

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:

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_____	Initials
_____	Date

