



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: Sponsors of Unaffiliated Centers (Administrative Sponsors) should use this checklist as guidance for completing and submitting all documents that are needed to seek approval to add a **new facility** to the CACFP. **The new facility’s information must be entered in GA ATLAS** in the CACFP site Application section.

The names of new facilities 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 facilities that are legally distinct from the sponsor’s organization. The sponsor cannot own (whole or in part) or operate any facilities that are added to the sponsor’s agreement. Facilities that are owned and/or operated by the Administrative Sponsor must submit a separate application as an independent center. Contact the Application Specialist for more information in this area.** Complete one checklist for each facility 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’s Agreement # 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 date the Principal/Program Contact verified that the center’s Principal or staff performing CACFP duties is not terminated and currently disqualified from participating in the CACFP. Refer to DECAL’s policy guidance at <http://www.dec.al.gov/documents/attachments/Web-BasedUSDA-NDLInfo.pdf>.

In the **4th 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) Facility Currently Participating in CACFP (Indicate sponsor name or Bright from the Start Agreement #)	(3) Date Verification of the NDL	(4) Anticipated Effective Date to Operate
DBA			

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 from 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 (Government, Military, or School Food Authorities are exempt).
- ___ 6. Center Site Application (One per Site) **The center must complete the site application and the principal of the site must sign. The sponsor must enter the site information in GA ATLAS, and submit a copy of the site application with the package.**
 - 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.)

Food Service Section of the 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.al.ga.gov/Nutrition/HandbooksInstructions.aspx>.

- ___ 7. Budget for Sponsored Center (Note: Not applicable for School Food Authority if the budget has been waived via submission and approval of the waiver request form.)
- ___ 8. Roster of Food Program Participants – Adult Care Center or Child Care Center Roster of Food Program Participants
 - a. ___ At Risk After School Program attendance records of Food Program Participants
- ___ 9. Letter of Authorization (Note: this letter is only required for unaffiliated sites located in schools). The letter must be on the school's letterhead signed by the Superintendent or school's Principal acknowledging operation of the CACP on the school's property.

- ___ 10. Media Release for site(s) added (use correct release depending on pricing/non-pricing programs)
- ___ 11. Completed pre-operational visit monitoring form conducted with new site(s) (Note: Not applicable for School Food Authorities adding schools that already participate in the National School Lunch Program.)

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. **(Government, Military, and/SFA's are exempt)**)

- ___ 1. Copy of Certificate of Incorporation for Incorporated centers
- ___ 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 Incorporated centers
- ___ 5. Copy of Articles of Organization for Limited Liability Companies

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 childcare center does not qualify under Item 2, Title XX/Pre-K Cat 1.

1. ___ *Non-Profit* childcare 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, SFA's).
- 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* childcare centers qualifying by 25% of the enrolled children or licensed capacity (whichever is less) receiving compensation under Title XX -
- 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* childcare 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 past 12 months)
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. ___ Alternate Licensure and Child Care Standards. 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. Georgia law requires all childcare programs to be licensed or exempt.
 - a. ___ Alternate Licensure Self-Certification form
 - b. Exemption Letter from Child Care Licensing
 - c. Child Care Standards
 - d. Copy of Certificate of Occupancy (Not required if site is in a school.)
 - e. Copy of Fire Inspection conducted by the local gov't agency within the past 12 months (Not required if located in a school.)
 - f. Copy of the Health Permit Inquiry form signed by the local authority within past 12 months (School Food Authorities (SFAs), Government Agencies, National Youth Sports Programs (NYSP), residential camps and Upward Bound programs are exempt from this process.)

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 valid license, or current approval documentation current approval documentation from a governing Federal, State, or Local authority (This documentation may be in the form of 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: As of January 7, 2015, State law requires adult day care centers which provide adult care services to be licensed and/or approved to operate by the Georgia Department of Community Health. Refer to Bright from the Start Policy 33-Revision Effective Date 10/1/2015) for more information.**

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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** program.intake@usda.gov This institution is an equal opportunity provider.

Child & Adult Care Food Program (CACFP) Center/Site Application

Center's Legal Name	
Doing Business Name of Center	
Federal Employer Identification #	

SECTION 1: SITE INFORMATION

1. Site Type (Check all that apply)

	Free Enrollment	Reduced Enrollment	Paid Enrollment	Total Enrollment
<input type="checkbox"/> Adult Care Center				
<input type="checkbox"/> Child Care Center Enrollment Select type below: <input type="checkbox"/> Child Care				
<input type="checkbox"/> Head Start Only				
<input type="checkbox"/> Outside School Hours				
<input type="checkbox"/> At-Risk Afterschool Care Center				
<input type="checkbox"/> Homeless/Emergency Shelter				

Tax Status: For-Profit Private Non Profit Non Profit (Church) Public Non-Profit (School, Govt., etc.)

Tax Exempt Status Date: _____

If For-Profit, select all that apply (eligibility status) and provide enrollment:

Title XIX/XX (Adult Care Center) Enrollment (Enrollment)

Title XX (Child Care Center) Enrollment (Enrollment) and/or Pre-K Category 1

Free and Reduced Meal Participant (Childcare Center) | Enrollment: Free Reduced Paid

2. Will this site also participate in the summer Food Service Program? Yes No

SECTION 2: LICENSE / REGISTRATION INFORMATION

3. Licensed Type: _____
4. License Number: _____
5. License Effective Date: _____
6. License Capacity: _____
7. Building Capacity: _____
8. Average Daily Attendance: _____
9. Fire Inspection Date: _____
10. Food Inspection Date: _____
11. Do you provide child care for infants under 12 months old? Yes No
12. Does this center charge a separate fee for meals? Yes No

SECTION 3: PHYSICAL ADDRESS

Address Line 1: _____ Address Line 2: _____
 City: _____
 State: _____ Zip: _____
 County: _____

SECTION 4: MAILING ADDRESS

Address Line 1: _____ Address Line 2: _____
 City: _____
 State: _____ Zip: _____

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SECTION 5: DIRECTIONS

Enter driving directions to your site from Atlanta, GA:

SECTION 6: CENTER CONTACT – Person in charge of this center on a daily basis

13. Name: Salutation: _____ First Name: _____ Last Name: _____
14. Date of Birth (mm/dd/yyyy): _____
15. Email Address: _____
16. Facility Phone: _____ Ext. _____ Fax: _____
17. Cell/Alt Phone: _____
18. Title: _____ Director: _____

SECTION 7: SCHEDULE

19. A. Months of Operation (Check all that apply)
 All: ___ Jan: ___ Feb: ___ Mar: ___ Apr: ___ May: ___ Jun: ___ Jul: ___ Aug: ___ Sep: ___ Oct: ___ Nov: ___ Dec: ___

- B. Days of Operation (Check all that apply)
 Mon-Fri: ___ Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___ Sat: ___ Sun: ___

Regular Schedule

20. Normal Hours of Operations: Time Open: _____ Time Close: _____
21. Regular Meals

Regular Meals	First Shift		Second Shift (Optional)	
	Start Time	End Time	Start Time	End Time
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Night Snack				

22. At-Risk Meals

At-Risk Meals	Traditional School Day		Vacation/Holiday Shift (Optional)	
	Start Time	End Time	Start Time	End Time
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Night Snack				

Weekend Schedule

23. Weekend Hours of Operations: Time Open: _____ Time Close: _____
24. Additional Institution notes related to Meal Service:

Child & Adult Care Food Program (CACFP) Center/Site Application

SECTION 8: AT-RISK SITE ONLY

25. Select At-Risk activities that apply: Educational Enrichment
 26. Please enter a description of the educational and/or enrichment program(s).

27. Enter the elementary, middle, or high school a child would attend if he/she lived next door to this site:

School District: _____
 School Name: _____
 Free and Reduced Meal Eligibility (%): _____
 The Eligibility Start Year should indicate the current federal fiscal year.
 Eligibility Expirations Year should reflect five years later.
 Eligibility – Start Year: _____
 Eligibility – Expiration Year: _____

SECTION 9: FOOD SERVICE

28. How are the meals prepared? Prepared on site Prepared at Central Facility Contracted School Food Authority Other
 If Other, please explain: _____
29. Do you have a food service contract? Yes No
30. Name, Address, Phone and Point of Contact for FSMC/Central Kitchen: _____
31. How are meals served? Individual Meals Family Style
32. Which meal types does offer vs. serve apply? Breakfast Lunch Supper None

SECTION 10: Ethnicity Data

33. Select the name of a school in the zone in which the site is located. (All programs): _____
34. Provide the ethnic makeup of the participants served by the Institution's service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic20.pdf>)**

Geographic Area (enter percentages):	School %
Hispanic or Latino:	_____%
Non-Hispanic or Latino:	_____%

Provide the ethnic makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

35. Participation Area (enter number of enrolled participants):
 Hispanic or Latino: _____
 Non-Hispanic or Latino: _____

SECTION 11: RACIAL DATA

36. Provide the racial makeup of the participants served by the Institution's service area. **(Racial and Ethnic Data percentages can be found on Bright from the Start's website at <http://www.decal.ga.gov/documents/attachments/RacialEthnic20.pdf>)**
- 37.

Geographic Area (enter percentages):	School %
American Indian or Alaskan Native:	_____%
Asian:	_____%

Child & Adult Care Food Program (CACFP) Center/Site Application

Black or African American:	_____%
Native Hawaiian or Pacific Islander:	_____%
White:	_____%

Provide the racial makeup of the participants served by the Institution. Provide actual numbers of enrolled participants at all sites.

Program Participants (enter number of enrolled participants):
American Indian or Alaskan Native: _____
Asian: _____
Black or African American: _____
Native Hawaiian or Pacific Islander: _____
White: _____

COMMENTS FROM INSTITUTION

CERTIFICATION

I hereby certify that neither the institution nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information entered into this application is true and correct, and that I will immediately report to the State any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The State may verify information and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the institution, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the State. In accordance with Federal law and U.S. Department of Agriculture policy, this Sponsor does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

*SIGNATURE of PRINCIPAL of ORGANIZATION MAKING THE APPLICATION: _____

PRINTED NAME of PRINCIPAL: _____

DATE: _____

*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.

Media Release for All Non-pricing Programs

The Youth Educational Services, Inc./ 2321 Main Street, Tucker GA 30084

(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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or **fax**: (833) 256-1665 or (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, ADMINISTRATIVE SPONSORS and DCH SPONSORS: List the Name(s) & Address(es) of all sites/providers 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.

**CACFP Preoperational Visit Form and Instructions
Administrative and Center Sponsor Use Only**

Date of Visit:	Time In:		Time Out:					
Reviewer:								
Legal Name of Center:	DBA Name							
Address:	Licensed Capacity: (If applicable)							
County:	City, St, Zip	# 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 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:	Breakfast	PM Snack	AM Snack	Meat:	Veggie/Fruit:	1% Milk		
	Lunch	Dinner	Evening Snack	Bread:	Veggie/Fruit:	Whole Milk		
					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 DECAL 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?					<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 Cost 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 Weekly Menu and Food Service Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the center is applying for the At-Risk Afterschool Meals 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 appropriately 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 food 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 DECAL 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?	<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?	<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 approve, indicate the steps the organization will take. Attach additional sheets as needed.