

CHILD AND ADULT CARE FOOD PROGRAM SITE NOTIFICATION

Instructions: This notification is to be used when sponsor has a site at a location which they do not own and there is no other affiliation between the sponsor/site and location except the site it is located there (i.e. site located in a school).

This notification serves to inform an agency/school that the following sponsor will be operating a child care program which will be participating in the Child and Adult Care Food Program at the location indicated below.

SPONSOR NAME:		IRN
SITE NAME:		
SITE ADDRESS:		
Number of Children Enrolled:		Age Range:
Months Operating (circle): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec		
The following meals will be served at this location: (check all that apply)		
Meals	Begin Time	End Time
<input type="checkbox"/> Breakfast		
<input type="checkbox"/> Am Snack		
<input type="checkbox"/> Lunch		
<input type="checkbox"/> PM Snack		
<input type="checkbox"/> Supper		
<input type="checkbox"/> Evening Snack		
The child care program located at this site: (check all that apply)		
<input type="checkbox"/> Has their own food service license		
<input type="checkbox"/> Has a food service license exemption		
<input type="checkbox"/> Is having food provided by a vendor who has the appropriate food service license		
<input type="checkbox"/> Has a current Health Inspection Report (the child care program is in school building but is not receiving meals from school food service or using the school kitchen)		
Food for meals/snacks will be obtained for this site in the following manner:		
<input type="checkbox"/> Self-Prep/sponsor program will purchase <input type="checkbox"/> From outside vendor <input type="checkbox"/> From site location		
The sponsor/site plans to use some or all of the kitchen facilities at this location: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If this site is located in a school, has the Food Service Director been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The following agency will be responsible for cleaning up the food serving area and eating area that was used:		
The following agency will be responsible for the oversight and operation of the child care activities (not CACFP) taking place at this location:		

By signing this document, the *location agency* acknowledges that they have been informed that a child care program will be operating at the address noted above.

LOCATION AGENCY	CACFP SPONSOR
Agency Name:	Agency Name:
Name Authorized Representative:	Name Authorized Representative:
Signature:	Signature:
Title:	Title:
Phone:	Phone:
Date:	Date: