MPR Healthier CACFP Award Application Information

Am I eligible to apply?

Participation in the Child and Adult Care Food Programs (CACFP) and compliance with CACFP regulations is required to be eligible for the award. Meeting the award criteria and receiving an award does not replace CACFP requirements. Applicants are required to be in good standing with the CACFP, defined as having completed and implemented all corrective actions from the most recent compliance review with no serious deficiencies in the past two program years, at the time of application. CACFP daycare centers, family daycare homes and At-Risk Afterschool Care programs are all welcome to apply. Adult day care centers can apply for the menus, physical activity, professional development and nutrition and wellness environment, infant care is not applicable for these centers. This is not an award for Emergency Shelters. The award recognizes caregivers that go above and beyond Federal requirements (7 CFR PART 226).

How do I apply?

The MPR Healthier CACFP Award application includes criteria in five categories: Menus, Physical Activity, Professional Development, Nutrition and Wellness Environment and Infant Care. Applicants can choose which category(ies) they would like to apply for and at which level. Home caregivers should submit applications to the Home Sponsor for compliance verification (Home Sponsor signs the Home Sponsoring Organization Verification Form then sends the completed application to the State agency). Centers should submit applications directly to the agency or organization with which they hold a Program agreement (either the State agency or a sponsor of centers). Applications must include submission of the requested support documentation as listed in the "Evaluation" columns in the application. Instructions should be read carefully in each category to determine which criteria need to be met to achieve the different award levels. It is highly recommended that applicants utilize the *Healthier CACFP Award Resource Book*, which explains the "why" for each criterion and provides guidance and tools to assist with implementing the criteria.

Completing the Application Cover Sheet and Verification Form

- 1. Award Level: select Honors, High Honors or Highest Honors based on the criteria outlined in the *Healthier CACFP Award Resource Book*. (a symbol can be inserted into the checkbox)
- 2. Application: select all applicable categories that you are applying for.
- 3. Type of Provider: select provider type
- 4. Complete the name, address, age range of children in care, contact name and title, contact information and date submitted to State agency.
- 5. Leave the State Agency and Regional Office sections blank.
- 6. Applications **must** include submission of the requested supporting documentation as listed in the "Evaluation" columns in the application. Instructions should be read carefully in each category to determine which criteria need to be met to achieve the different award levels.
- 7. Please include photographs along with permission for FNS to use the photographs in the event you receive an award.
- 8. An application verification (center or home) form needs to be included with the application and supporting documents. See sample center verification form included.
- 9. Awards have no expiration date and sponsors can apply to receive an award in a different category or award level each year if applicable.
- 10. Any questions related to these awards can be directed to your State agency nutrition contact.

Application Cover Sheet

Award level applying for: (awards are explained by category/level in the Healthier CACFP Award Resource Book) Honors ☐ Highest Honors **Application** for (choose all categories applying for): Menus Menus Physical Activity Professional Development ■ Nutrition and Wellness Environment ✓ Infant Care Type of CACFP Provider: ☑ Daycare Center Day Care Home Adult Day Care Center At-Risk Afterschool Care Program Home Provider/Center Name: <u>ABC Childcare Center</u> Home Provider/Center Address: 12345 Candyland Lane Age Range of Children in Care: Birth to 13 years Contact Person's Name & Title: Lolli Pop Contact Person's Phone Number & Email: 222-333-4444 Date Submitted to State Agency: 4/15/2024 **State Agency** Approved by State Director: ___ Signature Date **Regional Office** Award Issue Date: _____ Approved by RO Nutritionist: ___

Date

Signature

Application Verification Form (Centers)

Please read the following and obtain the signatures listed below, as applicable*:

We attest to the accuracy of the information provided in this application. We agree to maintain the wellness excellence standards and procedures indicated in this application in accordance with our certification as Honors, High Honors, or Highest Honors awardees. Furthermore, we agree to cooperate with USDA and other organizations upon request to publicize our efforts.

Authorized Representative Johnny Bravo
President/Owner <u>Lolli Pop</u>
Director/Applicant ABC Childcare Center
*If you are unsure which signature(s) must be included, please contact your State agency.
Please submit your completed application and documentation to your State Agency contact.

Thank you for applying for the MPR Healthier CACFP Award!