pennsylvania
DEPARTMENT OF EDUCATION

# Child and Adult Care Food Program
# Center Pre-Approval Visit Form

**CFR Part 226.16(d)(1)** Pre-approval visits to each childcare and adult day care facility for which application is made to discuss Program benefits and verify that the proposed food service does not exceed the capability of the childcare facility.

A Child and Adult Care Food Program (CACFP) pre-approval visit must be conducted by the sponsoring organization for a new center or for center at a new location/address to access its ability to manage the Program. The pre-approval visit must occur prior to adding as a site on PEARS application.

**Site Name**_____ **Date of visit**:_____

**Address**_____ **City**_____

**Anticipated start date of CACFP operation** _____ Check **one**: ☐ New Center ☐ New location

**Program Type**:
(Check all that apply)

☐ Child Care Center (CC)
☐ Adult Care Center (AC)
☐ Head Start (HS)
☐ Pre-K Counts (PK)
☐ Emergency Shelter (ES)
☐ Outside School Hours Care (OSH)
☐ At Risk After School Care Program (AR)

☐ **DHS Licensed Capacity** _____ **Expiration date**: _____
☐ Meets State health and/or safety Standards (At-Risk, OSHC, Emergency Shelter, HS) Current Inspection: Yes No

**Number of participants enrolled**_____ **Age range of enrolled participants**_____

| **Meal Service types** | **Begin time** | **End time** | **Average daily participation** |
|---|---|---|---|
| ☐ Breakfast | _____ | _____ | _____ |
| ☐ AM Snack | _____ | _____ | _____ |
| ☐ Lunch | _____ | _____ | _____ |
| ☐ PM Snack | _____ | _____ | _____ |
| ☐ Supper | _____ | _____ | _____ |
| ☐ Evening Snack | _____ | _____ | _____ |

**Meal Service Preparation**
☐ Self-Preparation (meals prepared at the center)
☐ Central kitchen (meals prepared at an approved center) (**Name):** _____
☐ School FoodAuthority/Sponsor(**Name**):_____
☐ FSMC (**Name**): _____
☐ Other (**specify**): _____

| | **YES** | **NO** | **NA** | | **YES** | **NO** | **NA** |
|---|---|---|---|---|---|---|---|
| Refrigerator (40°F or below) | | | | Oven | | | |
| Freezer (0°F or below) | | | | Stove Top | | | |
| Microwave | | | | Toaster Oven | | | |
| Hot Holding Equipment (>135°F) | | | | | | | |

**A NO response to any of the following questions may indicate a problem that requires attention prior to participating in CACFP.**

**Food Safety and Sanitation:**

| | YES | NO | NA |
|---|---|---|---|
| 1. Thermometers are present in all refrigeration and freezer units? | | | |
| 2. Cleaning supplies and other toxic materials are safely stored out of the reach of children and away from food? | | | |
| 3. There is adequate storage space for prepared and delivered foods? | | | |
| 4. The food storage and preparation areas are clean? | | | |
| 5. There is adequate dishwashing equipment or procedures for washing and sanitation? | | | |
| 6. Kitchen/food service area is adequate to prepare and serve meals to the number of enrolled participants? | | | |

**CACFP Records/Requirements were reviewed**

| | YES | NO |
|---|---|---|
| 1. Dated, daily menus, CN labels, and Product Formulation Statements for all meals/snacks in compliance with CACFP meal pattern requirements | | |
| 2. Records of daily attendance | | |
| 3. Point of Service meal counts for all meals served | | |
| 4. Daily delivery receipts for meals delivered from FSMC, SFA, or central kitchen | | |
| 5. Daily records of number of meals prepared (At Risk and Emergency Shelter only) | | |
| 6. Enrollment form for all participants | | |
| 7. Infant enrollment forms indicating iron fortified formula provided by the center | | |
| 8. Individual plans of care for each functionally impaired adult (Adult Care only) | | |
| 9. Income Eligibility forms for all participants claimed as free or reduced-priced (not required for Head Start, At-Risk, and Emergency Shelters) | | |
| 10. Documentation of training | | |
| 11. USDA Nondiscrimination statement include on all materials where CACFP is mentioned | | |
| 12. Enrollment regardless of race, color, national origin, sex, age, or disability | | |
| 13. Medical Plan of Care for disabilities and special dietary needs that require modifications to CACFP meal pattern requirements | | |
| 14. And Justice for All poster located in a publicly visible location, Building for the Future Poster | | |
| 15. WIC Fact Sheet and Building for the Future Poster (posted or distributed) | | |
| 16. Serious Deficiency process | | |
| 17. Record Retention | | |

☐ **All applicable center staff with CACFP responsibilities have been adequately trained on all Food Safety and Sanitation requirements, CACFP Record requirements, and Civil Rights requirements including those listed above and any additional requirements.**

List any corrections, changes, or information needed prior to starting CACFP:

Provide the date and method of follow-up to verify that corrections or changes listed above were made and/or required information was received:

_____ _____

**Signature of Sponsoring Organization Representative** **Date**

_____ _____

**Signature of Center Representative** **Date**