

**CHILD AND ADULT CARE FOOD PROGRAM**  
**FAMILY DAY CARE**  
**Pre – Approval Form**

*Note enrollment is contingent upon satisfactory compliance with USDA regulations.*

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Address: \_\_\_\_\_ Registration: \_\_\_\_\_

Phone Number #: \_\_\_\_\_ Registration Expiration Date: \_\_\_\_\_

Total Number of Non-Residential Children: \_\_\_\_\_

Total Number of Residential Children: \_\_\_\_\_

Has applicant ever participated in food program before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate when and with what agency: \_\_\_\_\_

1. KITCHEN / BATHROOM (S):	YES	NO	NA	DATE CORRECTED
a) Is there adequate space for food preparation?				
b) Is there adequate space for eating meals and snacks?				
c) Is there adequate equipment available for food service preparation?				
d) Are the countertops clear of debris and clutter?				
e) Are all eating surfaces clean and accessible for eating?				
f) Are all foods properly covered and stored?				
g) Are flour and other grains stored in tight containers?				
h) Are all perishables wrapped in the refrigerator?				
i) Are the refrigeration units clean with thermometers in place and displaying the required temperatures?				
j) Is there a stove and refrigerator available in the kitchen?				
k) Is there hot and cold running water available in the kitchen and bathroom?				
l) Is kitchen garbage stored in receptacles with a tight lid?				
m) Are the premises free from rodents, vermin and insects?				
n) Are all medicines, cleaning fluids, insecticides, knives, razors, and cleaning supplies inaccessible to children?				
o) Are there individual towels and disposable paper towels available for each child?				
p) Does the home the Building for the Future magnet and ...And Justice for All poster placed in a prominent area?				

2. RECORD KEEPING AND PROGRAM INFORMATION:	YES	NO	NA	DATE CORRECTED
a) Does the provider have current Enrollment Forms on file for each enrolled participant?				
b) Does the provider have current Eligibility Applications for her/his own children and supporting documentation on file?				
c) Was the provider properly trained to complete the Attendance / Meal Count Record?				
d) Did the provider complete a Sample Menu and Daily Dated Menu? - If yes, is the Daily Dated Menu posted in a prominent area?				
e) Does the provider have access to U.S.D.A. Policies?				
f) Was the provider trained in Menu Requirements – Creditable and Non-Creditable Food Components? If yes, when? _____				
g) Was the provider informed of the Monitoring Requirements (3 times a year)?				
h) Does the provider have a copy of the signed Agreement Between Sponsor and Provider on file?				
i) Is a copy of the FDC Policy Statement for Providers on file at the provider's home?				
j) Was the provider trained how and when to submit her/his completed record keeping forms?				
k) Has the purpose of Family Day Care Food Program been explained? <i>(To provide nutritious meals to children in an atmosphere which encourages Good eating habits.)</i>				

**ADDITIONAL COMMENTS:**

*We certify that each area of this completed pre-approval form has been reviewed with the Provider during the home visit for compliance with program regulations. Also, the provider is aware of his/her rights governing the Agreement for participation in the Child and Adult Care Food Program.*

\_\_\_\_\_  
SIGNATURE OF PROVIDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPONSOR REPRESENTATIVE

\_\_\_\_\_  
DATE