

Child and Adult Care Food Program Center Site Information

Site			
Sponsor Name	Sponsor Number <small>(will be assigned by NDE)</small>	Site Name	Program Year <small>(will be completed by NDE)</small>

Street/License Address	Mailing Address <small>(complete if different than Street Address)</small>
Address:	Address:
Address (cont.):	Address (cont.):
City:	City:
State: NE Zip Code:	State: Zip Code:
County:	County:
Phone: () Ext:	
Site Representative:	

Income Eligibility Categories			
Number of Free	Number of Reduced	Number of Paid	Total

Program Type		
<input type="checkbox"/> Adult Care Center <input type="checkbox"/> Child Care Center	<input type="checkbox"/> Homeless <input type="checkbox"/> Outside School Hours <input type="checkbox"/> Head Start <input type="checkbox"/> Head Start community partnership	<input type="checkbox"/> Site Serves At-Risk Meals Qualifying School Area: _____

Profit - Nonprofit Status	
<input type="checkbox"/> Nonprofit Center <input type="checkbox"/> For Profit Center <input type="checkbox"/> Title XIX <input type="checkbox"/> Title XX	Begin Date: _____ End Date: _____ Send copy of HHSS Service Provider Agreement to NDE Nutrition Services (for profit centers only)

At-Risk Meal Sites only			
Indicate type of education or enrichment activities provided at the center. Check all that apply.			
<input type="checkbox"/> Arts/Music <input type="checkbox"/> Character and leadership development <input type="checkbox"/> Computer lab	<input type="checkbox"/> Counseling <input type="checkbox"/> Fitness and Recreation <input type="checkbox"/> Health skills	<input type="checkbox"/> Homework assistance <input type="checkbox"/> Life skills <input type="checkbox"/> Mentoring	<input type="checkbox"/> Reading room/library <input type="checkbox"/> Study aids <input type="checkbox"/> Tutoring

Licensing					
Send a copy of current license to NDE Nutrition Services.					
License Capacity:		Type of License:	<input type="checkbox"/> HHSS	<input type="checkbox"/> Military	<input type="checkbox"/> Homeless
			<input type="checkbox"/> Adult	<input type="checkbox"/> Exempt	<input type="checkbox"/> Tribal
License Number:		Effective Date:		Expiration Date:	

Infant Feeding												
<input type="checkbox"/> Yes <input type="checkbox"/> No		Does this site care for infants under 1 year?										
Formula(s) offered by center:												
Sponsors of Multiple sites only												
Select the months when a sponsor review will occur (minimum of 3):												
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun							
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec							
Months Served												
<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun							
<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec							
Type of Food Service												
Check all that apply:												
<input type="checkbox"/> Central Kitchen	<input type="checkbox"/> Contract with Vendor	<input type="checkbox"/> Contract with School	<input type="checkbox"/> On-Site Preparation									
Send a copy of food service contract(s) to NDE Nutrition Services. Food service contracts in excess of \$50,000/year must be reviewed by Nutrition Services before signing.												
Vendor/School Name						Contract Amount						
1. _____						\$ _____						
2. _____						\$ _____						
Original Vendor Bid Date:												
Meal Times												
Choose a beginning and ending time from the column following the begin and end columns. You may choose any 15 minute increment. For example: Breakfast can begin at 6:45 am and end at 8:00 am. Three hours must elapse between the beginning of breakfast and the beginning of lunch. Meals cannot be served and claimed outside the times listed for each meal. Select the "vended" column for all meals that are provided through a contract with a school or vendor.												
Meal Served	Begin Time		End Time		Vended	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Breakfast	5:30 am	6:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:30 am	10:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning Snack	8:30 am	9:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11:00 am	11:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	10:00 am	10:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:30 pm	2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon Snack	1:00 pm	1:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6:00 pm	6:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supper	5:00 pm	5:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7:00 pm	8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Snack	7:00 pm	7:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:30 pm	10:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area Eligible Snack	3:00 pm	3:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5:00 pm	5:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifts:	<input type="checkbox"/> One Shift <input type="checkbox"/> Two Shifts <input type="checkbox"/> Three Shifts/24-hour License											
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do these days and times coincide with your approved licensed hours of operation?											

At-Risk Meal Times (Child Care Centers ONLY)												
Choose a beginning and ending time from the column following the begin and end columns. You may choose any 15 minute increment. For example: Breakfast can begin at 6:45 am and end at 8:00 am. Three hours must elapse between the beginning of breakfast and the beginning of lunch. Meals cannot be served and claimed outside the times listed for each meal. Select the "vended" column for all meals that are provided through a contract with a school or vendor.												
Meal Served	Begin Time		End Time		Vended	Mon	Tue	Wed	Thu	Fri	Sat	Sun
At-Risk Breakfast		5:30 am 9:30 am		6:30 am 10:00 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At-Risk Morning Snack		8:30 am 11:00 am		9:00 am 11:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At-Risk Lunch		10:00 am 1:30 pm		10:30 am 2:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At-Risk Afternoon Snack		1:00 pm 6:00 pm		1:30 pm 6:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At-Risk Supper		5:00 pm 7:00 pm		5:30 pm 8:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At-Risk Evening Snack		7:00 pm 9:30 pm		7:30 pm 10:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifts:	<input type="checkbox"/> One Shift		<input type="checkbox"/> Two Shifts		<input type="checkbox"/> Three Shifts/24-hour License							

NDE Use Only	
Signature:	Effective Date:
Nutrition Services, Director	Date Signed: