

A top-down view of various fresh ingredients arranged on a dark, textured surface. In the upper left, a wooden bowl is filled with fresh green broccoli florets. To its right, a string of bright red cherry tomatoes is laid out. In the upper right, a small paper bag is overflowing with almonds. Below the almonds, a wooden mortar and pestle is visible. In the center, a whole, skinless chicken breast is placed on a wooden cutting board. To the left of the chicken, a wooden bowl contains a mix of red kidney beans and white beans. In the lower left, two more broccoli florets are scattered. To the right of the chicken, there are several small white bowls containing different types of grains: one with white rice, one with flax seeds, and one with lentils. There are also some Brussels sprouts and fresh dill scattered around. The overall composition is vibrant and emphasizes healthy, whole-food ingredients.

**NC CACFP
Monthly Institution Call
February 2024**

All the information on this call is true and accurate as of February 2, 2024.

TODAY'S AGENDA

- NCFS Payments
- Record Renewal
- NC CACFP CONNECTS
Performance Enhancements
- CACFP Week 2024
- Additional Information
- Q&A



NCFS Payments



CE SHEETS

1,685,353	1,543,353
2,688,505	2,190,635

32,062	30,653	20,658	12,050
112,000	92,756	98,871	75,000
255,000	175,416	245,600	147,000
35,260	28,445	30,526	21,000
434,322	327,270	395,655	273,050
500,000	400,000	500,000	400,000
350,000	200,000	350,000	200,000
850,000	600,000	850,000	600,000
1,284,322	927,270	1,245,655	860,560

Income Before Tax	937	684	796
Tax	180	123	155
Income After Tax	757	561	641
Minority Interest	5	4	4
Equity in Affiliates	2	7	7
Net Income	757	561	641
Gross Profit Margin	0.38	0.38	0.38
Operating Profit Margin	0.20	0.20	0.20
Net Profit Margin	0.17	0.17	0.17
ROE		11%	11%
ROA		8%	8%
EPS		0.1	0.1

LIABILITIES

Financial Institution

T LIABILITIES

Par Value Baht 10.00)

Capital

Par Value Baht 10.00)

10,000,000	10,000,000	10,000,000	10,000,000
1,000,000	1,000,000	1,000,000	1,000,000
165,000	165,000	165,000	165,000

NCFS

- NC CACFP CONNECTS and NCFS are **two separate systems**.
- NC CACFP does not have authority over NCFS
- Institution submits claim in NC CACFP CONNECTS
- Claims are batched by DHHS Controller's Office on Wednesdays and Fridays
 - Once the claim is batched Institution's will see "Sent for Payment" within the claim's module in NC CACFP CONNECTS

NCFS

- **PREVIOUSLY**

- Institutions received an email within 2-3 days stating funds will be deposited into accounts

- **NOW**

- Institutions receive an email; however, at the time of this email, funds are taking 2 to 3 days to be deposited into accounts

- Claims have been paid up through 1/26/2024.

7 CFR 226.6(b)(2)(iii)(H)

The State agency must ensure that **each renewing institution certifies** that it is still in compliance with the performance standards described in paragraph (b)(1)(xviii) of this section, meaning **it is financially viable**, is administratively capable of operating the Program in accordance with this part, and has internal controls in effect to ensure accountability.

7 CFR 226.6(b)(1)(xviii)(A)(2)

A new institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis, has adequate sources of funds to continue to pay employees and suppliers during periods of temporary interruptions in Program payments and/or to pay debts when fiscal claims have been assessed against the institution, and can document financial viability (for example, through audits, financial statements, etc.);

7 CFR 226.7(k) Claims Processing

.....All valid claims shall be paid within 45 calendar days of receipt....



Record Renewal

Record Renewal FY2024

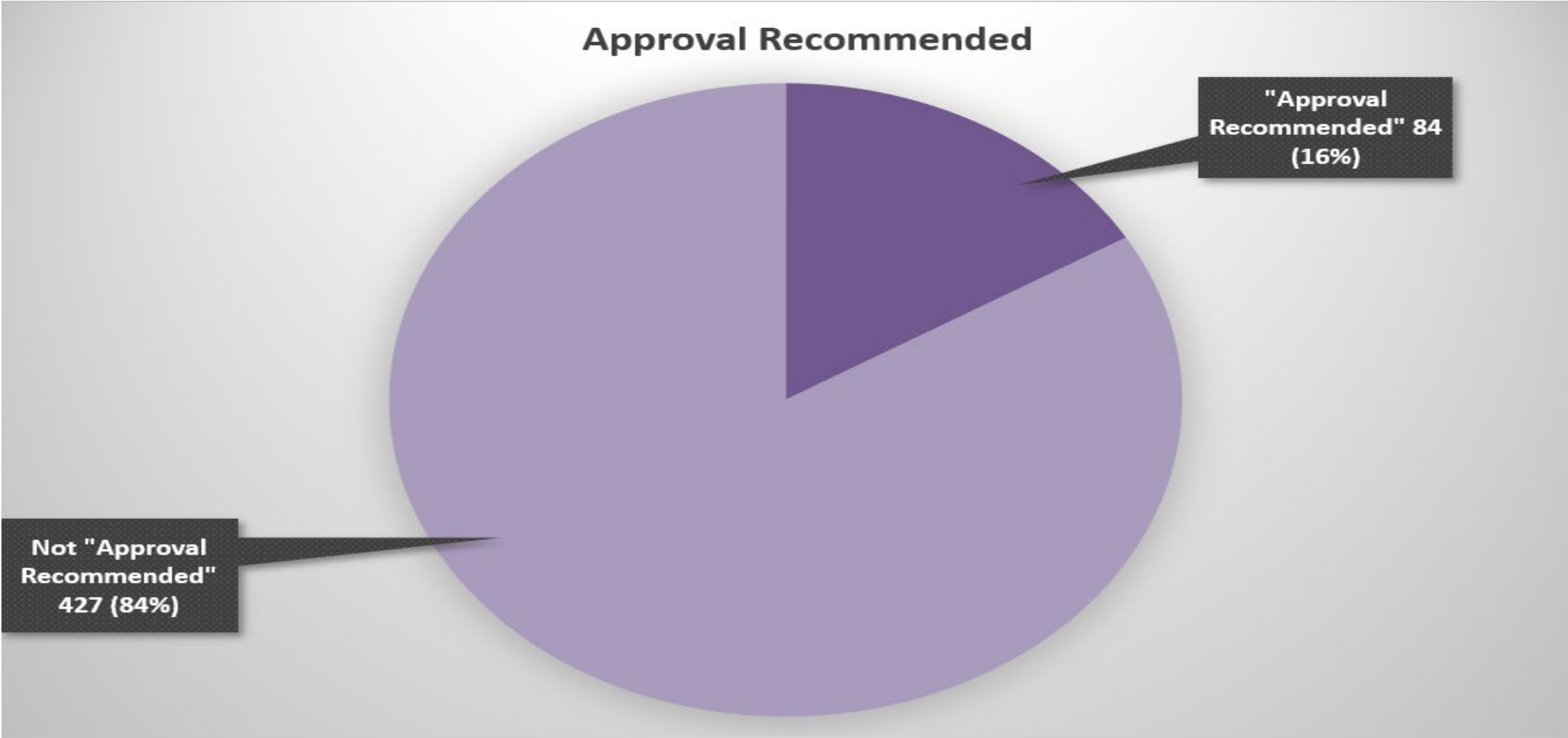
Monday, September 25, 2023: FY2024 Opened

Thursday, February 29, 2024: Approval Deadline

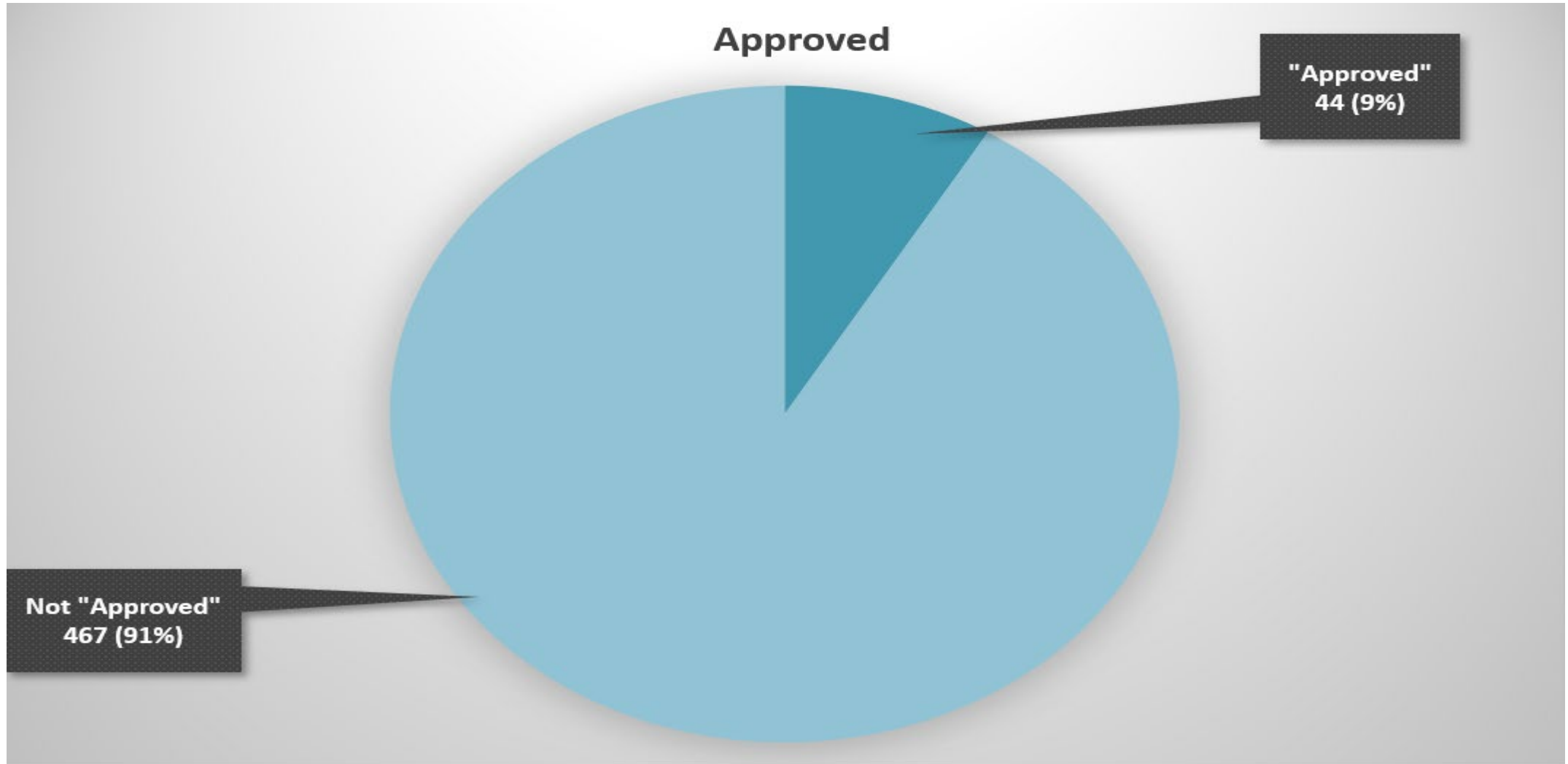
Record Renewal FY2024 Training

- Pre-recorded trainings for IC's, SO's, and SFA-ARAMs are available.
- Visit Training Page, [Prerecorded Programmatic Training](#) section.
 - IC Training: 4 DCDEE contact hours
 - SO Training: 4.5 DCDEE contact hours
- Must attend the entire training to receive a certificate.
- FY 2024 Record Renewal Training is separate from NC CACFP CONNECTS Orientation Training. **Both trainings are required.**

Approval Recommended



Approved



Common Concerns Noted by the State Agency

Management Plan

Financial Viability, Administrative Capability, and Program Accountability.

- Who, What, When, Where, and How
- Use full sentences

Inadequate response:

5. Describe the institution's process of accountability for all funds and property received, held, and disbursed?

Property Standards Policy attached.



Common Concerns Noted by the State Agency

Management Plan

Discuss how funds and property are:
































- Received
- Held
- Disbursed

5. Describe the institution's process of accountability for all funds and property received, held, and disbursed?

Reports are done at the beginning of the month for the last months billing. Reports consist of daily attendance and expenditures for the month.

Common Concerns Noted by the State Agency



























Budget Documents - Ensure the correct budget is selected

Required Documents								
Rows per page: 10 1-6 of 6								
Actions	Category	SubCategory	Document Name	On File	Date Submitted	Status	Frequency	Next Due Date
     	Budget Record	Sponsoring Organization	2022-2023 Sponsor of Affiliated Centers Budget	<input type="checkbox"/>			Fiscal Year Renewal	
     	Budget Record	Sponsoring Organization	2022-2023 Sponsor of Unaffiliated Centers Budget	<input type="checkbox"/>			Fiscal Year Renewal	
     	Budget Record	Sponsoring Organization	2022-2023 Sponsor of Day Care Homes	<input type="checkbox"/>			Fiscal Year Renewal	
     	Budget Record	Sponsoring Organization	2023-2024 Sponsor of Affiliated Centers Budget	<input type="checkbox"/>			Fiscal Year Renewal	
     	Budget Record	Sponsoring Organization	2023-2024 Sponsor of Day Care Homes Budget	<input type="checkbox"/>			Fiscal Year Renewal	
     	Budget Record	Sponsoring Organization	2023-2024 Sponsor of Unaffiliated Centers Budget	<input type="checkbox"/>			Fiscal Year Renewal	



Rows per page: 10 1-6 of 6

Common Concerns Noted by the State Agency

- Red Circle with a line – Not applicable documents

     	Institution Record	Policies	Administrative Review Policy
     	Institution Record	Policies	CACFP Performance Standards Policy
     	Institution Record	Policies	Code of Conduct Policy
     	Institution Record	Policies	Compensation Policy
     	Institution Record	Policies	Confidentiality Policy
     	Institution Record	Policies	Disbursement Policy

- Green Check Mark – does not mean finished
 - Ensure the document is submitted

 Submit Document
 Mark Document as Not Applicable

Annual Renewal for Food Service Contract

B. Unit Price Schedule

The institution and the FSMC or SFA have mutually agreed to the unit prices as shown below. The maximum increase to unit prices from the previous year must not be more than the *Consumer Price Index (CPI-U), Food Away from Home, Southeast Region*, for the current year. The FSMC or SFA shall provide the following meals in the estimated quantities to be delivered at the location(s) stated on the original contract.

Renewed Contract Unit Price Schedule

	Total Number of Operating Days	X	Units Needed Per Day	X	Unit Price \$	=	Total
--	--------------------------------	---	----------------------	---	---------------	---	-------



**NC CACFP CONNECTS
Feature Enhancements**

Communication Log

- A pop-up Communication Log is added on the Upper Right Side of Each Record throughout the System.
- If a State user adds a Comment in Communication log, the communication box will Pulsate indicating Institution users to open the Communication log to view the message added by state users.
- If there is no Comment added in the Communication Log , the box will not Pulsate and will be stationary.
- Images 1 & 2 on the next slide will show the difference between a pulsating box vs a non-pulsating box.

Pulsating vs Non-Pulsating

Institution Search / Institution Profile / Institution Demographics

Test Institution A Version 1 - In Process

Institution Demographics

INSTITUTION PROFILE

Institution Name*
Test Institution A

Address Line 1*
1000 Test Drive

Address Line 2*
1000 Test Drive

City*
Cary

State*
North Carolina

County*
Wake

Phone*
(919) 000-0000

Email Address*
test@test.com

Institution Details

Institution Type*
Sponsor

Affiliation*
Both

Sponsorship Type*
Centers and Homes

Organization Type*
Non-Profit

Business Type*
If Other, please specify

UEI (DUNS)*
AERAAAAAA11

FEIN*
11-1111111


Organization Fiscal Year:
Start* End*

Race/Ethnicity Data

[VIEW CENSUS](#)

ETHNICITY DATA

Provide the ethnic make up of the population to be served (Sponsoring organization must provide the ethnic information for all the counties served)



NC CACFP CONNECTS CHILD & ADULT CARE FOOD PROGRAM

CFDA No. Institution User

Home Institution Profile Demographics Contacts Institution Documents Facility Dashboard Management Plan Budget Certification Notes Claims Document Library Logout

CACFP / Institution Search / Institution Profile / Institution Demographics

10501 - Test Institution A Version 1 - In Process

Institution Demographics

INSTITUTION PROFILE

Institution Name*
Test Institution A

DBA Name

Website

Phone*
(919) 000-0000

Email Address*
test@test.com

PHYSICAL ADDRESS

Address Line 1*
1000 Test Drive

Address Line 2*
1000 Test Drive

City*
Cary

State*
North Carolina

Zip Code*
27519

County*
Wake

Institution Details

Institution Type*
Sponsor

Affiliation*
Both

Sponsorship Type*
Centers and Homes

Organization Type*
Non-Profit

Business Type*
If Other, please specify

UEI (DUNS)*
AERAAAAAA11

FEIN*
11-1111111


Organization Fiscal Year:
Start* End*

Race/Ethnicity Data


[VIEW CENSUS](#)

ETHNICITY DATA

Provide the ethnic make up of the population to be served (Sponsoring organization must provide the ethnic information for all the counties served)



Click on the Pulsating Icon to Expand the Box to view Comments.

CHILD & ADULT CARE FOOD PROGRAM CFDA No. Institution User 

CACFP / Institution Search / Institution Profile / Institution Demographics

10501 - Test Institution A Version 1 - In Process

Institution Demographics

INSTITUTION PROFILE

Institution Name*
Test Institution A

DBA Name

Website

Phone* (919) 000-0000

Email Address* test@test.com

PHYSICAL ADDRESS

Address Line 1*
1000 Test Drive

Address Line 2

City* Cary State* North Carolina

Zip Code* 27519 County* Wake

Institution Details

Institution Type* Sponsor Affiliation* Both

Sponsorship Type* Centers and Homes Organization Type* Non-Profit

Business Type* If Other, please specify

UEI (DUNS)* AERAAAAAA11 FEIN* 11-1111111

Organization Fiscal Year:

Start* End*

Race/Ethnicity Data

[VIEW CENSUS](#)

ETHNICITY DATA

Provide the ethnic make up of the population to be served (Sponsoring organization must provide the ethnic information for all the counties served)

Communication Log

Sys Administrator ONE Please fill the Required fields

01/29/2024 09:29 AM

Write a comment... [SEND](#)

Click on Communication Log

Communication log window opens

The screenshot displays the 'NC CACFP CONNECTS' interface for the 'CHILD & ADULT CARE FOOD PROGRAM'. The main navigation menu on the left includes Home, Institution, Institution Profile, Demographics, Contacts, Institution Documents, Facility Dashboard, Management Plan, Budget, Certification, Notes, Claims, Document Library, and Logout. The breadcrumb trail shows 'CACFP / Institution Search / Institution Profile / Institution Demographics'. The current page is titled '10501 - Test Institution A' and shows 'Version 1 - Pending Approval (update...)'. The 'Institution Demographics' section is divided into three main areas: 'INSTITUTION PROFILE', 'PHYSICAL ADDRESS', and 'Institution Details'. The 'INSTITUTION PROFILE' section includes fields for Institution Name (Test Institution A), DBA Name, Website, Phone (919) 000-0000, and Email Address (test@test.com). The 'PHYSICAL ADDRESS' section includes Address Line 1 (1000 Test Drive), Address Line 2, City (Cary), State (North Carolina), Zip Code (27519), and County (Wake). The 'Institution Details' section includes dropdowns for Institution Type (Sponsor), Affiliation (Both), Sponsorship Type (Centers and Homes), Organization Type (Non-Profit), Business Type (Corporation), and a field for 'If Other, please specify'. It also includes fields for UEI (DUNS) (AERAAAAA11) and FEIN (11-1111111), and an 'Organization Fiscal Year' section with Start (Jan) and End (Dec) dropdowns. Below this is the 'Race/Ethnicity Data' section with a 'VIEW CENSUS' button and 'ETHNICITY DATA' instructions. The 'Communication Log' window is open on the right, showing a message from 'Sys Administrator ONE' with the text 'Please fill the Required fields' and a timestamp of '01/29/2024 09:29 AM'. At the bottom of the window is a 'Write a comment...' field and a 'SEND' button.

NC CACFP CONNECTS CHILD & ADULT CARE FOOD PROGRAM CFDA No. Institution User

CACFP / Institution Search / Institution Profile / Institution Demographics

10501 - Test Institution A Version 1 - Pending Approval (update...)

Institution Demographics

INSTITUTION PROFILE

Institution Name*
Test Institution A

DBA Name

Website

Phone* (919) 000-0000 Email Address* test@test.com

PHYSICAL ADDRESS

Address Line 1*
1000 Test Drive

Address Line 2

City* Cary State* North Carolina

Zip Code* 27519 County* Wake

Institution Details

Institution Type* Sponsor Affiliation* Both

Sponsorship Type* Centers and Homes Organization Type* Non-Profit

Business Type* Corporation If Other, please specify

UEI (DUNS)* AERAAAAA11 FEIN* 11-1111111

Organization Fiscal Year:
Start* Jan End* Dec

Race/Ethnicity Data VIEW CENSUS

ETHNICITY DATA

Provide the ethnic make up of the population to be served (Sponsoring organization must provide the ethnic information for all the counties served)

Hispanic or Latino*
100

Communication Log

Sys Administrator ONE Please fill the Required fields

01/29/2024 09:29 AM

Write a comment... SEND

Communication Log in Other Records

• Institution Documents

CACFP / Institution Search / Institution Profile / Institution Documents

10501 - Test Institution A

REQUIRED DOCUMENTS ADDITIONAL ATTACHMENTS

Institution Document Management [← BACK TO LIST](#)

Required Documents

Documentation Details

Document Requirement Name
Permanent Agreement

Description
Permanent Agreement between the State Agency and the Institution

Submission Frequency
Does not Expire

Download Form / Template

Instructions / Sample

Current Documentation on File


No Document on File

[UPLOAD](#)

Documentation History

Document Name	N/A	Date Submitted	Submitted By	Current Status	Approved Date	Approved By	Expiration Date
Rows per page: 10 0-0 of 0 < < > >							

[← BACK TO LIST](#)



• Management Plan

CACFP / Institution Search / Institution Profile / Management Plan

10501 - Test Institution A Version 1 - In Process

FINANCIAL VIABILITY ADMINISTRATIVE CAPABILITY PROGRAM ACCOUNTABILITY MONITORING TRAINING


Financial Viability

1. Has the institution or any of the institution's principals participated in any publicly funded programs during the past seven years? Yes No

1a. If yes, submit a listing of the publicly funded programs in which the institution and its principals have participated during the past seven years and currently participate in the chart below.

[ADD ROW](#)

Actions	Name of Organization	Name of Program	Year	Name of Principal/ Board Member	Title
2. Does the institution provide non-CACFP services? <input type="radio"/> Yes <input type="radio"/> No					
2a. If yes, please list other services provided.					
2b. If yes, how does the institution cover these costs? (Please be aware that the institution may NOT use CACFP funds to cover non-CACFP expenses.)					

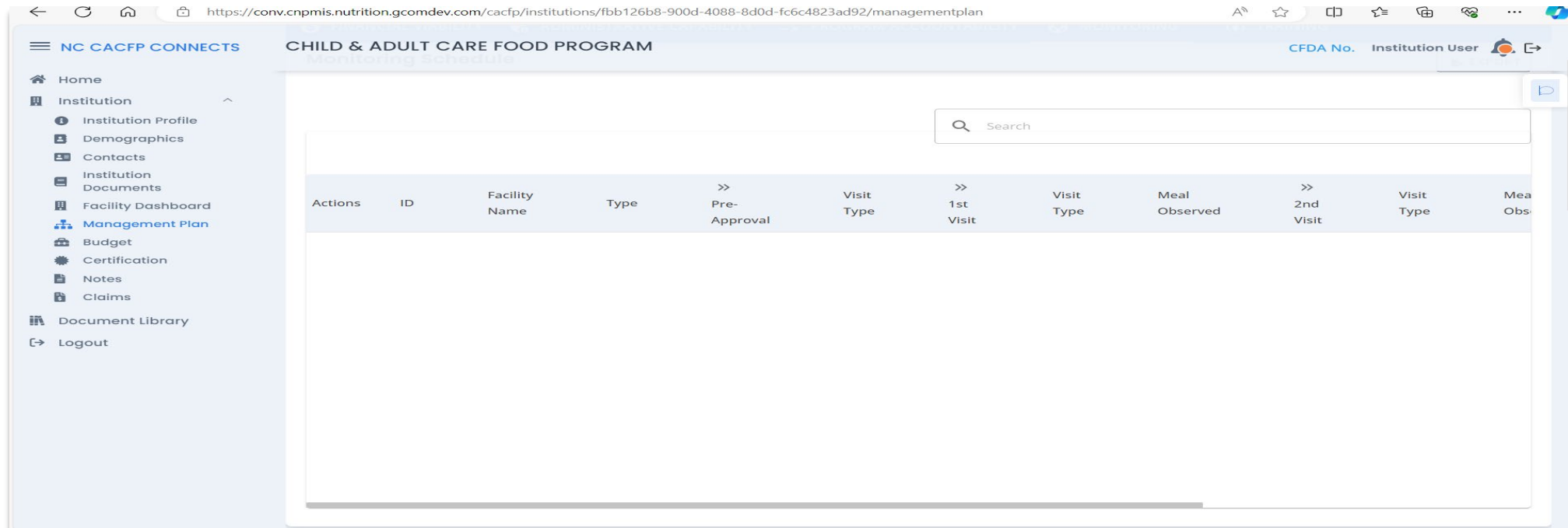


Performance Enhancement

- Speed between navigating through the Records has been increased for faster performance.

Management Plan

- Monitoring Tab page is widened to make the view easier for Monitoring Schedule.
- Scroll bars are added to move the Monitoring Schedule Left/Right and Up/Down
- The arrows over Pre-Approval and Visits are collapsable.



Management Plan

Monitoring Schedule Column Headers Abbreviated to fit in one view

- Column headers have been updated
 - Facility ID = ID
 - Facility Type = Type
 - Pre-approval Visit = Pre-approval
 - Announced or Unannounced = Visit Type
- Facility Type = Type has abbreviated facility types
 - Childcare = CC
 - At-Risk = ARAM
 - Head Start = HS
 - Adult Day Care = ADC
 - Emergency Shelter = ES
 - Outside School Hours Care = OSHC
 - Day Care Home = DCH
- Collapsible Columns
 - Pre-Approval + Visit Type collapse down to pre-approval and the user can expand the column when needed to see the details
 - 1st Visit + Visit Type + Meal Observed = 1st Visit
 - 2nd Visit + Visit Type + Meal Observed = 2nd Visit
 - 3rd Visit + Visit Type + Meal Observed = 3rd Visit

- Examples: Highlighted areas show the updates made

Financial Viability | Administrative Capability | Program Accountability | **Monitoring** | Training

Monitoring Schedule Export

Total # of DCHs		Total # of Centers		Search										
427		117												
Rows per page: 10 1-5 of 5														
Actions	ID	Facility Name	Type	Pre-Approval	Visit Type	1st Visit	Visit Type	Meal Observed	2nd Visit	Visit Type	Meal Observed	3rd Visit	Visit Type	Meal Observed
	1234	ABC Childcare Center	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	1357	Kidz Zone	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	2543	Montessori	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	9876	Northeast YMCA	ARAM	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	PM Snack	mm/dd/yyyy	Unannounced	Supper	mm/dd/yyyy	Announced	PM Snack
	1234	ABC Childcare Center	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	1357	Kidz Zone	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	2543	Montessori	CC	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	Breakfast	mm/dd/yyyy	Unannounced	Lunch	mm/dd/yyyy	Announced	PM Snack
	9876	Northeast YMCA	ARAM	mm/dd/yyyy	Announced	mm/dd/yyyy	Unannounced	PM Snack	mm/dd/yyyy	Unannounced	Supper	mm/dd/yyyy	Announced	PM Snack

https://conv.cnpmis.nutrition.gcomdev.com/cacfp/institutions/fbb126b8-900d-4088-8d0d-fc6c4823ad92/managementplan

NC CACFP CONNECTS CHILD & ADULT CARE FOOD PROGRAM

CFDA No. Institution User

Home

Institution

- Institution Profile
- Demographics
- Contacts
- Institution Documents
- Facility Dashboard
- Management Plan
- Budget
- Certification
- Notes
- Claims

Document Library

Logout

Search

Actions	ID	Facility Name	Type	Pre-Approval	Visit Type	1st Visit	Visit Type	Meal Observed	2nd Visit	Visit Type	Meal Observed

Contacts UI Layout

- The page layout is wider.
- Users are able to view left to right.

The screenshot displays a web interface for managing contacts. At the top, a breadcrumb trail reads 'CACFP / Institution Search / Institution Profile / Institution Contacts'. Below this, the institution name '10501 - Test Institution A' is shown, along with a dropdown menu set to 'Version 2 - In Process'. A blue navigation bar contains two tabs: 'PROGRAM CONTACTS' (selected) and 'ASSIGNED CONTACTS/SA APPROVAL'. The main content area is titled 'Institution Contacts' and features a light blue banner with an information icon and the text 'Assign primary and authorized contact'. Below the banner is a 'Show Deactivated' toggle switch (currently off) and a search bar with a magnifying glass icon and the placeholder text 'Search'. The primary data is presented in a table with the following columns: Edit, NDL Verified, First Name, Last Name, Title, Type, DoB, and Active. Two contact records are listed, both with green thumbs-up icons in the Active column.

Edit	NDL Verified	First Name	Last Name	Title	Type	DoB	Active
		Test1	Test2	Director	Owner/Responsible Principal	10/11/1989	
		Test3	Test4	Administrator	Owner/Responsible Principal	1/11/1979	

A top-down view of various healthy food items arranged on a dark surface. In the center, a dark blue rectangular box contains the text "CACFP Week 2024" in white, bold, sans-serif font. Surrounding the text are several items: a sandwich with lettuce, ham, and cheese on whole-grain bread in a clear plastic container; a clear plastic container filled with shredded orange carrots; a clear plastic container with a mix of sliced kiwi, raspberries, and blueberries; a clear plastic container with broccoli florets and sliced cherry tomatoes; a clear plastic container with green grapes; a whole green apple; a bunch of green grapes; a yellow banana; a clear plastic water bottle with a blue cap; and a clear plastic water bottle with a red cap containing a pink liquid.

**CACFP Week
2024**

CACFP Week 2024

- March 10-16, 2024
- Each letter represents a different area of focus:
 - Community
 - Awareness
 - Children
 - Food program
 - Participate



Visit this [link](https://www.CACFPWeek.org) for more information.



**Additional
Information**

New Institution Staff - Training


- NC CACFP CONNECTS Orientation Training
 - Visit [this link](#) to register/attend.



NC CACFP CONNECTS User Access Forms

New User Access Form


North Carolina Department of Health and Human Services
Division of Child and Family Well Being, Community Nutrition Services Section
Child and Adult Care Food Program
NC CACFP CONNECTS New User Access Form



Institution Name:		Agreement #:	
Phone Number	Email address		
<p>Individual NCID Required: Visit the NCID login page, click Register to obtain a separate Individual NCID for each authorized user. NC CACFP CONNECTS access cannot be provided without it. An Individual NCID is required.</p> <ul style="list-style-type: none"> Complete the sections below to request new NC CACFP CONNECTS access for institution staff who are authorized to act for the institution in NC CACFP CONNECTS. Please type or print the full name, title, Individual NCID, and indicate the area of access to be granted. Prior to submitting this form, each User listed below must request User Access to NC CACFP CONNECTS using the following link: https://cacfp-connects.ncdhhs.gov/landing 			
Name	Title	Individual NCID	
Grant access to:	Manager (full access)	Application	Claims
Please mark this box to confirm the User has submitted an access requested in NC CACFP CONNECTS?			
Name	Title	Individual NCID	
Grant access to:	Manager (full access)	Application	Claims
Please mark this box to confirm the User has submitted an access requested in NC CACFP CONNECTS?			
Name	Title	Individual NCID	
Grant access to:	Manager (full access)	Application	Claims
Please mark this box to confirm the User has submitted an access requested in NC CACFP CONNECTS?			
<p>As one of the Institution's Authorized Individuals, per the current Statement of Authority:</p> <ul style="list-style-type: none"> I understand all authorized NC CACFP CONNECTS users are responsible for activities performed under their Individual NCID. Business NCID or shared NCIDs are prohibited. I agree precautions will be made to ensure Individual NCIDs will not be used by multiple employees. I understand changes in the status of any authorized NC CACFP CONNECTS user listed above must be submitted immediately to the NC CACFP at CNS.CustomerService@dhhs.nc.gov or by fax to 919-870-4863. <p>Send completed to CNS.CustomerService@dhhs.nc.gov or by fax to 919-870-4863. <i>Any NC CACFP CONNECTS login that has not been used within 90 days will be deactivated.</i></p>			
Authorized Individual			
Name	Title		
Signature	Date		
Phone	Email		
STATE USE ONLY		Date Received	
Date	First/Last Name	Verified by	Service Now #

User Termination Form

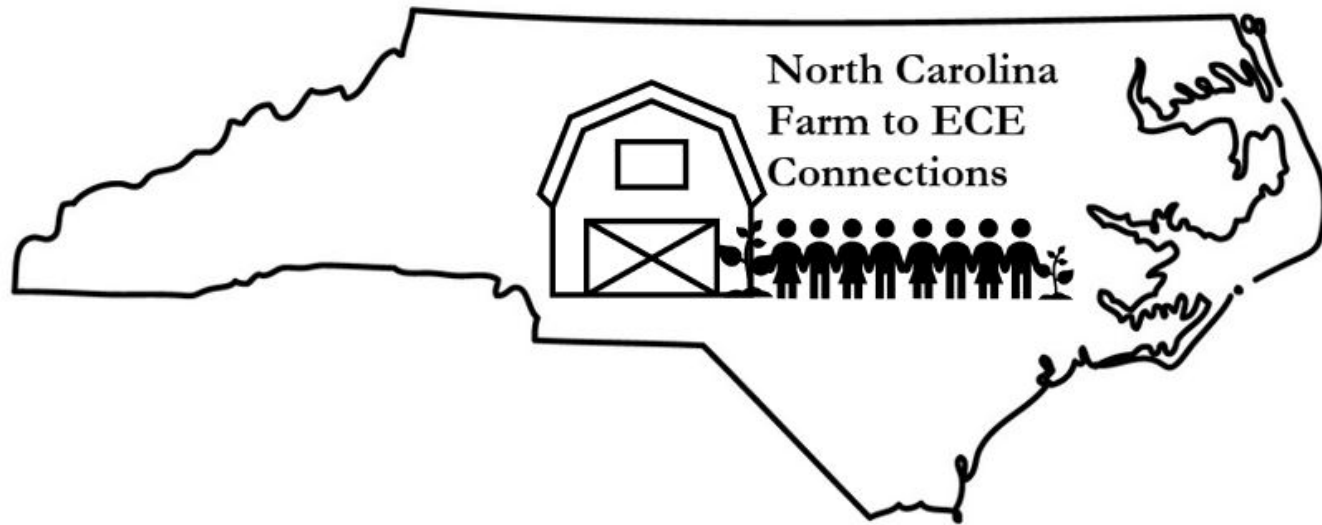
North Carolina Department of Health and Human Services
Division of Child and Family Well Being, Community Nutrition Services Section
Child and Adult Care Food Program
NC CACFP CONNECTS User Termination Form



Institution Name:		Agreement #:	
Phone Number	Email address		
<p>Complete the following section to request termination of NC CACFP CONNECTS access for institution staff who have been previously authorized to act for the institution in NC CACFP CONNECTS. Please type or print the full name, title, and Individual NCID.</p>			
Terminate access in NC CACFP CONNECTS for:			
Name	Title	Individual NCID	
Name	Title	Individual NCID	
Name	Title	Individual NCID	
<p>As one of the Institution's Authorized Individuals, per the current Statement of Authority:</p> <ul style="list-style-type: none"> I am requesting the above authorized NC CACFP CONNECTS user(s) access be terminated effective _____ I agree precautions were made to ensure their individual NCIDs were not used by anyone else. <p>Send completed form to CNS.CustomerService@dhhs.nc.gov or by fax to 919-870-4863.</p>			
Authorized Individual			
Name	Title		
Signature	Date		
Phone	Email		
STATE USE ONLY		Date Received	
Date	First/Last Name	Verified by	Service Now #

NC CACFP CONNECTS Institution User Termination Form 01/2024

Farm to ECE Statewide Mapping System



- Connect ECE providers to local farmers
- Ease purchasing of local foods
- County specific
- Healthier NC communities

Interest Survey: <https://www.surveymonkey.com/r/PCY6GLW>

Harvard Study for CACFP

- Survey purpose - to understand the experience childcare programs have with participating in the CACFP.
- 15-minute survey
 - Will ask general participation questions about the CACFP
 - Will also ask for a recent one-month menu to analyze meals served.
- Download the informational documents in the files pod for more information (available in English and Spanish).



IN CLOSING

QUESTIONS & ANSWERS

- Please use the “QUESTIONS” pod to submit your questions.
- We will review what we have time for that pertains to the relevance of the group.
- Questions that apply to one specific Institution will be handled offline.

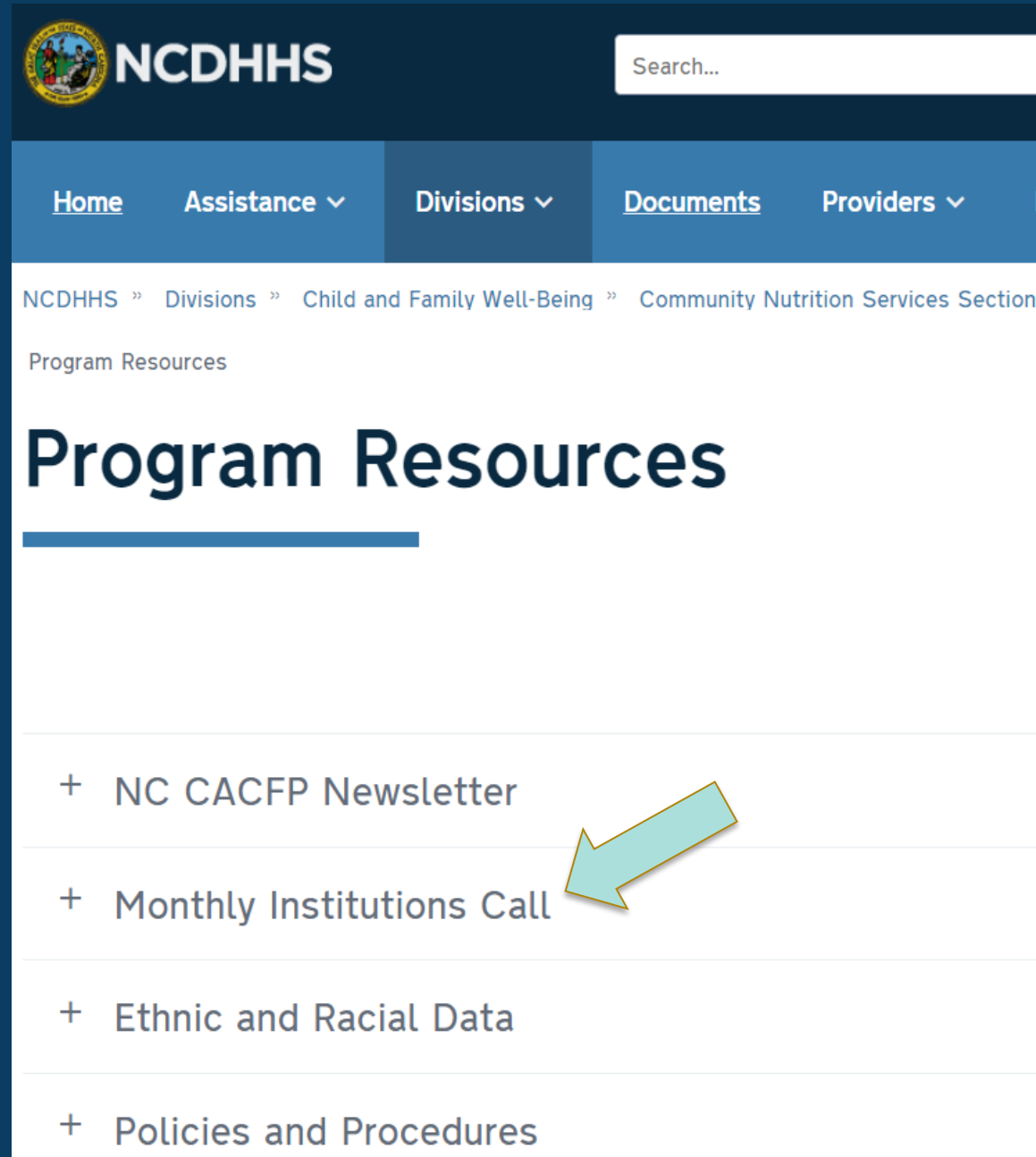


MONTHLY INSTITUTION CALLS

The PowerPoints for the
Institution calls are found on
our website:

[Program Resources Page](#)

Click on “Monthly Institutions
Call”



The screenshot shows the NCDHHS website interface. At the top left is the NCDHHS logo. To its right is a search bar with the text "Search...". Below the logo and search bar is a navigation menu with the following items: "Home", "Assistance" (with a dropdown arrow), "Divisions" (with a dropdown arrow), "Documents", and "Providers" (with a dropdown arrow). Below the navigation menu is a breadcrumb trail: "NCDHHS » Divisions » Child and Family Well-Being » Community Nutrition Services Section". Underneath the breadcrumb trail is the text "Program Resources". The main heading of the page is "Program Resources", which is underlined with a blue horizontal line. Below the heading is a list of resources, each preceded by a plus sign (+): "NC CACFP Newsletter", "Monthly Institutions Call", "Ethnic and Racial Data", and "Policies and Procedures". A teal arrow with a yellow outline points to the "Monthly Institutions Call" link.

EVALUATION SURVEY

Please complete an evaluation survey to share your feedback with us

1. Click on “EVALUATION SURVEY” below
2. Complete the survey questions
3. Click the blue “Submit” button



North Carolina CACFP Monthly Institution Call Evaluation Survey

Thank you for attending the **Monthly Institution Call** for the North Carolina Child and Adult Care Food Program. Please indicate your responses to the below questions.

We appreciate your feedback.

The objectives of the call were clearly defined. *

- Yes
 No (Please explain)

The objectives were met. *

- Yes
 No (Please explain)

Participation and interaction were encouraged. *

- Yes
 No (Please explain)



Thank you for your time!
Next call is on **Friday, March 1.**