## CACFP PRE-APPROVAL VISIT FORM FOR CENTERS

1. **Center Name:**
   - Address:
   - Telephone:

2. **Licensed Capacity:**
   - Age(s):
   - Expiration Date:

3. **Total Number of Participants Enrolled:**
   - Number in Attendance:

4. **TYPE OF MEAL SERVICE:**
   - BREAKFAST
   - A.M. SUPPLEMENT
   - LUNCH
   - P.M. SUPPLEMENT
   - DINNER
   - MEAL SERVICE TIME:
     - :_ :_: :

5. **Average Number of Meals Served:**

6. **What food preparation and service equipment is available?**

7. **Is this equipment adequate to prepare, store and serve the necessary meals?**
   - Yes
   - No
   - If no, explain:

8. **Have record keeping requirements been explained to and discussed with the center personnel?**
   - Check (4)
     - Record Keeping
     - Meal Service
     - Sanitation
     - USDA Meal Requirements
   - If no, explain:

9. **Is the center staff willing to and able to maintain the required records daily?**
   - Yes
   - No
   - If no, explain:

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**Signature of Facility Official**

**Date**

**Signature of Sponsoring Organization Representative**

**Date**

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For assistance in completing this form, contact your Child and Adult Food Care Program Nutrition Program Specialist at (609) 984-1250.