Appendix A - Burden Grid: Estimates of the Hour Burden of the Collection of Information - REPORTING - #0584-0055

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Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (CxD)	Estimated Avg. # of Hours Per Response	Houre (EvE)	Previously Approved	Due to an Adjustment (G-H)	Due to Program Change (G-H)	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
STATE AGENCY LEVE										
226.3(c)	Federal/State agreement	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
226.6(b)	(3) Notify institution of approval or disapproval of application within 30 days of receipt of a complete application	56.00	15.00	840.00	0.25	5 210.00	210.00	0.00		0.00
226.6(c)	Notice of serious deficiency (decision to disapprove new application or renew existing agreement) to institution	56.00	5.00	280.00	0.25		70.00	0.00		0.00
11	Notice of serious deficiency to participating institutions	56.00	10.00	560.00	0.25		140.00	0.00		0.00
11	Submit copies of serious deficiency notices to FNSRO	56.00	10.00	560.00	0.25		140.00	0.00		0.00
п	Submit copy disqualification notice and supportive documentation to FNSRO	56.00	5.00	280.00	0.25		70.00	0.00		0.00
226.6(c)(8)(C)(ii)	Provide FNSRO the required information of each day care home provider terminated for cause	56.00	12.00	672.00	0.25		168.00	0.00		0.00
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	10.00	1.00	10.00	1.00		10.00	0.00		0.00
226.6(d)(3)	Establish alternate procedures for review of institutions for which licensing or approval is not available -									
		10.00	1.00	10.00	3.00	30.00	30.00	0.00		0.00
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.	56.00	15.00	840.00	0.25	5 210.00	210.00	0.00		0.00
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	56.00	1.00	56.00	0.50	28.00	28.00	0.00		0.00
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	56.00	15.00	840.00	0.25		210.00	0.00		0.00
226.6(f)(1)(viii)(E)	Submit to SNAP SA list of providers receiving Tier I benefits based on SNAP participation	56.00	1.00	56.00	0.25	5 14.00	14.00	0.00		0.00
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	56.00	1.00	56.00	0.25	5 14.00	14.00	0.00		0.00
226.6(f)(3)(iii)	Provide census data to day care home sponsoring organizations	56.00	15.00	840.00	0.25		210.00	0.00		0.00
226.6(h)	Submit to State commodity distribution agency list of institutions receiving commodities by June 1	15.00	1.00	15.00	0.25		3.75	0.00		0.00
226.6(i)	Develop standard contract for use between institutions and food service management companies	56.00	1.00	56.00	0.25		14.00	0.00		0.00
226.6(k)(4)(i)	Annually submit admin review (appeal) procedures to all institutions	56.00	376.00	21,056.00	0.02		351.64	0.00		0.00
226.6(k)(4)(ii)	Submit admin review procedures when applicable action taken	56.00	5.00	280.00	0.25		70.00	0.00		0.00
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	18.00	1.00	18.00	0.25		4.50	0.00		0.00
226.6(m)(5)	Revise/edit household contact procedures - submit changes to FNSRO.	15.00	1.00	15.00	0.25		3.75	0.00		0.00
226.6(p)	Develop/revise and provide sponsoring organization agreement between sponsor and facilities	15.00	1.00	15.00	0.25		0.00	0.00		0.00

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Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (CxD)	Estimated Avg. # of Hours Per Response		Previously Approved		Due to Program Change (G-H)	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
226.7(c)	Submit to FNSRO a written plan for correcting serious deficiencies noted in Management Evaluation/Audit									
200 7())		28.00	1.00	28.00	5.00	140.00	140.00	0.00		0.00
226.7(d) (Form FNS-44)	Submit CACFP Report to FNS 30 and 90 days following the month being reported	56.00	0.00	0.00	2.00	0.00	0.00	0.00		0.00
226.7(h)-(j)	Establish procedures for start ups, advances, and recovery of over-payments	10.00	1.00	10.00	2.00	20.00	20.00	0.00		0.00
226.7(k)	Claims processing	56.00	12.00	672.00	1.00	672.00	672.00	0.00		0.00
226.9(a)	Assign rates of reimbursement for all institutions not less than annually.	56.00	1.00	56.00	0.25	14.00	14.00	0.00		0.00
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.	56.00	12.00	672.00	2.00	1,344.00	1,344.00	0.00		0.00
226.14(a)	Notify institution of disallowed claim and demand repayment.	56.00	38.00	2,128.00	0.02	35.54	35.54	0.00		0.00
226.23(I)	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.									
222 224 344		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
226.23(m)(1)	Enter into a written agreement with the party requesting children's free and reduced price eligibility information.	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
226.24	Property management	0.00	0.00	0.00	0.00	0.00	0.00			0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
	TOTAL STATE AGENCY BURDEN	56.00	552.16	30,921.00	0.14	4,200.92	4,200.92	0.00		0.00

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Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (CxD)		Houre (EvE)	Previously Approved	Due to an Adjustment (G-H)	Due to Program Change (G-H)	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(1)	(J)	(K)
SPONSOR/INSTITUTION	ON LEVEL									
226.6(d) and (e), 226.6(f)(1)(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.	21.052.00	1.00	21.052.00	0.08	1.757.84	1.757.84	0.00		0.00
226.6(f)(1)(iii)	Submit current eligibility information on enrolled participants to be used to calculate reimbursement	21,052.00	12.00	252,624.00	0.50	126,312.00	126,312.00	0.00		0.00
226.6(f)(1)(viii)(E)	Sponsoring organizations of day care homes must submit a list of family daycare home providers receiving tier I benefits based on SNAP participation.	819.00	1.00	819.00	0.02	13.68	13.68	0.00		0.00
226.10, 226.15(i), 226.13(b)	Report to SA number of meals claimed for reimbursement.	21,052.00	12.00	252,624.00	1.67	421,365.60	421,365.60	0.00		0.00
226.10(c)	For-profit institutions submit documentation to verify for-profit center eligibility.	1,850.24	12.00	22,202.86	0.50	11,101.43	11,101.44	0.00	-0.01	-0.01
226.10(c)	For-profit institutions exempt from monthly verification submit documentation to verify for-profit center eligibility.	7.919.76	1.00	7.919.76	0.50	3,959,88	47.518.57	0.00	-43.558.69	-43,558,69
226.13(d)(3)(i)-(iii)	Establish reimbursement rates for Tier 2 providers with income-eligible children.	819.00	5.00	4,095.00	0.30	1,228.50	1,228.50	0.00		0.00
226.15(b)	New institutions submit application for participation.	250.00	1.00	250.00	8.00	2,000.00	2,000.00	0.00		0.00
226.15(b)	Participating institutions submit documentation required for renewal.	21,052.00	1.00	21,052.00	0.25	5,263.00	5,263.00	0.00		0.00
226.23	Free and reduced price meal requirements	840.00	1.00	840.00	0.02	14.03	14.03	0.00		0.00
226.23(I)	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.	196.00	1.00	196.00	0.08	16.27	16.27	0.00		0.00
226.23(m)	Enter into a written agreement with the party requesting children's free and reduced price eligibility information.	196.00	1.00	196.00	0.08	16.27	16.27	0.00		0.00
226.6(n)	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.	60.00	1.00	60.00	1.50	90.00	90.00	0.00		0.00
	SPONSOR/INSTITUTION BURDEN TOTALS	21,052.00	27.74	583,930.62	0.98	573,138.49	616,697.19	0.00	-43,558.70	-43,558.70

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Section of Regulation / Form	Title	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (CxD)	Estimated Avg. # of Hours Per Response		Previously Approved	Due to an Adjustment (G-H)	Due to Program Change (G-H)	Total Difference
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
FACILITY LEVEL										
	Submit daily meal count records to sponsoring organizations monthly									
		66,893.00	12.00	802,716.00	0.25	200,679.00	200,679.00	0.00		0.00
226.13(d)(1)-(3), 226.18(e)	Day care home providers submit daily meal counts to sponsors monthly	113,847.00	12.00	1,366,164.00	0.50	683,082.00	683,082.00	0.00		0.00
	FACILITY BURDEN TOTALS	180,740.00	12.00	2,168,880.00	0.41	883,761.00	883,761.00	0.00		0.00
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HOUSEHOLD LEVEL										
226.15(e)(2), 226.17(b) (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									
		2,626,310.00	1.59	4,180,025.47	0.08	346,942.11	346,942.11	0.00		0.00
226.20(g)(3)	Written request required for food/milk substitutes	225,726.37	1.00	225,726.37	0.08	18,810.53	18,810.53		0.00	0.00
	HOUSEHOLD BURDEN TOTALS	2,626,310.00	1.68	4,405,751.84	0.08	365,752.64	365,752.64	0.00	0.00	0.00
SUMMARY OF REPOR	TING BURDEN									
			Responses		Estimated Avg. # of					
		Estimated #	Per	Total Annual	Hours Per	Estimated Total	Previously	Due to an	Due to Program	
	2 2	Respondents		Responses (Col. CxD)		Hours (Col. ExF)	Approved	Adjustment	Change	Total Difference
	State Agency Burden	56.00	552.16	30,921.00	0.14	4,200.92	4,200.92	0.00	0.00	0.00
	Sponsor/Institution Burden	21,052.00	27.74	583,930.62		,	616,697.19	0.00	-43,558.70	-43,558.70
	Facility Burden	180,740.00	12.00	2,168,880.00	0.41	883,761.00	883,761.00	0.00	0.00	0.00
	Household Burden	2,626,310.00	1.68	4,405,751.84			365,752.64	0.00	0.00	0.00
	Total Reporting Burden	2,828,158.00	2.54	7,189,483.46	0.25	1,826,853.06	1,870,411.76	0.00	-43,558.70	-43,558.70

Appendix A - Estimates of the Hour Burden of the Collection of Information - RECORDKEEPING - #0584-0055

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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 AGENC		` '	` ′	, ,						
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	5.000	280.000	1.000) 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	1.000	56.000	0.500	28.000	28.000	0.000		0.000
226.6(n)	Maintain record of findings of irregularities investigations	56	21.000	1,176.000	1.500	1,764.000	1,764.000	0.000		0.000
	STATE AGENCY BURDEN	56	27.000		1.37037		2,072.000	0.000		0.000
SPONSOR/INS	TITUTION LEVEL									
226.10(d), 226.15(e)	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	3.000	63,156.000	1.000	63,156.000	63,156.000	0.000		0.000
226.15(e)(3)	Tier 1	819			0.025		2,457.000	0.000		0.000
226.23(h)(6)	Maintain information to verify homes that qualify as Tier 1 based on provider's income.	819	40.000	32,760.000	0.025	819.000	819.000	0.000		0.000
	SPONSOR/INSTITUTION BURDEN	21,052	9.225		0.342	66,432.000	66,432.000	0.000		0.000
FACILITY LEVI	EL									
226.15(e), 226.17(c), 226.17a(o), 226.18(g),	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	3.000	542,220.000	1.000	542,220.000	542,220.000	0.000		0.000
	FACILITY BURDEN	180,740	3.000	542,220.000	1.000	542,220.000	542,220.000	0.000		0.000

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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)				
Summary of Ro	ecordkeeping Burden									
		Estimated # Recordkeepers	Per Recordkeeper	Total Annual Records (Col. DxE)	Estimated Avg. # of Hours Per Record	Estimated Total Hours (Col. FxG)	Previously Approved	Due to Program Adjustment	Due to an change	Total Difference
	State Agency Burden	56.00	27.00	1,512.00	1.37	2,072.00	2,072.00	0.00	0.00	0.00
	Sponsor/Institution Burden	21,052.00	9.22	194,196.00	0.34	66,432.00	66,432.00	0.00	0.00	0.00
	Facility Burden	180,740.00	3.00	542,220.00	1.00	542,220.00	542,220.00	0.00	0.00	0.00
	Total Recordkeeping Burden	201,848.00	3.66	737,928.00	0.83	610,724.00	610,724.00	0.00	0.00	0.00

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

	Estimated # Respondents	Responses Per Respondent	Total Annual Responses (Col. BxC)	Estimated Avg. # of Hours Per Response	Estimated Total Hours (Col. DxE)	Previously Approved	Due to Adjustment	Due to Program Change	Total Difference
Total Reporting Burden	2,828,158.00	2.54	7,189,483.46	0.25	1,826,853.06	1,870,411.76	0.00	-43,558.70	-43,558.70
Total Recordkeeping Burden	201,848.00	3.66	737,928.00	0.83	610,724.00	610,724.00	0.00	0.00	0.00
TOTAL BURDEN FOR #0584-0055	3,030,006.00	2.62	7,927,411.46	0.31	2,437,577.06	2,481,135.76	0.00	-43,558.70	-43,558.70