Ohio Department of Education – Office for Child Nutrition
Child and Adult Care Food Program

NEW SITE PRE-APPROVAL VISIT FORM

Directions: All multi-site sponsors must complete this form for any NEW SITE to be added and approved for CACFP operations during the fiscal year. In order to obtain CACFP site approval, send this form to the state agency with other required documentation listed below.

Sponsor Name		
Site Name		County
Site Address	City	Zip
Site Director Name	Site Phone Number	
Site is: ☐ Non-profit (Federal Tax Exempt) ☐ For - profit		

1. Type of programs at site: ☐ Child Care ☐ Head Start ☐ Outside School Hours Care Center
   ☐ Emergency Shelter ☐ Youth Development ☐ After School At Risk ☐ Adult Day Care
2. Is site currently licensed for child care? ☐ Yes ☐ No ☐ Exempt
   If yes, submit copy of current child care license or letter of approval. Adult Day Care submit copy of Passport Approval
3. If exempt from licensing, do you have current fire and health inspections? ☐ Yes ☐ No
   If yes, submit copy of most current inspection reports
4. Is the site a different legal entity from the sponsor (different tax identification number or corporation)? ☐ Yes ☐ No
   If yes, submit a Separate Entity Agreement.
5. Check all age groups that will be attending this site: ☐ Infants 0-12 mo. ☐ Toddlers 1-2 yrs.
   ☐ Preschoolers 3-5 yrs. ☐ School-agers 6-12 yrs. ☐ School-agers 13-18 yrs. ☐ Adults
6. Total number of participants enrolled: _____ License capacity _____
7. Is the participant/staff ratio adequate to provide needed supervision? ☐ Yes ☐ No
8. Meals to be claimed on the CACFP:
   ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack
9. Does this CACFP site have a food service license? ☐ Yes, submit copy of current license ☐ Exempt ☐ No
   If no, explain plans to obtain license._____
10. How will meals be prepared or obtained: ☐ Prepared at site ☐ Delivered from own central kitchen
    ☐ Prepared by school ☐ Prepared by caterer or food service management company (FSMC)
11. If meal(s) are vended by a school, caterer or FSMC, have you completed the appropriate CACFP vending agreement or contract? ☐ Yes ☐ No
12. If meals are prepared on site, is there equipment adequate to prepare, store, and serve the needed number of meals? ☐ Yes ☐ No If no, explain: _____
13. Has training been provided to site staff with responsibilities for the operation and administration of the CACFP program?
    ☐ Yes, training documentation is on file
    ☐ No, training not yet provided but I understand it must be provided PRIOR to CACFP operations
    ☐ Training session(s) scheduled for following date(s) _____
14. Will site staff maintain the required daily records?
    ☐ Yes ☐ No If no, explain: _____

Signature of Sponsor Representative Completing Visit:	
Title:	Date: