



PRE-APPROVAL VISIT FORM
Montana Child and Adult Care Food Program
DAY CARE HOME FACILITY

Date of Visit:

1. _____

Provider Information:

2. Name _____
Address: _____
City, State, Zip _____

Current registration:

3. PV Number _____ Registration Expiration Date _____
REF: DPHHS Child Care Licensing

Previous participation in the CACFP:

4. Is this the Provider's first time to apply for participation in the CACFP? Yes___ No___
If no, list all previous participations in the CACFP including all states and sponsoring organizations.

5. Is this Provider named on the CACFP NDL? Yes___ No___
REF: 226.16(c)

Facility requirements:

6. This day care home is located in a private home or a private residence. Yes___ No___
REF: Four USDA policy memorandums describe this requirement: CACFP-394 dated May 9, 1994,
FNS:CND:115 dated May 2, 1994, CACFP-373 dated Nov 19, 1993 and CACFP 369 dated Nov. 4, 1993.
If any questions, contact the state agency.

Program benefits:

7. The sponsor has discussed CACFP Program benefits with the Provider. Yes___ No___
REF: 226.16(d)(1)

Sponsor's statement:

8. This facility has the capability to provide the proposed food services to children. Yes___ No___
REF: 226.16(d)(1)

Sponsor comments:

9. _____

Signatures:

10. Sponsor: _____

Provider _____

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