# Child Nutrition Information and Payment System Point of Sale (POS) File Layout Specification

California Department of Education

V5.0

April 2, 2025

## Document Revision History

| Version | Date | Change Description |
| --- | --- | --- |
| V1.0 | 07/25/2007 | N/A |
| V1.1 | 09/10/2007 | Added CNIPS Site ID to positions 551 to 556. |
| V2.0 | 09/17/2008 | Version changed to final |
| V3.0 | 04/19/2012 | Added Seamless Summer Option POS file layout specification |
| V4.0 | 4/22/2014 | Added CEP and Provision 2 |
| V5.0 | 4/02/2025 | Updated language in the Meal Supplements sections |

Importing claim information from your Point of Sale (POS) system into the California Department of Education’s (CDE) Child Nutrition Information and Payment System (CNIPS) is fast and easy. Importing the file saves the time and effort of keying in your claim data manually. The CNIPS can accept your agency’s site-specific data and aggregate it for claiming purposes.

To import claim information into the CNIPS, your claim file must be formatted as fixed width **ASCII** text according to the layout specification below. Some sponsors may need to work with their POS vendor to develop a method of creating this file.

To import claim data in the CNIPS, follow these five simple steps:

1. Create your claim file and save it; you can give the file any name that meets your needs.
2. Log into the CNIPS and access the Claim Month Details screen for the selected claim month.
3. Select the Upload Data button on the CNIPS screen to upload the file.
4. When the File Open dialogue box appears, navigate to the location where you save your claim files, and select the file you want to import.
5. Select the Import button, and the CNIPS will import and save your claim data.

After the file has been imported, the CNIPS will display a results screen that will advise you if any records need to be corrected. If there are errors in the data, you can either correct them manually in the CNIPS (just like you would an agency or site-specific claim you entered manually); or you can correct the errors in the POS system and re-import the entire corrected file. The file can be imported as many times as necessary. Until the claim is accepted, each new imported file will completely replace the prior claim information with the new claim information. Once the imported claim for the month is approved, subsequent imported files for the same month will result in the creation of a revised claim.

Additional information and updates are also available on the CDE’s CNIPS Project Web page at <http://www.cde.ca.gov/ls/nu/cn/>. Please contact the CNIPS Help Desk by phone at 800-952-5609 Option 6, or by e-mail at CNIPS@cde.ca.gov for additional information.

## Table 1: CNIPS POS File Layout for Sponsor

| **From POS** |
| --- |
| **FieldSeq.** | **PositionFrom** | **PositionTo** | **Description** | **FieldSize** | **FieldType** | **Required Fields** | **Notes** |
| 1 | 1 | 3 | Upload Form ID | 3 | N(3,0) | Y | Value = 701 for every record.701 = SNP Claim Upload |
| 2 | 4 | 9 | Serial Number | 6 | N(6,0) | Y | Sequential Record Number.For example: 1, 2, 3…. |
| 3 | 10 | 17 | Process Date | 8 | N(8,0) | Y | Date the Sponsor processes the data, in MMDDYYYY format |
| 4 | 18 | 23 | Vendor Number | 6 | C(6) | Y | Sponsor Vendor Number.Do not include dashes.For example, B26600 |
| 5 | 24 | 39 | CDS Number | 16 | C(16) | N | CDS Code (County, District, School); if N/A leave blank.Do not include dashes.For example: 01123451234567 |
| 6 | 40 | 48 | License Number (RCCI) | 9 | C(9) | N | RCCI License Number.If N/A, leave blank |
| 7 | 49 | 112 | Sponsor Name | 64 | C(64) | Y | Name of Sponsor |
| 8 | 113 | 117 | CNIPS ID | 5 | C(5) | Y | Unique CNIPS system generated sponsor number.Do not include dashes.Zero fill from left.For example, 01234 |
| 9 | 118 | 181 | Site Name | 64 | C(64) | Y | Name of Site |
| 10 | 182 | 183 | Claim Month | 2 | N(2,0) | Y | Enter the calendar month number the claim is being submitted for, in MM format.Zero fill from left.Namely: 01, 02, … 11, 12 |
| 11 | 184 | 187 | Claim Year | 4 | N(4,0) | Y | Enter the calendar year the claim is being submitted for, in YYYY format.For example, 2008 |
| 12 | 188 | 188 | Leave Blank | 1 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 13 | 189 | 195 | Lunch – L1.a, Number of Children Approved to Receive Free Meals | 7 | N(7,0) | N | If claiming Provision 2 or CEP, or not claiming Lunch, leave blank. |
| 14 | 196 | 202 | Lunch – L1.b, Number of Children Approved to Receive Reduced Price Meals | 7 | N(7,0) | N | If claiming Provision 2 or CEP, or not claiming Lunch, leave blank. |
| 15 | 203 | 210 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 16 | 211 | 217 | Lunch – L1.d, Enrollment | 7 | N(7,0) | N | If not claiming lunch meals, leave blank  |
| 17 | 218 | 219 | Lunch – L2, Number Operating Days | 2 | N(2,0) | N | If not claiming lunch meals, leave blank  |
| 18 | 220 | 226 | Lunch – L3.a, Free Meals Served | 7 | N(7,0) | N | If not claiming lunch meals, leave blank  |
| 19 | 227 | 233 | Lunch – L3.b, Reduced Price Meals Served | 7 | N(7,0) | N | If not claiming lunch meals, leave blank  |
| 20 | 234 | 240 | Lunch – L3.c, Paid Meals Served | 7 | N(7,0) | N | If not claiming lunch meals, leave blank  |
| 21 | 241 | 248 | Lunch – L3.d, Total Meals Served | 8 | N/A | N | If claiming Provision 2 or CEP, enter the Total Lunches served.  |
| 22 | 249 | 256 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 23 | 257 | 263 | Breakfast – B1.d, Enrollment | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 24 | 264 | 265 | Breakfast – B2, Number Operating Days | 2 | N(2,0) | N | If not claiming breakfast meals, leave blank  |
| 25 | 266 | 272 | Breakfast – B3.a, Free Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 26 | 273 | 279 | Breakfast – B3.b, Reduced Price Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 27 | 280 | 286 | Breakfast – B3.c, Paid Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 28 | 287 | 294 | Breakfast – B3.d, Total Meals Served | 8 | N/A | N | If claiming Provision 2 or CEP, enter the Total Breakfast served.  |
| 29 | 295 | 302 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 30 | 303 | 309 | Breakfast Severe Need – N1.d, Enrollment | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 31 | 310 | 311 | Breakfast Severe Need – N2, Number Operating Days | 2 | N(2,0) | N | If not claiming breakfast meals, leave blank  |
| 32 | 312 | 318 | Breakfast Severe Need – N3.a, Free Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 33 | 319 | 325 | Breakfast Severe Need – N3.b, Reduced Price Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 34 | 326 | 332 | Breakfast Severe Need – N3.c, Paid Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank  |
| 35 | 333 | 340 | Breakfast Severe Need – N3.d, Total Meals Served | 8 | N/A | N | If claiming Provision 2 or CEP, enter the Total Breakfast served. |
| 36 | 341 | 348 | California Fresh Start - CF1, Number of Breakfasts Served Offering Nutritious Fruits and/or Vegetables | 8 | N(8,0) | N | If not claiming California Fresh Start meals, leave blank |
| 37 | 349 | 355 | Non-Area Eligible Meal Supplements – S1.a, Number of Children Approved to Receive Free Supplements | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 38 | 356 | 362 | Non-Area Eligible Meal Supplements – S1.b, Number of Children Approved to Receive Reduced Price Supplements | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 39 | 363 | 370 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 40 | 371 | 377 | Non-Area Eligible Meal Supplements – S1.d, Enrollment | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 41 | 378 | 379 | Meal Supplements – S2 (Non-Area Eligible), S3 (Area Eligible), Number Operating Days | 2 | N(2,0) | N | If not claiming Meal Supplements, leave blank. **(Use for both Area Eligible and Non-Area Eligible Supplements)**  |
| 42 | 380 | 386 | Non-Area Eligible Meal Supplements – S3.a, Free Supplements Served | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 43 | 387 | 393 | Non-Area Eligible Meal Supplements – S3.b, Reduced Price Supplements Served | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 44 | 394 | 400 | Non-Area Eligible Meal Supplements – S3.c, Paid Supplements Served | 7 | N(7,0) | N | If not claiming Non-Area Eligible Meal Supplements, leave blank  |
| 45 | 401 | 408 | Non-Area Eligible Meal Supplements – S3.d, Total Supplements Served | 8 | N/A | N | Leave blank – the CNIPS will calculate |
| 46 | 409 | 415 | Area Eligible Meal Supplements - S1, Number of Children Approved to Receive Free Supplements | 7 | N(7,0) | N | If not claiming Area Eligible Meal Supplements, leave blank  |
| 47 | 416 | 423 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 48 | 424 | 430 | Area Eligible Meal Supplements – S2, Enrollment | 7 | N(7,0) | N | If not claiming Area Eligible Meal Supplements, leave blank  |
| 49 | 431 | 437 | Area Eligible Meal Supplements – S4.a, Free Supplements Served | 7 | N(7,0) | N | If not claiming Area Eligible Meal Supplements, leave blank  |
| 50 | 438 | 445 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 51 | 446 | 453 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 52 | 454 | 460 | Special Milk Program – M4, Enrollment | 7 | N(7,0) | N | If not claiming Special Milk, leave blank  |
| 53 | 461 | 462 | Special Milk Program – M5, Number of Operating Days | 2 | N(2,0) | N | If not claiming Special Milk, leave blank  |
| 54 | 463 | 469 | Special Milk Program – M1, Children Approved to Receive Free Milk | 7 | N(7,0) | N | If not claiming Special Milk, leave blank  |
| 55 | 470 | 476 | Special Milk Program – M2, Number of Fluid Milk ½ Pint Purchased | 7 | N(7,0) | N | If not claiming Special Milk, leave blank  |
| 56 | 477 | 483 | Special Milk Program – M3, Total Cost of Fluid Milk Purchased This Month | 7 | N(7,2) | N | If not claiming Special Milk, leave blank, else the cost date must include a decimal place. For example, 0.15 |
| 57 | 484 | 490 | Special Milk Program – M6.a, Free Milks Served | 7 | N(7,0) | N | If not claiming Special Milk, leave blank  |
| 58 | 491 | 497 | Special Milk Program – M6.b, Paid Milks Served | 7 | N(7,0) | N | If not claiming Special Milk, leave blank  |
| 59 | 498 | 505 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 60 | 506 | 512 | State Meals Only - SM1, Number of Children Approved to Receive Free Meals | 7 | N(7,0) | N | If not claiming State Meals, leave blank  |
| 61 | 513 | 519 | State Meals Only - SM2, Number of Children Approved to Receive Reduced Price Meals | 7 | N(7,0) | N | If not claiming State Meals, leave blank  |
| 62 | 520 | 527 | Leave Blank | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 63 | 528 | 534 | State Meals Only - SM4, Enrollment | 7 | N(7,0) | N | If not claiming State Meals, leave blank  |
| 64 | 535 | 536 | State Meals Only - SM5, Number Operating Days | 2 | N(2,0) | N | If not claiming State Meals, leave blank  |
| 65 | 537 | 543 | State Meals Only - SM6, Free Meals Served | 7 | N(7,0) | N | If not claiming State Meals, leave blank  |
| 66 | 544 | 550 | State Meals Only - SM7, Reduced Price Meals Served | 7 | N(7,0) | N | If not claiming State Meals, leave blank  |
| 67 | 551 | 556 | Site ID | 6 | N(6,0) | Y | Unique CNIPS system generated Site ID number.This is the key identifier for each record.Zero fill from left.For example, 001234 |
| 68 | 557 | 558 | Leave Blank | 2 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 69 | 559 | 565 | Number of Children Approved to Receive Free Meals (Breakfast) | 7 | N(7,0) | N | If claiming Provision 2 or CEP, or not claiming Breakfast, leave blank. |
| 70 | 566 | 572 | Number of Children Approved to Receive Reduced Price Meals (Breakfast) | 7 | N(7,0) | N | If claiming Provision 2 or CEP, or not claiming Breakfast, leave blank. |

## Table 2: CNIPS POS File Layout (Seamless Summer Claims)

| **From POS** |
| --- |
| **FieldSeq.** | **PositionFrom** | **PositionTo** | **Description** | **FieldSize** | **FieldType** | **Required Fields** | **Notes** |
| 1 | 1 | 3 | Upload Form ID | 3 | N(3,0) | Y | Value = 702 for every record.702 = Seamless Summer Upload |
| 2 | 4 | 9 | Serial Number | 6 | N(6,0) | Y | Sequential Record Number.For example, 1, 2, 3…. |
| 3 | 10 | 17 | Process Date | 8 | N(8,0) | Y | Date the Sponsor processes the data, in MMDDYYYY format |
| 4 | 18 | 23 | Vendor Number | 6 | C(6) | Y | Sponsor Vendor Number.Do not include dashes.For example, B26600 |
| 5 | 24 | 39 | CDS Number | 16 | C(16) | N | CDS Code (County, District, School); if N/A leave blank.Do not include dashes.For example: 01123451234567 |
| 6 | 40 | 48 | License Number (RCCI) | 9 | C(9) | N | RCCI License Number; if N/A leave blank. |
| 7 | 49 | 112 | Sponsor Name | 64 | C(64) | Y | Name of Sponsor |
| 8 | 113 | 117 | CNIPS ID | 5 | C(5) | Y | Unique CNIPS system generated sponsor number.Do not include dashes.Zero fill from left.For example, 01234 |
| 9 | 118 | 181 | Site Name | 64 | C(64) | Y | Name of Site |
| 10 | 182 | 183 | Claim Month | 2 | N(2,0) | Y | Enter the calendar month number the claim is being submitted for, in MM format.Zero fill from left.Namely: 01, 02, …. 11, 12 |
| 11 | 184 | 187 | Claim Year | 4 | N(4,0) | Y | Enter the calendar year the claim is being submitted for, in YYYY format.For example, 2008 |
| 12 | 188 | 188 | For future use | 1 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 13 | 189 | 195 | SS - SSG1, Number of Children Approved to Receive Free Meals | 7 | N(7,0) | N | If not claiming Breakfast or Lunch, leave blank |
| 14 | 196 | 202 | Lunch - SSL2, Enrollment | 7 | N(7,0) | N | If not claiming lunch meals, leave blank |
| 15 | 203 | 204 | Lunch - SSL3, Number Operating Days | 2 | N(2,0) | N | If not claiming lunch meals, leave blank |
| 16 | 205 | 211 | Lunch - SSL4, Free Lunches Served | 7 | N(7,0) | N | If not claiming lunch meals, leave blank |
| 17 | 212 | 218 | Lunch - SSL5, Free Suppers Served | 7 | N(7,0) | N | If not claiming lunch meals, leave blank |
| 18 | 219 | 226 | Add SSL6 | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 19 | 227 | 234 | Add SSB1 | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 20 | 235 | 241 | Breakfast - SSB2, Enrollment | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank |
| 21 | 242 | 243 | Breakfast - SSB3, Number Operating Days | 2 | N(2,0) | N | If not claiming breakfast meals, leave blank |
| 22 | 244 | 250 | Breakfast - SSB4, Free Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank |
| 23 | 251 | 258 | Add SSB5 | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 24 | 259 | 265 | Breakfast Severe Need - SSN2, Enrollment | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank |
| 25 | 266 | 267 | Breakfast Severe Need - SSN3, Number Operating Days | 2 | N(2,0) | N | If not claiming breakfast meals, leave blank |
| 26 | 268 | 274 | Breakfast Severe Need - SSN4, Free Meals Served | 7 | N(7,0) | N | If not claiming breakfast meals, leave blank |
| 27 | 275 | 282 | Add SSN5 | 8 | N/A | N | Leave blank – the CNIPS will use in future enhancements |
| 28 | 283 | 289 | Meal Supplements - SSS2, Enrollment | 7 | N(7,0) | N | If not claiming Meal Supplements, leave blank |
| 29 | 290 | 291 | Meal Supplements - SSS3, Number Operating Days | 2 | N(2,0) | N | If not claiming Meal Supplements, leave blank |
| 30 | 292 | 298 | Meal Supplements - SSS4, Free AM Supplements Served | 7 | N(7,0) | N | If not claiming Meal Supplements, leave blank |
| 31 | 299 | 305 | Meal Supplements - SSS5, Free PM Supplements Served | 7 | N(7,0) | N | If not claiming Meal Supplements, leave blank |
| 32 | 306 | 311 | Site ID | 6 | N(6,0) | Y | Unique CNIPS system generated Site ID number.This is the key identifier for each record.Zero fill from left.For example, 001234 |
| 33 | 312 | 313 | Add SSS6 | 2 | N/A | N | Leave blank – the CNIPS will use in future enhancements |