

**SPONSOR PRE-APPROVAL VISIT  
SFSP AND CACFP AT-RISK**

<b>Check the program in which you are conducting a Pre-Approval visit.</b>		
<b>Child and Adult Care Food Program At-Risk</b>		
<b>Summer Food Service Program</b>		

<b>Sponsor Agreement Number and Name:</b>	
<b>Sponsor Address:</b>	
<b>Name of Sponsor Representative:</b>	
<b>Representative's Title:</b>	
<b>Contact Phone Number:</b>	

<b>Site Name:</b>	
<b>Site Address:</b>	
<b>Name of Site Representative:</b>	
<b>Representative's Title:</b>	
<b>Contact Phone Number:</b>	

<b>Date of pre-approval visit</b>		<b>Arrival Time</b>	
<b>Check One for site status:</b>			
	<input type="checkbox"/>	<b>New Site</b>	
	<input type="checkbox"/>	<b>New Location (site moved)</b>	
	<input type="checkbox"/>	<b>Site not in operation for more than one month</b>	

<b>SITE LOCATION</b>			
<input type="checkbox"/>	<b>Recreation Center</b>	<input type="checkbox"/>	<b>Park</b>
<input type="checkbox"/>	<b>School</b>	<input type="checkbox"/>	<b>Playground</b>
<input type="checkbox"/>	<b>Church</b>	<input type="checkbox"/>	<b>Day Care Center (after hours or separate room)</b>
<input type="checkbox"/>	<b>Library</b>	<input type="checkbox"/>	<b>Mobile site</b>
<input type="checkbox"/>	<b>Apartment/Housing Complex</b>	<input type="checkbox"/>	<b>Other</b>

<b>OPERATION</b>			
<b>Start Date</b>		<b>End Date</b>	
<b>Days of the week of operation</b>		<b>Capacity</b>	
<b>Hours of operation per day</b>		<b>Ages Served</b>	
<b>How many hours per week will this site be in operation?</b>			
This site must be licensed if operating more than 10 hours per week.			

<b>MEAL PREP METHOD</b>	
<input type="checkbox"/>	<b>Prepares Meals on Site</b>
<input type="checkbox"/>	<b>Sponsor prepares at School Food Service Authority</b>
<input type="checkbox"/>	<b>Agreement with School Food Authority</b>
<input type="checkbox"/>	<b>Contract with Food Service Management Company</b>
<input type="checkbox"/>	<b>Agreement with Health Care Facility</b>
<input type="checkbox"/>	<b>Meals from Central Kitchen</b>
<b>Address of Central Kitchen:</b>	

**MEALS SERVED**

<b>Meals Served</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Supper</b>	<b>Snack</b>
<b>Serving Time</b>				
<b>Expected Daily Attendance</b>				
<b>Days of the Week</b>	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S

<b>Meals Served</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Supper</b>	<b>Snack</b>
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<b>Days of the Week</b>	M T W T F S S	M T W T F S S	M T W T F S S	M T W T F S S

**FACILITY**

	N/A	Yes	No
<b>Answer all questions for this specific site on the day of the pre-operational visit.</b>			
<b>1. Kitchen storage and counters are clean.</b>			
<b>2. Refrigerator is clean and maintained at temp of 40 degrees F or below.</b>			
<b>3. Freezer is clean, defrosted and maintained at temp of 0 degrees F or below.</b>			
<b>4. Refrigeration and freezer storage space is adequate.</b>			
<b>5. Dishwashing and sanitizing procedures will be followed.</b>			
<b>6. Foods will be maintained at proper temperatures.</b>			
<b>7. Food handling procedures will meet all sanitation requirements.</b>			
<b>8. Restrooms are available.</b>			
<b>9. Sanitation is adequate (hand sanitizer and a hand washing sink, etc.).</b>			
<b>10. Utilities are operating (hot water, electric, gas).</b>			
<b>11. If outdoors, shelter is available for inclement weather.</b>			
<b>12. Site has current health inspection.</b>			
<b>13. "Notice of Action" submitted for site to Health Department.</b>			
<b>14. If indoors, site has a fire department inspection with 12 months.</b>			
<b>15. Sponsor has a signed site agreement for this site.</b>			
<b>16. "...And Justice For All" poster is visible to the public.</b>			
<b>17. Building for the Future Flier is visible to the public.</b>			

**RECORDS AND REQUIREMENTS**

	Yes	No
<b>1. Daily, dated menus for all meals/snacks</b>		
<b>2. Daily, dated Meal Production Records for all meals/snacks for At-risk self-prep or central kitchen sites</b>		
<b>3. Vended or meals delivered from another location: daily records of all food amounts delivered and/or production records</b>		
<b>4. Time of Service Meal Count Records for each meal type claimed</b>		
<b>5. Daily Attendance Records for At-Risk</b>		
<b>6. Invoices/receipts for purchases for food service</b>		
<b>7. USDA nondiscrimination statement included where USDA/CACFP/SFSP mentioned.</b>		

<b>At-Risk only:</b>	<b>PROGRAM/ENRICHMENT ACTIVITIES</b>	<b>(SFSP: mark NA)</b>				
<b>What activities will be provided at the site for the CACFP At-Risk Afterschool Program?</b>						
<b>Are supplies and space available to accommodate the provided activities?</b>		<table border="1"> <tr> <td><b>Yes</b></td> <td><b>No</b></td> </tr> <tr> <td></td> <td></td> </tr> </table>	<b>Yes</b>	<b>No</b>		
<b>Yes</b>	<b>No</b>					

<b>TRANSPORTATION (only if applicable)</b>			
#1300 License Regulation: Any vehicle designed or used to transport more than seven (7) passengers and one (1) driver must have an approved child safety alarm device installed. These devices must be properly maintained and in working order at all times.	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>1. Is the child safety alarm in working order?</b>			
<b>2. What is the expiration date on the proof of vehicle insurance?</b>			
<b>3. Does the Sponsor have a background check on file for the driver(s) of the vehicle(s)?</b>			
<b>4. Are all drivers at least twenty-one (21) years of age?</b>			
<b>5. Does the site have Transportation Rosters on file?</b>			
<b>6. Are the current Rosters up to date?</b>			
<b>Include comments when "no" is checked above.</b>			

<b>Is the facility ready to operate as an At-Risk or SFSP site today?</b>	<b>Yes</b>	<b>No</b>
<b>List corrections, changes, or information needed prior to starting and person responsible:</b>		
<b>Additional Information Requested/Technical Assistance Provided</b>		
_____		
_____		
_____		
_____		
_____		
_____		

_____	_____
<b>Signature of Monitor (Sponsoring Organization Representative)</b>	<b>Date</b>
_____	_____
<b>Signature of Site Staff Person present during pre-operational visit</b>	<b>Date</b>

7 CFR 226.16(d)(1) Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors. Each sponsoring organization must employ monitoring staff sufficient to meet the requirements of paragraph (b)(1) of this section. At a minimum, Program assistance must include: (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.

U.S.D.A. 2017 CACFP At-Risk Afterschool Meals Guide, page 70.  
U.S.D.A. 2017 SFSP Sponsor Monitor's Guide, page 8.