-	,			REPORTING - #056						
Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (Col. CxD)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. ExF)	Previously Approved	Due to an Adjustment (G-H)	Due to Program Change	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)				
STATE AGENCY LEVEL	-									
226.3(c)	Federal/State agreement	0	C	0.000	0	0.000	0.000	0.000		0.000
226.6(b)	(3) Notify institution of approval or disapproval of application within 30 days of receipt of a complete application	56	15	840.000	0.25	210.000	210.000	0.000		0.000
226.6(c)	Notice of serious deficiency (decision to disapprove new application or renew existing agreement) to institution	56	5	280.000	0.25	70.000	70.000	0.000		0.000
"	Notice of serious deficiency to participating institutions	56	10		0.25	140.000	140.000	0.000		0.000
"	Submit copies of serious deficiency notices to FNSRO	56	10	560.000	0.25	140.000	140.000	0.000		0.000
"	Submit copy disqualification notice and supportive documentation to FNSRO	56	5	280.000	0.25	70.000	70.000	0.000		0.000
226.6(c)(8) (C)(ii)	Provide FNSRO the required information of each day care home provider terminated for cause	56	12	672.000	0.25	168.000	168.000	0.000		0.000
226.6(d)(1) & 226.6(e)	Establish licensing/compliance review procedures for child care centers, day care homes, outside-school hours care centers and adult day centers	10	1	10.000	1	10.000	10.000	0.000		0.000
226.6(d)(3)	Establish alternate procedures for review of institutions for which licensing or approval is not available -	10	1	10.000	3	30.000	30.000	0.000		0.000
226.6(f) (1) (viii) (D)	Provide day care home sponsors a listing of State-funded programs, participation in which by a parent or child will qualify a meal served to a child in a tier II home for the tier I rate of reimbursement.	56	4.5		0.05					
226.6(f)(1)(ii)	Provide all institutions a copy of the income standards to be used by institutions for determining the eligibility of participants for free and reduced-price meals under the Program		15	840.000	0.25	210.000	224.000	-14.000		-14.000
000 0(0(4)(-31) (4)	Describe describeration and describeration of the state of the second	56	1	56.000	0.5	28.000	28.000	0.000		0.000
226.6(f)(1)(viii) (A)	Provide day home sponsoring organizations a list of elementary schools in which at least one-half of the children enrolled receive f/rp meals	56	15	840.000	0.25	210.000	224.000	-14.000		-14.000
226.6(f)(1) (viii)(E)	Submit to SNAP SA list of providers receiving Tier I benefits based on SNAP participation	56	1	56.000	0.25	14.000	14.000	0.000		0.000
226.6(f)(1) (ix)(A)	Provide at-risk-afterschool care centers and sponsoring organizations the list of schools in which one-half of children enrolled are eligible for f/rp meals	56	1	56.000	0.25	14.000	14.000	0.000		0.000
226.6(f)(3)(iii)	Provide census data to day care home sponsoring organizations	56	15		0.25	210.000	210.000	0.000		0.000
226.6 (h)	Submit to State commodity distribution agency list of institutions receiving commodities by June 1	15	10	15.000	0.25	3.750	3.750	0.000		0.000
226.6 (i)	Develop standard contract for use between institutions and food service management companies	56	1	56.000	0.25	14.000	14.000	0.000		0.000
226.6(k)(4)(i)	Annually submit admin review (appeal) procedures to all institutions	56	376		0.0167	351.635	332.931	18.704		18.704
226.6(k)(4)(ii)	Submit admin review procedures when applicable action taken	56	570	280.000	0.25	70.000	70.000	0.000		0.000
226.6 (I)	Establish/revise admin review (appeal) procedures for day care home providers- SA must notify the appropriate FNSRO of any change or option to offer an administrative review	18		18.000	0.25	4.500	4.500	0.000		0.000
226.6(m)(5)	Revise/edit household contact procedures - submit changes to FNSRO.	15	1	15.000	0.25	3.750	3.750	0.000		0.000
	1	10		1 13.000	0.23	3.130	3.730	0.000		0.000
226.6 (p)	Develop/revise and provide sponsoring organization agreement between sponsor and facilities	15	1	15.000	0.25	3.750	3.750	0.000		0.000
226.7 (c)	Submit to FNSRO a written plan for correcting serious deficiencies noted in Management Evaluation/Audit	28	1	28,000	5.25	140.000	140.000	0.000		0.000
226.7(d) (Form FNS-44)	Submit CACFP Report to FNS 30 and 90 days following the month being reported				3	1.0.000				
226.7 (h), (i) & (j)	Establish procedures for start ups, advances, and recovery of over-	56	С	0.000	2	-	1,344.000	-1,344.000		-1,344.000
226.7.40	payments Claims presents	10	1	10.000	2	20.000	20.000	0.000		0.000
226.7 (k)	Claims processing	56	12	672.000	1	672.000	672.000	0.000		0.000
226.9 (a)	Assign rates of reimbursement for all institutions not less than annually	56		56.000	0.25	14.000	14.000	0.000		0.000
226.10(e)	Final Claim for Reimbursement postmarked and/or submitted to the State agency not later than 60 days following the last day of the full month covered by the claim.	56	12	672.000	2	1344.000	1,344.000	0.000		0.000

Section of Regulation / Form	Title	Estimated # Respondents		Total Annual Responses (Col. CxD)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. ExF)	Previously Approved	Due to an Adjustment (G-H)	Due to Program Change	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)				
226.14 (a)	Notify institution of disallowed claim and demand repayment	56	38	2128.000	0.0167	35.538	32.732	2.806		2.806
	Obtain written consent from the child's parents or guardians prior to use or disclose if using or disclosing information in ways not permitted by statute	0	0	0	0	0.000	0.000	0.000		0.000
	Enter into a written agreement with the party requesting children's free and reduced price eligibility information.	0	0	0	0	0.000	0.000	0.000		0.000
226.24	Property management	0	0	0	0	0	0	0.000		0.000
	cells that were deleted - previous burden						2198	-2,198.000		-2,198.000
	TOTAL STATE AGENCY BURDEN	56	552.161	30,921.000	0.136	4,200.923	7,749.413	-3,548.490		-3,548.490

Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (Col. CxD)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. ExF)	Previously Approved	Due to an Adjustment (G-H)	Due to Program Change	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)				
SPONSOR/INSTITUTION LEV	VEL									
(vi)	Submit documentation to demonstrate that child care centers, outside-school-hours care centers, at-risk afterschool care centers, day care homes, and adult day care centers are in compliance with licensing/approval criteria.	21,052	1	21,052.00	0.08	1,757.84	1,703.233	54.609		54.609
	Submit current eligibility information on enrolled participants to be used to calculate reimbursement rate	21,052	12	252,624.00	0.50	126,312.00	122,388.000	3924.000		3,924.000
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Sponsoring organizations of day care homes must submit a list of family daycare home providers receiving Tier I benefits based on SNAP participation	819	1	819.000	0.02	13.68	139.579	(125.90)		-125.901
226.10 and 226.15(i) 226. 13 (b)	Report to SA number of meals claimed for reimbursement	21,052	12	252,624.00	1.90	479,985.60	465,074.400	14911.200		14,911.200
	Establish reimbursement rates for Tier 2 providers with income- eligible children	819	5	4,095.000	0.30	1,228.500	1,329.000	-100.500		-100.500
226.15(b)	New institutions submit application for participation	250	1	250.00	8.00	2,000.00	2,000.000	0.000		0.000
"	Participating institutions submit documentation required for renewal	21,052	1	21,052.00	0.25	5,263.00	5,099.500	163.500		163.500
226.23	Free and reduced price meal requirements	840	1	840.000	0.02	14.028	14.028	0.000		0.000
.,	Obtain written consent from the child's parents or guardians prior to use or disclosure if using or disclosing information in ways not permitted by statute	196	1	196	0.08	16.268	16.268	0.000		0.000
	Enter into a written agreement with the party requesting children's free and reduced price eligibility information.	196	1	196	0.08	16.268	16.268	0.000		0.000
. ,	CACFP Tiering Assessment: FNS and OIG may make investigations at the request of the State agency, or whenever FNS or OIG determines that investigations are appropriate.									
		60	1	60	1.50	90.000	90.000	0.000		0.000
	SPONSOR/INSTITUTION BURDEN TOTALS	21,052	26.306669	553,808.000	1.113558	616,697.183	597,870.276	18,826.908	0.000	18.826.908

Section of Regulation / Form	on I Title		Responses Per Respondent	Total Annual Responses (Col. CxD)	Estimated Avg. # of Hours Per Response		Previously Approved	Due to an Adjustment (G-H)	Due to Program Change	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)				
FACILITY LEVEL										
226.11(2); 226.17(b)(9) and 226.17a(p)	Submit daily meal count records to sponsoring organizations monthly	66,893	12	802,716	0.25	200,679	115,824	84,855		84,855
226.13 (d)(1) thru (3) & 226.18 (e)	Day care home providers submit daily meal counts to sponsors monthly	113,847	12	1,366,164.000	0.5	683,082.000	767,862.000	-84,780		-84,780
	FACILITY BURDEN TOTALS	180,740	12.000	2,168,880.000	0.407	883,761.000	883,686.000	75.000		75.000
HOUSEHOLD LEVEL										
226.15(e)(2) & 226.17(8) & 226.18 (e)	Enrollment documentation shall be updated annually, signed by a parent or legal guardian, and include information on child's normal days & hours of care and the meals normally received while in care									
		2,626,310	1.59	4,180,025	0.083	346,942.114	180,779.395	166,162.719		166,163.000
226.20 (g) (3)	Written request required for food/milk substitutes	225,726	1	225,726.372	0.083	18,810.531	0.000		18,810.531	18,811.000
	HOUSEHOLD BURDEN TOTALS	2,626,310	1.68	4,405,752	0.083	365,752.645	180,779.395	166,162.719	18,810.531	184,974.000
SUMMARY OF REPORTING	BURDEN									
		Responses Per Respondent	Total Annual Responses (Col. DxE)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. FxG)	Previously Approved	Due to an Adjustment	Due to Program Change	Total Difference	
	State Agency Burden	56.00	552.16	30,921	0.1359	4,200.92	7,749.41	-3,548.49	0.00	-3,548.49
	Sponsor/Institution Burden	21,052.00	26.31	553,808	1.1136	616,697.18	597,870.28	18,826.91	0.00	18,826.91
	Facility Burden	180,740.00	12.00	2,168,880	0.4075	883,761.00	883,686.00	75.00	0.00	75.00
	Household Burden	2,626,310.00	1.68	4,405,752	0.0830	365,752.64	180,779.40	166,162.72		184,974.00
	Total Reporting Burden	2,828,158.00	2.53146	7,159,360.84	0.261254013	1,870,411.75	1,670,085.08	181,516.14	18,810.53	200,326.67

Appendix H: Estimates of the Hour Burden of the Collection of Information

	i e e e e e e e e e e e e e e e e e e e			DECODE	AREEDING .	#0E01 00EE				
Section of Regulation	Title	Estimated # Recordkeepers	Per Recordkeeper	Total Annual Records (Col. CxD)	Estimated Avg. # of Hours Per Record	Estimated Total Hours (Col. ExF)	Previously Approved	Due to Program Adjustment	Due to program change	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)				
STATE AGEN	, ,	(5)	(= /	(-7	()	(-)				
226.6	Collect and maintain on file CACFP agreements, records received from applicant and participating institutions and documentation of administrative review and Program assistance activities, results, and corrective actions.	56	Ę	280	1.00	280.000	280.000	0.000)	0.000
226.6(c) (8)(i)	Maintain a State agency list that includes a synopsis of information concerning seriously deficient institutions and providers terminated for cause in that State	56	1	. 56	0.50	28.000	28.000	0.000)	0.000
226.6 (n)	Maintain record of findings of irregularities investigations	56	21	1,176.000	1.5	1,764.000	1,764.000	0.000	0.000	0.000
	STATE AGENCY BURDEN	56	27	1,512	1.37037	2,072.000	308.000	1,764.000)	1,764.000
SPONSOR/IN	ISTITUTION LEVEL									
5. 5.105.t/m									 	
226.10(d)	Collect and maintain for a period of 3 years and the current year Program applications, enrollment documents, income eligibility forms, attendance records, menus, meal counts, invoices and receipts, claims for reimbursement, licenses, administrative and operating costs records, training documentation, and any other records required by the SA.	21,052	3	63,156.000	1.000	63,156.000	61,194.000	1,962.000)	1,962.000
226.15(e)(3)	Maintain documentation used to classify homes as Tier 1	819	120	98,280.000	0.025	2,457.000	2,628.800	-171.800		-171.800
	Maintain information to verify homes that qualify as Tier 1 based on provider's income.	819	40	32,760.000	0.025	819.000	869.200	-50.200		-50.200
220.20(1)(0)	SPONSOR/INSTITUTION BURDEN	21,052					64,692.000			1,740.000
FACILITY LE	VEI									1
I AGIETT LE	VLL									
226.15(e) 226.17(c) 226.17a(o) 226.18(g) 226.19(c) 226.19a(c)	Collect and maintain for a period of 3 years and the current year Program applications, enrollment documents, income eligibility forms, attendance records, menus, meal counts, invoices and receipts, claims for reimbursement, licenses, administrative and operating costs records, training documentation, and any other records required by the SA.	180,740	3	542,220	1	542,220	499,755	42,465.000)	42,465.000
	FACILITY BURDEN	180,740	3.0000	542,220	1.00	542,220	499,755	42,465.000)	42,465.000
Summary of I	Recordkeeping Burden									
		Estimated # Recordkeepers	Per Recordkeeper	Total Annual Records (Col. DxE)	Estimated Avg. # of Hours Per Record		Previously Approved	Due to Program Adjustment	Due to an change	Total Difference
	State Agency Burden	56.00	27.0000	1512.00	1.3704	2,072.000	308.00	1764.00	0.000	1,764.000
	Sponsor/Institution Burden	21,052	9.2246	194,196	0.3421	. 66,432.000	64,692.000	1,740.000	0.000	1,740.000
	Facility Burden	180,740	3.0000	542,220	1.0000	542,220.000	499,755.000	42,465.000	0.000	42,465.000
										1

Appendix H: Estimates of the Hour Burden of the Collection of Information SUMMARY OF BURDEN #0584-0055

	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (Col. DxE)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. FxG)	Previously Approved	Due to Program Adjustment	Due to an Change	Total Difference
Total Reporting Burden	2,828,158	2.531457167	7,159,360.839	0.261254013	1,870,411.750	1,670,085.084	181,516.140	18,810.531	200,326.670
Total Recordkeeping Burden	201,848	3.65585985494	737,928.000	0.827620038811	610,724.000	564,755.000	45,969.000	0.000	45,969.000
TOTAL BURDEN FOR #0584-0055	3,030,006	2.606361	7,897,289	0.314176	2,481,136	2,234,840	227,485	18,811	246,296