



BRIGHT FROM THE START
 Georgia Department of Early Care and Learning
 Child and Adult Care Food Program
 10 Park Place South, Suite 200
 Atlanta, GA 30303

ADD-A-SITE Checklist Center Sponsors Adding Sites

Sponsoring Organization's Name _____

CACFP Agreement # _____

Instructions: Center Sponsors should 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. Sites that have previously participated under your sponsorship will show up in the initial list of sites available to add. If adding a site that has never participated, scroll to the bottom of the page in section M, and add the new site's information. The names of new sites must be entered as it appears on the license or other official document. (You may add some type of indicator to distinguish it from another site such as the street name, city, or number assigned to the center.)

Note: In order to add another site under the current Agreement, the site must be legally owned and operated by the same legal entity that is in current agreement with Bright from the Start. If a second site is not owned and operated by the same legal entity, the second site may submit a complete application as an independent center.

Contact the Application Specialist for more information in this area.

Submit the checklist and all documents required to the address below.

Bright from the Start: Georgia Department of Early Care and Learning
 Attn: Business Operations Specialist- CACFP
 10 Park Place South, Suite 200
 Atlanta, GA 30303

Section I. Facility to be Added:

In the 1st column, list the name of the facility for which an application is being submitted. You must check the National Disqualified List (NDL) per 226.16(b). The National Disqualified List is sent electronically to each sponsoring organization when updated. If you do not have a current copy of the NDL, contact the Business Operations Specialist to obtain.

In the 2nd column, place a check in the box to indicate that neither the facility nor any of its principals are on the National Disqualified List (NDL). If a facility or its principals are on the NDL, the sponsor may not submit an application for the facility.

In the 3rd column, please indicate whether or not the facility has previously participated in the CACFP. If so, please provide the last claim month the center received reimbursement.

In the 4th column, indicate the anticipated date to begin claiming reimbursement for this center under your sponsorship. Site applications will be approved based on Bright from the Start CACFP Policy 8.

Sign below the table under the certification statement.

(1) Doing Business Name of Site to Add	(2) NDL ✓	(3) Did the Center Previously Participate in the CACFP? If yes, provide the last claim month	(4) Anticipated Effective Date to Operate Note: site applications will be approved in accordance with criteria set in CACFP policy #8.

I certify that neither the facility being added nor any of its principals are on the National Disqualified List and are eligible to participate in the CACFP.

Signature and Title of Program Contact

Date

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

- ___ 1. ADD-A-SITE Checklist (Submit the entire checklist for each site)
- ___ 2. Copy of original IRS letter assigning Federal Employer Identification Number (FEIN) to the entities' legal business name.
- ___ 3. Most current registration filed on-line with the Secretary of State, indicating corporation officers.
- ___ 4. Deed or lease of center facility with legal name of business or owner's name referenced in the document.
- ___ 5. Center Site Application (Enter the site on CNP 2000 and submit a handwritten copy of the form.)

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 application 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 the 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)

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

- ___ 6. 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 the At Risk Program.)
- ___ 7. Media Release for site(s) added (Use correct release depending on pricing/nonpricing programs.)
- ___ 8. Copy of **completed** pre-operational visit 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.
- ___ 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

Section IV. FOR CHILD CARE PROGRAMS 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 item checked. 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 item 1 - no documents needed except for churches)
 - a. ___ 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.
 - 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 or 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 that is 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 Prism 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 child care center is not approved by a Federal, State, or local authority, the center must meet CACFP Child Care Standards in order to qualify for the program. (Centers that only operate Emergency/Homeless shelters, At Risk After School Care centers, or Outside School Hours Centers are not required by CACFP regulations to have Federal, State or local licensing. If the center is one of these three types of programs, skip to #6 below)
 - 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 conducted by the local environmental health agency within the past 12 months.

6. ___ Center is an Emergency/Homeless, At Risk After School Care, or Outside Schools Hours program and is not required to have Federal, State, or local licensing.
 - a. ___ Copy of Certificate of Occupancy
 - b. ___ Exemption Letter from Child Care Licensing (Not applicable to Emergency/Homeless shelters)

SECTION V. FOR ADULT CARE CENTERS 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 (Check item 1 - no documents needed except for churches)
 - a. ___ 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.
 - 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* 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 for Adult Centers: Adult centers must be licensed or have approval from a Federal, State, or Local authority, and must demonstrate they have met written standards of criteria. Refer to Bright from the Start CACFP policy 33.

1. ___ Submit a copy of the valid license, or approval documentation from a governing Federal, State, or Local authority (approval documentation may be in the form of certification, review instrument or approval letter).

The Child and Adult Care Food Program is an equal opportunity program. If you believe you or anyone has been discriminated against because of race, color, national origin, sex, age, or disability, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382.

Child and Adult Care Food Program

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

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 Snack, 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)	Average Daily Attendance _____		
Enrollment Number:			
License Capacity: (if licensed by Bright from the Start)			

(Item #B-2) Check all months center will be 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)

- Profit (Select only ONE method used to qualify and indicate total number of eligible participants.)
- a. Title XX (or Title XIX if adult center) _____ And/or Pre-K Category 1 _____
- b. Free and Reduced Price Meal Participants (Child Care only) Insert # of participants in each category:
 # Free: # Reduced: #Paid:

Non-Profit

(Item #C-2)

Does this center claim infant meals? Yes No

Does the center charge a separate fee for meals? Yes No If yes, submit Written Free & Reduced Policy Statement.

Does the site participate in the State funded Pre-K program administered by DECAL? Yes No

(Item #C-3) Program Types

- Adult Care Center Child Care Center
- At Risk After School Care Snack (ASCS Only) Outside School Hours Center
- Emergency/Homeless Shelter Head Start

(Check type of program operated)

(Item #C-4)

Check here if the center is operated by the Board of Education in the county/city

(Item #C-5)

AT RISK PARTICIPATION: Check here if your center operates and qualifies for the At Risk After School Care Snack 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)

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

- Sole Owner Limited Liability Company Out of State Corporation
- Government Partnership Corporation

(Item C-8) Vendor Type

- Private Government Other

Section D- At Risk After School Snack Care Program			
Complete this section only if the center qualifies for the At Risk After School Care Snack Program. Refer to Bright from the Start CACFP Policy 34 for more information.			
(Item #D-1)	Public School used to qualify:		
	Dates Public School is session:	Begin: _____ End: _____	Percent of free and reduced participants for selected school: _____
	ASCS Hours of Operation:	Begin: _____ End: _____	
(Item #D-2)	Check the type of activity offered in the after school program:		
(Item #D-3)	Is the After School Program located in a Public School Building?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, is the program operated by the school system?		<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 Snacks cannot be claimed during the summer break.			

Section E – Hours of Operation and Meals Served									
(Item #E-1)	Hours of Operation								
Center opens at:		Closes at:		<input type="checkbox"/> Shift Care and/or Center is open 24 hours per day					
Item #(E-2)	Check day(s) of the week that meals will be served								
Meals Served	Begin time	End time	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"/>
AM Snack			<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"/>
PM Snack			<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"/>
Night Snack			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At Risk -ASCS			<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.									

Section F—Certifications

(Item #F-1) Complete the certification section applicable to your program type. If the center is an adult center, check the Adult Certification. 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.

ADULT CARE CENTER CERTIFICATION

Refer to Bright from the Start CACFP Policy 33. Each statement below must be true to qualify. If a statement is left unchecked, the organization is indicating that it does not qualify for the CACFP and the application will be denied. The center must be compliant with all requirements in CACFP Policy 33.

- I understand that adult care centers must be providing comprehensive DAY CARE services to frail and elderly adults 60 years of age or older, or chronically impaired adults 18 years of age or older, which are in the center's care for less than 24 hours a day.
- I understand that adult programs that are sheltered workshops only or whose primary purpose is for substance abuse treatment or rehabilitation are not eligible for the CACFP, and I certify that this program does not fall under this category.
- I understand that adults who only attend workshops and are not enrolled in a comprehensive care program are not eligible under the CACFP, and I certify that meals are not claimed for adults that fall under this category.
- I understand that meals claimed for CACFP reimbursement cannot also be claimed under Part C of Title III of the Older Americans Act of 1965.

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.

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 elected or appointed 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 _____ / _____ 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, and will be provided without regard to race, color, national origin, sex, age, or disability. Any person who believes that he or she has been discriminated against should write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. Contact _____ at _____ for more information. (Name of Person at Center) (Telephone Number)

CENTER 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 each participant's eligibility for free and reduced-price meals in this program.

Sample Media Release - Pricing Child Centers

The *(Name and address of center)* announces the sponsorship of the U.S. Department of Agriculture funded Child and Adult Care Food Program. The same meals will be available at a free or reduced price to children meeting the approved eligibility criteria listed below. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. For information regarding this program, contact *(Name of person at center)* at *(telephone number)*.

[Insert site listing to include the name and address of the location.]

The Department of Agriculture, Food and Nutrition Services, Child Nutrition Programs – Income Eligibility Guidelines for Free and Reduced-Price Meals are used to determine each child's eligibility for free and reduced-price meals in this program. Children who are members of TANF units or food stamp households are automatically eligible to receive free meal benefits.

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2009 to June 30, 2010)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional family member add	+ 4862	+ 406	+ 203	+ 187	+ 94	+ 6,919	+ 577	+ 289	+ 267	+ 134

Sample Media Release - Pricing Adult Centers

The *(Name and address of center)* announces the sponsorship of the U.S. Department of Agriculture funded Child and Adult Care Food Program. The same meals will be available at a free or reduced price to participants meeting the approved eligibility criteria listed below. This program will be available at all of the sites listed below, and will be provided without regard to race, color, national origin, sex, age, or disability. Any person who believes that he or she has been discriminated against should write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382. For information regarding this program, contact *(Name of person at center)* at *(telephone number)*.

[Insert site listing to include the name and address of the location.]

The Department of Agriculture, Food and Nutrition Services, Child Nutrition Programs – Income Eligibility Guidelines for Free and Reduced-Price Meals are used to determine each participants' eligibility for free and reduced-price meals in this program. Adult participants who are members of food stamp households or who are SSI or Medicaid participants are automatically eligible to receive free meal benefits.

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2009 to June 30, 2010)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	14,079	1,174	587	542	271	20,036	1,670	835	771	386
2	18,941	1,579	790	729	365	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	68,469	5,706	2,853	2,634	1,317
For each additional family member add	+ 4862	+ 406	+ 203	+ 187	+ 94	+ 6,919	+ 577	+ 289	+ 267	+ 134

**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)
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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 <small>(At Risk, Outside School Hours, and Emergency/Homeless shelters only)</small>
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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. The individual plans of care include but are not limited to the following elements:			
a) An assessment of strengths and needs, mental and emotional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Current medical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Specific goals and objectives of the planned care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The activities to achieve the goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Recommendations for therapy, referrals to and follow-up with service providers as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. 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"/>
37. Does the center provide care for eligible adults less than 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. 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"/>
39. 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"/>
40. 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"/>

**INSTRUCTIONS FOR COMPLETING PRE-OPERATIONAL VISITS
FOR SPONSORED FACILITIES
ADMINISTRATIVE and CENTER SPONSOR USE ONLY**

The center review form is designed to be used by Administrative and Center sponsors in performing a pre-operational visit of potential applicants. The best practice is to provide training to the sponsored facility, then conduct the pre-operational visit to determine if the center is practicing correct procedures. Sponsoring organizations should review a meal service during the pre-operational visit to determine how the meal is prepared, served, and documented and to provide technical assistance regarding recordkeeping. Follow the instructions below when completing a pre-operational visit.

Date of Visit: Record date of review and indicate arrival and departure times and the reviewer's name.

Name and Address of Center: Enter the legal name and the name the center is doing business as. If the center is licensed by Bright from the Start, the license is issued to the legal entity and the doing business name is listed as well. Enter the address, county located and the telephone number of the center.

Licensed Capacity: If licensed by Bright from the Start, enter the capacity of the center at 35 sq. feet and if applicable the licensed capacity for the two extra hours at 25 sq. feet. This information can be found on any licensing review document. For those facilities that are not licensed by Bright from the Start, enter NA for not applicable.

Number Enrolled: Enter the number of enrolled eligible participants. For child care centers, this number includes infants regardless of whether the center intends to claim meals for infants. For adult centers, only the number of enrolled adults that meet the participant eligibility criteria should be counted.

Program Type: Check the type of program operated by the center. If the center operates both the child care program and the At Risk After School Care Program at the same location, check both programs.

Organization Type: Check whether the center is a non-profit or profit organization. For organizations that are for-profit, indicate the eligibility method being used to qualify. Adult Care centers cannot qualify using the free or reduced price meal eligibility method.

Type of Food Service: Check how and/or where meals will be prepared. If the center will be using a food service management company, ensure that the Bright from the Start procurement manual is provided and the requirements are covered in training. Provide the applicable forms to the center. If a formal procurement is required, contact Nutrition Services for guidance.

Licensing/Approval

In order to qualify for the CACFP, child care centers must meet one of the three licensing or approval types.

Licensing Type:

If the center is licensed by Bright from the Start as a group day care home or child care center, check the DECAL box. If the center is on a military installation and licensed by the Department of Defense, check the DOD box.

Approval Type: For Head Start programs that are not licensed in Georgia, check the Head Start Performance Standards. For other child care programs that are not licensed in Georgia, but have been approved by a Federal, State, or local government entity, check this box.

Adult centers, because they are not licensed in Georgia, must be approved by a Federal, State, or local government entity. Therefore, this type of approval is the only type that can be checked for an Adult Care center.

Indicate the authority (government entity or program) under which the center is approved to operate.

Alternate Licensure: Child care centers which are not licensed or approved by a Federal, State, or local authority may use the CACFP Child Care standards to qualify. The center or the sponsor may elect to complete the CACFP Child Care standards instrument. Adult care centers cannot qualify using CACFP Child Care standards so this item is not applicable to them.

Centers that operate the At Risk After School Care Programs, Outside School Hours Centers, and Emergency/Homeless Shelters **only** are not required by CACFP regulations to be licensed, approved, or meet alternate licensure requirements (compliance with CACFP child Care Standards) and should check the Exempt box.

While these types of centers are not required by CACFP regulations to be licensed, At Risk After School Care Programs and Outside School Hours Centers may either be required to be licensed or have an exemption from licensure in the State of Georgia. These types of centers must also comply with any State and local health and safety standards.

Meal Served: Record the meal type, i.e. breakfast, lunch, snack, and the components served.

For each question, check "Yes" if the center is meeting the requirement. Check "No" if the center is not meeting the requirement, or check NA if the item is not applicable. Some items checked as "no," will disqualify the center from participation. For other items, provide technical assistance and determine whether the center has the capacity to maintain corrective action.

Item 1:

Observe the posted menu and determine if the meal contains all the required components. For further guidance on meal pattern requirements, refer to 7 CFR 226.20 and the Food Crediting Guide.

Compare food items served on the day of review to the written menu prepared by the center. Menus should accurately reflect which food items were served to meet the meal pattern requirements. Menu substitutions should be appropriate and recorded on the menu. Provide technical assistance for all non-creditable items and nutrition education to improve meal quality.

Items 2:

Federal, state, or local licensing or approval is required for all adult care and child care centers, except those centers that participate only as At Risk After School Care Centers, Outside School Hours, and Emergency/Homeless Shelters. If the child care center is licensed or has some type of Federal, State, or local approval to operate from a government entity, then check NA. If not, the center must comply with CACFP Child Care Standards. The sponsor must check NA for this item for adult centers as adult centers must have some type of Federal, state, or local licensing or approval.

Child Care Centers that are not licensed by a Federal, State, or local authority must comply with CACFP Child Care Standards and have a current health/sanitation permit or satisfactory report of inspection conducted by local authorities within the past 12 months and a current Certificate of Occupancy or satisfactory report of fire/safety inspection conducted by local authorities within the past 12 months.

Centers that are using CACFP Child Care Standards to qualify must use the Bright from the Start Child and Adult Care Food Program Child Care Standards form to conduct an evaluation of their center to assess compliance with the standards. If a standard is not met, the center must take steps to become compliant. If the organization takes the steps to become and remain compliant with the standard, the center can consider itself compliant and may qualify for the CACFP. If the center cannot meet and permanently maintain compliance with the CACFP child care standards, it is not eligible to participate. Centers qualifying under the CACFP Child Care Standards must conduct an evaluation at least once a year and ensure compliance to continue participation.

Centers must submit the Alternate Licensure Self-Certification form with an initial application and maintain the CACFP Child Care Standards form at the center. Refer to the Add-a-Site checklist for the documents that are needed for each type of center.

Item 3:

Sponsors are required to conduct training with key staff at each center prior to making an application for the CACFP. Bright from the Start has defined "key staff" at sponsored facilities as the individuals that are responsible for the operation of the CACFP at the center. Determine whether the person(s) actually performing these administrative duties for the CACFP has received training.

Item 4:

Determine if the center has a procedure in place to submit records to the sponsor in a timely manner according to the agreement with the center? If not, provide training to the center to ensure records are submitted so that claims for reimbursements are not delayed.

Item 5:

Each sponsored center must maintain all records to support the claim for reimbursement per 226.10(d) for three years after the date of submission of the final claim for reimbursement for that fiscal year. Determine where and if the center's procedures for maintaining these records will meet these requirements.

Item 6:

The center should be provided either a paper or electronic version of FNS Instruction 796-2 Rev. 3 which provides guidance on costs that may be paid with CACFP reimbursement.

Item 7:

Sponsoring Organization Pre-Operational Visit Instructions (Rev. 6-07) Page 2 of 6

All facilities that participate on the CACFP have two optional systems for charging for CACFP meals, both of which are tied to the Program's free and reduced price meal policy. These systems are "non-pricing" and "pricing" programs.

When an organization has a pricing program, a Written Free and Reduced policy statement must be created. The guidance for developing this statement can be found in the "Add-a-Site Instruction Booklet."

When a center is a pricing program, households can only be charged for the number of meals that are actually served to the enrolled participant. This means that the organization must not charge a household for any meals that the participant was not present to receive. Therefore, the pricing organization must have a system in place to count, record, and charge the household for only those meals that are actually served to the enrolled participant.

Additionally programs may not charge some participants a separate fee while not charging others in the facility a separate fee for meals. For example, many organizations that have the Georgia Pre-K program are allowed by Pre-K guidelines to charge the Pre-K students a separate charge for meals. However, if the center participates on the CACFP, the center cannot treat and charge differently for different groups within the center. The center must choose to be either a pricing or non-pricing program and apply this system across the entire organization.

If a pricing program, determine if the system is applied consistently across the program and that participants are only charged for meals consumed. Lastly, determine the method for receiving payment of meals for reduced or paid participants. The method used to receive payment from and provide meals to those participants who receive meals at a reduced price or those who receive a free meal must not overtly identify the participant as a free or reduced price meal participant.

Item 8:

This item is applicable to child care centers and Head Start centers. Mark "NA" for all other sponsored centers. Discuss the requirement of annually updating enrollment information and determine the procedure or form that the organization will use. The center has the option of documenting enrollment information on the Income Eligibility Statement. For those centers that choose not to use the Bright from the Start Income Eligibility Statement for all participants, enrollment information must be on file for these children at the center. If the center uses the IES for all participants, the sponsor should be able to make this determination without reviewing information at the center. If the center does not use the IES form for all participants, review the enrollment information for participants for which the IES will not used to determine if the guidelines for enrollment found at 7 CFR 226.15(e)(2) will be met. Enrollment information must be updated and signed by the parent annually.

Item 9:

All child care centers that enroll infants must offer formula to infant households. Per Bright from the Start Policy Memo it's recommended that an affidavit be on file to support the parent's choice to supply formula. Review the procedures for offering formula and/or review documentation to support the center's procedure.

Item 10:

Center Sponsors

Center sponsor (affiliated centers), must ensure that administrative costs for all sponsored facilities do not exceed 15% of the total meal reimbursement for the fiscal year. Since most accounting information is performed centrally for this type of sponsorship, it may not be necessary to relay information to each sponsored facility in this area.

Administrative Sponsors

The Administrative Sponsor must provide the sponsored center with the Budget for Sponsored Center's form. The center must indicate how it will use the CACFP reimbursement received. The sponsor must keep the Budget Form on file for the fiscal year. Because no more than 15% of the center's reimbursement for the fiscal year can be used toward administrative costs, the sponsor must ensure that any administrative costs that the center incurs and pays with CACFP funds along with the administrative fee withheld from the sponsored facility do not exceed 15% of the reimbursement for that center. If the sponsored center is performing any administrative duties, the center is allowed to claim these costs, but this arrangement must be worked out with the administrative sponsor and it's recommended this arrangement be stated in the agreement with the center. The sponsor may withhold no more than its actual administrative costs, but not more than 15% of the total meal reimbursement.

Item 11:

7 CFR Section 226.15(e)(6) and Bright from the Start CACFP policy 26 requires each institution to maintain copies of invoices, receipts or other records to document: (i) administrative costs claimed by the institution; and (ii) operating costs claimed by the institution.

Center Sponsors - If the center being reviewed is under a center sponsor, and the center is not required to maintain the receipts or the applicable forms, but this responsibility is the sponsor's, note this item is not applicable to the center by checking NA.

Administrative Sponsors - Each center must maintain the Monthly Record of Operating Costs and the Monthly Record of Administrative Costs form. Ensure that center staff understand their responsibility in maintaining this documentation and keeping all receipts to support the costs.

Item 12 and 13:

Each center must receive Civil Rights training prior to participation on the CACFP. The training topics covered must include collection and use of racial-ethnic data, effective public notification systems, complaint procedures, compliance review techniques, resolution of noncompliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution and customer service. Obtain and refer to FNS Instruction 113-1 for more information.

The center must allow equal access to the program and not discriminate based on race, color, national origin, sex, age, or disability. Inquire with administrative staff regarding admission criteria. Determine if admission criteria restricts any individual based on the protected classes. During the visit notice if staff are separating or treating participants differently based on the characteristics listed.

Item 14:

The reviewer should observe the meal counts taken and recorded on the Daily Menu and Food Service Record. An accurate system is based on an actual count of participants served and must consistently yield correct results. Examples of meal count methods that are NOT accurate are plate counts, use of enrollment/attendance data for meal count, other figures derived from enrollment and/or attendance data, etc. Counts must be taken at the time of service or directly after the service of the meal. Determine if an appropriate count is being taken.

Item 15:

The Daily Menu and Food Service Record must be used to record actual meals and the number served unless the center has received approval to use an alternate form. Review any Daily Menus that have been completed since the training was provided to ensure accuracy of documentation.

Item 16:

If the center is applying for the At Risk After School Care program, review and record the activities that are taking place. Ensure that the center is in compliance with Bright from the Start CACFP policy 34. The center must be providing enrichment or educational activities during the after school program in order to be eligible for this program. This does not mean that during the after school program, free time (playground or videos) is not allowed. However, free time should not be the majority of the program agenda. If at the time of the review, educational or enrichment activities are not being conducted, review the agenda that is available for the program. There should be educational or enrichment activities listed. While there is a wide array of activities that could fall into enrichment or educational activities, the staff at the center must be actively involved in providing these activities. Simply having the students complete their homework while at the program with no involvement from the staff would not qualify the center under this program.

Item 17:

Ensure that the center has tables that are appropriate for the age of the participants being served. If not, the center may still be eligible, but may need to purchase tables that are appropriate for the age of the participant. Provide technical assistance in this area.

Item 18:

If the size of the kitchen cannot accommodate the number of participants that will be served, the sponsor should discuss other options such as contracting with a School Food Authority or a vendor for preparation and delivery of meals. Refer to the Bright from the Start procurement manual and discuss the requirements for ensuring a proper procurement is conducted. For assistance, contact Bright from the Start.

Items 19-27: Determine if reasonable health, safety and sanitary conditions exist in the center. Any serious health and/or safety and/or sanitation problem(s) should be discussed with the staff and brought to the attention of the appropriate local and/or State agencies (if applicable).

Adult Centers

Items 28-40 are only applicable for adult care centers. Indicate Not Applicable if the center is a child care center. The sponsor should refer to Bright from the Start CACFP policy 33 regarding adult care centers and ensure that the center meets all the requirements to make an application.

Item 28:

Per Federal and Bright from the Start policies, adult centers must be providing care for functionally impaired adults. There is no specific number of functionally impaired adults that must be in attendance, but the center must be open to provide care to this group of people. The definition of functionally impaired can be found in Bright from the Start CACFP policy 33 or in the regulations in the definition section. If the center does not meet this criterion, it does not qualify for the CACFP.

Item 29:

Review enrollment records or other documentation to determine if the center has documented the age of each participant.

Item 30:

Review enrollment records to determine the ages of enrollees. For those adults not functionally impaired, the participant must be 60 years or older to claim their meal for reimbursement. If the center enrolls participants that are not functionally impaired and are under 60 years of age, determine the process the center has in place to exclude these individuals from the meal counts.

Item 31:

The definition of functionally impaired can be found in Bright from the Start CACFP policy 33 or in the regulations in the definition section. The enrollee must have a diagnosis of the functional impairment. This diagnosis may be noted in the individual plan of care for the adult.

Item 32:

Living arrangements for the participant must be documented in the adult's records. The living arrangements must indicate more than a physical address and should allow the sponsor to know whether the adult qualifies for participation in the CACFP. Refer to the Adult Care policy regarding living arrangements to determine what type of arrangements qualify.

Item 33:

Based on a review of the type of living arrangements of enrolled participants in the center, if the center enrolls adults with living arrangements which would disqualify the adult from participation in the Child and Adult Care Food Program, determine the procedure that will be put in place to ensure adults who do not qualify for the CACFP are not claimed for meal reimbursement.

Item 34:

Determine if an individual plan of care exists for each enrolled participant that meets the functionally impaired criterion. Adults who are not functionally impaired do not require an individual plan of care. If the center does not meet this criterion, it does not qualify for the CACFP.

Item 35:

Review the individual plan of care to determine if it contains the elements listed.

- a) Strengths, needs, mental and emotional status – in this section the person's diagnosis of functional impairment may be listed along with the mental and emotional status.
- b) Current medical examination – Each adult must have a medical examination upon enrollment in the center which should be used as an assessment in developing the plan of care. The medical examination should have been conducted no more than 90 days prior to enrollment. There is no requirement for the adult to obtain another medication examination other than at initial enrollment.

A medical examination must be conducted by a licensed physician, physician's assistant, registered nurse, or other medical personnel with certifications that allow him/her to make an assessment of those items required in the examination.

The following items should be evaluated and included in the medical examination documents:

- (1) An indication that the participant is free from any communicable disease that would be detrimental to other participants and staff;
 - (2) A list of current diseases, chronic conditions, and drug, food or other allergies;
 - (3) A statement of any restrictions in the participant's ability to participate in program activities;
 - (4) The names of all prescribed, over-the-counter and alternative medications including dosages, currently being used by the participant.
- c) Goals and objectives – The plan of care should list goals that the individual should work to achieve and the steps the individual will take to achieve the goal. For example, one goal may be to improve strength and balance.

- d) Activities to meet the goals and objectives – An activity to meet the above stated goal of improving strength and balance may be to participate in 30 minutes of strength training two days week and two days of yoga.
- e) Recommendations for therapy, referrals to and follow-up with service providers – the plan should have an area which provides for the documentation pertaining to this area even if there are not referrals listed.

Item 36:

Determine the timeframe that each individual plan of care is reevaluated and redeveloped. There should a standard frequency that is established to review the plan of care such as yearly, 18 months, or 2 years. A timeframe of more than 2 years would be unacceptable.

Item 37:

To qualify for the CACFP, the adult care center must be providing care for adults for less than 24 hours a day. Those programs which have responsibility for the adult on a 24-hour basis are not eligible to participate in the CACFP. If the center has both an adult care center where care is provided for less than 24 hours and another program where care is provided for 24 hours, the adult care center can participate, but cannot include those adults that are in the care of the center on a 24 hour basis.

Item 38:

For adults to qualify for the CACFP, it must provide a comprehensive care plan for each adult. Care must focus on those areas that are identified in the individual's plan of care. Programs that are focused only on one area such as vocational training are not eligible to participate. Refer to the Adult Care policy for more information.

Item 39:

When a center operates programs where individuals come to attend only a single workshop or event, but does not provide comprehensive care, those adults are not eligible to participate in the CACFP. Determine if the center has programs of this nature. If so, the center must have a process in place to ensure adults who do not qualify for the CACFP are not claimed for meal reimbursement. Review and determine if such a process exists.

Item 40:

This question is only applicable to centers that operate multiple types of programs where adults come to the center only for participation in workshops, classes, programs, and events and are not enrolled for a comprehensive care program.

If the center has workshops, substance abuse programs, vocational training or social programs or events that can be attended by individuals that are not enrolled in the center for a comprehensive care program, and these adults are served meals, determine the procedure that will be in place to not claim these adults on the CACFP.