

Sponsoring Organization Agreement # _____ - _____ - _____

CACFP PRE-APPROVAL VISIT FORM FOR CENTERS

1. Center Name:					
Address:					
Telephone:					
2. Licensed Capacity:		Age(s):		Expiration Date:	
3. Total Number of Participants Enrolled:				Number in Attendance:	
4. TYPE OF MEAL SERVICE:	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SUPPLEMENT <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SUPPLEMENT <input type="checkbox"/> DINNER				
MEAL SERVICE TIME:	_____ : _____ _____ : _____ _____ : _____ _____ : _____				
5. Average Number of Meals Served:					
6. What food preparation and service equipment is available?					
7. Is this equipment adequate to prepare, store and serve the necessary meals?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain:					
8. Have record keeping requirements been explained to and discussed with the center personnel?		Check (4) <input type="checkbox"/> Record Keeping <input type="checkbox"/> Meal Service <input type="checkbox"/> Sanitation <input type="checkbox"/> USDA Meal Requirements			
If no, explain:					
9. Is the center staff willing to and able to maintain the required records daily?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain:					

Signature of Center Official

Date

Signature of Sponsoring Organization Representative

Date

TDWJ/09 CACFP Pre-Approv. Visit Fm.

NEW JERSEY DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT CARE FOOD PROGRAM