Pre-Inspection Form
For New Site

This inspection report is to be completed by an official of the sponsoring organization before a new facility can be approved for participation in the USDA Child and Adult Care Food Program. A copy of this report must be submitted to the State Department of Education as part of the application.

Type of site: _______ Daycare _______ Adult _______ At-risk
Mark one: ______ affiliated site (owned by institution) ______ unaffiliated site (not owned by institution)

1. Name of sponsoring organization ___________________________________________________
2. Name of Official Representative ___________________________ D.O.B. _________________
3. Physical address of sponsor _______________________________________________________
4. Mailing address (only if different from physical address) ____________________________
5. DUNS Number of sponsor _______________ EIN _____________________________
6. Email address of sponsor _______________________________________________________
7. Sponsor Telephone number ______________________________ Fax number ______________
8. Name and address of facility _____________________________________________________
   _____________________________________________________________________________
9. Email address of site ____________________________________________________________
10. Site Telephone number __________________________ Fax number ______________________
11. Name of person in charge at facility ______________________________ D.O.B. __________
12. License Capacity (if applicable) _________________________________
13. Hours of operation ___________________________ to _________________________________
14. Operating days of week _________________________________________________________
15. Operating days per year _________________________________________________________
16. Have food service personnel been trained in menu planning and USDA meal pattern requirements? 
   YES ______ NO ______, but training is scheduled for (date) ___________________________
17. Have all facility personnel been thoroughly trained in record keeping requirements? 
   YES ______ NO ______, but training is scheduled for (date) ___________________________
18. AT-RISK ONLY: Is this program primarily organized to provide care for children after school or on weekends, holidays, or school vacations during the regular school year? YES _________ NO ______
19. AT-RISK ONLY: Name of elementary, middle, or high school located closest to this site (*must include documentation from school proving eligibility):
   ___________________________________________________________
20. Will food be prepared at facility? YES _____________________ NO ____________________
   IF YES, complete the following:

<table>
<thead>
<tr>
<th>Equipment</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stove/microwave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
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<td></td>
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<tr>
<td>Freezer</td>
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<td></td>
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<tr>
<td>Dishwasher</td>
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<tr>
<td>Hand wash basin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counter work space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-compartment sink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dry food storage area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning material storage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking utensils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serving dishes &amp; utensils</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________________________________________

Official Representative Signature

Date

SA Office Use Only:

_______ Initials

_______ Date