**Unaffiliated Adult and Child Care Center Application and Agreement**

USDA Child and Adult Care Food Program

NH Education Department, Office of Nutrition Programs and Services

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| **Name and Address of Sponsoring Organization**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Days of Week Center is Open**  **M T W TH F SA SU** | |
| **Meals to be Served at the Center** | |
| **Type of Meal** | **Time of Meal Service** |
| **Name and Mailing Address of Center**  Center Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Center Director Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  D.O.B for Center Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Breakfast |  |
| Lunch |  |
| Supper |  |
| AM Snack |  |
| PM Snack |  |
| At Risk Snack |  |
| **Child Care License**  Is copy of the Center license attached? \*\_\_\_ Yes \_\_\_ No  Is the Center License Exempt?\*\_\_\_\_ Yes \_\_\_\_ No  Is the Alternate Approval attached?\* \_\_\_\_ Yes \_\_\_ No  ***\*May not participate until license or alternate approval***  ***has been received and approved.***  State Agency contacted regarding National Disqualified  List\*\*? \_\_\_\_ Yes \_\_\_\_ No  ***\*\*May not participate until documentation is received***  ***that participant/organization is not listed on the National Disqualified List. Contact the State Agency at***  ***(603)271-3646 for further information regarding the***  ***National Disqualified List.*** | **Enrollment Data**  Number of CACFP eligible children currently enrolled in your center.  Total enrollment \_\_\_\_\_\_\_\_\_\_\_\_  Approval shall only be granted for all eligible, enrolled children participating on a given day not to exceed licensed capacity.  Parent applications distributed? \_\_\_\_ Yes \_\_\_\_ No | |
| **Operational Data**  Is Sponsor For Profit  or Non-Profit ?  What are your hours of operation?  From \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Outside School Hours: Morning \_\_\_\_\_ Afternoon/Evening \_\_\_\_\_  Number of Operating weeks per year \_\_\_\_\_\_\_\_\_ | **Application has been denied**: Identify reason.  Continue on back if more space is needed.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Check the groups of children registered:  Infants \_\_\_\_\_\_\_\_\_ 1-3 \_\_\_\_\_\_\_\_\_  4-5 \_\_\_\_\_\_\_\_\_ 5-6 \_\_\_\_\_\_\_\_\_  Before/After School Age \_\_\_\_\_\_\_\_\_\_ | **Application has been approved by Sponsor**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Sponsor Reviewer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Center Representative  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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This application and agreement specify responsibilities of the sponsor and the provider as participants in the USDA, Child and Adult Care Food Program.

1. The sponsoring organization has the responsibility to contact the State Agency prior to the CACFP participation of a new provider /organization to ensure that the provider/organization is not listed on the National Disqualified List.
2. The sponsoring organization, the State Agency and the Department has the right to visit the facility and review its meal service and records during its hours of childcare operations.
3. The sponsoring organization, the State Agency or the Department has the right to conduct unannounced visits  
   during the hours of childcare operations.
4. The sponsoring organization has the responsibility to train the facility’s staff in Program requirements.
5. The sponsoring organization has the responsibility to conduct monitoring and pre-approval visits.
6. The sponsoring organization shall establish time limits for the submission of meal records by facilities. Sponsors must submit claims for reimbursement to the State Agency by the 10th day following the last day of the claiming month.
7. The facility has the right to receive, in a timely manner, the full food service rate for each meal served to enrolled children for which the sponsoring organization has received administrative payment from the State agency.
8. The sponsoring organization will explain its reimbursement policy including any applicable procedures for withholding a portion of facility reimbursements.
9. The sponsoring organization or the facility will have the right to terminate the agreement for cause or  
   convenience.
10. The sponsor will assign the responsibility to prepare and serve meals that meet the meal patterns specified in Part 226.20.
11. The sponsor will assign the responsibility to maintain records of daily menus, and of the number of meals, by type, served daily to enrolled children.
12. The sponsor will assign the responsibility to collect and maintain income eligibility documentation.
13. The meal types must be approved by the state agency prior to reimbursement to the facility.
14. The sponsoring organization will accept final administrative and financial responsibility for all reimbursed claims.
15. In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex,

age or disability.

This institution is an equal opportunity provider.

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Reviewed 8/2023