

Provider Number: _____

PREAPPROVAL VISIT FORM

Provider's Name: _____ Date: _____

Center Address: _____

The following items were discussed and reviewed:		Provider Agrees to Comply
1. Provider's Application and Agreement		
<ul style="list-style-type: none"> a. Obtained on enrolled children b. Approved by institution official c. Claiming own children d. Sponsoring organization (SO) policies e. Civil rights compliance 	<ul style="list-style-type: none"> 1a. 1b. 1c. 1d. 1e. 	
2. Record-Keeping Requirements		
<ul style="list-style-type: none"> a. Enrollment data b. Daily Arrival and Department Record c. Daily Record of Meal Served d. Weekly Meals Served/Infant Meals Served 	<ul style="list-style-type: none"> 2a. 2b. 2c. 2d. 	
3. Meal Patterns		
<ul style="list-style-type: none"> a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Infant Meal Pattern requirements d. Child Nutrition (CN) Labels/Product Formulation Statement e. Special dietary needs f. Planning and following cycle menus 	<ul style="list-style-type: none"> 3a. 3b. 3c. 3d. 3e. 3f. 	
4. Sanitation and Safety		
5. Child and Adult Care Food Program (CACFP) Training Requirement		
6. Reimbursement/Claiming Procedures		

Comments: _____

Approval Recommendation: Yes Effective Date: _____
 No Explain: _____

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

 Provider's Signature

 Date

 Sponsoring Organization Representative's Signature

 Date