**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

# Alternate Approval Application – Child Care Centers or Family Day Care Homes

If a center is exempt from state licensing standards, a copy of this alternate approval application for each license exempt location must be submitted with the CACFP application.

 / /

 **Alternate Approval Expiration Date**:

**GENERAL INFORMATION**

1. Name of license-exempt center:
2. If applicable, name of sponsoring organization

 (if different from center name)

1. Explain why this center/home is exempt from state licensing standards:

4. Are day care services available without discrimination on the basis of race, color, national origin, sex, age or handicap? [ ]  Yes [ ]  No

5. Does the center/home receive Tuition Scholarship (Title XX) funds for providing childcare? [ ]  Yes [ ]  No

**HEALTH AND SAFETY**

1. Submit one (1) copy of a health/sanitation permit or satisfactory report of an inspection conducted by local authorities to the Sponsoring Organization.
* For **new** centers/homes, the permit/report must have been completed within the past twelve (12) months.
* For **renewing** centers/homes, the permit/report must have been completed within the past three (3) years.
1. Submit one (1) copy of a fire/building safety permit or satisfactory report of an inspection conducted by local authorities to the Sponsoring Organization.
* For **new** centers/homes, the permit/report must have been completed within the past twelve (12) months.
* For **renewing** centers/homes, the permit/report must have been completed within the past three (3) years.
1. Explain the procedure for holding fire drills and instructing children about emergency exit procedures:

4. Describe the type of food program and the kitchen facilities available for the preparation of the food served:

5. Are restrooms available for children’s use? [ ]  Yes [ ]  No

6. Are ventilation, temperature and lighting adequate for children’s safety and comfort? [ ]  Yes [ ]  No
If “No” explain changes needed to improve the conditions:

Page 1 of 2

Alternate Approval App. CCC or FDCH

August 2023

7. Explain procedure for assuring that floors and walls are cleaned and maintained in a condition safe for children:

8. Explain how space and equipment, including rest arrangements for preschool age children, are adequate for the number/age range of participating children:

## *SOCIAL AND HEALTH SERVICES*

1. Is each child observed daily for indications of difficulties in social adjustment, illness, neglect, abuse, and appropriate action initiated? [ ]  Yes [ ]  No

2. Is there a procedure established to ensure prompt notification of the parent or guardian in the event of a child’s illness or injury, and to ensure prompt medical treatment in case of emergency? [ ]  Yes [ ]  No

3. Are health records, including records of medical examinations and immunizations maintained for each enrolled child? [ ]  Yes [ ]  No

1. Is at least one full-time staff member currently qualified in first aid, including artificial respiration techniques?

 [ ]  Yes [ ]  No

5. Are first aid supplies available? [ ]  Yes [ ]  No

6. Do staff members undergo initial and periodic health assessments? [ ]  Yes [ ]  No

7. Is there a procedure established for referring families of children in care to appropriate local health and social service agencies? [ ]  Yes [ ]  No

# ***STAFF TRAINING***

1. Does the institution provide for orientations and ongoing training in childcare for all caregivers? [ ]  Yes [ ]  No

2. Are parents afforded the opportunity to observe their children in daycare? [ ]  Yes [ ]  No

3. Explain the procedure established for periodic self-evaluation of all CACFP systems.

1. Has the key CACFP staff completed the most recent CACFP on-line comprehensive training? [ ]  Yes [ ]  No
If yes, what date was the training completed?

# ***STAFFING***

|  |
| --- |
| What is the minimum staff to children ratio? |
|   | Ages under 6 weeks (1:1 required minimum) |   | Ages 6-10 (1:15 required minimum) |
|   | Ages 6 weeks – 3 (1:4 required minimum) |   | Ages 10 and above (1:20 required minimum) |
|   | Ages 3-6 (1:6 required minimum) |  |

Evaluation completed by:

(Type/Print Name)

 Signature Title Date

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Page 2 of 2

Alternate Approval App. CCC or FDCH

August 2023