

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:

	YES	NO
Stove/microwave	_____	_____
Refrigerator	_____	_____
Freezer	_____	_____
Dishwasher	_____	_____
Hand wash basin	_____	_____
Counter work space	_____	_____
3-compartment sink	_____	_____
Dry food storage area	_____	_____
Cleaning material storage	_____	_____
Cooking utensils	_____	_____
Serving dishes & utensils	_____	_____

Official Representative Signature

Date

SA Office Use Only:

Initials

Date