

CHILD AND ADULT CARE FOOD PROGRAM
PRE-APPROVAL VISIT
DAY CARE HOMES

Revised 11/16



Name _____
Address _____
City, Zip _____
County _____
Phone Number _____

Date _____
License No. _____
License Expiration Date _____
Authorized Capacity _____
Provider's Own Children _____

1. _____ **This Provider is the person who conducts meal services for children and who administers the requirements of the CACFP.**

2. **Has Provider been informed of USDA minimum nutritional standards for the following meals?**
_____ Breakfast _____ Lunch/Supper _____ Supplement

3. **Review of Forms**

- _____ Application/Sponsor Site Agreement
- _____ License
- _____ Child Enrollment Form (Parent Acknowledgment Form)
- _____ Menu Forms
- _____ Attendance Forms
- _____ Provider's Income Eligibility Form
- _____ Notification of Reasons for Termination Form
- _____ _____
- _____ _____

4. **Review of Policies**

- _____ Nutritional
- _____ Record Keeping (*Must retain for three years plus the current year*)
 - **Permanent documents - must be kept indefinitely*
 - 1. Registration
 - 2. Parent/Approval Form
 - 3. Menu/Attendance
 - 4. Correspondence
 - 5. Sponsor/Provider Agreement including responsibilities of the provider and the sponsor, and the Reasons & Procedures for Termination
- _____ Training
- _____ Reporting Deadlines
- _____ Parent Surveys
- _____ Compliance Termination

5. **Sanitation** The day care provider has been provided with instruction in adequate standards for:

- _____ Food Protection and Storage
- _____ Personal Health and Cleanliness
- _____ Cleanliness of Equipment, Utensils and Serving Area
- _____ Preparing, Cooking and Conserving Foods

6. _____ **This facility has the capability to provide meal service to the proposed number of children (7 CFR 226.16(d)(1)).**

7. **Comments/Observations** _____

Provider's Signature

Date

Sponsor's Signature

Date

"USDA is an equal opportunity provider and employer"