

Add a Team Nutrition CACFP Organization

<https://www.fns.usda.gov/tn/node/add/cacfp>

OMB Control Number: 0584-0642

Expiration Date: XX-XX-20XX

OMB BURDEN STATEMENT: The Food and Nutrition Service (FNS) is collecting this information in order to inform Child Nutrition Programs (CNP) operators about the availability of Team Nutrition resources. This is a voluntary collection and FNS will use the information to ensure targeted communications with program operators. This collection does not request personally identifiable information that is subject to the privacy requirements outlined at 5 U.S.C. §552a(e)3 of the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0642. The time required to complete this information collection is estimated to average 15 minutes (0.25 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0642). Do not return the completed form to this address.

Organization Information

Organization Name

Address

City

State

Zip Code

Phone Number

DUNS Number (field hidden, not required)

Unique Entity Identifier (UEI)

Enrollment Date

Is this a multi-state institution?

- No
- Yes

Organization Webpage URL (*http://www.example.com*)

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Organization Types *(Select the type of Organization)*

- Sponsoring Organization
- Independent At-Risk Afterschool Care Center
- Independent Child Care Center
- Emergency Shelter
- Independent Adult Day Care Center

Number of Sites Under the Organization *(Select all that apply per State/territory of operation)*

Child Care Center(s)

Day Care Home(s)

At-Risk Afterschool Care Center(s)

Adult Day Care Center(s)

Emergency Shelter(s)

Age Groups *(Select the age group(s) served by your site(s))*

- 0-11 months
- 1-2 years
- 3-5 years
- 6-12 years
- 13-18 years
- Over 18 years (Adults)

Organization Point of Contact

Primary Contact Name

Position

Phone Number

Email

Alternate Contact Name

Position

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Phone Number

Email

Nutrition and Wellness Activities at Your Site(s) *(If you have multiple sites, check if the statement applies to at least one of your sites.)*

Vegetable and/or fruit garden

- N/A
- Yes
- No

Dedicated space or room to breastfeed or pump breastmilk for mothers of infants/children in your care

- N/A
- Yes
- No

Physical activity for children 6 years and older for at least 90 minutes in an 8-hour period

- N/A
- Yes
- No

Supervised tummy time every day for infants in short periods when they are awake

- N/A
- Yes
- No

Physical activity for children 1-3 years old, allowing 60-90 minutes in an 8-hour period

- N/A
- Yes
- No

Physical activity opportunities for adults throughout the day

- N/A
- Yes
- No

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Screen time of no more than 1 hour per day of high-quality media viewed with an adult for children over the age of 2 years

- N/A
- Yes
- No

Catered (vended) meals and/or snacks by an outside food vendor

- N/A
- Yes
- No

Practice family style meal service at meals and/or snacks

- N/A
- Yes
- No

In-house development of training materials for the CACFP, such as handouts, worksheets, presentations, etc.

- N/A
- Yes
- No

Use or creation of original recipes or menus for the CACFP

- N/A
- Yes
- No

Please review the information you provided before submission.