Georgia Dept of Early Care and Learning

BRIGHT FROM THE START

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Brian P. Kemp
Governor

Amy M. Jacobs
Commissioner

School-Age Children Certification Statements for the Child and Adult Care Food Program during COVID-19
(Sponsoring Organization)

During the COVID-19 pandemic, centers and/or homes are permitted to claim reimbursement for meals served to school-age children who are enrolled for care. This option does <u>not</u> apply to school-age children over 12 years of age. To claim meals for school-age children in the Child and Adult Care Food Program (CACFP), all other eligibility criteria must still be met. See policy memo, *Updated Guidance for Determining and Calculating Enrollment for Child Care Centers and Day Care Homes (Revised)* dated October 1, 2019, for more information on which meals are eligible for reimbursement.

The undersigned delegated Principal/Program Contact certifies to the following with respect to monthly claims and program operation. Please maintain a copy of this form on file with your CACFP records.

This institution, its Principals(s), Responsible Individual(s) and/or Authorized Representatives(s) certify that:

☐	All applicable sites will be informed, trained, and monitored on program accountability and program requirements outlined in the policy memo *Guidance for Claiming School-Age Children in CACFP during COVID-19.*

☐	All applicable sites will maintain program accountability and the maximum number of meal(s) and/or snack(s) claimed for reimbursement will <u>not</u> exceed two (2) meals and one (1) snack **or** one (1) meal and two (2) snacks per child, per day for the School Breakfast Program (SBP), National School Lunch Program (NSLP) and Child and Adult Care Food Program (CACFP).

☐	For all applicable sites, if meal(s) and/or snack(s) are provided by a third party such as a parent/guardian or a School Food Authority (SFA), the site will <u>not</u> claim these meals for reimbursement under the CACFP.

_____	_____
Name of Sponsoring Organization	Agreement Number

_____	_____
Signature of Principal/Program Contact	Date