

## New Center Application Checklist

Day Care Center:

Contact Person:

- Copy of original IRS letter assigning Federal Employer Id (FEIN to entities legal business name: **(Call 1-800-829-4933 to have a copy faxed)**
- Copy of Certificate of Incorporation for Incorporated Centers
  - Certificate of Organization for Limited Liability Company
  - Certificate of Limited Partnership for partnerships
- Articles of Incorporation (For Incorporated Centers Only)
- Most current Registration filed on-line with the Secretary of State, indicating Corporation Officers. (Incorporated Centers Only)
- Non-Profit Child Care Center
  - Copy of official notice of nonprofit status, 501(C) 3 documentation on IRS letterhead
- Deed or Lease** of Center Facility with legal name of business or owner's name referenced in the document.
- License issued by Bright From the Start, DECAL.  
Most Recent Inspection Report (within the last year)
- If Exempt from License please submit
  - License Exemption letter from Child Care Licensing
  - Certificate of Occupancy
  - Fire Inspection Report
- Roster of all participants/Include Legal Names & Date Of Birth
- Income Eligibility/Enrollment Form (Attached)  
(One form is required for each child enrolled)
  - For-Profit Center qualifying by 25% of the enrolled children or licensed capacity (Lesser of the two) Submit copies of DFCS form 69.77 or Maximus report for Title XX
- Complete Center/Site Application **(Attached)**
- Copy of termination letter for centers under current sponsorship or Voluntary Closure form for centers under direct agreement with Bright from the Start **(Only applicable for facilities currently participating in the CACFP)**
- Racial Ethnic Data Form **(Attached)**

### Child and Adult Care Food Program

Center/Site Information		
<b>Center's Legal Name</b>		<b>Agreement #</b>
<b>Doing Business Name of Center</b>		
<b>Federal Employer Identification #</b>		
<b>DUNS#</b>		<b>CCR/SAM Date:</b>

Section A – Center/Site Address and Contact		
<b>(Item #A-1) Street Address</b>		
<b>Address:</b>		
<b>City, State, Zip:</b>		<b>County:</b>

<b>(Item #A-2) Mailing Address</b>		
<b>Address:</b>		
<b>City, State, Zip:</b>		<b>County:</b>

<b>(Item #A-3) Center/Site Contact</b>			
<b>Name (First, Middle, Last):</b>			
<b>Phone (e.g., 555-555-5555):</b>	<b>Ext:</b>		<b>Position:</b>
<b>Fax (e.g., 555-555-5555)</b>			<b>Email:</b>

Section B – Licensing and Operating Months Information			
<b>(Item #B-1)</b>	<b>Licensing Information</b> Refer to Bright from the Start Policies 33 and 35 for more information.		
<b>Licensing Type:</b>	<input type="checkbox"/> Bright from the Start (DECAL)	<input type="checkbox"/> Department of Defense (DOD)	
<b>Approval Type:</b>	<input type="checkbox"/> Head Start Performance Standards	<input type="checkbox"/> Other Federal, State, or local authority	
		<b>Indicate approving authority:</b>	
<b>Alternate Licensure:</b> Applicable to child care centers only	<input type="checkbox"/> CACFP Child Care Standards	<input type="checkbox"/> Exempt from licensure/approval per CACFP regulations (At Risk, Outside School Hours, and Emergency/Homeless shelters only – see note below)	
<small>(Centers that operate only the At Risk Program, Outside School Hours, or Emergency/Homeless shelters are not required to meet the CACFP child care standards, but must be in compliance with State or local health and safety requirements.)</small>			
<b>License Number: (if assigned)</b>			
<b>Enrollment Number:</b>	_____	<b>Average Daily Attendance</b> _____	
<b>License Capacity: (If licensed by Bright from the Start)</b>	_____	<b>Building Capacity</b> _____	
		<small>(Non-licensed facilities Only)</small>	
		<b>Last Fire Inspection Date</b> _____	
		<b>Last Food Inspection Date</b> _____	

<b>(Item #B-2) Check all months center is open and serving meals.</b>											
						<b>Operating Months</b>					
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C – Organization Type**

<b>(Item #C-1)</b>		
<input type="checkbox"/> <b>Profit</b> (Select only ONE method used to qualify and indicate total number of eligible participants.)		
a.	<input type="checkbox"/> Title XX _____	<input type="checkbox"/> And/or Pre-K Category 1 _____
b. <input type="checkbox"/> <b>Free and Reduced Price Meal Participants (Child Care only)</b> Insert # of participants in each category:		
# Free:	# Reduced:	#Paid:
<input type="checkbox"/> <b>Non-Profit</b> Last Annual Registration Date with GA Secretary of States Office _____		
<b>(Item #C-2)</b>		
Does this center claim infant meals? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the center charge a separate fee for meals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, submit Written Free & Reduced Policy Statement.		
<b>(Item #C-3) Program Types</b>		
(Check type of program operated)	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Head Start
	<input type="checkbox"/> At Risk After School Care Meals Program (ASCS Only)	<input type="checkbox"/> Outside School Hours Center
	<input type="checkbox"/> DECAL Pre-K Class	<input type="checkbox"/> Emergency/Homeless Shelter
<b>(Item #C-4)</b>		
<input type="checkbox"/> Check here if the center is operated by the Board of Education in the county/city		
<b>(Item #C-5)</b>		
<input type="checkbox"/> <b>AT RISK PARTICIPATION:</b> Check here if your center operates and qualifies for the At Risk After School Meals Program IN ADDITION TO one of the programs selected in item C-3 above. Do not check this item if At Risk is the only program operated and is checked in C-3. Refer to Application Instruction Booklet for more information on qualifying for this program.		
<b>Affiliated Centers owned and operated by an Independent or Center Sponsor must complete questions below.</b>		
<b>(Item C-6)</b>		
<input type="checkbox"/> Check here that the center listed in this application is owned (in part or whole) by the Institution, who is currently participating in the CACFP, and submitting this Center/Site Application for approval.		
<b>Unaffiliated Facilities under the sponsorship of an Administrative Sponsor must complete questions below. Independents and Center Sponsors may omit.</b>		
<b>(Item C-7) Ownership Code</b>	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Government	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Out of State Corporation
		<input type="checkbox"/> Corporation
<b>(Item C-8) Facility Type</b>	<input type="checkbox"/> Private	<input type="checkbox"/> Government
		<input type="checkbox"/> Other _____

**Section D– At Risk After School Meals Program**  
**Complete this section only if the center qualifies for the At Risk After School Meals Program.**  
**Refer to Bright from the Start CACFP Policy 34 for more information.**

<b>(Item #D-1)</b>	<b>Public School used to qualify:</b>		
<b>Qualifying School’s Traditional Operating Hours</b>	<b>Begin:</b>	<b>End:</b>	
<b>Dates School is session:</b>	<b>Begin:</b>	<b>Percent of free and reduced participants for qualifying school:</b> Note: please review the Qualifying School Data Report on the website.	
	<b>End:</b>		
<b>ASCS Hours of Operation:</b>	<b>Begin:</b>		
	<b>End:</b>		
<b>(Item #D-2)</b>	<b>Check the type of activity offered in the after school program:</b>		<input type="checkbox"/> <b>EDUCATIONAL</b>
			<input type="checkbox"/> <b>ENRICHMENT</b>
<b>(Item #D-3)</b>	<b>Is the After School Program located in a Public School Building?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
	<b>Average Daily Attendance</b>	_____	
	<b>If yes, is the program operated by the school system?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
	<b>Is the After School Program an Expanded Learning Time Program?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>List the names and work hours for the staff that supervise the After School Program:</b>			
<b>Name:</b>	_____	<b>Work hours:</b>	_____
	_____		_____
	_____		_____
	_____		_____
<b>Briefly describe the agenda of the activities offered (If you need more lines, please attach an additional page):</b>			
_____			
_____			
_____			
_____			
<b>Note: At Risk After School Care Meal and/or Snacks cannot be claimed during the summer break.</b>			

**Section E – Hours of Operation and Meals Served**

<b>(Item #E-1)</b>	<b>Hours of Operation</b>		
--------------------	---------------------------	--	--

<b>Center opens at:</b>		<b>Closes at:</b>		<input type="checkbox"/> <b>Shift Care # of Shifts</b> _____ <input type="checkbox"/> <b>Center is open 24 hours per day</b>
-------------------------	--	-------------------	--	---------------------------------------------------------------------------------------------------------------------------------

<b>Item #(E-2)</b>	<b>Check day(s) of the week that meals will be served</b>									
<b>Meals Served</b>	<b>Begin time</b>	<b>End time</b>	<b>M-F Only</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Breakfast</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supper</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>At Risk Meals Served</b>										
<b>Meal Served</b>	<b>Begin time</b>	<b>End time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Breakfast</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lunch</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PM Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Supper</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night Snack</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>(Item #E-3)</b>	<b>Food Service</b>			
<b>Indicate type of food service:</b>	<input type="checkbox"/> <b>Self-Prep</b>	<input type="checkbox"/> <b>Central kitchen</b>	<input type="checkbox"/> <b>Food Service Management Co*</b>	<input type="checkbox"/> <b>School Food Authority</b>

If Type of Food Service selected is "FSMC" or "SFA," enter Vendor/School Name: \_\_\_\_\_

**\*If using a "FSMC," proper procurement procedures must be followed. Review Bright from the Start procurement manual and contact the office to obtain assistance in conducting a proper procurement. Submit a copy of contract and procurement documents to Bright from the Start.**

<b>(Item #4)</b>	<b>Description of Meal Service During School Closures (At Risk Afterschool Programs Only)</b>
<p>Afterschool Programs that are open and serve meals other than supper when schools are closed for holidays, planning (in-service) days, or anticipated school closures/breaks are required to provide the dates of the school's closure.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

**Section F–Certifications**

**(Item #F-1) Complete the certification section applicable to your program type. If the center is a child care center including Head Starts, Outside School Hours and At Risk Centers, check the Child Care Certification. If an Emergency Shelter, check the Emergency/Homeless Shelter Certification.**

**CHILD CARE CENTER CERTIFICATION**

Each statement below must be true to qualify. All child care centers other than Emergency/Homeless Shelters must certify to each statement below. If a statement is left unchecked, the organization is indicating that it does not qualify for the program, and the application will be denied.

- |                          |                                                                                                                                                                                                                                                                                  |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I understand that child care centers must be providing DAY CARE, Pre-K, or Head/Early Start services to enrolled children, and I certify that the program for which this application is made qualifies.                                                                          |
| <input type="checkbox"/> | I understand that centers whose primary purpose is for substance abuse treatment or rehabilitation, and whose participant eligibility is based upon a substance abuse diagnosis are not eligible for the CACFP, and I certify that my program does not fall under this category. |

**EMERGENCY/HOMELESS SHELTER CERTIFICATION**

- |                          |                                                                                                                                                                                                                                                         |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I understand that shelters eligible to participate may be serving children unaccompanied by their parents or guardians as a result of circumstance or be placed in the shelter temporarily by a State Authority (in State custody rather than parents). |
| <input type="checkbox"/> | I understand that shelters serving homeless children and their families may participate but only meals for children up to the age of 18 may be claimed for reimbursement.                                                                               |

**CHECK THE APPLICABLE STATEMENT BELOW:**

- |                          |                                                                                                                                                                                                                                                                                 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I understand that if my program is licensed as a Residential Child Care Institution (RCCI), the organization may participate in the CACFP as an emergency shelter only for service to a distinct group of homeless children who are not enrolled in the RCCI's regular program. |
| <input type="checkbox"/> | I certify that the emergency/homeless shelter making an application is not licensed as a Residential Child Care Institution.                                                                                                                                                    |

**Section G– Racial Ethnic Data**

**(Item #G-1)**

Provide the name of a school from the zone in which the site is located (All programs): \_\_\_\_\_

Indicate the NUMBER of enrolled participants in each racial/ethnic group for the center making an application to participate:

**Ethnicity:**

(1) **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

(2) **Not Hispanic or Latino.**

**Race:**

(1) **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

(2) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

(3) **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to ‘Black or African American.’

(4) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

(5) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ethnic Data**

Hispanic or Latino	Not Hispanic or Latino	Total
_____	_____	_____

**(Item #G-2)**

**Racial Data**

American Indian/Alaskan Native	Asian	Black or African American	Native Hawaiian or Pacific Islander	White	Total
_____	_____	_____	_____	_____	_____

**I certify that information contained in this application for the Child and Adult Care Food Program is true and correct, that the Institution is responsible for all CACFP activities of this facility, and that all reimbursements received from Bright from the Start are reported under the Federal Employer Identification Number listed on this application.**

_____	
** Signature of Principal of Organization making the Application	Date
_____	
Printed Name of Principal	

**\*\*The Principal of the organization is the Executive Director, Owner, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. In many cases the director of the day care center will not be the principal unless the director also fulfills one of the roles listed earlier. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.**

# Child Care Center Roster of Food Program Participants Child and Adult Care Food Program

**Please check the type of program for this roster:**

- Child Care Center    
  Outside School Hours Center    
  Emergency/Homeless Shelter  
 Head Start    
  At Risk After School Care Snack Program

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Instructions:** In preparation for the new fiscal year, which begins October 1<sup>st</sup> of each year, each facility must create a new roster. The names of participants on the initial roster for each fiscal year should be in alphabetical order by the last name for each participant enrolled for care as of the date that the roster is created. After the initial roster is created, newly enrolled participants should be added to the end of the roster. Each facility **MUST** maintain the roster by exiting participants when they disenroll and entering new participants as they enroll. The roster at a minimum **MUST** be updated at the first of every month prior to claim submission since the roster is used to establish the number of participants in each income category, and if a for profit facility, to establish if the facility qualifies to claim for the month. **Participants that are enrolled in the institution (parent provided signed documentation) but not in attendance/received at least one meal for a given claim month should not be included in the enrollment number and categories of eligibility for that claim month. An "X" should be denoted in the last section below for the month(s) that the participant(s) was NOT in attendance.**

Name of Child	AGE/ DOB	<i>Check only one</i>		Date Entered	Date Exited	Category of Eligibility <sup>3</sup>			<b>NOT in attendance for at least 1 meal during the following month(s): Oct.=10, Nov.=11, Dec.=12, Jan=1 and so on...</b>											
		Title XX <sup>1</sup>	Pre-K Cat. I <sup>2</sup>			F	R	P	10	11	12	1	2	3	4	5	6	7	8	9
1.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												



10.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
25.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
26.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
27.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
28.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
29.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
30.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
31.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
32.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
33.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
34.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
35.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
36.																				

37.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
38.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
39.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
40.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
41.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
42.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
43.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
44.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
45.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
46.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
47.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
48.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
49.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
50.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
51.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
52.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
53.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
54.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
55.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
56.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
57.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
58.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
59.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
60.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>Total</b>																				



**BRIGHT FROM THE START**  
 Georgia Department of Early Care and Learning  
 10 Park Place, Suite 200, Atlanta, Georgia 30303  
 (404) 656-5957

**Child and Adult Care Food Program  
 Racial/Ethnic Data Collection Form**

(Please Print)

<b>Facility Name:</b>	<b>Date Data Collected:</b>
<b>Name and Title of Person completing form:</b>	<b>Total Enrollment:</b>

**Instructions for completion:**

- 1) In Section I, input the number of participants based on the two ethnic categories: a) Of Hispanic or Latino origin; or b) Not of Hispanic or Latino origin.
- 2) In Section II, input the number of participants by racial category based on the six categories listed.
- 3) **The total number of participants by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item G) must be equal.**
- 4) Visual identification may be used to determine a participant's racial and/or ethnic category. For collection purposes, a participant may be included in the group to which he or she appears to belong, identifies with, or is regarded as a member of the community. Program officials must use safeguards to prevent the data from being used for discriminatory purposes. Such safeguards include allowing access to this data only to authorized personnel.

**Section I.**

<b>Ethnic Category</b>	<b>Number of Participants</b>
<b>A) Hispanic or Latino</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino")	
<b>B) Not Hispanic or Latino</b>	
<b>C) TOTAL NUMBER OF PARTICIPANTS BY ETHNIC CATEGORY</b>	

**Section II.**

<b>Racial Category</b>	<b>Number of Participants</b>
<b>A) White</b> (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
<b>B) Black or African American</b> (A person having origins in the black racial groups of Africa).	
<b>C) Asian</b> (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
<b>D) Native Hawaiian or other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
<b>E) American Indian/Alaskan Native</b> (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo])	
<b>F) TOTAL NUMBER OF PARTICIPANTS BY RACIAL CATEGORY</b>	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date