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

# Alternate Approval Application – Outside School Hours Care Centers

If a center is exempt from state licensing standards, 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:

Address:

Telephone: **Only new sites:** Date care commenced:

1. If applicable, name of sponsoring organization

(if different from center name)

3. Explain why this center 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

## HEALTH AND SAFETY

1. Submit one(1) copy of a health/sanitation permit or satisfactory report of an inspection conducted by local authorities.

* For **new** centers, the permit/report must have been completed within the past twelve (12) months.
* For **renewing** centers, 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

* For **new** centers, the permit/report must have been completed within the past twelve (12) months
* For **renewing** centers, the permit/report must have been completed within the past three (3) years.

3. 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

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

7. 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

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

# **PROGRAM AND EQUIPMENT**

1. Describe the outside school hours program, including the types of equipment, games and materials available to the children:

2. Explain the type of organized education, recreational or cultural activities available for the children:

**STAFF TRAINING**

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**

Indicate the Center’s minimum staff to children ratio for:

Ages 3-6 (1:6 required minimum)

Ages 6-10 (1:15 required minimum)

Ages 10 and above (1:20 required minimum)

Evaluation completed by:

(Type/Print Name)

Signature Title Date

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