

## CACFP Site Pre-operational Visit Form

For Sponsoring Organizations of  
Child Care Centers, At-Risk Afterschool Programs, OSHCC, and Emergency Shelters

A CACFP pre-operational visit must be completed by the agency's monitor at the site prior to the start of CACFP operation when it is a new site, is at a new location, or has not operated for more than one month.

Site Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Start Date-CACFP Operation: \_\_\_\_\_ Check One:  New Site  New Location (site moved)  No Operation for > 1 month

**Type of Site:**

- Child Care Center  At-Risk Afterschool Program  
 Outside of School Hours Care Center  Emergency Shelter

**Regulatory Information (From Site License, Certification or Other):**

Capacity \_\_\_\_\_ Ages Served \_\_\_\_\_ Regulation Expiration Date (if applicable) \_\_\_\_\_  
 Months/Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

**Meal Services (Check Site's Requested Meal Services):**

| <u>Meal Type</u>                       | <u>Time of Service</u> | <u>Estimated Average Daily Participation</u> |
|--|------------------------|--|
| <input type="checkbox"/> Breakfast     | _____                  | _____  |
| <input type="checkbox"/> AM Snack      | _____                  | _____  |
| <input type="checkbox"/> Lunch         | _____                  | _____  |
| <input type="checkbox"/> PM Snack      | _____                  | _____  |
| <input type="checkbox"/> Supper        | _____                  | _____  |
| <input type="checkbox"/> Evening Snack | _____                  | _____  |

**Location of Meal Preparation (Check one):**

- Self preparation (on-site) *Through Vendor Agreements:*  
 From central kitchen (At another site's kitchen)  From school district  
 From Food Service Management Company  
 From health care facility  
 Other (*specify*) \_\_\_\_\_

Answer all questions for this specific site on the day of the pre-operational visit. A "No" response may indicate a problem that requires attention prior to participating on the CACFP.

**1. Compliance with Sanitation and Safety Requirements**

The site is equipped for and the site staff is trained on the following sanitation and safety requirements:

|  | Yes | No | N/A | If N/A, explain: |
|--|-----|----|-----|------------------|
| a. Kitchen storage and counters are clean  |     |    |     |                  |
| b. Refrigerator clean and maintained at temp of 40°F or below  |     |    |     |                  |
| c. Freezer clean, defrosted and maintained at temp of 0°F or below   |     |    |     |                  |
| d. Dishwashing and sanitizing procedures will be followed  |     |    |     |                  |
| e. Foods will be maintained at proper temps (≤40°F or ≥135°F)  |     |    |     |                  |
| f. Garbage and waste will be covered and removed daily   |     |    |     |                  |
| g. Food handling procedures will meet all sanitation requirements  |     |    |     |                  |
| h. Food will be properly stored in refrigeration/freezer units and dry areas. All open reusable food will be labeled, dated, & properly stored |     |    |     |                  |
| i. Cleaning supplies and other toxic materials will be safely stored out of the reach of children and away from food                           |     |    |     |                  |
| j. Food will be stored at least 6" off floor (8" if in basement)   |     |    |     |                  |

# CACFP Site Pre-operational Visit Form

## 2. CACFP Records and Requirements

Is there a plan for completing and maintaining the following records and requirements at the start of the site's CACFP operation?

Check "N/A" for records that are not required for this site type.

|  | Yes | No | N/A | Comments |
|--|-----|----|-----|----------|
| a. Daily, Dated Menus for all meals/snacks   |     |    |     |          |
| b. Daily, Dated Production Records for all meals/snacks (self-prep or central kitchen sites)                                     |     |    |     |          |
| c. <b>Vended or meals delivered from another location:</b> daily records of all food amounts delivered and/or production records |     |    |     |          |
| d. Time of Service Meal Count Records for each meal type claimed   |     |    |     |          |
| e. Meal service method and compliance with the meal pattern  |     |    |     |          |
| f. Daily Attendance Records  |     |    |     |          |
| g. Invoices/receipts for purchases for food service  |     |    |     |          |
| h. DCF enrollment forms on file for each child in attendance   |     |    |     |          |
| i. Household Size-Income Statements  |     |    |     |          |
| j. USDA Nondiscrimination statement included where USDA/CACFP mentioned (i.e. policy handbook)                                   |     |    |     |          |

## 3. Has all site staff with CACFP responsibilities been adequately trained on Program requirements?

*Prior to operation, site staff must at minimum be trained on points listed under #2 CACFP Records and Requirements and all sanitation and safety requirements listed in #1 Compliance with Safety and Sanitation Requirements, as pertinent to their responsibilities.*

- Yes** Give date \_\_\_\_\_
  **No** If no, which staff must still be trained and when will the sponsor provide the needed training?

## 4. Following materials are posted on site:

- "...And Justice For All" Poster (must be in a location that is visible to the public)
- Building For the Future Flier* (posted or distributed)
- WIC Fact Sheet* (posted or distributed) (Child Care Centers Only)
- Infant Menu and Infant Meal Pattern*
  - Must be posted in each infant room in a location visible to parents and guardians
  - Must be posted in a visible location to all parents, such as the parent board or distributed
- \_\_\_\_\_
- \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Monitor (Sponsoring Organization Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Staff Person (if present during this pre-operational visit)

\_\_\_\_\_  
Date

Please note if a site staff person is not present to sign this form.