



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Child and Adult Care Food Program (CACFP)

Certification Statements

All institutions are required to provide a completed certification statement annually. By accepting and certifying the following statements, the institution agrees to comply with the requirements for all Programs in which it is approved to participate through the completion of the online application and acceptance of the permanent agreement. Each time the State Agency (SA) approves participation in an additional USDA Program; the institution will receive a final determination identifying all Programs in which the SA has processed in the corresponding application.

Disclaimer: This certification statement includes information regarding the Federal requirements for the Child and Adult Food Programs overseen by the D.C. SA CACFP Programs Team; however, this is not a comprehensive regulatory document. Please refer to the Code of Federal Regulations (CFR), per specific program, for a comprehensive version of program, requirements, and participant accountability.

a. Certification of the Institution's Primary CACFP Contact

*The **Primary CACFP Contact** must initial each of the following certifications and sign and date below.*

I CERTIFY that reimbursement will only be claimed for complete, approved meals served to enrolled participants.

I CERTIFY that the Child and Adult Care Food Program will be available to all eligible participants without regard to race, color, sex, national origin, age or disability, and that no discrimination will be made between participants in the course of meal service.

I CERTIFY that I am responsible for the institution's day-to-day Child and Adult Care Food Program operations.

I understand that I will be named as a responsible individual if the institution is declared seriously deficient in its operation of the Child and Adult Care Food Program because of deficiencies that occur while I am in this role. If the institution is terminated from the Program because of those deficiencies, I understand that I will be placed on the National Disqualified List until the deficiencies have been completely and permanently corrected, including the repayment of all debts, or for seven years if no debts are owed but the deficiencies are not corrected.

Signature (Primary Contact)

Date

Print Name

b. Certification for Institutions Participating in the At-Risk Meal Program

*If the institution is applying to participate in the at-risk meal program, the **Authorized Representative** must initial each of the following certifications and sign and date below.*

_____ I CERTIFY that the institution will comply with applicable health and safety standards.

_____ I CERTIFY that I understand that unlicensed institutions are not necessarily inspected by the Department of Health, and that neither the Department of Health nor the Office of the State Superintendent of Education are responsible for any health or food safety issues that may arise in conjunction with the operation of this program.

Signature (Authorized Representative)

Date

Print Name

c. Certification of Institution Viability, Capability and Accountability

*The **Authorized Representative, Official Designee of the Authorized Representative and the Owner/Executive Director** must initial each of the following certifications and sign and date below. By initialing each statement and signing this document, I certify that this institution is financially **viable**, administratively **capable**, and has internal controls for Program **accountability**.*

_____ I CERTIFY that the institution has adequate financial resources to maintain operations, even if normal income is disrupted. The financial viability of the institution can be demonstrated with audit reports or financial statements.
I further certify that the institution does not owe past due taxes.

_____ I CERTIFY that the institution has enough qualified staff to conduct Child and Adult Care Food Program operations in accordance with all applicable regulations. The necessary management procedures are in place to ensure compliance with all Program requirements, from following nutrition guidelines to keeping accurate records to submitting truthful claims for reimbursement.

_____ I CERTIFY that the institution has both an adequate financial management system and sound Management practices. If the institution is a non-profit organization, the board of directors is independent, meets regularly, and has the authority to hire and fire the executive director.

_____ I CERTIFY that the institution's initial application/renewal application and all supporting documents are current and accurately reflect operations.

Certification of Institution Viability, Capability and Accountability (continued)

Signature (Authorized Representative)

Date

Print Name

Signature (Director)

Date

Print Name

Signature (Official Designee)

Date

Print Name

Signature (Owner)

Date

Print Name

d. Certification of the Institution's Authorized Representative

*The **Authorized Representative** must initial each of the following certifications and sign and date below.*

I CERTIFY that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals have been placed on the National Disqualified List in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State.

I CERTIFY that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals has been declared seriously deficient in the operation of the Child and Adult Care Food Program, or any other Child Nutrition Program, in any State. ***If the institution, its responsible principals and/or responsible individuals has been declared seriously deficient in the operation of the CACFP or any other Child Nutrition Program, do NOT initial this statement. Attach documentation indicating the specific program(s), date(s) and State(s). Documentation must be submitted to prove that the institution and/or the principal(s) previously declared seriously deficient completed all required corrective action, including the payment of any debts owed, and have been restored to good standing.***

I CERTIFY that, during the last seven years, neither the institution, any of its responsible principals nor responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program, including any of the following Child Nutrition Programs, in any State:

- Child and Adult Care Food Program (CACFP)
- School Breakfast Program (SBP)
- National School Lunch Program (NSLP)
- Afterschool Snack Program (through NSLP)
- Fresh Fruit and Vegetable Program (FFVP)
- Summer Food Service Program (SFSP) / Seamless Summer Option (SSO)
- Special Milk Program
- Team Nutrition Program

If the institution, its responsible principals and/or responsible individuals has been terminated from or declared ineligible to participate in any publicly funded program by reason of violating that program's requirements, do NOT initial this statement. Attach documentation indicating the specific program(s), date(s) and State(s). Documentation must be submitted to prove that the institution, its responsible principals and/or responsible individuals previously declared ineligible were later fully reinstated in, or determined eligible for, the program, including the payment of any debts owed.

I CERTIFY that, during the last seven years, neither the institution, any of its responsible principals nor have responsible individuals been convicted of any activity that indicated a lack of business integrity. Activities that indicate a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State Agency.

I CERTIFY that I will accept final administrative and financial responsibility for total Child and Adult Care Food Program operations. I understand that I will be named as a responsible individual if the institution is declared seriously deficient in its operation of the Child and Adult Care Food Program as a result of deficiencies that occur while I am in this role. If the institution is terminated from the Program as a result of those deficiencies, I understand that I will be placed on the National Disqualified List until the deficiencies have been completely and permanently corrected, including the repayment of all debts, or for seven years if no debts are owed but the deficiencies are not corrected.

Signature (Authorized Representative)

Date

Print Name