**INSTRUCTIONS FOR**

**CACFP – AT-RISK AFTERSCHOOL CARE CENTER**

**PRE-APPROVAL VISIT**

A sponsoring organization must conduct a pre-approval visit of each site it intends to sponsor in the Child and Adult Care Food Program (CACFP) prior to submitting the site to TDA for Program participation. The purpose of the pre-approval visit is to discuss Program benefits and requirements, provide technical assistance, and determine a site’s ability to operate the Program in accordance with the CACFP regulations. The following areas are reviewed and documented:

* Meal Counts and Attendance
* For-profit Center Eligibility (if applicable)
* Menus and Meal Production Records
* Monitoring Requirements
* Claims
* Training Requirements
* Financial Management, including
  + Non-profit food service
  + Procurement
* Record Retention Requirements
* Civil Rights Requirements
* Serious Deficiency
* Health and sanitation
* Other

Additionally, the sponsoring organization must ensure each site is familiar with the Program Handbook, regulations, and policies related to the Program.

**GENERAL INFORMATION**

**Name of Sponsoring Organization** – Enter the name of the sponsoring organization.

**CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS).

**Date of Pre-Approval Visit** – Enter the date of the pre-approval visit.

**Time of Arrival** – Enter the time of arrival. Be sure to identify a.m. or p.m.

**Time of Departure** – Enter the time of departure. Be sure to identify a.m. or p.m.

**Site Type** – Check the appropriate box.

**CACFP Status** – Indicate if the site is currently participating in the CACFP, previously participated in the CACFP, or never participated in the CACFP. If the site currently or previously participated with a sponsoring organization indicate the name of the sponsoring organization in the space provided.

**Note: If the site is currently active with a sponsoring organization and the pre-approval visit is not being conducted during the open enrollment period of June 1 through July 31, you may not continue to enroll the site and the site will not be eligible to participate under your sponsorship**.

**Refer to Section 4000, *Managing the Program* of the CACFP Handbook for guidance related to open enrollment, transfers and good cause.**

**Site Name –** Enter the name of the site.

**Affiliation –** Check the appropriate box. Refer to Section 9000, *Terms, Definitions, and Acronyms* of the CACFP Handbook for definitions of affiliated and unaffiliated.

**Site Address** – Enter the complete address of the site, including State and zip code.

**Person Interviewed at Site** – Enter the name of the person interviewed during the visit.

**Title of Person Interviewed** – Enter the title of the person interviewed during the visit.

**PROGRAM REQUIREMENTS**

Discuss the Program requirements with the site representative. Space is provided to document observations, comments, and discussion. Indicate N/A in areas that are not applicable to the site.

**ELIGIBILTY TO PARTICIPATE**

Indicate the site’s eligibility to participate in the Program. If no, document the reason(s) in the space provided. Attach additional pages as needed.

**CERTIFICATION**

The sponsoring organization representative and the site representative must sign and date the certification. A copy of the pre-approval visit must be left with the site.

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| Name of Sponsoring Organization | | | | | | CE ID |
|  | | | | | |  |
| Date of Pre-Approval Visit | | Time of Arrival |  | Time of Departure | |  |
|  | |  | **AM**  **PM** |  | | **AM**  **PM** |
| Site Type  **Public or Private Non-Profit  For-Profit** | | | | | | |
| CACFP Program Status | | | | | | |
|  | **Currently Active: Sponsor** | | | | | |
|  | **Previous Participation: Sponsor** | | | | | |
|  | **Never Participated** | | | | | |
| Site Name | | | | | Affiliation  **Affiliated  Unaffiliated** | |
| Site Address | | | | | | |
| Person Interviewed at Site | | | | Title of Person Interviewed at Site | | |

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| **Program Requirements** | **Observations, Comments, Discussion** |
| **Meal Counts and Attendance**  *Explain Daily Meal count and Attendance Records (H1535/H1535-AT) or alternate to ensure the site understands how to complete the form and when the form must be completed. Explain "point of service" meal counts. Ensure the site understands that these forms are used to complete their monthly claim.*  If possible, conduct the pre-approval visit during a meal service to observe the point of service meal count. |  |
| **For-Profit Center Eligibility**  *Ensure that the facility understands how to calculate the 25% Title XX or Free and Reduced-price to determine the eligibility of for-profit centers. Explain how this affects the site’s claim.* |  |

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| **Program Requirements** | **Observations, Comments, Discussion** |
| **Menus and Meal Production Records**  *Review the menus that have been developed or completed to date. Ensure that all components for the meal types being claimed are included.*  *Review meal production records, if any have been completed. Ensure that these forms are completed on a daily basis. Ensure that the site understands the documentation requirements for special diets, disabilities, processed foods, etc. Review the use of the Food Buying Guide for Child Nutrition Programs (FBG) with the site. If contracting with a vendor, ensure that vendor has had appropriate training from the site and is completing meal production records as indicated in the contract.* |  |
| **Monitoring Requirements**  *Discuss monitoring requirements. Explain announced and unannounced reviews. Discuss the review form and its elements and explain corrective action requirements and disallowances.* |  |
| **Claims**  *Review the procedures for filing claims. Explain which documentation must be submitted so that a claim can be submitted. Emphasize the due date requirements for submittal of claim documentation. Explain late claims and disallowances.* |  |
| **Training Requirements**  *Discuss the mandatory training requirements and the consequences for failure to attend.* |  |

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| **Program Requirements** | **Observations, Comments, Discussion** |
| **Financial Management**  *Ensure the site understands that it must maintain a non-profit food service which means that all Program funds must be used to provide Program meals in compliance with Program requirements. Ensure the site understands that the Program funds must be kept in a separate account or accounted for as a separate ledger item in their accounting system. CACFP funds help defray the cost of the food program and are not intended to pay for all of the food program operations. Ensure the site understands the documentation requirements related to financial management. Ensure that time distribution records are maintained, if required.*  *Discuss the procurement requirements and explain the documentation that must be maintained to demonstrate compliance with procurement requirements.*  *Review Section 7000, Financial Management of the CACFP Handbook.* |  |
| **Record Retention Requirements**  *Explain that Program records must be maintained for 3 years, or until audit findings, claims, or litigation have been resolved. Ensure the site understands what records would be considered Program records.* |  |
| **Civil Rights Requirements**  *Discuss civil rights requirements with the site including training requirements and the required poster that must be displayed. Ensure the site has the poster. Ensure the site has a process for handling complaints and can explain the complaint procedure.* |  |

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| **Program Requirements** | **Observations, Comments, Discussion** |
| **Serious Deficiency**  *Explain the serious deficiency process as well as what actions and non-compliances might result in a determination of serious deficiency.* |  |
| **Health and Sanitation**  *Look for any obvious health, sanitation, or safety concerns. Review the most recent inspection report. Discuss any areas of concern.* |  |
| **Other**  *Discuss any other issues or concerns not discussed above and document here.* |  |

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| Is this site eligible to participate in the CACFP? | **Yes** | **No** |
| If no, explain: | | |

**Certification and Signature**

The site representative acknowledges that the sponsoring organization representative has fully explained, discussed and provided technical assistance for all Program requirements listed above.

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Signature – Sponsoring Organization Representative Date

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Signature – Site Representative Date