Child and Adult Care Food Program

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

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

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

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

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

(Item #B-2) Check all months center is open and serving meals.				Operating Months								
Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**July**	**Aug**	**Sep**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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** _____   ☐ **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**   **Last Annual Registration Date with GA Secretary of States Office**_____

(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.**

(Item #C-3) Program Types	☐ **Child Care Center**	☐ **Head Start**
(Check type of program operated)	☐ **At Risk After School Care Meals Program (ASCS Only)**	☐ **Outside School Hours Center**
	☐ **DECAL Pre-K Class**	☐ **Emergency/Homeless Shelter**

(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 Meals Program IN ADDITION TO one of the programs selected in item C-3 above. Do not check this item if At Risk is the only program operated and is checked in C-3. Refer to Application Instruction Booklet for more information on qualifying for this program.**

Affiliated Centers owned and operated by an Independent or Center Sponsor must complete questions below.

(Item C-6)
☐ **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) Facility Type	☐ **Private** ☐ **Government** ☐ **Other** _____

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

(Item #D-1)	**Public School used to qualify:**			
Qualifying School's Traditional Operating Hours	**Begin:**		**End:**	
Dates School is session:	**Begin:**		**Percent of free and reduced participants for qualifying school:** Note: please review the Qualifying School Data Report on the website.	
	End:			
ASCS Hours of Operation:	**Begin:**		_____	
	End:			
(Item #D-2)	**Check the type of activity offered in the after school program:**	☐ EDUCATIONAL		☐ ENRICHMENT
(Item #D-3)	**Is the After School Program located in a Public School Building?**	☐ Yes		☐ No
	Average Daily Attendance	_____		
	If yes, is the program operated by the school system?	☐ Yes		☐ No
	Is the After School Program an Expanded Learning Time Program?	☐ Yes		☐ No

List the names and work hours for the staff that supervise the After School Program:

Name:
_____
_____
Work hours:
_____
_____
_____
_____
_____

Briefly describe the agenda of the activities offered (If you need more lines, please attach an additional page):

_____
_____
_____
_____

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

Section E – Hours of Operation and Meals Served											
(Item #E-1)	**Hours of Operation**										

Center opens at:			Closes at:		☐ **Shift Care # of Shifts**_____ ☐ **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	M-F Only	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast			☐	☐	☐	☐	☐	☐	☐	☐
AM Snack			☐	☐	☐	☐	☐	☐	☐	☐
Lunch			☐	☐	☐	☐	☐	☐	☐	☐
PM Snack			☐	☐	☐	☐	☐	☐	☐	☐
Supper			☐	☐	☐	☐	☐	☐	☐	☐
Night Snack			☐	☐	☐	☐	☐	☐	☐	☐

At Risk Meals Served

Meal Served	Begin time	End time								
			☐	☐	☐	☐	☐	☐	☐	☐
Breakfast			☐	☐	☐	☐	☐	☐	☐	☐
AM Snack			☐	☐	☐	☐	☐	☐	☐	☐
Lunch			☐	☐	☐	☐	☐	☐	☐	☐
PM Snack			☐	☐	☐	☐	☐	☐	☐	☐
Supper			☐	☐	☐	☐	☐	☐	☐	☐
Night Snack			☐	☐	☐	☐	☐	☐	☐	☐

(Item #E-3) Food Service

Indicate type of food service: ☐ **Self-Prep**   ☐ **Central kitchen**   ☐ **Food Service Management Co***   ☐ **School Food Authority**

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

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

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

Afterschool Programs that are open and serve meals other than supper when schools are closed for holidays, planning (in-service) days, or anticipated school closures/breaks are required to provide the dates of the school's closure.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

CHILD CARE CENTER CERTIFICATION

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

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

EMERGENCY/HOMELESS SHELTER CERTIFICATION

☐ **I understand that shelters eligible to participate may be serving children unaccompanied by their parents or guardians as a result of circumstance or be placed in the shelter temporarily by a State Authority (in State custody rather than parents).**

☐ **I understand that shelters serving homeless children and their families may participate but only meals for children up to the age of 18 may be claimed for reimbursement.**

CHECK THE APPLICABLE STATEMENT BELOW:

☐ **I understand that if my program is licensed as a Residential Child Care Institution (RCCI), the organization may participate in the CACFP as an emergency shelter only for service to a distinct group of homeless children who are not enrolled in the RCCI's regular program.**

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

Section G– Racial Ethnic Data

(Item #G-1)
Provide the name of a school from the zone in which the site is located (All programs):

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

Ethnicity:

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

(2) Not Hispanic or Latino.

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

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

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

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

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

Ethnic Data		
Hispanic or Latino	**Not Hispanic or Latino**	**Total**

(Item #G-2) **Racial Data**

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

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

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

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