Meal Pattern Compliance Dashboard contains the ***Months Certified*** and is for State use only.



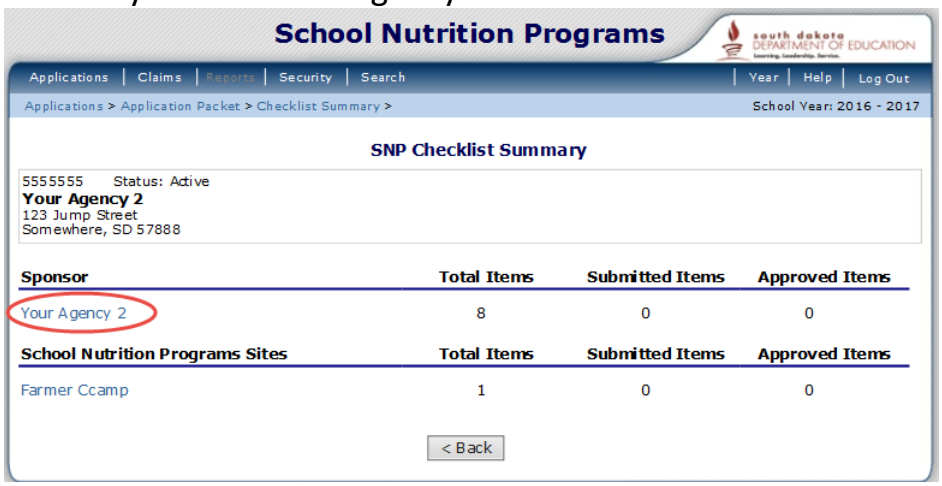
CHECKLIST SUMMARY

Tip: If you operate a CEP or Provision 2 or 3 SFA/Agency and it is not district wide, contact the CANS office for a specific non-district Provision or CEP checklist.

1) Click on ***Details*** **next to Checklist Summary**



2) Click on your school or agency name.



Your list of required forms/documents will vary depending on your particular school or agency.
In iCAN if the words are printed in blue you can click them to go further into the system or to obtain additional information.

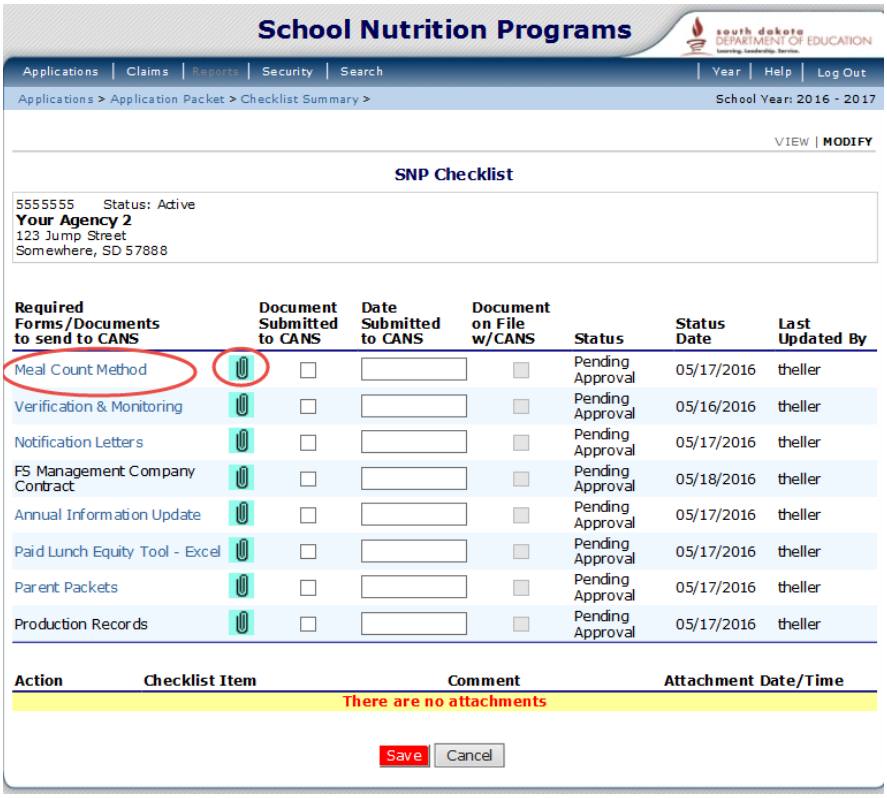
Possible Checklist items:

	SNP (16)	
	Income Eligibility Guidelines	Income Eligibility Guidelines - SY2016-17
	Meal Attestation Statement	Meal Attestation Statement - For use by NEW Sponsors only
	Free & Reduced Price Application	Free & Reduced Price Application SY16-17
	Parent Packets	Parent Packets
	Notification Letters	Notification Letters
	RCCI Prototype Roster	RCCI Prototype Roster
	Verification & Monitoring	Verification & Monitoring
	Annual Information Update	Annual Information Update
	Paid Lunch Equity Tool - Excel	Paid Lunch Equity Tool - Excel
	Meal Count Method	Meal Count Method
	On-Site Monitoring Memo #52.1	On-Site Monitoring Memo #52.1
	Public Release	Public Release
	Breakfast Production Record	CANS Prototype Breakfast Production Record
	Lunch Production Record	CANS Prototype Lunch Production Record
	Afterschool Snack Monitoring #36	Afterschool Snack Monitoring #36
	Audit Requirements	Audit Requirements

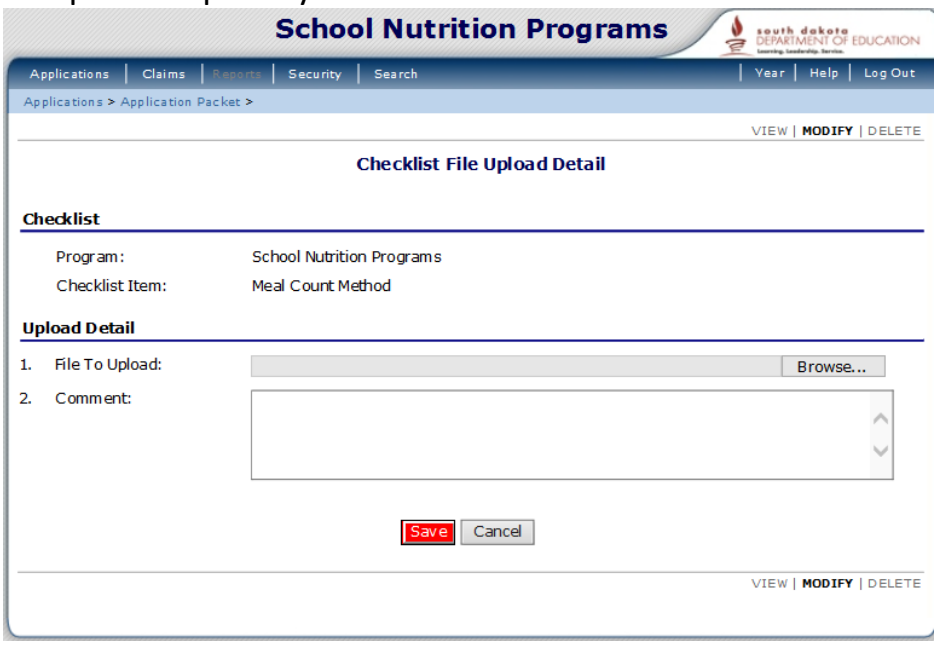
Formerly Eligibility Dates

Formerly Milk & Meal Counts & Collection

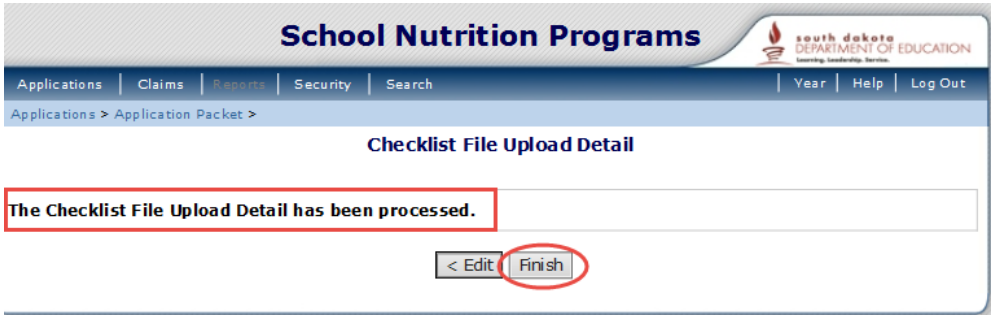
3) Click on the "paperclip" for the document you wish to upload. For this example, we are using *Meal Count Method*.



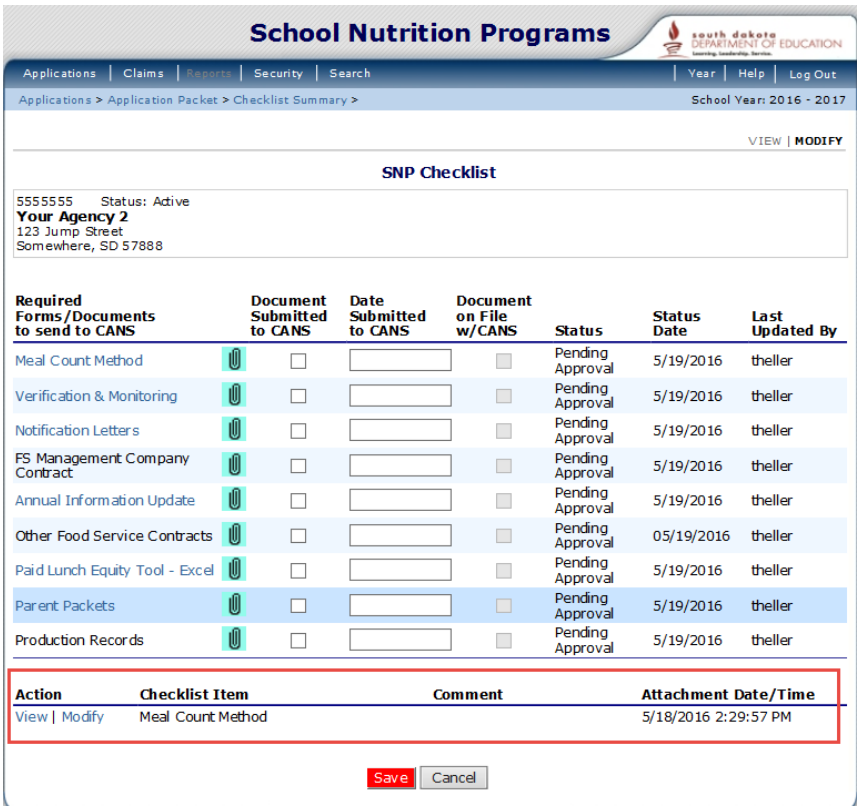
4) Select *Browse* so you can select the appropriate document from your computer. Upload your file and *Save*.



5) If your file was successfully uploaded, you will see this message. Click *Finish.*

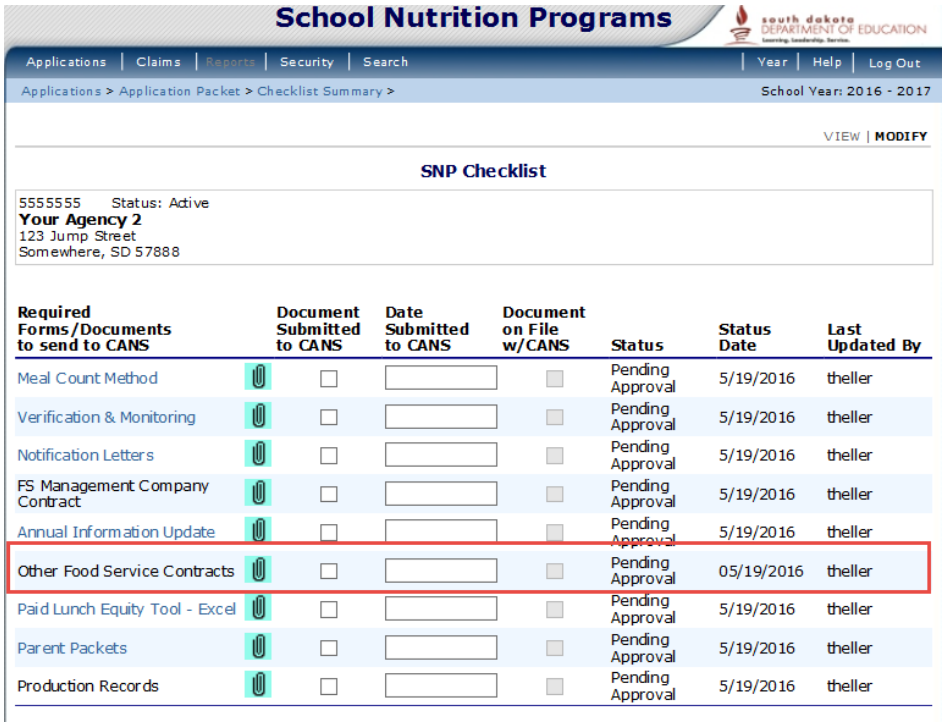


You will be taken back to the SNP Checklist screen and you will see that the attachment *Meal Count Method* was submitted.



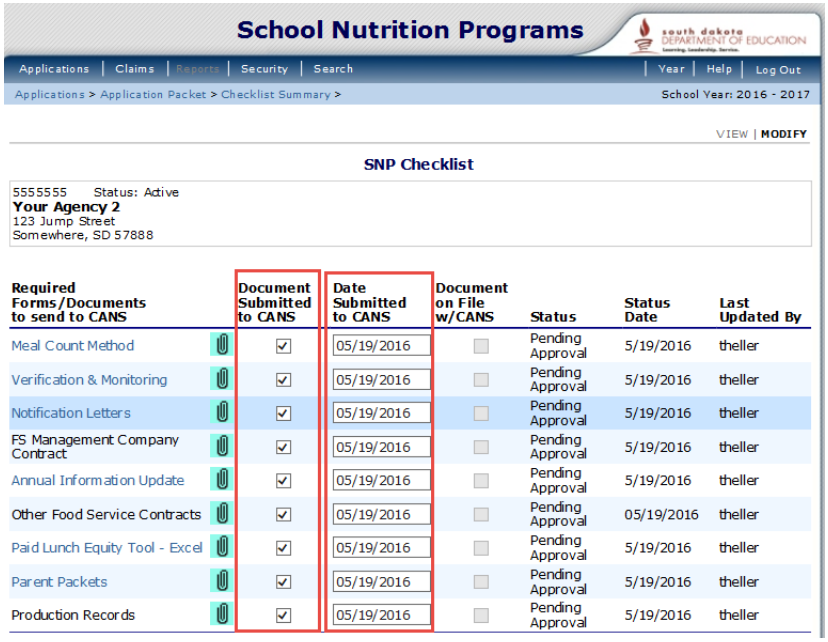
6) Proceed to the next form/document on your checklist.

7) If you have a Colony in your school district you will attach a copy of the signed Colony Contract. You will do this under *Other Food Service Contracts* in the checklist.



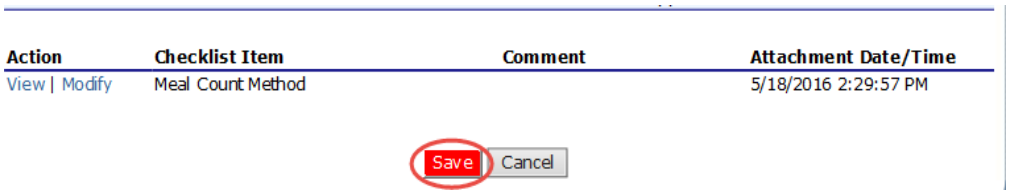
Required Forms/Documents to send to CANS	Document Submitted to CANS	Date Submitted to CANS	Document on File w/CANS	Status	Status Date	Last Updated By
Meal Count Method	☐			Pending Approval	5/19/2016	theller
Verification & Monitoring	☐			Pending Approval	5/19/2016	theller
Notification Letters	☐			Pending Approval	5/19/2016	theller
FS Management Company Contract	☐			Pending Approval	5/19/2016	theller
Annual Information Update	☐			Pending Approval	5/19/2016	theller
Other Food Service Contracts	☐			Pending Approval	05/19/2016	theller
Paid Lunch Equity Tool - Excel	☐			Pending Approval	5/19/2016	theller
Parent Packets	☐			Pending Approval	5/19/2016	theller
Production Records	☐			Pending Approval	5/19/2016	theller

8) When all forms/documents have been uploaded, make sure to check the box for each item. Once you check the *Document Submitted to CANS* box, the current date will automatically fill in *the Date Submitted to CANS*.

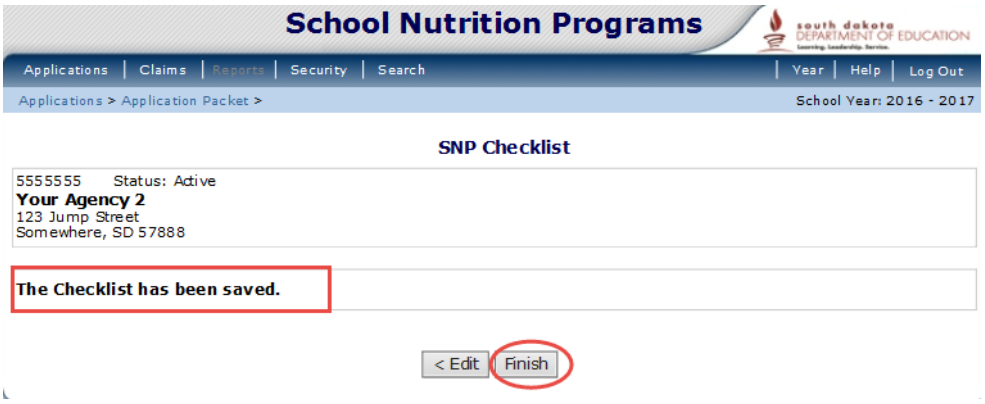


Required Forms/Documents to send to CANS	Document Submitted to CANS	Date Submitted to CANS	Document on File w/CANS	Status	Status Date	Last Updated By
Meal Count Method	☑	05/19/2016		Pending Approval	5/19/2016	theller
Verification & Monitoring	☑	05/19/2016		Pending Approval	5/19/2016	theller
Notification Letters	☑	05/19/2016		Pending Approval	5/19/2016	theller
FS Management Company Contract	☑	05/19/2016		Pending Approval	5/19/2016	theller
Annual Information Update	☑	05/19/2016		Pending Approval	5/19/2016	theller
Other Food Service Contracts	☑	05/19/2016		Pending Approval	05/19/2016	theller
Paid Lunch Equity Tool - Excel	☑	05/19/2016		Pending Approval	5/19/2016	theller
Parent Packets	☑	05/19/2016		Pending Approval	5/19/2016	theller
Production Records	☑	05/19/2016		Pending Approval	5/19/2016	theller

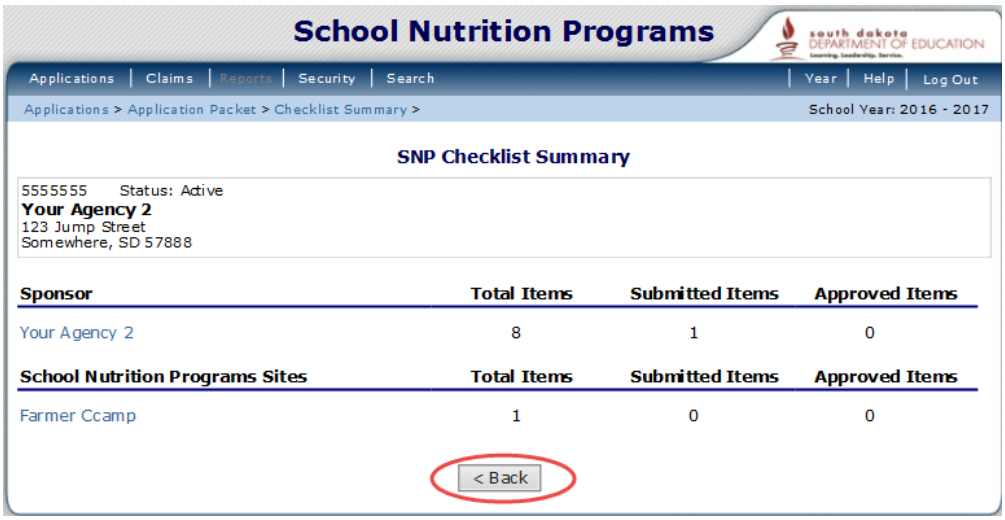
9) Once all boxes have been checked, Click Save at the bottom of the page.



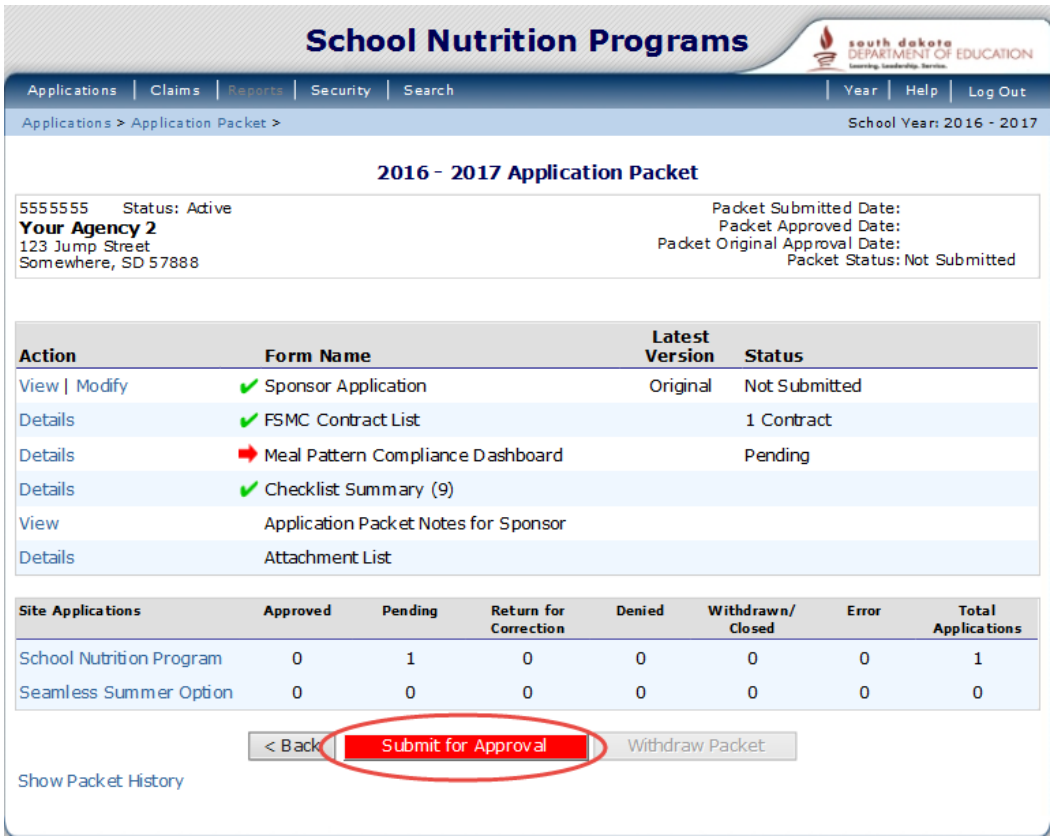
10) You will then see that your checklist has been saved. Click *Finish*



11) To return to your Application Packet, Click the *Back* button.

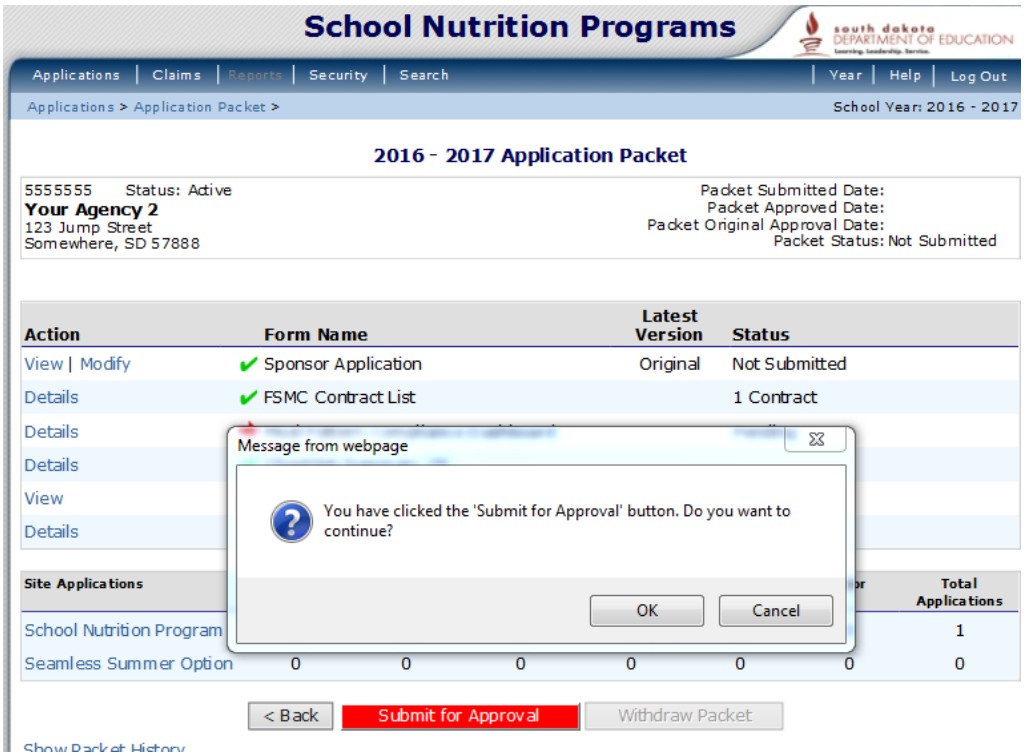


Your application is now complete! Click the *Submit for Approval* button.

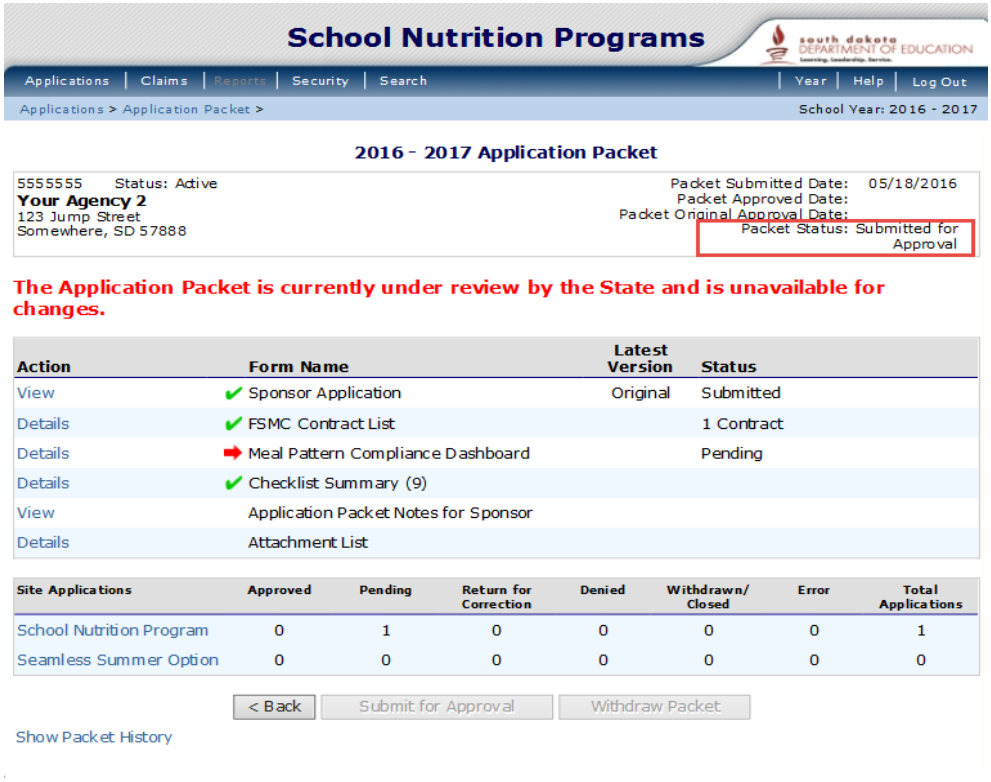


A “pop-up” will appear asking you to verify that you wish to submit your application.

- If you are sure you are ready to submit your application, click *OK*. Once you click *OK* you will be unable to make changes to your application.
- If you do not wish to submit your application at this time, click *Cancel*. Your application will be saved and you can submit it at another time.



Once your application has been submitted, you will be unable to make changes. You will also note that the Packet Status now shows *Submitted for Approval.* If you submitted in error, please contact the CANS office for instructions.



School Nutrition Programs

south dakota DEPARTMENT OF EDUCATION

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > School Year: 2016 - 2017

2016 - 2017 Application Packet

5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888

Packet Submitted Date: 05/18/2016
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Submitted for Approval

The Application Packet is currently under review by the State and is unavailable for changes.

Action	Form Name	Latest Version	Status
View	Sponsor Application	Original	Submitted
Details	FSMC Contract List		1 Contract
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary (9)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	0	1	0	0	0	0	1
Seamless Summer Option	0	0	0	0	0	0	0

< Back | Submit for Approval | Withdraw Packet

Show Packet History

Chapter 4 –Incomplete or Returned Applications

Upon reviewing your submitted application, the CANS office may have additional questions or require that you submit additional documents. In this event, you will receive an email notification from South Dakota Help Desk doe.icanhelp@state.sd.us advising you that your application has been returned to you for correction.

NOTIFICATION EMAIL FOR SNP APPLICATION PACKET

South Dakota Unified Nutrition Programs System
South Dakota Department of Education
Child and Adult Nutrition Services

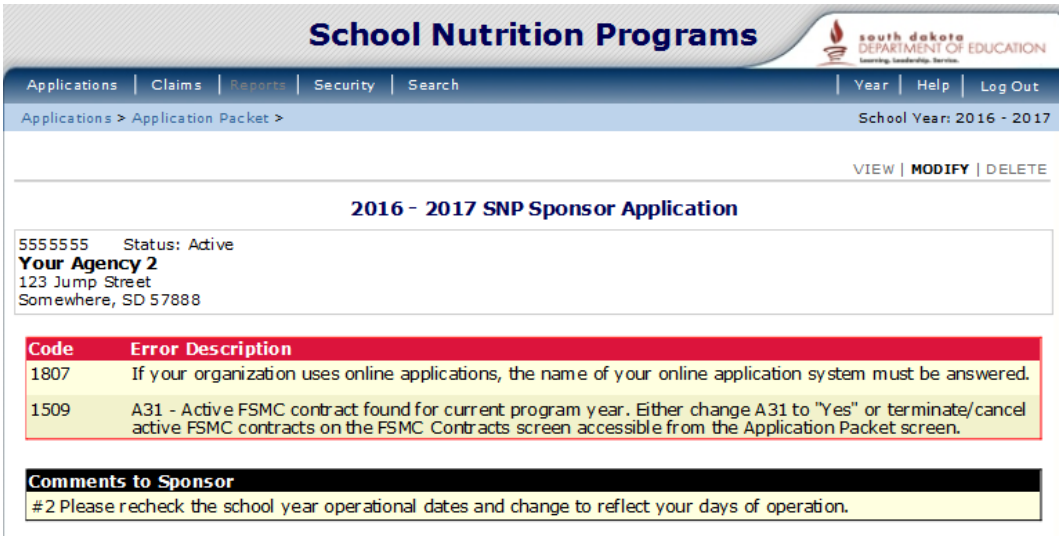
Thank you for submitting your Application Packet for the School Nutrition Programs. Your application packet has been RETURNED FOR CORRECTIONS.

Sponsor Name: Your Agency 2
Agreement Number: 5555555
Program Year: 2016/2017
Program: School Nutrition Programs (SNP)
Application Packet Status: Returned for Corrections

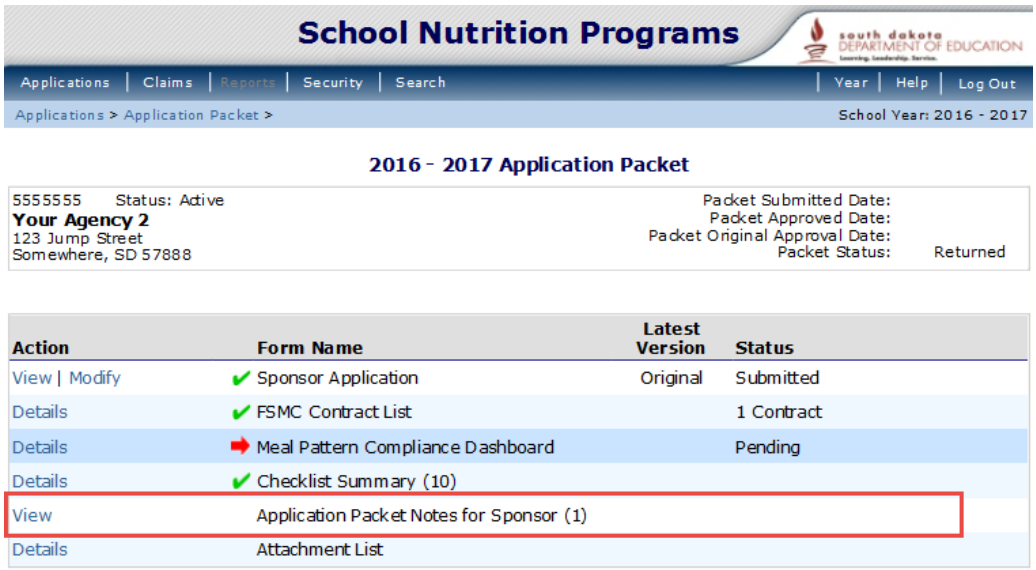
Tip: The person listed as the Authorized Representative for your school or agency will receive the automated email notifications. If someone other than the Authorized Representative is completing this application, please make arrangements to have these emails forwarded to the appropriate person.

1) Once you receive this email notification, log into iCAN and select your Application Packet. Notes regarding the corrections required and Comments to Sponsor can be found:

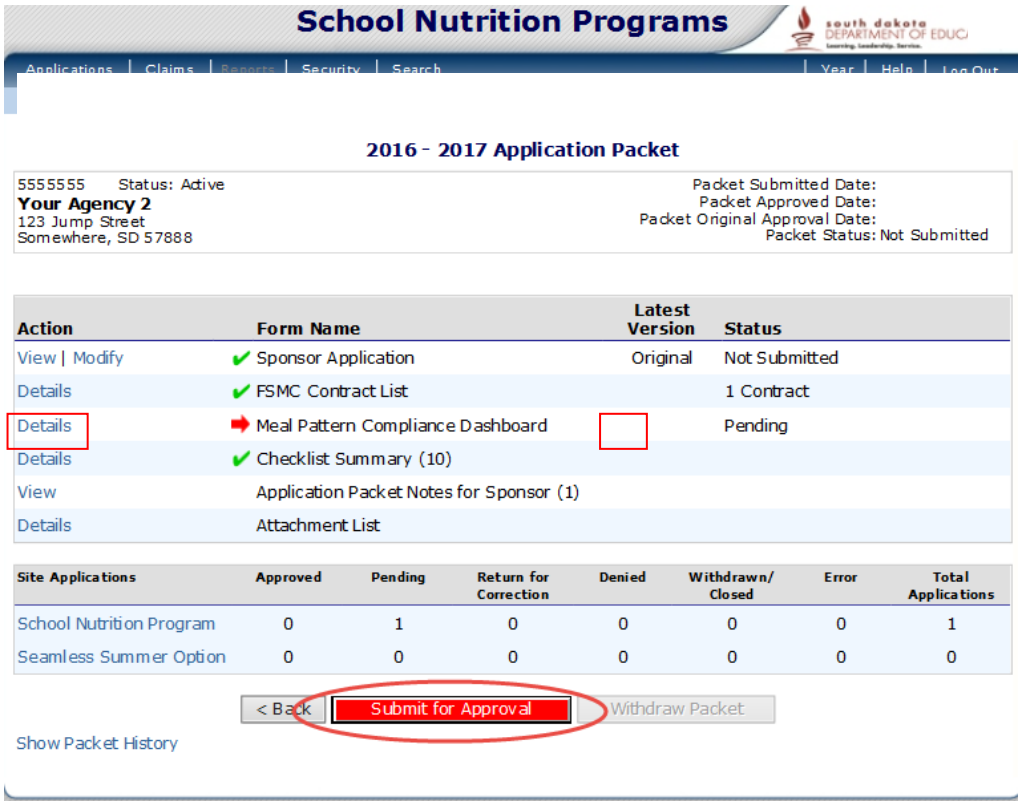
   A) At the top section of the Sponsor Application page.



   B) Contained in the Application Packet
   If there are notes in the Application Packet, you will see a number next to the *Application Packet Notes for Sponsor*. Click *View* to read the notes.



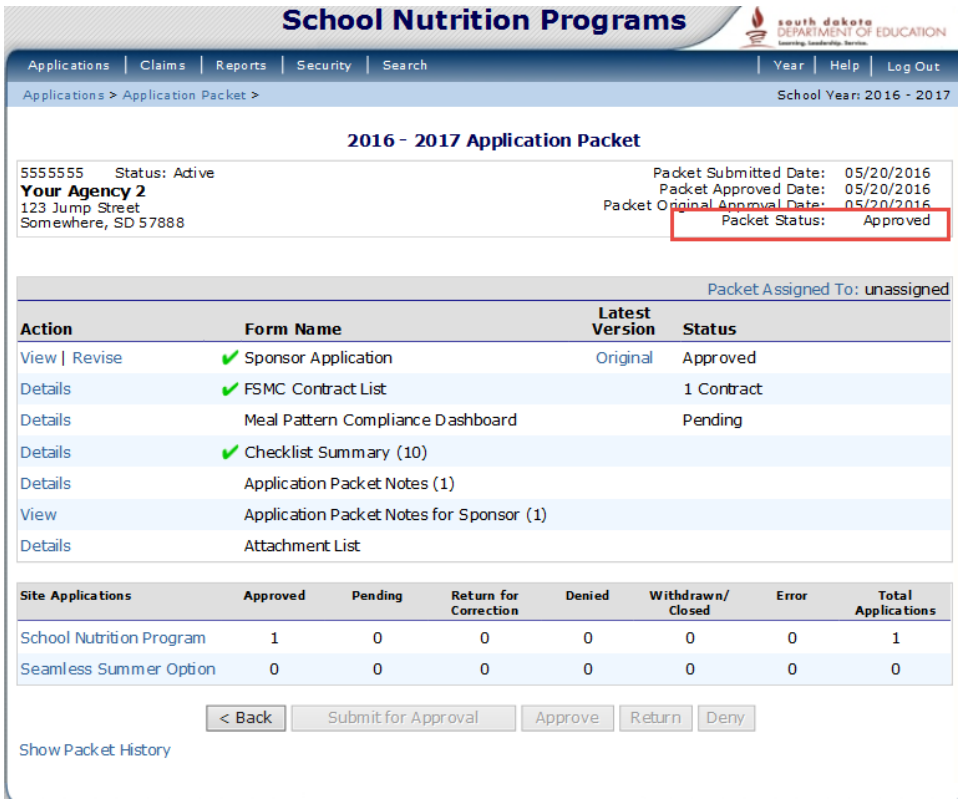
2) Make the applicable corrections and click *SAVE.*
3) Resubmit your application by clicking the red *Submit for Approval* button.



You will see that the Packet Status now shows that it was Submitted for Approval. At this point you will be unable to make additional changes to your application.

Chapter 5 – Approved Applications

Once your application has been approved by the State you will see your Application Packet Status shows Approved. You will also receive an email notification advising you of this.



NOTIFICATION EMAIL FOR SNP APPLICATION PACKET

South Dakota Unified Nutrition Programs System
South Dakota Department of Education
Child and Adult Nutrition Services

Thank you for submitting your Application Packet for the School Nutrition Programs. Your application packet has been APPROVED.

Sponsor Name: Your Agency 2
Agreement Number: 5555555
Program Year: 2016/2017
Program: School Nutrition Programs (SNP)
Application Packet Status: Approved

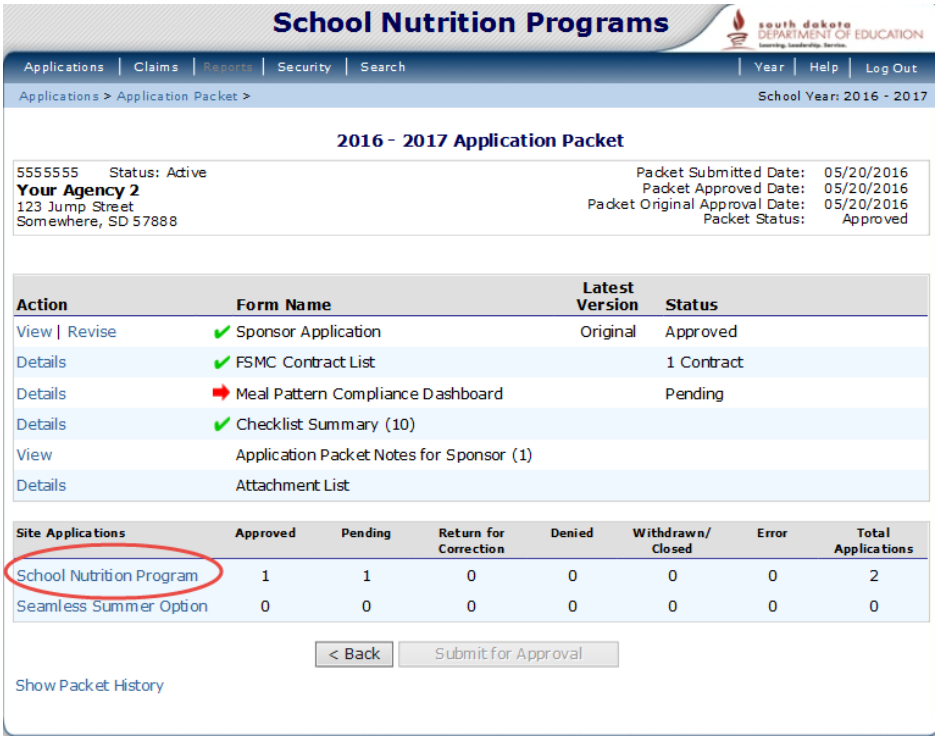
Chapter 6 –Adding a New Site

1) You will need to contact the CANS office to have the site location added to your Application Packet.
2) Once your site location has been added, you will complete the Site Application.
3) Select *Applications* in the menu line

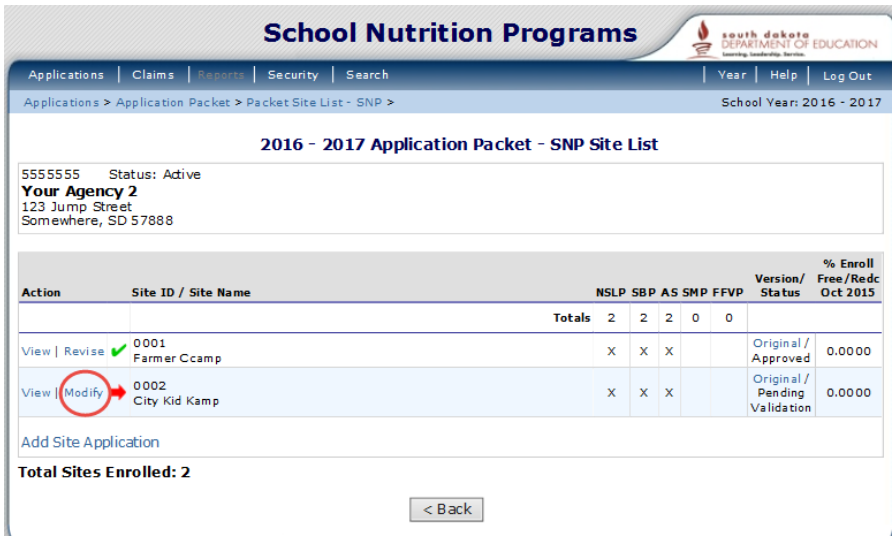
4) Select *Application Packet*

5) Select the current school year

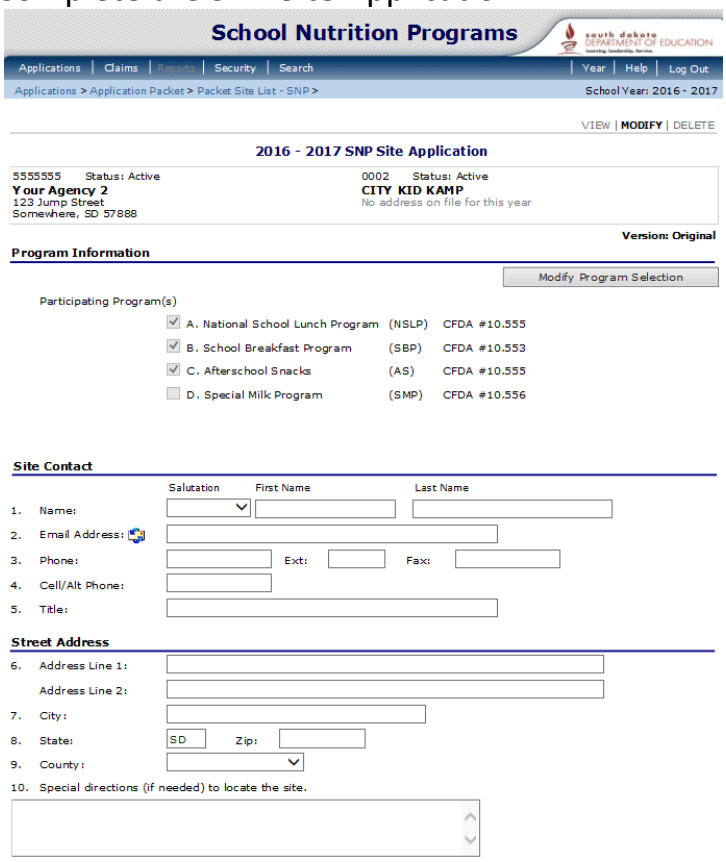
6) Select *School Nutrition Program under the Site Applications*



7) Select *Modify* for the applicable site. In this example, site City Kid Kamp.



8) Complete the SNP Site Application



Participation Information

11. Site Type: Traditional Public School

12. Is this a new site with a majority of the students transferred from severe need schools? ◯ Yes ◯ No

If yes, enter the number of lunches for the first 3 months of operation in question 13.

13. Lunches claimed for School Year (2014 - 2015) - Severe Need Breakfast Reimbursement Rate Determination

Total Free Lunches	Total Reduced Price Lunches	Total Paid Lunches	Total Lunches	Free & Reduced %	Qualify for Severe Need Breakfast Reimb. Rate
0	0	0	0	%	No

14. Select Grades at this site: (Check all that apply)

Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☐
Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☐
Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☐
Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☐
Other: ☐

15. Kitchen Type:

If Combination, identify which types:

Pricing Information

16. **PRICING:** Insert prices charged for each program in which this site will participate (e.g. if the full price for lunch is $2.00, insert 2.00 under NSLP and in the column next to Paid).

NON-PRICING: Select if students will not be charged for meals.

REDUCED CHARGE WAIVED: Only paid students and adults are charged for meals.

NOTE: The maximum charge for reduced-price meals is $0.40 for lunch, $0.30 for breakfast, and $0.15 cents for snacks. Do not enter dollar signs in the meal pricing fields.

Meal Type	Pricing Information	Paid Price	Reduced Price	Adult Price
National School Lunch Program (NSLP)				
School Breakfast Program (SBP)				
Afterschool Snack (AS)				

Section A - NATIONAL SCHOOL LUNCH PROGRAM (NSLP)

A1. A. Months of Operation: (Check all that apply)

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

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

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

A2. Meal Service Times Begin Time: :00 End Time: :00

Additional Meal Service Times

A3. Will Offer versus Serve (OVS) be implemented for Lunch? ◯ Yes ◯ No

A4. What grades are utilizing Offer vs. Server (OVS) for Lunch?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☐
Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☐
Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☐
Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☐
Other: ☐

A5. How many Points of Service?

A6. Are alternate points of service used? ◯ Yes ◯ No

Describe your alternate points of service, if used:

Section B - SCHOOL BREAKFAST PROGRAM (SBP)

B1. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☐ Sep: ☐ Oct: ☐ Nov: ☐ Dec: ☐

Jan: ☐ Feb: ☐ Mar: ☐ Apr: ☐ May: ☐ Jun: ☐

B. Days of the week meals served and claimed for reimbursement: (Check all that apply)

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

B2. Meal Service Times Begin Time: [ ] [:00] End Time: [ ] [:00]

Additional Meal Service Times [ ]

B3. Will Offer versus Serve (OVS) be implemented for Breakfast? ○ Yes ○ No

B4. What grades are utilizing Offer vs. Server (OVS) for Breakfast?

All: ☐ Early Education: ☐ 1st grade: ☐ 5th grade: ☐ 9th grade: ☐

Head Start: ☐ 2nd grade: ☐ 6th grade: ☐ 10th grade: ☐

Pre-Kindergarten: ☐ 3rd grade: ☐ 7th grade: ☐ 11th grade: ☐

Kindergarten: ☐ 4th grade: ☐ 8th grade: ☐ 12th grade: ☐

Other: ☐

B5. How many Points of Service? [ ]

B6. Are alternate points of service used? ○ Yes ○ No

Describe your alternate points of service, if used:

[ ]

Section C - AFTERSCHOOL SNACKS (AS)

C1. A. Months of Operation: (Check all that apply)

All: ☐ Jul: ☐ Aug: ☐ Sep: ☐ Oct: ☐ Nov: ☐ Dec: ☐

Jan: ☐ Feb: ☐ Mar: ☐ Apr: ☐ May: ☐ Jun: ☐

B. Days of the week snacks served and claimed for reimbursement: (Check all that apply)

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

C2. Snack Service Times Begin Time: [ ] [:00] End Time: [ ] [:00]

Alternate Service Times [ ]

C3. What time does the normal school day end? [ ] [:00]

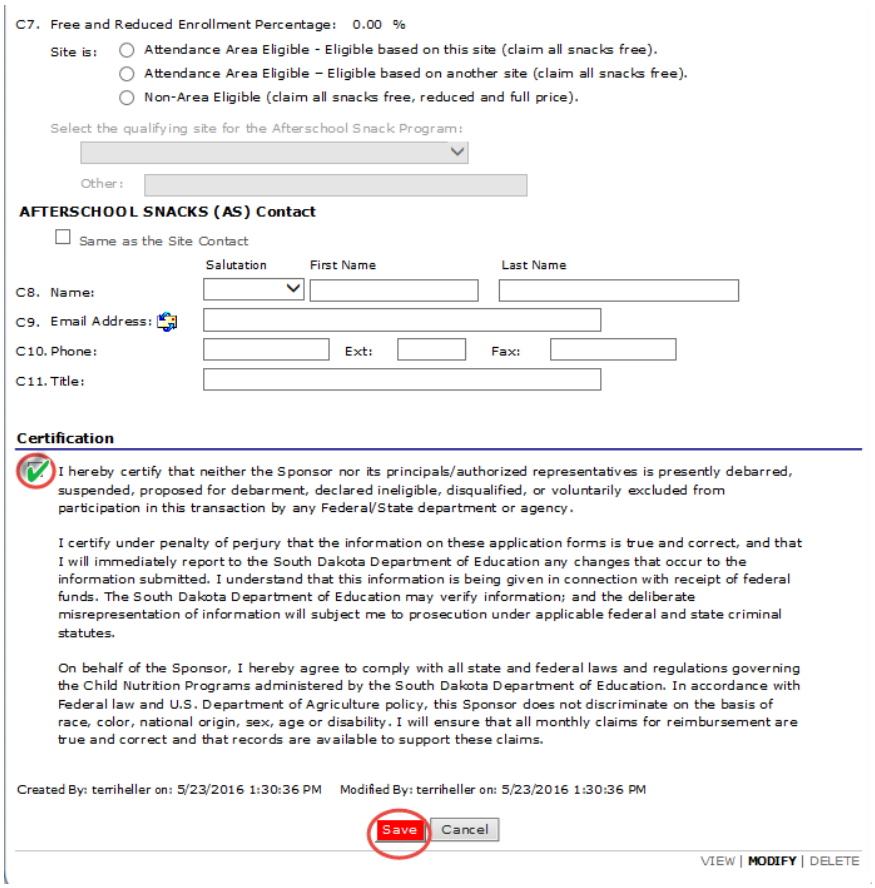
C4. Describe the Snack Count Method:

[ ]

C5. Describe educational or enrichment activities.

[ ]

C6. Is the site licensed? ○ Yes ○ No



C7. Free and Reduced Enrollment Percentage: 0.00 %

Site is:
- Attendance Area Eligible - Eligible based on this site (claim all snacks free).
- Attendance Area Eligible – Eligible based on another site (claim all snacks free).
- Non-Area Eligible (claim all snacks free, reduced and full price).

Select the qualifying site for the Afterschool Snack Program:

Other:

AFTERSCHOOL SNACKS (AS) Contact

Same as the Site Contact

	Salutation	First Name	Last Name
C8. Name:			

C9. Email Address:

C10. Phone: Ext: Fax:

C11. Title:

Certification

I hereby certify that neither the Sponsor 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 South Dakota Department of Education any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The South Dakota Department of Education 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 Sponsor, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the South Dakota Department of Education. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor 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.

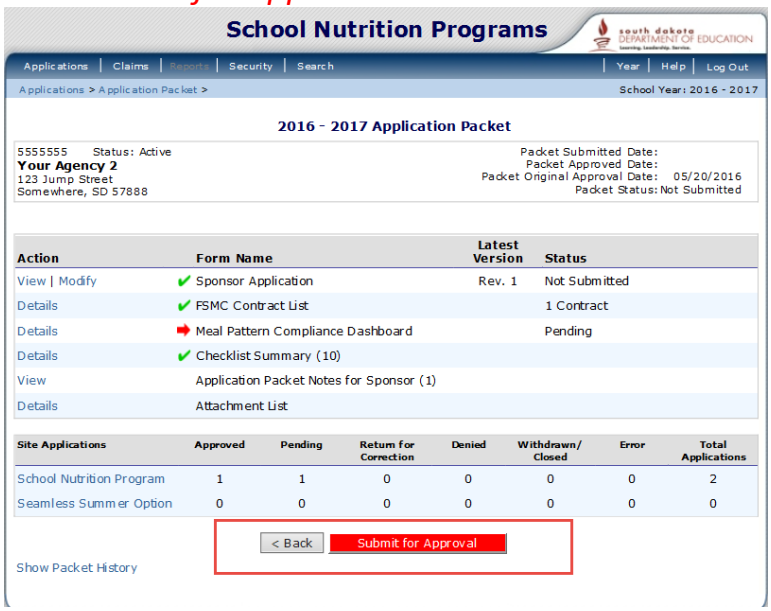
Created By: terriheller on: 5/23/2016 1:30:36 PM Modified By: terriheller on: 5/23/2016 1:30:36 PM

Save Cancel

VIEW | **MODIFY** | DELETE

9) Remember to check the Certification box, or you will receive an error. Click *Save*

10) Click *Submit for Approval*



School Nutrition Programs

south dakota DEPARTMENT OF EDUCATION

Applications | Claims | Reports | Security | Search | Year | Help | Log Out

Applications > Application Packet > School Year: 2016 - 2017

2016 - 2017 Application Packet

5555555 Status: Active
Your Agency 2
123 Jump Street
Somewhere, SD 57888

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date: 05/20/2016
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View | Modify	Sponsor Application	Rev. 1	Not Submitted
Details	FSMC Contract List		1 Contract
Details	Meal Pattern Compliance Dashboard		Pending
Details	Checklist Summary (10)		
View	Application Packet Notes for Sponsor (1)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
School Nutrition Program	1	1	0	0	0	0	2
Seamless Summer Option	0	0	0	0	0	0	0

< Back Submit for Approval

Show Packet History

Tip: If you ARE NOT CEP skip this section

Chapter 7 –Community Eligibility Provision (CEP) Site List

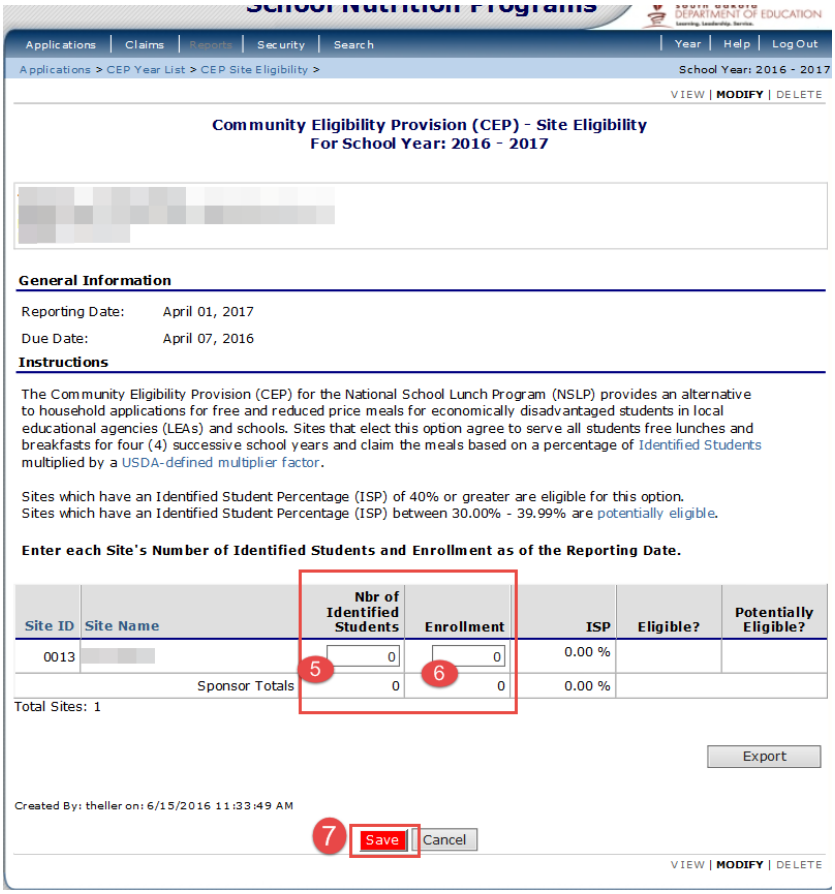
Tip: You will do this once a year on April 1st.

Completing Community Eligibility Provision (CEP) Site List

1) Log into the iCAN system
2) Click *Applications* in the blue bar at the top of the screen.
3) Click *Community Eligibility Provision*

4) Click *Add* to work with the current school year

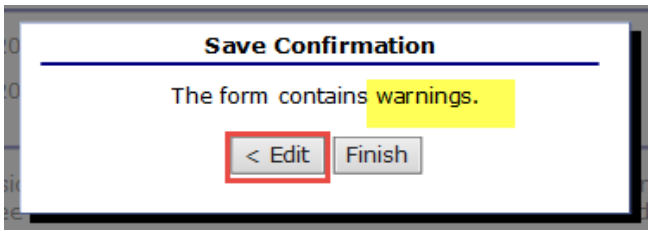
5) For **each site**, enter the number of identified students eligible for CEP
6) Enter the site enrollment



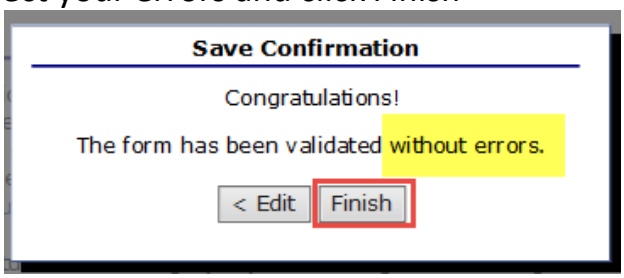
Tip: If you are ***currently participating*** in CEP or ***are interested in participating*** in CEP, complete the CEP Site List using the current year, April 1st data.
If you are ***not interested*** in participating in CEP complete the CEP Site List using the data from your current year Verification Report.

7) Click *Save*

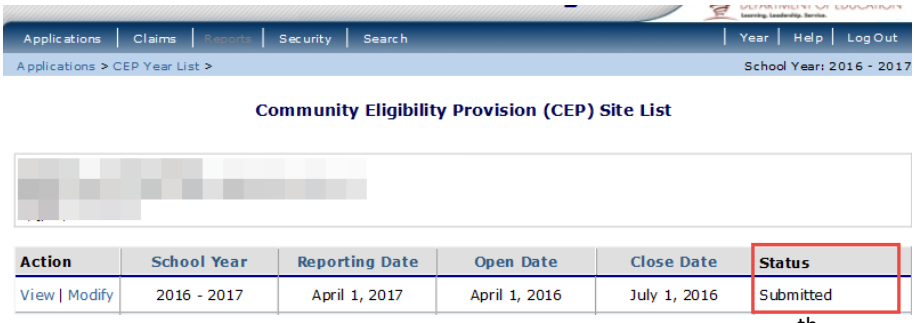
8) A pop up will appear. If you receive a warning, click edit to correct your errors



9) Correct your errors and click *Finish*



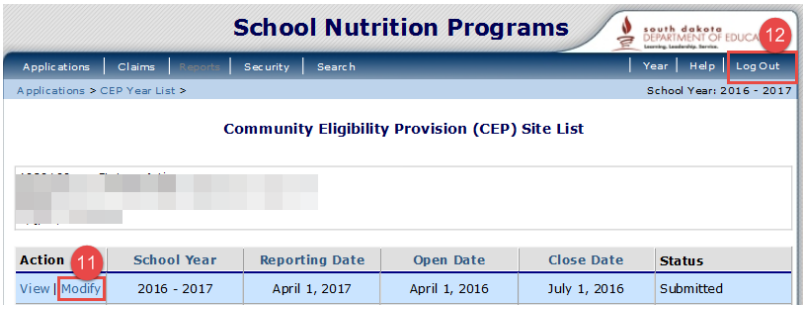
You will then see the site list Status-*Submitted*



You will be able to *Modify* your information until April 8th.

10) To make changes to your site information click *Modify* When done making changes click *Save*

11) Then Log Out

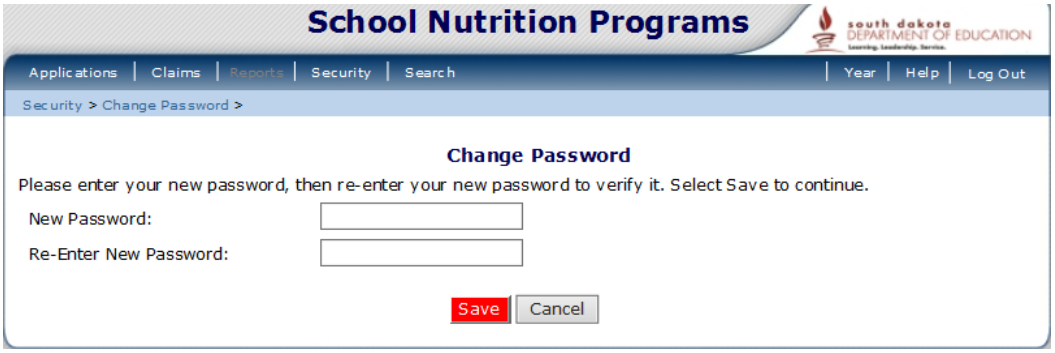


Chapter 8 –Changing your Password

This feature only works once you are already logged in. If you have forgotten your password or are locked out of the system, you will need to send an email to DOE.iCANhelp@state.sd.us or contact 605-773-3413 and request a password reset. A confirmation with your temporary password will be sent to the email address we have on file for you. No password information will be provided to you over the phone.

1) Click on *Security* in the blue menu bar

2) Type a new password in both fields.



A password must contain a combination of the following:

- Be at least 10 characters long
- Contain at least one number
- Contain at least one special character ($, %, ^, &, +, =, !)

3) Click *Save*