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									
☐ Breakfast												
☐ Am Snack												
☐ Lunch												
☐ PM Snack												
☐ Supper												
☐ Evening Snack												
The child care program located at this site: (check all that apply) Has their own food service license Has a food service license exemption												
Is having food provided by a vendor who has the appropriate food service license												
☐ 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:												
☐ Self-Prep/sponsor program will purchase ☐ From outside vendor ☐ From site location												
The sponsor/site plans to use some or all of the kitchen facilities at this location: Yes No												
, <u> </u>										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:												
CACIF) taking place at this location.												
By signing this document, the <i>location agency</i> acknowledges that they have been informed that a child care program will be operating at the address noted above.												
LOCATION AGE	NCY				С	ACFP	SPONS	OR				
Agency Name:				Agency Name:								
Name Authorized Representative	ntative: Name				thorized Representative:							
Signature:	nature: Signature											
Title:	Title:									_		
Phone: Phone:												
Date:			Date	٠.								