

Child Care Standards for Unlicensed Facilities

Each unlicensed facility that requests approval to operate the Child and Adult Care Food Program must complete this form and ensure that EACH unlicensed facility/site is in conformance with these standards. Any deficiencies noted must be corrected within sixty (60) days. Corrective action must be documented.

| Sponsoring Organization | _ CTD# |
|-------------------------|--------------|
| Total Number of Sites | Program Year |

| RATIOS | | |
|--|---|--|
| Staff/Child Ratios for Outside School Hours Care | 1 Staff: 20 Children, Five years and up | |

The ratio is the maximum number of children that are permitted to be under the supervision of one caregiver. For children 5 years and above, the standards allow a maximum of twenty (20) children to be under the supervision of one caregiver. During hours of operation, the following computation can be used to determine the minimum staffing requirements:

| | Age Range | (A) # of Enrolled Children | (B) Max # of Children for 1 Caregiver | A ÷ B = C | (C) # of Caregivers Required | # of Caregivers (C) Rounded Up |
|------------------|----------------|---|--|---------------|---|--|
| Example: | 5 years and up | 30 | 20 | 30 ÷ 20 = 1.5 | 1.5 | 2 |
| Site Enrollment: | | | | | | |

| | Are applicable staff-to-child ratios meeting the standards at all sites? | YES | NO |
|-----|--|-----|----|
| | ADDITIONAL REQUIREMENTS | | |
| 1. | Are services available to all children without discrimination based on race, color, national origin, gender, or disability? | YES | NO |
| 2a. | As required by Federal Regulation 226.6(d)(3); do all facilities have a current fire & safety permit or a satisfactory report of an inspection conducted by a local authority within the last 12 months? | YES | NO |
| 2b. | ATTACH COPY. Have you included a copy of a current fire & safety permit or a satisfactory report of an inspection conducted in the last 12 months? | YES | NO |
| За. | As required by Federal Regulation 226.6(d)(3); do all facilities have a current health & sanitation permit or a satisfactory report of an inspection conducted by a local authority within the last 12 months? | YES | NO |
| 3b. | ATTACH COPY. Have you included a copy of a current health & sanitation permit or a satisfactory report of an inspection conducted by a local authority within the last 12 months? | YES | NO |
| 4. | Do all facilities hold fire drills in accordance with fire and building safety requirements? | YES | NO |
| 5. | Is ventilation, temperature, and lighting adequate at each site for children's safety and comfort? | YES | NO |
| 6. | Are the floors/walls at each site clean and maintained in a condition that is safe for children? | YES | NO |
| 7. | Considering the ages of the children and the size of the group, are space and the arrangement of the equipment adequate for: | | |
| | a. Periods of play? | YES | NO |
| | b. Periods of rest? (Arrangements for rest must be made for preschool-age children). | YES | NO |

| 8. | Are organized activities available at each site for children? Describe: | YES | NO |
|-----|--|-----|----|
| 9. | Are there games and materials available that are appropriate for the children in care? Describe: | YES | NO |
| 10. | If meals are prepared on-site, is the kitchen permitted? Comments: | YES | NO |
| 11. | Are there adequate restroom facilities at each site? Comments: | YES | NO |
| 12. | Do facilities have procedures for referring families of children to appropriate local health and social service agencies? Describe: | YES | NO |
| 13. | Is there an established procedure at each site to ensure prompt notification of the parent or guardian in the event of a child's injury or illness? Describe: | YES | NO |
| 14. | Is there an established procedure to ensure prompt medical treatment in case of an emergency? Describe: | YES | NO |
| 15. | Is each participant observed daily for any indication of difficulties in social adjustment, illness, neglect, or abuse? Describe: | YES | NO |
| 16. | Are first aid supplies available on the premises of each site? | YES | NO |
| 17. | Are health records, including records of medical examination and immunization maintained for each enrolled child? | YES | NO |
| 18. | Is at least one staff member currently qualified in first aid, including CPR techniques? | YES | NO |

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| 19. | Do staff members undergo periodic health assessments? If yes, list assessments: | YES | NO |
|-----|---|-----|----|
| 20. | Is orientation and ongoing training provided for all staff? Describe Types of Training Available: | YES | NO |
| 21. | Are parents provided with the opportunity to observe their children in care? If yes, describe: | YES | NO |
| 22. | Has your organization established a procedure for periodic evaluation of your Program based on CACFP Child Care Standards? How frequently is your Program Evaluated? | YES | NO |

| certify that the information included on the CACFP Child Care Standards form is true and correct to the best of my knowledge. I nderstand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation nay subject me to prosecution under applicable State and Federal criminal statutes. | | |
|--|--------------|--|
| Sponsoring Organization: | Date: | |
| Printed or Type Name and Title: | _ Signature: | |

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1. 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2. fax: (833) 256-1665; or (202) 690-7442
- email: program.intake@usda.gov. З.

19.

This institution is an equal opportunity provider.

YES

NO