



“Serving More From The Earth and Less From A Can”

Thank you for choosing Mason Meals Food Program to service your **At-Risk** center.

Please provide us with the documentation listed below:

1. Completed Mason Meals Facility Form for At-Risk Centers (attached)
2. Child and Adult Food Care Program Validation of Center/Home Staff Form (attached)
3. List of enrichment and/or educational activities provided by your center that are open to all children.
4. Master Enrollment List of all children intended to participate in the food program.
5. Copies of Health and Fire Safety Certificates

Once all documents are received, they will be submitted to the Pennsylvania Department of Education for approval.



Facility Information Form

Mason Meals' Child and Adult Food Care Program for **At-Risk** Centers

Part 1: Facility and Contact Information

Facility Name

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Facility Address

City

State

Zip

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Part 2: Contact Information

Primary Contact Name and Title (Owner, Director, Supervisor, etc.) **Primary Contact Date of Birth**

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Primary Contact Email

Center Email (if different)

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Primary Contact Phone Number

Center Phone Number

Center Fax Number

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Part 3: Program Information

Affiliate School Name & Address (with 50% or more children eligible for free or reduced-price meals)

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Age Range of Attending Children

Total Enrolled

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Months of Operation* (check one)

September – June (Closed in Summer)

Year-Round

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Hours of Operation*

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
Start:	Start:	Start:	Start:	Start:	Start:	Start:
End:	End:	End:	End:	End:	End:	End:

***During the regular school year, organized to provide care for children after school – weekends, holidays, school closures and vacations. At-Risk cannot operate past the last day of school. If you wish to operate your At-Risk program during the summer months, you must sign up for the SFSP. At-Risk centers must provide organized regularly scheduled education or enrichment activities in a structural environment to all children. Students who are part of a sports team or club may receive snacks or meals. At-Risk programs must be located in an area of a school where at least 50% or more children are eligible for free or reduced-price meals. All meals children attending At-Risk centers qualify for the CACFP at the free meals rate.**

Child and Adult Care Food Program Validation of Center/Home Staff

Purpose: State Agencies are required to validate day care staff at new center/home facilities requesting participation and approval in the CACFP according to 7 CFR Part 226.6(k)(3)(xii): *Presence on the National disqualified list.*

Instructions: When adding new or centers for CACFP participation under sponsors' agreements, CACFP sponsors are to complete, in the sections applicable, the names, addresses and birth dates of executive directors, owners, employees with administrative duties of the facility. This completed form is to accompany the required documents for new sites: Certificate of Compliance (homes and centers); 501(c)(3) (Non-Profit centers); alphabetized list of enrolled children, ELRC Provider Payment Summary or Free/Reduced Meal Benefit Forms (For-Profit centers).

Complete the applicable section:

SPONSOR NAME: _____

AGREEMENT #: _____

For-Profit Agency-Site: Name: _____

Address: _____

FEIN#: _____

	Name	Home Address	Birth Date
Owner			
Owner			
Director			

Non-Profit Agency-Site: Name: _____

Address: _____

FEIN#: _____

	Name	Address	Birth Date
Executive Director			
Center Director			