

SPONSORS OF MULTISITE CENTERS
Pre-approval Visit and Initial Training
CHILD CARE FOOD PROGRAM

1. Name and address of facility _____

Contact person _____ Phone # _____

2. Facility is licensed for: maximum number _____ age range _____
 Hours of care _____ license expiration date _____

3. Have state licensing requirements been met (CCD license, fire inspection, sanitation inspection)?
 YES ____ NO ____

4. Total number of children enrolled and planning to attend: _____ Ages _____

5. Anticipated number at each approved meal service:

	Breakfast	AM Snack	Lunch	PM Snack	Supper
Children	_____	_____	_____	_____	_____

6. What food preparation and service equipment is available (range, dishwasher, refrigerator, freezer, etc.) _____

Is this adequate to prepare and serve the necessary meals? YES ____ NO ____
 What additional equipment is needed? _____

7. Have record keeping requirements been explained and discussed with the facility personnel?
 YES ____ NO ____

Check () the CCFP topics discussed:

- () Daily record keeping: menus, menu production records (at food preparation kitchen), meal count, attendance records with in/out times.
- () Confidential Income Statements (Application for CCFP) or other enrollment document for each child.
- () Meal patterns, creditable foods, serving sizes.
- () Other

8. Is the facility willing to and capable of maintaining the required records daily? YES ____ NO ____

9. Check ODE/USDA resources provides (if applicable): Management Manual ____; Simplified Buying Guide ____; Crediting Foods in the CCFP ____; Feeding Infants ____; Civil Rights Poster ____

 Signature of Sponsoring Organization Representative

 Date

 Signature of Facility Representative

 Date