

TODAY'S AGENDA

- Change to New Division
- EOC Grant/Survey Reminder
- UEI Information
- Program Update Form Reminders
- Upcoming SA Trainings
- Additional Information
- Q&A





CHANGE TO NEW DIVISION

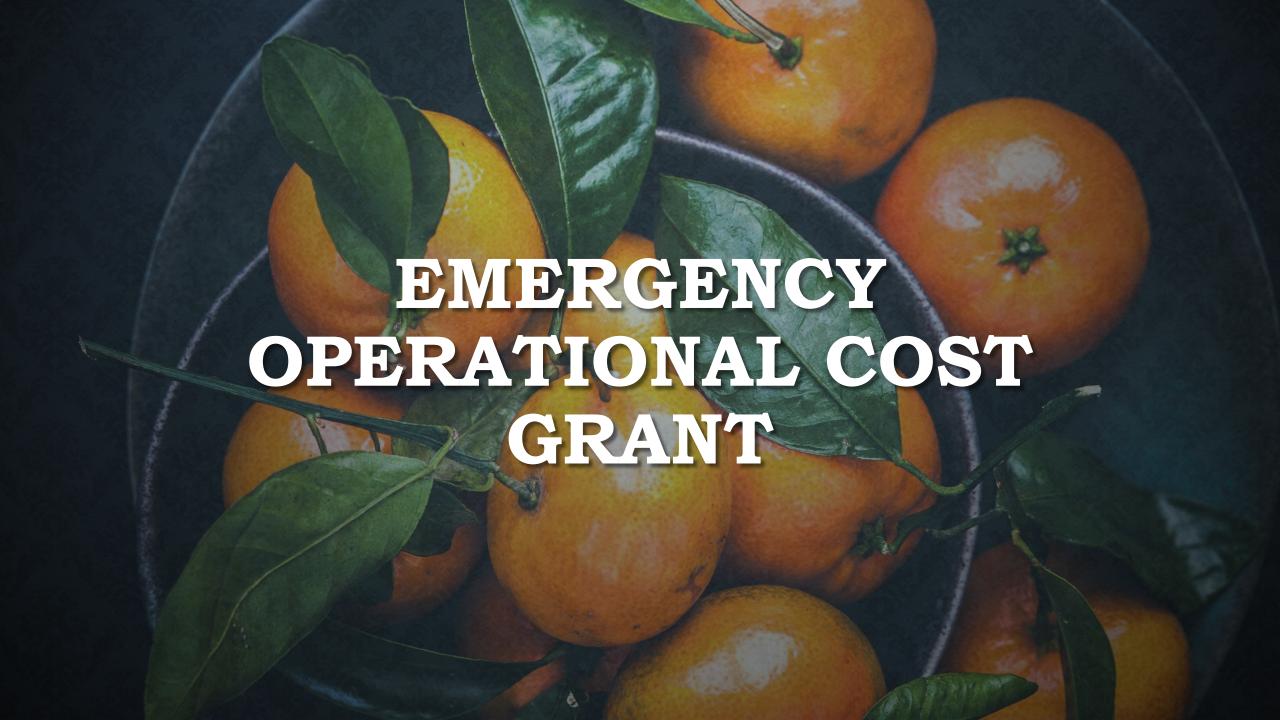
Previously	New
Division of Public Health (DPH)	Division of Child and Family Well-Being (DCFW)
Nutrition Services Branch (NSB)	Community Nutrition Services Section (CNSS)
Special Nutrition Programs (SNP)	Child and Adult Care Food Program Unit (CACFP)

MARY ANNE BURGHARDT

- Assistant Director, Division of Child and Family Well-Being, Community Nutrition Services Section
- State Director, Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- State Director, Child and Adult Care Food Program (CACFP)







EMERGENCY OPERATIONAL COST GRANT REPORTING SURVEY

Reporting Survey deadline to State agency has passed:

Friday, January 21, 2022 (extended deadline)

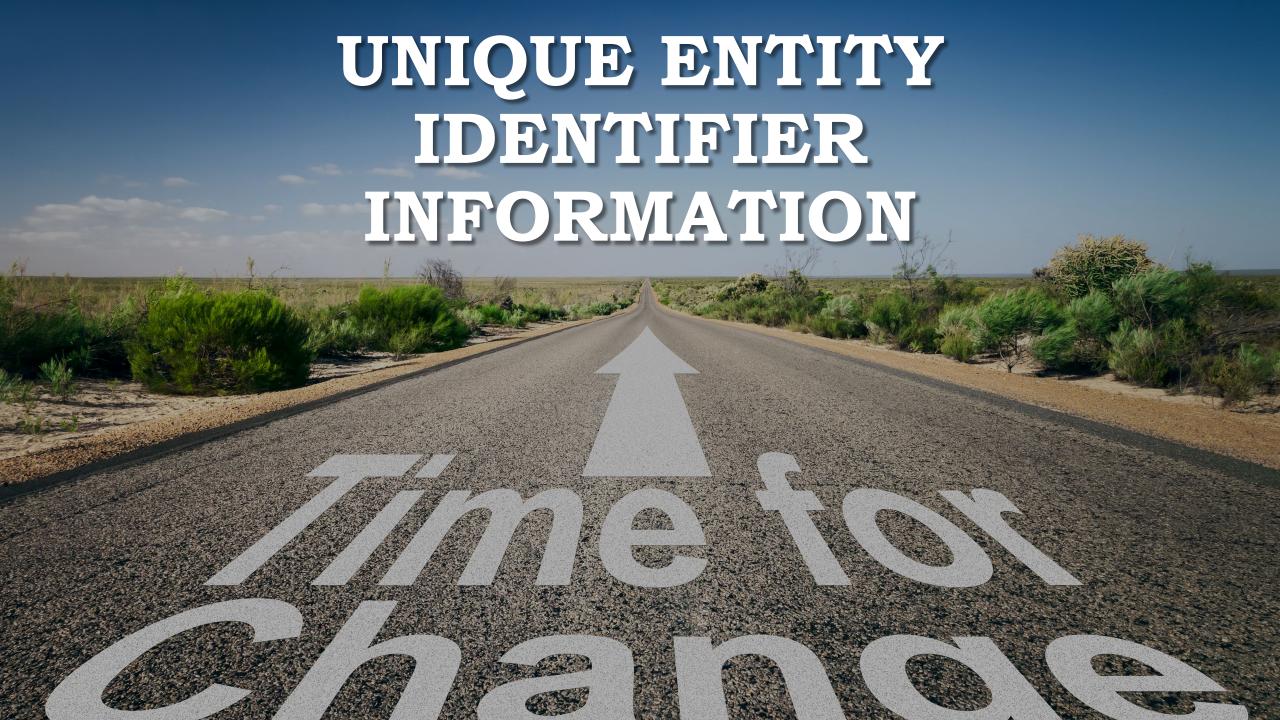


EMERGENCY OPERATIONAL COST GRANT

- State agency strongly encourages Institutions to use the grant funds
- Technical Assistance available: <u>FinancialManagementTeam@dhhs.nc.gov</u>
- If you cannot use the funds for allowable costs, provide explanation and return funds to:

DHHS Controller's Office Accounts Receivable Other 2025 Mail Service Center Raleigh, NC 27699-2025







• Change Takes Place April 4, 2022

• Instructional Video on Obtaining a UEI - https://youtu.be/4Hqs_L0B5kI

Questions? Contact

FinancialManagementTeam@dhhs.nc.gov

WHAT
QUESTIONS
DO YOU
HAVE?





THIS CHANGE IS FOR INDEPENDENT CENTERS AND SPONSORING **ORGANIZATIONS** OF AFFILIATED CENTERS ONLY

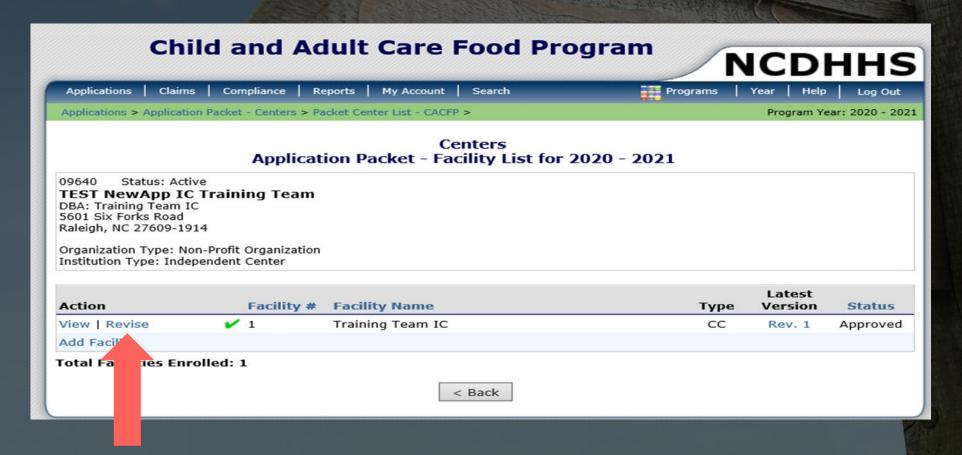


MAKING CHANGES TO APPLICATIONS

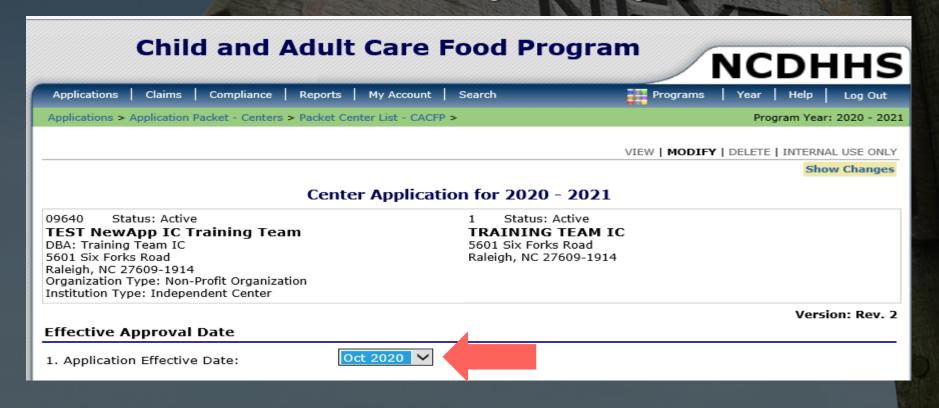
 Institutions are now required to enter all changes in NC CARES and certify the information is true and correct.

The Institution certifies that the information in this Institution Application is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Institution's application may result in the denial of the application or termination of the agreement (as applicable) and disqualification of the Institution, the responsible principals and the responsible individuals from the CACFP program.

Click "Revise"



- 1. Application Effective Date
- 2. Select the Month and Year the change is being made



Make the necessary changes

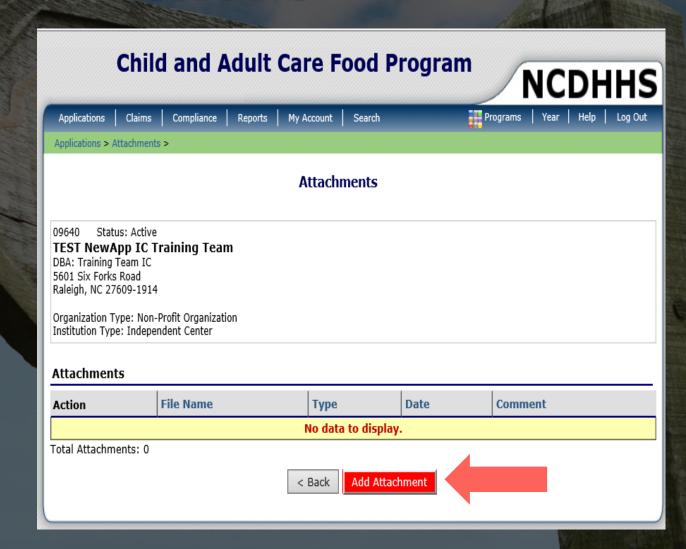
Wee	ekday Schedule				
31.	Normal Hours of Oper	rations: Time Open:	06:30 AM 🗸	Time Close: 06:0	00 PM 🗸
32.	Weekday Meals				
		First Me	al Service	Second	Meal Service
	Meals	Start Time	End Time	Start Time	End Time
	✓ Breakfast	08:00 AM 🗸	09:00 AM 🗸	~	~
	☐ AM Snack	~	~	~	~
	✓ Lunch	11:30 AM 🗸	01:00 PM 🗸	~	~
	✓ PM Snack	02:30 PM 🗸	04:15 PM 🗸	~	~
	Supper	~	~	~	~
	☐ Night Snack	~	~	~	~

1. Upload all necessary attachments for the change. Ex. License

2. Click on "Details"-Attachment List



Click "Add Attachment"

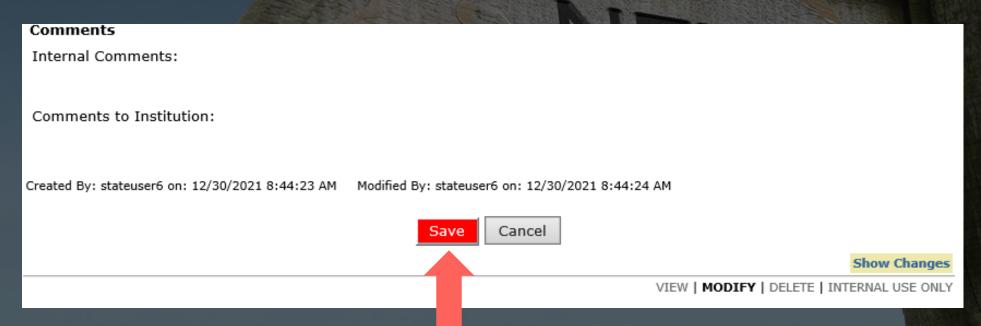


Certify the information is true and correct

Certification

The Institution certifies that the information in this Center Application is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Center's application may result in the denial of the application and disqualification of the Institution and/or Center, the responsible principals and the responsible individuals from the CACFP program.

"Save" Changes



- Complete the Program Update Form
- Email the Program Update Form to your assigned consultant
- Once the information has been reviewed and it has been approved, you will receive the signed Program Update Form with the State agency approval



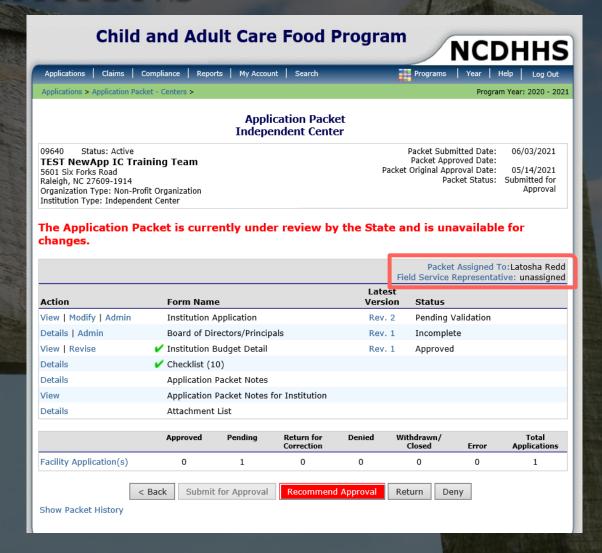
North Carolina Department of Health and Human Services Division of Public Health, Women's & Children's Health Section Nutrition Services Branch



Child and Adult Care Food Program Program Update Form

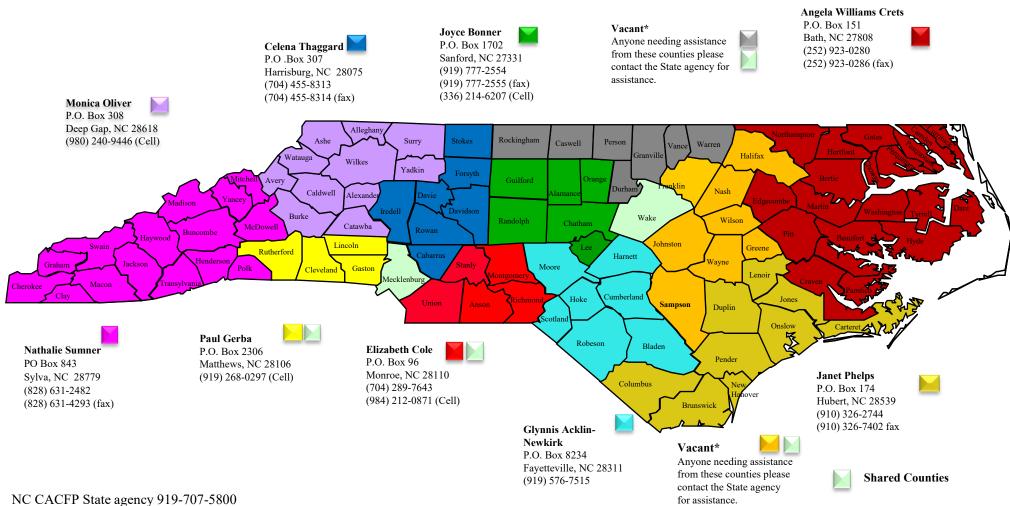
Institution Name:				А	greement#:		
Email Address							
Phone Number			Fax Number				
Institution Change: ((Check all that ap	ply)					
Name Change Federal ID Change			Address Change Telephone/Fax Number Change		- I	Change in Program Contact (Ensure Statement of Authority is updated)	
					,		
DUNS Number (Change		Change in Institution Type		Board of Dir	rectors	
SAMS Registrati	ion Change		License Change		Other Instit	ution Change	
Updated Documents	s: (Check all that a	apply)			•		
Truth of Applications Names and Addresses			Management Plan (Ensure all related policies and procedures		Budget (Ensure Compensation Policy is Updated)		
Statement of A	uthority	_	are updated)		Other docu	ment change	
Monitoring Plan	n/Schedule		Policies				
Meal Service Change	e: (Check all that	apply)					
Add meal servic	e		Change meal service time		Other Meal	Service Change	
Drop meal servi	ce		Change meal service				
			months/days				
	ponsoring Organ	izations	months/days of Affiliated Centers: (Check a	ll that a	ipply)		
	ponsoring Organ	izations		ll that a	pply) Other Cente	r Change	
Center Change for S	ponsoring Organ	izations	of Affiliated Centers: (Check a	Il that a		r Change	
Center Change for S Add Center Other Changes: All changes to the a	pplication must b	e enter	of Affiliated Centers: (Check a	ion. Su	Other Cente	mentation must be	
Center Change for S Add Center Other Changes: All changes to the a submitted for each r assigned Regional Co	opplication must b request and ente onsultant.	e enter	of Affiliated Centers: (Check a Terminate Center Teed in NC CARES by the instituti	ion. Su	Other Cente	mentation must be	
Center Change for Si Add Center Other Changes: All changes to the all submitted for each reassigned Regional Co. Notes/Comments: Institution's Signature The institution certifies in Note Department of Healt that deliberate submissi	poplication must be request and enteronsultant. that the information is and Human Serviton of false information ement (as applicable FP Program.	pe enter	of Affiliated Centers: (Check a Terminate Center Teed in NC CARES by the instituti	Date at the intion subay result	Other Cente pporting docur Program Updat e: estitution will immitted. The instead of the ins	mentation must be te form to your	

Find Your Assigned Consultant



North Carolina Department of Health and Human Services

Community Nutrition Services Section **CACFP** Regional Assignments



REGIONAL CONSULTANT ASSIGNMENTS TEMPORARY COVERAGE

• Angela Williams-Crets - Halifax, Franklin, Nash, Wilson

• Janet Phelps - Greene, Wayne, Sampson

• Glynnis Acklin-Newkirk - Wake, Johnson, Granville, Vance, Warren

• Joyce Bonner - Durham, Person, Caswell, Rockingham

WHAT
QUESTIONS
DO YOU
HAVE?





UPCOMING STATE AGENCY TRAININGS

Tuesday, February 15th, 2022 Duties and Documents for IC's 1:00 pm - 4:00 pm Wednesday, February 16th, 2022 Duties and Documents for SO's 1:00 pm - 4:00 pm

Wednesday, February 22nd, 2022 Compliance Review: Are You Ready? 1:00 pm - 3:00 pm

Go to www.nutritionnc.com/training to register





NATIONAL NUTRITION MONTH 2022



NATIONAL NUTRITION MONTH 2022

- Starts in March
- Weekly Emails
- Visit

https://www.eatright.org/food/resour ces/national-nutrition-month for a preview of the resources



eat Academy of Nutrition right and Dietetics





QUESTIONS & ANSWERS

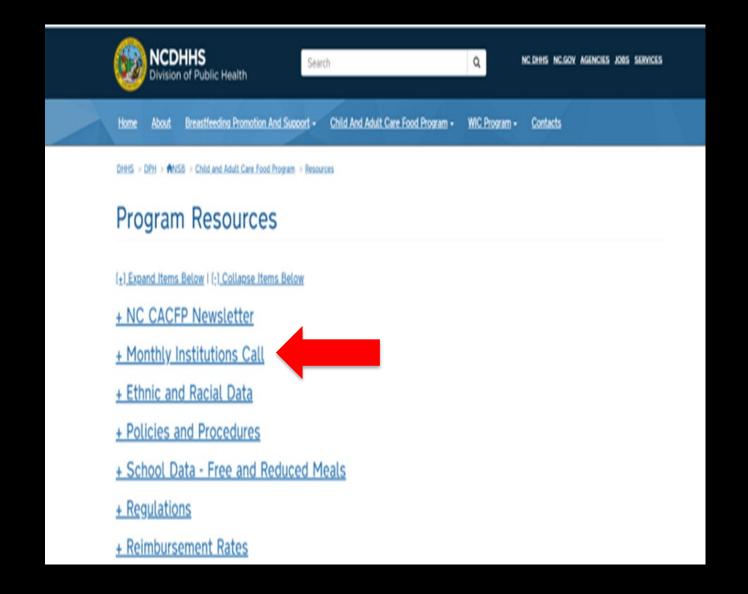
- 1) Please use the chat function to submit your questions.
- 2) We will review what we have time for that pertains to the good of the group.
- 3) Questions that apply to one specific institution will be handled offline.



MONTHLY INSTITUTION CALLS

The PowerPoints for the institution calls can now be found on our website www.nutritionnc.com

- 1) Click on "Child and Adult Care Food Program"
 - 2) Click on "Program Resources"
 - 3) Click on "Monthly InstitutionS Call"



JUST WANTED TO SAY...

