



North Carolina Department of Health and Human Services
Division of Public Health
Nutrition Services Branch
Special Nutrition Programs
Child and Adult Care Food Program



Procedure: Adding an Affiliated Facility to a Sponsoring Organization of Affiliated Centers

Effective: May 1, 2020

PURPOSE

Per 7 Code of Federal Regulations (CFR) §226.16(b)(2), each Sponsoring Organization must submit to the State agency with its application all information required for its approval, and the approval of facilities under its jurisdiction...in addition to the information required in §226.6(b) and 226.6(f), the application must include “an application for participation, or renewal materials, for each child care and adult day care facility accompanied by all necessary supporting documentation.”

PROCEDURE

Notify Your Assigned Regional Consultant

1. Notify your assigned regional consultant of your intent to add a new center to the sponsorship. This will alert the consultant to expect a submission in NCCARES and allow the consultant to offer technical assistance during the process, should it be needed. If you do not know who your assigned consultant is, please [click here to see the assignment list](#).

Add a Facility in NCCARES

1. Go to **Application Packet** in NCCARES and select **Facility Application**.

Application Packet
Sponsoring Organization of Affiliated Centers

Packet Submitted Date: 03/12/2019
 Packet Approved Date: 03/19/2019
 Packet Original Approval Date: 12/11/2018
 Packet Status: Approved

Institution Type: Sponsoring Organization of Affiliated Centers

Action	Form Name	Latest Version	Status
View Revise	✔ Institution Application	Rev. 1	Approved
Revise Details	✔ Board of Directors/Principals	Rev. 1	Approved
View Revise	✔ Institution Budget Detail	Original	Approved
Details	✔ Checklist (31)		
View	Application Packet Notes for Institution (4)		
Details	Attachment List (4)		

	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Facility Application(s)	2	0	0	0	0	0	2

2. Click on **Add Facility** at the bottom left of the screen.

Centers
Application Packet - Facility List for 2018 - 2019

[Redacted]

Institution Type: Sponsoring Organization of Affiliated Centers

Action	Facility #	Facility Name	Type	Latest Version	Status
View Revise	✓ 0001	[Redacted]	CC	Rev. 7	Approved
View Revise	✓ 0002	[Redacted]	CC	Rev. 6	Approved

Add Facility

Total Facilities Enrolled: 2

3. Click on **Add New Facility**.

Available Facility(s)

[Redacted]

Institution Type: Sponsoring Organization of Affiliated Centers

Facility	Facility Status
No Facilities for this Sponsor.	

Add New Facility

4. Enter the new facility profile information including facility name, county, and FEIN number. Click **Save**.

'Quick' Facility Profile

[Redacted]

Institution Type: Sponsoring Organization of Affiliated Centers

Facility Information

Facility ID:

Facility Name:

County:

FEIN (##-#####):

- Once the profile has been created, go to the main screen of the application and find the new facility under Facility Applications.

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Facility Application(s)	2	1	0	0	0	0	3

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- Click on **Modify**.

Centers

Application Packet - Facility List for 2018 - 2019

Institution Type: Sponsoring Organization of Affiliated Centers

Action	Facility #	Facility Name	Type	Latest Version	Status
View Revise	✔ 0001		CC	Rev. 7	Approved
View Modify	➔ 6			Original	Pending Validation
View Revise	✔ 0002		CC	Rev. 6	Approved
Add Facility					

Total Facilities Enrolled: 3

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7. Enter the effective date that you wish to activate in #1, then enter the facility information in #2-48.

[VIEW](#) | [MODIFY](#) | [DELETE](#)

Center Application for 2018 - 2019

Institution Type: Sponsoring Organization of Affiliated Centers Version: Original

Effective Approval Date

1. Application Effective Date:

License Information

2. Center Type
If Other, please explain:

3. Program Type:

Adult Day Care Center

Child Care Center

Child Care Outside School Hours Emergency Shelter

Head Start At-Risk Afterschool Care Center

8. Once all information has been entered, check the certification box and click **Save**.

Certification

The Institution certifies that the information in this Center Application is true and correct and that the Institution will immediately report to the NC Department of Health and Human Services any changes that occur to the information submitted. The Institution understands that deliberate submission of false information on the Center's application may result in the denial of the application and disqualification of the Institution and/or Center, the responsible principals and the responsible individuals from the CACFP program.

Disclaimer

I certify that I entered the information into NC CARES as presented to the State agency by the Institution. The State agency makes no certification that the information entered is true and correct.

Created By:

[VIEW](#) | [MODIFY](#) | [DELETE](#)

9. Once the submission is error free, go back to the application main page and click on **Details** beside the Checklist.

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10. Click on the new facility being added.

[Applications](#)
[Claims](#)
[Compliance](#)
[Reports](#)
[My Account](#)
[Search](#)
[Year](#)
[Help](#)
[Log Out](#)

Applications > Application Packet - Centers > Checklist >
Program Year: 2018 - 2019

CACFP Checklist Summary

Institution Type: Sponsoring Organization of Affiliated Centers

Institution	Total Items	Submitted Items	Approved Items
	21	21	21
Centers Facilities	Total Items	Submitted Items	Approved Items
	5	5	5
	5	0	0
	5	5	5

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11. Upload the following documents by clicking on the appropriate paperclip:

- a. A copy of the current license
- b. Current fire inspection
- c. Current sanitation/health inspection
- d. Pre-Operational Site Visit Form. This can be found at <https://www.nutritionnc.com/snp/forms.htm>
- e. If applicable, upload the facility’s Food Service Management Contract (FSMC) or CACFP Agreement to Furnish Food Service (School Food Authority Agreements) with Attachments A and B to the Checklist. These forms may be located at <https://www.nutritionnc.com/snp/forms.htm>
- f. For the At-Risk Afterschool Meals Programs and Emergency Shelters Only: Submit an occupancy permit or a state or local sanitation and fire inspection.

Required Forms/Documents to send to NCDHHS	Document Submitted to NCDHHS	Date Submitted to NCDHHS	Document on File w/NCDHHS	Status	Status Date	Last Updated By
Sponsored Center Budget		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	05/04/2020
Fire Inspection Report		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	05/04/2020
IRS Letter of Tax Exempt Status		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	05/04/2020
Current Federal, State or Local License		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	05/04/2020
Sanitation Report		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	Pending Approval	05/04/2020

Action	Checklist Item	Comment	Attachment Date/Time
There are no attachments			

NOTE: If there is no paperclip for an attachment, simply click on any paperclip, upload the file, name the document appropriately in the comment section, and click **Save**.

VIEW | MODIFY | DELETE

Checklist File Upload Detail

Checklist

Program: Centers
 Checklist Item: IRS Letter of Tax Exempt Status

Upload Detail

1. File To Upload:

2. Comment:

12. On the application screen in NCCARES, click **Revise** next to Institution Budget Detail, submit a revised Sponsor of Affiliated Centers budget by scrolling down and attaching under **Document Attachments**. Ensure that the budget detail page and any corresponding worksheets have the same data entered.

Application Packet

Sponsoring Organization of Affiliated Centers

Packet Submitted Date:
 Packet Approved Date:
 Packet Original Approval Date: 12/11/2018
 Packet Status: Not Submitted

Institution Type: Sponsoring Organization of Affiliated Centers

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Revise Details	✔ Board of Directors/Principals	Rev. 1	Approved
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View	Application Packet Notes for Institution (4)		
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	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Facility Application(s)	2	1	0	0	0	0	3

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Submit for Approval

[Show Packet History](#)

13. After completing all required information and documents, click on **Submit for Approval**

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14. NCCARES will send an automated message to alert the consultant to changes in the application packet. He or she will review the facility packet and request corrections if needed.
15. Upon review by the assigned consultant, the facility addition will be sent to the SNP Manager or designee for final approval.
16. Once the facility receives final approval by the Program Manager or designee, the Institution will receive an automatic notification from NCCARES, as well as a letter from the State agency confirming the change.

Update Internal Processes

1. The newly approved facility should be added to the Institution's monitoring and training schedules.
2. The newly approved facility should receive civil rights training as well as CACFP programmatic training. All training must be documented.