



BRIGHT FROM THE START

Georgia Department of Early Care and Learning
Child and Adult Care Food Program
2 Martin Luther King, Jr., SE, Suite 670 East Tower
Atlanta, Georgia 30334
(404) 656-5957

**Add-a-Site Checklist
Administrative Sponsors
Adding Traditional
Child/Adult Facilities**

Sponsoring Organization's Name _____

CACFP Agreement # _____

Instructions: Use this checklist to complete all documents that are needed to add a **new** site to the CACFP. **The new site's information should be added on CNP 2000** in section M of the application. The names of new sites must be entered as both the legal and the "doing business name" as it appears on the license or other official document. **Note: Administrative Sponsors are only allowed to add sites that are legally distinct from the sponsor's organization. The sponsor cannot own (whole or in part) or operate any sites that are added to the sponsor's agreement. Sites that are owned and/or operated by the Administrative Sponsor must submit a separate application as an independent center. Contact the Business Operations Specialist for more information in this area.** Complete one checklist for each site being added. Submit the entire checklist and all required documentation to the following address:

**Bright from the Start: Georgia Dept. of Early Care and Learning
Attn: Business Operations Specialist - CACFP
2 Martin Luther King Jr. Drive, SE, Suite 670 East Tower
Atlanta, GA 30334**

Section I. Facility to be Added:

In **1st column**, list the name of the facility for which an application is being submitted.

In **2nd column**, if the facility is currently participating in the CACFP in direct agreement with another sponsor or in direct agreement with Bright from the Start, input either the sponsor name or Bright from the Start in the column. If the facility is a new facility that is not currently participating on the CACFP, leave this column blank.

In the **3rd column**, indicate the anticipated date to begin claiming reimbursement for this center under your sponsorship. Please reference CACFP policy # 8 when determining anticipated effective date to operate. Sign below the table.

(1) Legal and DBA Name of Site to Add	(2) Site Currently Participating on CACFP (Indicate sponsor name or Bright from the Start)	(3) Anticipated Effective Date to Operate

Signature and Title of Program Contact

Date

Section II. Forms/Documents due to Bright from the Start:

- ___ 1. ADD-A-SITE Checklist (**Submit checklist with each site application**)
- ___ 2. Termination Letter for previous sponsor or Voluntary Closure Form for centers under direct agreement with Bright from the Start (only applicable to those facilities currently participating on the CACFP)
- ___ 3. Copy of original IRS letter assigning Federal Employer Identification Number (FEIN) to the entities' legal business name.
- ___ 4. Most current registration filed with the Secretary of State, indicating corporation officers.
- ___ 5. Deed or lease of center with legal name of business or owner's name referenced in the document (child care facilities only).
- ___ 6. Center Site Application (One per Site) **The center should complete the site application and the principal of the site must sign. The sponsor should enter the site information on CNP 2000, and submit a copy of the site application with the package.**

Section C-2 of Site application

- a. ___ If charging a separate fee for meals, the center is considered a pricing center. If a pricing center, the site must complete and submit a Written Free and Reduced Price Policy Statement (See site pricing information in the Add-a-Site instruction booklet for more information or refer to 7 CFR 226.23(c) to review what must be included in the policy statement.)

Section E-3 of Site Application - All organizations that contract out with another entity to prepare and deliver meals must submit one of the following:

- a. ___ **Agreement to Furnish Food Service for Sites using a School Food Authority** (Not applicable to sites that prepare their own meals or have a central kitchen for sites owned by same legal entity)
- b. ___ **Procurement Documents for sites that intend to contract with a vendor** (Not applicable to sites that prepare their own meals, have a central kitchen for sites owned by same legal entity, or use a School Food Authority) Include Procurement Checklist, Agreement to Furnish Foods/Contract, and Small Purchase Document.
- c. ___ Certificate of Incorporation for Vendor and/or Food Service Management Companies that are corporations.

Use Procurement Manual found on the Bright from the Start website at <http://www.dec.ga.gov/Nutrition/HandbooksInstructions.aspx>.

- ___ 7. Budget for Sponsored Center

- ___ 8. Roster of Food Program Participants (Form 7 or Form 8) - Adult Care Center or Child Care Center Roster of Food Program Participants
 - a. ___ At Risk After School Program Roster of Food Program Participants (If applicable, a separate roster must be created solely for the children in this program).
- ___ 9. Media Release for site(s) added (use correct release depending on pricing/non-pricing programs)
- ___ 10. Completed pre-operational form conducted with new site(s)

Section III. Forms/Documents regarding legal entity: Corporations, LLC, and Partnership

ONLY: If the site is incorporated, a limited liability, or partnership, check the appropriate item and send in requested information. (Based on the answer in item C-6 of the site application)

- ___ 1. Copy of Certificate of Incorporation for Incorporated centers (Government, Military, or BOEs exempt)
- ___ 2. Copy of Certificate of Organization for Limited Liability Companies
- ___ 3. Copy of Certificate of Limited Partnership for partnerships
- ___ 4. Copy of Articles of Incorporation (Government, Military, or BOEs exempt)
- ___ 5. Copy of Articles of Organization (Government, Military, or BOEs exempt)

Section IV. CHILD CARE FACILITIES ONLY

Forms/Documents to determine eligibility for all Child Care Programs: To qualify for the CACFP, the child care center must meet one of the following conditions. Place a check beside the eligibility method being used to qualify the program and submit any documents requested under the applicable item. Item 3 can only be used after determining the child care center does not qualify under Item 2, Title XX/Pre-K Cat 1.

- 1. ___ *Non-Profit* child care centers (check one of the three items below and submit documents)
 - a. ___ If the center has received official notice of nonprofit status, submit a copy of the 501 (C) 3 documentation on IRS letterhead (excludes government entities)
 - i. ___ If a church which has tax-exempt status under the umbrella of the national church affiliation, submit the list attached to the IRS letter which contains the church's name, or submit a letter from the chief financial officer, or comparable person verifying that the subordinate church is included in the tax-exempt status of the national organization along with item a above.
 - b. ___ If a church or the parent organization has not filed for tax-exempt status with the IRS, submit the Tax Exempt Status Certification for Churches form with section 2 completed and signed by the financial officer of the organization.

2. ___ *For-Profit* child care centers qualifying by 25% of the enrolled children or licensed capacity (whichever is less) receiving compensation under Title XX and/or Georgia Pre-K Category 1
 - a. ___ Submit copies of DFCS forms 69, 77 that are signed by the DCFS representative, or Maximus report for Title XX children

3. ___ *For-Profit* child care centers qualifying by 25% of the enrolled children or licensed capacity (whichever is less) being eligible for Free and/or Reduced price meals based on the income stated on the Income Eligibility Statements
 - a. ___ Obtain complete Income Eligibility Statements for all children. Indicate each child's eligibility on the Roster of Food Program Participants submitted with the application. **Do Not Submit the IES forms.**

Licensure/Alternate Approval Verification for all Child Care Centers: Place a check beside the item that applies to each site for which you are making an application and submit the documents indicated under the item checked if requested to do so. Refer to the section on licensing in the new application instruction booklet if you have questions concerning licensure or exemptions from licensure.

1. ___ If licensed by Bright From the Start, Georgia Department of Early Care and Learning check here and submit copy of license (or approval to operate if new and no license has been received)
 - a. ___ Submit copy of most recent Inspection Report (within last year)

2. ___ If licensed by the Department of Defense, check here and submit Certificate to Operate a Child Development Program
 - a. ___ Submit copy of most recent Installation Child Care Evaluation Team Assessment

3. ___ If approved by the U.S. Department of Health and Human Services to operate a Head Start program, submit the following:
 - a. ___ Head Start Performance Standard Review (Triennial or 360 degree assessment) (Provide a copy of the cover letter from the center's most recent review)

4. ___ If approved by any other Federal, State, or local entity, submit the current approval documentation from the governing Federal, State, or Local authority.

5. ___ If the center is not approved by a Federal or local authority, and the center is exempt from licensure in the State of Georgia, the center must meet CACFP Child Care Standards to qualify for the program.
 - a. ___ Alternate Licensure Self-Certification form
 - b. ___ Exemption Letter from Child Care Licensing
 - c. ___ Copy of Certificate of Occupancy

- d. ___ Copy of a current health/sanitation permit or satisfactory report of inspection and fire inspection conducted by the local environmental health agency within the past 12 months.

Section V. ADULT CARE FACILITIES ONLY

Forms/Documents to determine eligibility for Adult Care Programs: Submit any documents requested under each section below.

Profit versus Non-profit: Place a check beside the eligibility method you are using to qualify for the program

1. ___ *Non-Profit* adult care centers
 - a. ___ Submit copy of 501 (C) 3 documentation with IRS letterhead.
 - b. ___ If a church which has tax-exempt status under the umbrella of the national church affiliation, submit the list attached to the IRS letter which contains the church's name, or submit a letter from the chief financial officer, or comparable person verifying that that subordinate church is included in the tax-exempt status of the national organization along with item a above.
 - c. ___ If a church or the parent organization has not filed for tax-exempt status with the IRS, submit the Tax Exempt Status Certification for Churches form with section 2 completed and signed by the financial officer of the organization.
2. ___ For-Profit adult centers qualifying by 25% of the enrolled adults or licensed capacity (whichever is less) receiving compensation under Title XIX
 - a. ___ Submit Title XIX documentation (list from the Department of Medical assistance of those participants receiving Medicaid funding).

Licensure/Approval: Adult centers must have approval from a Federal, State, or Local authority and must demonstrate they have met written standards of criteria. Refer to CACFP policy 33.

1. ___ Submit a copy of the current approval documentation from a governing Federal, State, or Local authority (This documentation may be in the form of a license, certification, review instrument or approval letter. If the review instrument is not submitted, attach the written standards or criteria on which the center is evaluated).

Note: Approval dates are **not** based on the receipt of the application in the office, but on accurate completion of the application. Please see Bright from the Start Policy CACFP/00-8.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Child and Adult Care Food Program

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

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

(Item #A-2) Mailing Address		
Address:		
City, State, Zip:		County:

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

Section B – Licensing and Operating Months Information			
(Item #B-1)	Licensing Information Refer to Bright from the Start Policies 33 and 35 for more information.		
Licensing Type:	<input type="checkbox"/> Bright from the Start (DECAL)	<input type="checkbox"/> Department of Defense (DOD)	
Approval Type:	<input type="checkbox"/> Head Start Performance Standards	<input type="checkbox"/> Other Federal, State, or local authority	
		Indicate approving authority:	
Alternate Licensure: 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)	
		(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.)	
License Number: (if assigned)			
Enrollment Number:	_____	Average Daily Attendance _____	
License Capacity: (If licensed by Bright from the Start)	_____	Building Capacity _____	
		(Non-licensed facilities Only)	
		Last Fire Inspection Date _____	
		Last Food Inspection Date _____	

(Item #B-2) Check all months center is open and serving meals.											
						Operating Months					
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

(Item #C-1)		
<input type="checkbox"/> Profit (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"/> Free and Reduced Price Meal Participants (Child Care only) Insert # of participants in each category:		
# Free:	# Reduced:	#Paid:
<input type="checkbox"/> Non-Profit Last Annual Registration Date with GA Secretary of States Office _____		
(Item #C-2)		
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.		
(Item #C-3) Program Types		
(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
(Item #C-4)		
<input type="checkbox"/> Check here if the center is operated by the Board of Education in the county/city		
(Item #C-5)		
<input type="checkbox"/> AT RISK PARTICIPATION: 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.		
Affiliated Centers owned and operated by an Independent or Center Sponsor must complete questions below.		
(Item C-6)		
<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.		
Unaffiliated Facilities under the sponsorship of an Administrative Sponsor must complete questions below. Independents and Center Sponsors may omit.		
(Item C-7) Ownership Code	<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
(Item C-8) Facility Type	<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.

(Item #D-1) Public School used to qualify:			
Qualifying School’s Traditional Operating Hours		Begin:	End:
Dates School is session:		Begin:	Percent of free and reduced participants for qualifying school: Note: please review the Qualifying School Data Report on the website.
		End:	
ASCS Hours of Operation:		Begin:	
		End:	
(Item #D-2)	Check the type of activity offered in the after school program:		<input type="checkbox"/> EDUCATIONAL
			<input type="checkbox"/> ENRICHMENT
(Item #D-3)	Is the After School Program located in a Public School Building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Average Daily Attendance	_____	
	If yes, is the program operated by the school system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the After School Program an Expanded Learning Time Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the names and work hours for the staff that supervise the After School Program:			
Name:	_____	Work hours:	_____
	_____		_____
	_____		_____
	_____		_____
Briefly describe the agenda of the activities offered (If you need more lines, please attach an additional page):			

Note: At Risk After School Care Meal and/or Snacks cannot be claimed during the summer break.			

Section E – Hours of Operation and Meals Served

(Item #E-1)	Hours of Operation		
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Center opens at:		Closes at:		<input type="checkbox"/> Shift Care # of Shifts _____ <input type="checkbox"/> Center is open 24 hours per day
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Item #(E-2)	Check day(s) of the week that meals will be served									
Meals Served	Begin time	End time	M-F Only	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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.**

(Item #4)	Description of Meal Service During School Closures (At Risk Afterschool Programs Only)
<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.

- 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.
- 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

- 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).
- 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:

- 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.
- I certify that the emergency/homeless shelter making an application is not licensed as a Residential Child Care Institution.

CACFP Preoperational Visit Form for Sponsored Facilities Administrative and Center Sponsor Use Only

Date of Visit:	Time In: _____	Time Out: _____			
Reviewer:	_____				
Legal Name of Center:	_____		DBA Name _____		
Address:	_____				
County:	_____		Licensed Capacity: (If applicable) _____		
Telephone #	_____		# Enrolled: _____		
Program Type:	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> At Risk After School Care Program			
	<input type="checkbox"/> Adult Care Center	<input type="checkbox"/> Emergency Shelter			
	<input type="checkbox"/> Outside School Hours Care	<input type="checkbox"/> Head Start			
Organization Type:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Profit	<input type="checkbox"/> Title XX/Pre-K Cat 1 or Title XIX		
			<input type="checkbox"/> Free or Reduced Meals (child)		
Type of Food Service:	<input type="checkbox"/> Self-preparation	<input type="checkbox"/> Central Kitchen			
	<input type="checkbox"/> School Food Authority	<input type="checkbox"/> Food Service Management Company			
Licensing/Approval to Operate					
Licensing Type:	<input type="checkbox"/> Bright from the Start (DECAL)		<input type="checkbox"/> Department of Defense (DOD)		
Approval Type:	<input type="checkbox"/> Head Start Performance Standards		<input type="checkbox"/> Other Federal, State, or local authority		
			Indicate approving authority: _____		
Alternate Licensure: <small>Child care centers only</small>	<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)		
Record the meal type and components served on date of visit: _____					
			YES	NO	N/A
1. Are meals listed on the current menu creditable and contain all required components?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. For child care centers that are not licensed or approved by a Federal, State, or local authority, has the center completed the CACFP Child Care Standards form and is the center in compliance?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) If using CACFP Child Care Standards to qualify, does the center have documentation of a current Certificate of Occupancy or satisfactory fire/building inspection within the last 12 months?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If using CACFP Child Care Standards to qualify, does the center have documentation of a current health/sanitation permit or satisfactory inspection within the last 12 months?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person in charge of CACFP operations and other key staff at the center received the preapproval training provided by the sponsoring organization?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the center demonstrate knowledge of the sponsor's procedures for submission of claim documentation at the end/beginning of each month?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is center staff fully aware that all records pertaining to the CACFP must be maintained for a minimum of three years after the last claim submission?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the center fully aware that all funds received through the CACFP program may only be used for allowable food program costs as determined by FNS Instruction 796-2 Rev. 3 and Bright from the Start policies and memos?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If a pricing center, has the center developed a free and reduced written policy statement?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For child care centers, is the center aware that the enrollment information must be updated on an annual basis?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. For child care centers that enroll infants, does the center have an acceptable plan to offer infant meals to households?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Determine if the center will use CACFP funds to pay for administrative costs other than those costs to be paid to the sponsoring organization. Does the center know that no more than 15% of the center's reimbursement may go toward administrative costs, including fees paid to the sponsor?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the center demonstrate knowledge of recording all costs charged to the CACFP on the Monthly Record of Operating Costs and Monthly Record of Administrative Costs form? Are receipts maintained?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
12. Does the organization allow enrollment or participation regardless of race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. During the visit, did it appear that discriminatory practices were avoided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Were point of service meal counts correctly taken on this date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does center staff demonstrate appropriate knowledge of completing the Daily Menu and Food Service record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the center is applying for the At Risk After School Care program, review activities offered. Are enrichment and/or educational activities offered and actively delivered by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do serving areas have appropriate sized chairs and tables available for participant use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the kitchen adequate to serve the number of children it proposes to serve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are foods and food supplies stored at least six inches above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are dishwashing/sanitizing methods accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is frozen food properly thawed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the refrigerator at 45 degrees or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the freezer at 0 degrees or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are cleaning supplies/pesticides stored separately from food items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are hair restraints and hygiene practices in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the kitchen free of insects and rodents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is the kitchen area and equipment clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Centers			
Complete the following questions only for programs that have an adult care program. Refer to Bright from the Start CACFP Policy 33.	YES	NO	N/A
28. Does the center provide care for functionally impaired adults 18 yrs. of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the center have records that indicate the age of all enrolled adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are those adults who are not functionally impaired 60 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the center have records that indicate that each adult under the age of 60 meets the functionally impaired criterion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the center have records that indicate that participants reside in their own home or group living arrangements where the adult primarily has care for him/herself, which makes them eligible for CACFP meal reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If the center enrolls participants with various living arrangements, does the center have a process in place to determine who is eligible for CACFP meals and meals are claimed only for eligible participants' meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does the center have individual plans of care for each functionally impaired adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are individual plans of care reviewed and updated on a reasonable frequency (i.e. quarterly or yearly)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the center provide care for eligible adults less than 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the center provide a structured comprehensive program that provides a variety of health, social and related support services to enrolled adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. If the center operates multiple programs for which participants are not eligible for CACFP meals, does the center have a process in place to determine which meal recipients are CACFP eligible and that meals are claimed for only eligible participants' meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Does the center ensure that meals are not claimed for adults who come to the center only to participate in the following programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Workshops, single day or series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Substance abuse programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vocational or prevocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Social programs or events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe areas not in compliance or that need improvement. If areas can be improved, indicate the steps the organization will take. (Attach additional sheets as needed.)

Multiple empty horizontal lines for text entry.

Describe any technical assistance provided to center.

Multiple empty horizontal lines for text entry.

Center is Eligible to Participate on the CACFP: Yes No
Approval Recommended: Yes No

If no for either item, reason must be stated above and appeal procedures must be provided.

Signature of Center Contact

Date

Signature of Sponsoring Organization Reviewer

Date

Media Release for All Non-pricing Programs

The _____ / _____
(Name of Center) (Address)

announces the sponsorship of the U.S. Department of Agriculture funded Child and Adult Care Food Program. The same meals will be available at no separate charge to enrolled participants at the centers listed below. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Contact _____ at _____ for more information.
(Name of Person at Center) (Telephone Number)

CENTER and ADMINISTRATIVE SPONSORS: List the Name(s) & Address(es) of all sites that will participate on the CACFP:

The Department of Agriculture, Food and Nutrition Services, Child Nutrition Programs – Income Eligibility Guidelines for Free and Reduced-Price Meals are used to determine the rate that the center will be reimbursed for meals served in this program.