



Estimado proveedor:

Gracias por su interés en el Programa de Alimentos para el Cuidado de Niños y Adultos de la Red Unida para la Educación en la Primera Infancia (UNECE) (CACFP).

A través de la participación en CACFP, los proveedores reciben un reembolso por las comidas elegibles que se sirven a los niños en su guardería familiar o programa de guardería familiar grupal. Ser capaz de proporcionar comidas saludables y gratuitas y enseñar a los niños a elegir alimentos saludables es algo que se reflejará positivamente en su programa y hará felices a los padres. No hay ningún costo para participar.

En las siguientes páginas encontrará el paquete de solicitud que debe completar para convertirse en proveedor de CACFP. Aquí hay algunas instrucciones útiles para ayudarlo con su solicitud:

1. En la "Solicitud y acuerdo continuos" (primera página de la solicitud), complete todo EXCEPTO las secciones exclusivas para patrocinadores, que son:

A. La columna de la derecha que comienza con "NÚMERO DE NIÑOS RESIDENTES INSCRITOS" y termina con "Firma del representante del patrocinador". No olvide firmar en la parte inferior de la columna izquierda donde dice "Firma del proveedor o propietario / operador de la guardería".

B. La línea en la parte inferior de la página que comienza con "Fecha de inicio aprobada ..."

2. En la "Lista de verificación previa a la aprobación" (última página de la solicitud), complete ÚNICAMENTE la Sección I y la Sección III (es decir, omita la Sección II; nos comunicaremos con usted por teléfono una vez que envíe su solicitud para trabajar juntos en la Sección II).

Asegúrese de firmar en la parte inferior donde dice "Firma del proveedor" y complete la fecha.

Una vez que haya completado la solicitud, elija una de las siguientes formas de enviarla:

- Opción 1: Escanee y envíelo por correo electrónico a [cacfp@uneceproviders.org](mailto:cacfp@uneceproviders.org)
- Opción 2: Fotografíe (o use una aplicación de escaneo para teléfonos inteligentes como CamScanner) los materiales de la aplicación y envíeles un mensaje de texto al 212-844-0628
- Opción 3: Envíelo por fax al 332-900-7339
- Opción 4: Envíelo por correo a la dirección al final de esta página c / o Inez Chillous

Si tiene alguna pregunta, inquietud o necesita ayuda para completar su solicitud, no dude en comunicarse con nosotros al 212-844-0628 o [cacfp@uneceproviders.org](mailto:cacfp@uneceproviders.org).

Respetuosamente,

UNECE CACFP

Josephine Hawlader, directora del programa de alimentos

*United Network for Early Childhood Education  
Child and Adult Care Food Program  
52 Broadway, 18<sup>th</sup> Floor  
New York, NY 10004*



**CONTINUOUS APPLICATION AND AGREEMENT  
for Day Care Home Participation**

Name of On-Site Provider (Last, First, MI) \_\_\_\_\_ Owns/operates more than 1 home  
 Complete CACFP-160 if Owner/Operator is different  Yes  No

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Provider DOB \_\_\_\_\_

Physical Address of Day Care Home (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County Code \_\_\_\_\_

Business Name \_\_\_\_\_ Day Care Location Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Ethnic Information (choose one)  Hispanic/Latino  Not Hispanic/Latino  
 Racial Information (choose at least one)  American Indian/Alaskan Native  Asian  Black/African American  
 Native Hawaiian/other Pacific Islander  White

**DAY CARE HOME:** The reason for this application  
 New to the Program Pre-Approval Date \_\_\_\_\_  
 Transferred from another Sponsoring Organization *Provider transfer form is attached and state the last month and year claimed* \_\_\_\_\_

**LICENSE/REGISTRATION:** Provider is  
 Licensed  Registered  Military  Tribal  
 Enrolled (must be enrolled to care for a subsidized child)  
 In-Process (date of IP letter \_\_\_\_\_)  
 License/Registration/Notice of Enrollment  
 Number \_\_\_\_\_ Capacity \_\_\_\_\_  
 Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**HOURS OF OPERATION AT DAY CARE HOME**  
 Opens \_\_\_\_\_ AM / PM Closes \_\_\_\_\_ AM / PM  
 Day Care Home Operates Shifts  Yes  No  
 Weekend Care  Yes  No Holiday Care  Yes  No

**MEAL SERVICE TIMES**

Breakfast	Breakfast Shift Times
AM Snack	AM Snack Shift Times
Lunch	Lunch Shift Times
PM Snack	PM Snack Shift Times
Supper	Supper Shift Times
LN Snack	LN Snack Shift Times

*It is important to accurately state time of meal service and shift times for meals if Provider operates shifts.*

I, the **Day Care Home Provider or Owner/Operator**, certify that the Application and Agreement has been read and explained to me by the Sponsor Representative identified on this form. I also certify that I am not participating in the Child and Adult Care Food Program under any other Sponsoring Organization. I understand that meals claimed are reimbursed with Federal funds. I also understand that any deliberate misrepresentation of Program records will subject me to prosecution under applicable State and Federal criminal statutes. **I certify that I will comply with the rights and responsibilities outlined in the Application and Agreement.**

\_\_\_\_\_  
 Signature of Day Care Home Provider or Owner/Operator Date (to be dated by the Provider)

**NUMBER OF RESIDENT CHILDREN ENROLLED**  
 Foster \_\_\_\_\_ \*Provider's Own/Resident \_\_\_\_\_  
 \*Are Provider's Resident and/or Foster Children eligible based on the **DOH-4161**? (DOH-4161 needs to be completed on a yearly basis.)  
 Is this form on file?  Yes  No

**TIERING**  
 The Provider is (check one)  Tier I  Tier II *See Below*

The Provider is **Tier I** because (check one)  
 Income Qualified (**IQ**) (verified **DOH-4161** on file) (renewed yearly)  
 Categorically SNAP Eligible (**CE SNAP**) (verified **DOH-4161** on file) (renewed yearly)  
 Categorically Eligible (**CE**) (verified **DOH-4161** on file) (renewed yearly)  
 Area School (**AS**) **BEDS Code** \_\_\_\_\_ (renewed every 5 years)  
 Area Census (**AC**) **Census Code** \_\_\_\_\_ (renewed every 5 years)

**Tier I Status** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

If the Provider is **Tier II**, this reimbursement option is selected:  
 Sponsor collects and verifies a DOH-4160 annually for each child and determines eligibility for all enrolled children  
 Sponsor collects CE information from CE households annually for each child  
 Provider will receive Tier II rates for **all** meals served

On behalf of the **Sponsoring Organization**, I certify that I have read and explained this Application and Agreement to the Day Care Home Provider or Owner/Operator identified on this form. As a representative of the Sponsoring Organization, **I acknowledge that the Sponsoring Organization understands and agrees to comply with the rights and responsibilities outlined in the Application and Agreement. This agreement remains in effect until terminated by either party.**

I, the Sponsor Representative, have reviewed the agreement on the back of this application with the Provider

\_\_\_\_\_  
 Signature of Sponsor Representative Date (to be dated by the Sponsor Rep)

Approved Beginning Date \_\_\_\_\_  Not Approved  Closed as of \_\_\_\_\_  Terminated as of \_\_\_\_\_  
 Initials \_\_\_\_\_ Date \_\_\_\_\_

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## **AGREEMENT BETWEEN SPONSORING ORGANIZATION AND DAY CARE HOME PROVIDER OR OWNER/OPERATOR**

### **SECTION A – RIGHTS AND RESPONSIBILITIES – SPONSORING ORGANIZATION**

1. The Sponsoring Organization agrees, in accordance with CACFP Regulations, to:
  - a. Train the Day Care Home Provider or Owner/Operator and On-Site Provider (if applicable), hereinafter referred to as Provider, before beginning participation in the CACFP so the Provider is knowledgeable about the rules and regulations of the Program and the completion of required records.
  - b. Offer additional training sessions at least once a year, scheduled at a time and place convenient to the Provider.
  - c. Inform the Provider of the Sponsoring Organization's policies regarding CACFP.
  - d. Respond to a Provider's request for assistance with program requirements.
  - e. Distribute CACFP record keeping forms to the Provider.
  - f. Reimburse Provider at the prevailing reimbursement rate within five (5) days of receipt of check from New York State. Reimbursement is subject to verification that all meals claimed and reimbursed meet Program requirements. Monthly reimbursement checks will be issued to the On-Site Provider listed on the most recent On-Site Provider Addendum (CACFP-160).
2. The Sponsoring Organization will visit the Provider, during normal hours of child care operations, to review meal service and the Program records at least three (3) times per year. At least two visits must be conducted unannounced.
3. The Sponsoring Organization may terminate this Agreement with the Provider when the Provider:
  - a. Moves the day care home to a new location.
  - b. Transfers the CACFP participation to another Sponsoring Organization.
  - c. Closes the day care home (e.g., is no longer providing child care).
  - d. Is terminated for cause or convenience.
  - e. Is reactivating after not participating for six months or more.
4. The Sponsoring Organization must give the Provider the right to appeal prior to termination and disqualification for cause, or for suspension.
5. The Sponsoring Organization may not charge any Provider a fee for participating in CACFP or for the cost of administering the Program.
6. The Sponsoring Organization must inform any Tier II Providers of their right to choose a reimbursement rate option; receive Tier II reimbursement rates for all children in care or receive mixed Tier I and Tier II reimbursement rates.
7. The Sponsoring Organization must allow the Provider to transmit completed income eligibility information to the Sponsoring Organization.

### **SECTION B – RIGHTS AND RESPONSIBILITIES – DAY CARE HOME PROVIDER OR OWNER/OPERATOR**

1. The Day Care Home Provider or Owner/Operator and On-Site Provider, hereinafter referred to as Provider, agrees, in accordance with the CACFP Regulations, to:
  - a. Attend training prior to participation in the CACFP and as required by the Sponsoring Organization. The Sponsoring Organization will specify the number of hours/sessions of training required per year.
  - b. Serve meals that meet the CACFP requirements for the ages of the children being served. The Provider may claim only one meal per child at each meal service. All children claimed must be enrolled in day care according to NYS Office for Children and Family Services (OCFS) requirements. The Provider will not receive reimbursement for meals served to persons who are over 13 years or older except as permitted in Number 11.
  - c. Maintain the following daily records and submit to the Sponsoring Organization:
    - 1) The menu served to enrolled children at each meal each day
    - 2) The number of enrolled children present daily
    - 3) The number of meals served to enrolled children at each meal service
  - d. The Provider must inform the Sponsoring Organization immediately upon a change in:
    - 1) On-Site Provider by submitting a revised On-Site Provider Addendum (CACFP-160)
    - 2) Approved capacity
    - 3) Place or residence or location
    - 4) Income eligibility
    - 5) Telephone number
    - 6) Meals and snacks to be claimed
    - 7) Name Change
    - 8) Hours of Operation
    - 9) Number of Program participants, including foster children; and current enrollment information for participants
    - 10) Number of days that care will be provided and/or if care is provided on Saturday and Sunday
    - 11) License, registration, enrollment by OCFS, local DSS, New York City Department of Health, or other government agency
2. The Provider shall make attendance and menu records available to the Sponsoring Organization as required by the Sponsoring Organization. No menus will be accepted for reimbursement after thirty (30) days from the last day of the month for which reimbursement is being claimed. The Sponsoring Organization will specify when menu records must be submitted.
3. The Provider may claim meals served to the Provider's own enrolled child(ren) or foster child(ren) only if income eligible as documented by completing form DOH-4161. The Provider may claim meals served to income-eligible enrolled child(ren) when there is at least one (1) enrolled non-resident child present and being claimed at the same meal service.
4. The Provider will allow each and every representative from the Sponsoring Organization, New York State Department of Health and United States Department of Agriculture and other State and Federal offices to come into their home during normal hours of operation and have access to the meal service and records. Visits may be announced or unannounced.
5. The Provider must notify the Sponsoring Organization in advance whenever they are planning to be out of their home during the meal service period. Meals will be disallowed if prior notification is not made.
6. The Provider must serve meals to all enrolled children without regard to race, color, national origin, sex, age, or disability and must accommodate special dietary requirements.
7. The Provider may terminate this Agreement to participate in the CACFP with or without cause.
8. The Provider may transfer to another Sponsoring Organization no more than once every 12 months.
9. The Provider shall have current licensing approval, registration, or enrollment in accordance with State regulations and be in compliance.
10. The Provider may not charge separately for meals or snacks.
11. The Provider may be reimbursed for meals served to enrolled migrant children up to the age of 15. Meals served to enrolled functionally impaired persons over the age of 12 may be reimbursed when there is at least one (1) enrolled non-resident child present and being claimed at the same meal service. Portion sizes and meal components must be in accordance with applicable meal patterns.
12. The Provider must, if instructed by the Sponsoring Organization, distribute parent information about CACFP and other benefit programs.

**SECTION I: PROVIDER INFORMATION**

Name \_\_\_\_\_  Owner  On-Site Date \_\_\_\_\_ Time \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Enrolled/Informal (NoE)  Licensed  Registered Licensed/Registered Capacity \_\_\_\_\_ / \_\_\_\_\_ + \_\_\_\_\_  
 License/Registration available and current?  Yes  No  In Process NoE/Lic/Reg # \_\_\_\_\_  
 Number of Children in Care Non-resident related to Provider \_\_\_\_\_ Non-resident no relation to Provider \_\_\_\_\_ Resident \_\_\_\_\_  
 Do you operate or own more than one home?  Yes  No

**SECTION II: CACFP BASICS** – Check off each topic as you review it with the provider.

<input type="checkbox"/> Benefits of CACFP (Building for the Future) <input type="checkbox"/> Eligibility to claim resident children <input type="checkbox"/> Income Eligibility Form complete (DOH-4161) <input type="checkbox"/> All forms completed, signed and dated by provider and sponsor staff <input type="checkbox"/> Continuous Application and Agreement (DOH-3705) <input type="checkbox"/> Tiering options explained for Tier II providers <input type="checkbox"/> Income Eligibility Form (DOH-4161) <input type="checkbox"/> On-Site Provider Addendum (CACFP-160) <input type="checkbox"/> CACFP Meal Patterns (give copy of each) <input type="checkbox"/> Infant menus and claiming rules <input type="checkbox"/> Child meal pattern <input type="checkbox"/> Doctor's note needed for allergies and special diets <input type="checkbox"/> Crediting Foods in CACFP handbook <input type="checkbox"/> Sponsor's policies/procedures for meals <input type="checkbox"/> HCS Account for CIPS	<input type="checkbox"/> Monitoring/Training <input type="checkbox"/> Annual training requirements <input type="checkbox"/> Visited at least 3 times per year <input type="checkbox"/> First visit in first 4 weeks of operation <input type="checkbox"/> At least two visits will be unannounced <input type="checkbox"/> Meal times will be visited <input type="checkbox"/> Notify Sponsor if not home at mealtime <input type="checkbox"/> Monthly Claims <input type="checkbox"/> Describe sponsor's policies/procedures for submission (or for submitting menus & meal counts) <input type="checkbox"/> Reasons for meal disallowances <input type="checkbox"/> Recordkeeping rules (give supply of forms) <input type="checkbox"/> Daily menus <input type="checkbox"/> Daily meal count <input type="checkbox"/> Annual enrollment forms for all children
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**SECTION III: FOOD SERVICE HEALTH AND SAFETY** – Evaluate the safety and cleanliness of the food preparation, food storage and serving areas, and other health and safety conditions.

Yes	No	Corrected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a working refrigerator, stove and oven on the premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is hot and cold running water available in the kitchen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods are stored properly; cold foods are kept cold, hot foods are kept hot and canned and packaged foods are stored in their original containers or acceptable storage containers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Countertops and other food preparation and serving areas are clean and free of hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleansers, cleaning solutions, medicines, pest control products and other toxic materials are stored in their original containers, away from food and out of children's reach
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appliances, electrical cords, knives and other sharp objects are stored out of the reach of children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provider is informed that infant formula, breast milk and other food items for infants cannot be heated in a microwave oven
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash is stored away from food preparation and storage areas and not near heat sources such as a furnace, stove or hot water heater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is an operating smoke detector in or near the food preparation area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are no obvious unsafe conditions that would threaten the health and safety of the children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is access to a working telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are two means of escape (second egress)

Comments \_\_\_\_\_

Monitor Signature \_\_\_\_\_ Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

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