

CACFP Preoperational Visit Form for Sponsored Facilities Administrative and Center Sponsor Use Only

Date of Visit:	Time In: _____	Time Out: _____			
Reviewer:	_____				
Legal Name of Center:	_____		DBA Name _____		
Address:	_____				
County:	_____		Licensed Capacity: (If applicable) _____		
Telephone #	_____		# Enrolled: _____		
Program Type:	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> At Risk After School Care Program			
	<input type="checkbox"/> Adult Care Center	<input type="checkbox"/> Emergency Shelter			
	<input type="checkbox"/> Outside School Hours Care	<input type="checkbox"/> Head Start			
Organization Type:	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Profit	<input type="checkbox"/> Title XX/Pre-K Cat 1 or Title XIX		
			<input type="checkbox"/> Free or Reduced Meals (child)		
Type of Food Service:	<input type="checkbox"/> Self-preparation	<input type="checkbox"/> Central Kitchen			
	<input type="checkbox"/> School Food Authority	<input type="checkbox"/> Food Service Management Company			
Licensing/Approval to Operate					
Licensing Type:	<input type="checkbox"/> Bright from the Start (DECAL)		<input type="checkbox"/> Department of Defense (DOD)		
Approval Type:	<input type="checkbox"/> Head Start Performance Standards		<input type="checkbox"/> Other Federal, State, or local authority		
			Indicate approving authority: _____		
Alternate Licensure: <small>Child care centers only</small>	<input type="checkbox"/> CACFP Child Care Standards		<input type="checkbox"/> Exempt from licensure/approval per CACFP regulations (At Risk, Outside School Hours, and Emergency/Homeless shelters only)		
Record the meal type and components served on date of visit: _____					
			YES	NO	N/A
1. Are meals listed on the current menu creditable and contain all required components?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. For child care centers that are not licensed or approved by a Federal, State, or local authority, has the center completed the CACFP Child Care Standards form and is the center in compliance?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) If using CACFP Child Care Standards to qualify, does the center have documentation of a current Certificate of Occupancy or satisfactory fire/building inspection within the last 12 months?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If using CACFP Child Care Standards to qualify, does the center have documentation of a current health/sanitation permit or satisfactory inspection within the last 12 months?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person in charge of CACFP operations and other key staff at the center received the preapproval training provided by the sponsoring organization?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the center demonstrate knowledge of the sponsor's procedures for submission of claim documentation at the end/beginning of each month?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is center staff fully aware that all records pertaining to the CACFP must be maintained for a minimum of three years after the last claim submission?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the center fully aware that all funds received through the CACFP program may only be used for allowable food program costs as determined by FNS Instruction 796-2 Rev. 3 and Bright from the Start policies and memos?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If a pricing center, has the center developed a free and reduced written policy statement?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. For child care centers, is the center aware that the enrollment information must be updated on an annual basis?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. For child care centers that enroll infants, does the center have an acceptable plan to offer infant meals to households?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Determine if the center will use CACFP funds to pay for administrative costs other than those costs to be paid to the sponsoring organization. Does the center know that no more than 15% of the center's reimbursement may go toward administrative costs, including fees paid to the sponsor?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the center demonstrate knowledge of recording all costs charged to the CACFP on the Monthly Record of Operating Costs and Monthly Record of Administrative Costs form? Are receipts maintained?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
12. Does the organization allow enrollment or participation regardless of race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. During the visit, did it appear that discriminatory practices were avoided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Were point of service meal counts correctly taken on this date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does center staff demonstrate appropriate knowledge of completing the Daily Menu and Food Service record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If the center is applying for the At Risk After School Care program, review activities offered. Are enrichment and/or educational activities offered and actively delivered by staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do serving areas have appropriate sized chairs and tables available for participant use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Is the kitchen adequate to serve the number of children it proposes to serve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are foods and food supplies stored at least six inches above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are dishwashing/sanitizing methods accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Is frozen food properly thawed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Is the refrigerator at 45 degrees or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Is the freezer at 0 degrees or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Are cleaning supplies/pesticides stored separately from food items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Are hair restraints and hygiene practices in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is the kitchen free of insects and rodents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Is the kitchen area and equipment clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Centers			
Complete the following questions only for programs that have an adult care program. Refer to Bright from the Start CACFP Policy 33.	YES	NO	N/A
28. Does the center provide care for functionally impaired adults 18 yrs. of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does the center have records that indicate the age of all enrolled adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Are those adults who are not functionally impaired 60 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does the center have records that indicate that each adult under the age of 60 meets the functionally impaired criterion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Does the center have records that indicate that participants reside in their own home or group living arrangements where the adult primarily has care for him/herself, which makes them eligible for CACFP meal reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. If the center enrolls participants with various living arrangements, does the center have a process in place to determine who is eligible for CACFP meals and meals are claimed only for eligible participants' meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does the center have individual plans of care for each functionally impaired adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Are individual plans of care reviewed and updated on a reasonable frequency (i.e. quarterly or yearly)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Does the center provide care for eligible adults less than 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Does the center provide a structured comprehensive program that provides a variety of health, social and related support services to enrolled adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. If the center operates multiple programs for which participants are not eligible for CACFP meals, does the center have a process in place to determine which meal recipients are CACFP eligible and that meals are claimed for only eligible participants' meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Does the center ensure that meals are not claimed for adults who come to the center only to participate in the following programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Workshops, single day or series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Substance abuse programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Vocational or prevocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Social programs or events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe areas not in compliance or that need improvement. If areas can be improved, indicate the steps the organization will take. (Attach additional sheets as needed.)

Multiple empty horizontal lines for describing areas not in compliance or that need improvement.

Describe any technical assistance provided to center.

Multiple empty horizontal lines for describing any technical assistance provided to center.

Center is Eligible to Participate on the CACFP: Yes No
Approval Recommended: Yes No

If no for either item, reason must be stated above and appeal procedures must be provided.

Signature of Center Contact

Date

Signature of Sponsoring Organization Reviewer

Date