**Name and Address of Sponsoring**

**Organization:**

**Telephone:**

**Name and Mailing Address of Center:**

**Center Name:**

**Contact Name**

**Mailing Address:**

**City: Zip:**

**Telephone:**

**Date of Birth:**

**Child Care License**

**Attach a copy of the Center license.**

**Yes**

**No**

**Is the Center License Exempt?**

**Yes**

**Attach appropriate documents for alternate approval.**

**No**

**May not participate until alternate or license has been received and approved.**

**Operational Data:**

**What are your hours of operations:**

**From: To:**

**Outside School Hours:** MorningAfternoon/evening

**Number of Operating weeks per year.**

**Check the groups of children in registered:**

**Infants 1-3**

**4-5 5-6**

**Before/After School Age**

**Application has been denied: Identify reason, use back.**

**Days of Week Center is Open:**

**M T W TH F ST SU**

**Meals to be Served at the Center**

**Type of Meal Time of Meal Service**

**Breakfast**

**Lunch**

**Supper**

**A. M. Snack**

**P.M. Snack**

**At Risk Snack**

**Enrollment Data**

Number of CACFP eligible children currently enrolled in your center. Approval shall only be granted for all eligible, enrolled children participating on a given day not to exceed licensed capacity.

Total Enrollment:

Parent applications distributed? Yes

Application has been Approved by Sponsor:

Signature of Sponsor Reviewer

Signature of Center Representative

Date:

Name of Center:

Reviewer:

License Number: License Capacity: License Expiration:

**Records and Record Keeping Meal Service**

Establishment of CACFP files Appropriateness of meal served to meet age of children.

Enrollment Records of children Meal components and serving size

Application and agreement in files Dining Atmosphere

Attendance count maintained for all meals served to children Standardized Recipes

Menu Current, readable and available for inspection Menu Planner

Special diet needs recorded Attach a copy of a current menu.

Meal counts submitted to sponsor Production Record

Nutritional variety in menu **Training/Marketing**

USDA req. Marketing materials developed or provided by USDA.

License or Alternate Approval Attendance at all sponsors training

List of names and Address of Board of DirectorsMaterials provided.

Completion of Board of Directors Questionnaire Civil Rights- training link below [Civil Rights Information | Department of Education (nh.gov)](https://www.education.nh.gov/who-we-are/division-of-learner-support/bureau-of-student-wellness/office-of-nutritional-services-and-programs/civil-rights-information)

**Sanitation Financial**

*General Sanitation of Food Preparation and Serving Area:* Rates to receive for approved meals served.

Refrigerator/freezer inside/outside Thermometers Procedure for meal counts delivery ( electronic, mail)

Range Food Receipts

Floor Adult meals

Chemical Storage Procedures for purchasing food items.

Counter/eating surfaces Non-profit 501(C) (3)

Garbage container/lined For Profit Proprietary Must have (25%)Title XX children.

Dishes/utensils/glassware or 25% parent applications for each claiming month

**Monitoring**

*Personnel Sanitation: Sponsor monitoring three times annually, on unannounced*

Hair coverage visit, two announced.

Hand washing facilities for staff/children

**For Sponsor Office Use**

Mark each category above when Technical Assistance, materials or training has occurred. The approval of this center will be based on information from this application. The sponsor will have to review the center three times each year of operation. The first year must also include an unannounced visit. Review, monitoring forms, Technical Assistance and guidance will be available from the NH Department of Education, Bureau of Nutrition Programs and Services. The office telephone number is 271-3646.

**The signature of the undersigned agrees to follow all federal USDA regulations regarding the receipt of reimbursement for meals served to children. And 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.**

**Signature of Sponsor Date**

**Signature of Center Administrator Date**

1. Complete the Pre-approval Review form. This can be done during the first onsite visit. Document what forms were provided and check off all topics discussed.
2. Complete the Application and Agreement after the review of facility.
3. Claims may be submitted for these sites after all documentation has been submitted and approved by the state agency.
4. The State agency and sponsor application will require modification. Please review the application elements that have been highlighted, these areas will have to be completed and sent to the State agency for approval. After the documents including the budget have been approved, the sponsor may claim the meals served at approved affiliated or unaffiliated centers.

The state agency will monitor the 15% (or higher if approved) administrative budget. The sponsor will receive the lesser of budget or operating costs.

Please call the Office of Nutrition Programs and Services if further instruction is required. Our office telephone number is 271.3646.

**USDA Nondiscrimination Statement**

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/ad-3027.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:

1. **mail:**  
   U.S. Department of Agriculture  
   Office of the Assistant Secretary for Civil Rights  
   1400 Independence Avenue, SW  
   Washington, D.C. 20250-9410; or
2. **fax:**  
   (833) 256-1665 or (202) 690-7442; or
3. **email:**  
   [Program.Intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.