

Virginia Child and Adult Care Food Program
At Risk Afterschool Care Program Site Addition Application for Participation

Requesting Approval Month: _____

Please note that approvals can only be effective for the 1st of the month in which all required documentation is received and complete.

Documentation Requirements: *Please be sure the following items are attached*

- | | |
|---|---|
| <input type="checkbox"/> Current license or approval documentation (see below)
<input type="checkbox"/> School Zone Verification (see below)
<input type="checkbox"/> Free/Reduced Percentage Verification (see below)
<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Meal Count Records
<input type="checkbox"/> Menu
<input type="checkbox"/> Cash or non-cash agreement (for unaffiliated sponsors only) | <input type="checkbox"/> Statement of Responsibility (for unaffiliated sponsors only)
<input type="checkbox"/> Updated Management Plan (if adding 20% more sites to sponsorship – not required during renewals)
<input type="checkbox"/> Food Service Management Company Contract (if applicable)
<input type="checkbox"/> School Food Authority Agreement (if applicable) |
|---|---|

SPONSOR INFORMATION			
Fiscal Year: _____			
Sponsor Number: _____			
Sponsor Contact Person: _____			
Sponsor Contact Number: _____			
PHYSICAL ADDRESS OF SITE			
Address: _____			
City: _____			
State: _____		Zip: _____	
County or Independent City: _____			
SITE CONTACT PERSON			
Name: _____			
Title: _____			
Telephone: _____			
Fax: _____			
Email: _____			
Enrollment Eligibility		Site Operating Months	
		<i>(At Risk programs can only operate during the school year)</i>	
Free: _____	Reduced: _____	<input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar	
Paid: _____	Total: _____	<input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep	
Meal Types For Which Reimbursement is Requested	Number of Shifts By Meal Type	Type of Meal Preparation At Site	
		<i>(Check one only)</i>	
<input type="checkbox"/> Breakfast		<input type="checkbox"/> On-site Kitchen Preparation	
<input type="checkbox"/> AM Supplement		<input type="checkbox"/> Central Kitchen Operated by Sponsor	
<input type="checkbox"/> Lunch		<input type="checkbox"/> Meals Delivered by Food Service Management Co.	
<input type="checkbox"/> PM Supplement		<input type="checkbox"/> Meals Delivered by School Food Authority	
<input type="checkbox"/> Supper		<input type="checkbox"/> Meals Prep On-site by Food Service Mangmt. Co.	
Type of License/Approval		License Information	
<input type="checkbox"/> VA Department of Social Services License		Licensed Capacity: _____	
<input type="checkbox"/> VA Department of Mental Health License		License Expiration Date: _____	
<input type="checkbox"/> Local Certification		Or, if using Fire/Health Inspections	
<input type="checkbox"/> U.S. Military Facility		Health/Sanitation Inspection Date: _____	
<input type="checkbox"/> Fire/Health Inspections (Alternate Approval)		Fire/Safety Inspection Date: _____	
<input type="checkbox"/> Public School Facility			

The same meals will be available at no separate charge to all participants at each CACFP facility without regard to race, color, sex, national origin, age or disability. Any complaints of discrimination should be submitted to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD).

Attendance Zone Eligibility

Definition: An at-risk afterschool care center is in an eligible area if it is located in the **attendance area** of an elementary, middle, or high school in which at least 50 percent of the enrolled children are certified eligible for free or reduced-price school meals. **§ 7 CFR 226.17(a) (i) (1) §**

Attendance Zone: An at-risk afterschool care center attendance zone is determined by the center's location to a specific school within the state/county district guidelines. These guidelines determine whether or not the address of the center is eligible to **attend** a particular school.

*Helpful Hint: Try considering the at-risk afterschool care center as a home with school age children. The attendance zone for that center would then be based on what elementary, middle, or high school those children living in the home would be eligible to attend.

Required Documentation: An at-risk afterschool care center requires the following documentation as proof of attendance zone area eligibility: attendance zone area verification and the percentage of free/reduced priced meals

Attendance Zone Area Verification:

This can be in the form of at least one of the following items:

1. Print out from the qualifying school's attendance zone online index indicating that the center's address is located within that school's attendance zone
2. Map of the district's boundary lines with the address of the center indicated clearly indicating that the center is located within the qualifying school's attendance zone
3. Name, title, and phone number a representative from the qualifying school that can verify that the center's address is located with that school's attendance zone

Verification of Free/Reduced Percentage:

Please utilize the website below from the National School Lunch Program to determine the percentage of Free and Reduced price meals for the qualifying school. **Be sure to include a print out of the school's data, highlighting the school name and percentage.**

http://www.doe.virginia.gov/support/food_service_nutrition/statistics/index.shtml

Area Eligibility Frequency: Area eligibility determinations are valid for five years. **§ 7 CFR 226.17(a) (i) (3) §**

Name of Public School:	
Address of Public School:	
County of Public School:	
Free/Reduced Price Percentage:	
Attached Documentation	
School Zone Verification (You must attach at least one type of documentation)	Free/Reduced Price Verification (You must attach the following documentation)
<input type="checkbox"/> School Zone Locator Print Out	<input type="checkbox"/> Department of Education School Data
<input type="checkbox"/> School Boundary Map	
<input type="checkbox"/> School Representative Contact Information	

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Program Eligibility

Program Requirements:

To be eligible for reimbursement, an afterschool care program must have the following components:

1. Organized primarily to provide care for children, age 18 or under, after school or on weekends, holidays, or school vacation during the regular school year
2. Have organized, regular scheduled activities
3. Include education or enrichment activities

Please complete the questions below as thoroughly as possible regarding the afterschool activities at this site.

1. Based on the county where this site is located, what are the regular school year months?

2. What is the age range of the children enrolled at this afterschool care program?

3. What are the organized, regular scheduled activities that take place at this afterschool care program?

4. What are the educational or enrichment activities that take place at this afterschool care program?

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Pre-Approval Visit

As a sponsor, you are required to complete a pre-approval visit to any new site prior to approval by VDH.

Once the new site has been approved to receive reimbursement, you must complete your first monitoring visit within 4 weeks of the approval date.

Please complete the information below during your pre-approval visit:

1. What type food service equipment is available at this site? (Itemize)

2. Which of the following best describes the food service equipment at this site?

☐ Adequate

☐ Inadequate

3. What, if any, additional food service equipment is needed at this site?

4. Have Recordkeeping Requirements been explained?

☐ YES

☐ NO

5. Is the site staff willing and capable of maintaining the required records, daily, monthly, and annually?

☐ YES

☐ NO

COMMENTS

Site Representative

Name:

Title:

Signature:

Date:

Sponsor Representative

Name:

Title:

Signature:

Date:

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