INSTRUCTIONS FOR
CACFP – DAY CARE HOME
PRE-APPROVAL VISIT

A sponsoring organization must conduct a pre-approval visit of each Provider it intends to sponsor in the Child and Adult Care Food Program (CACFP) prior to submitting the Provider 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 Provider's ability to operate the Program in accordance with the CACFP regulations. The following areas are reviewed and documented:

- Enrollment
- Tier Determinations
- Meal Counts and Attendance
- Menus and Meal Production Records
- Monitoring Requirements
- Claims
- Training Requirements
- Record Retention Requirements
- Civil Rights Requirements
- Serious Deficiency
- Appeals
- Health and sanitation
- Other

Additionally, the sponsoring organization must ensure each day care home 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.

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

Note: If the day care home 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 Sept 30, you may not continue to enroll the day care home and the day care home 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.**

Provider(s) Name(s) – Enter the name of the day care home provider(s).

Day Care Home Address – Enter the complete address of the day care home, including State and zip code.

Is the provider currently caring for children other than the provider's own child(ren)? – Mark the correct response. If the provider is not currently caring for children other than the provider's own child(ren) the sponsoring organization may not submit the *Provider Application – Day Care Homes* until the provider has non-residential children enrolled.

PROGRAM REQUIREMENTS

Discuss the Program requirements with the provider(s). Space is provided to document observations, comments, and discussion.

ELIGIBILTY TO PARTICIPATE

Indicate the day care home'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 provider(s) must sign and date the certification. A copy of the pre-approval visit must be left with the provider(s).

Name of Sponsoring Organization	CE ID

Date of Pre-Approval Visit	Time of Arrival ☐ **AM** ☐ **PM**	Time of Departure ☐ **AM** ☐ **PM**

CACFP Program Status

☐ **Currently Active: Sponsor**

☐ **Previous Participation: Sponsor**

☐ **Never Participated**

Provider(s) Name(s)

Day Care Home Address

Is the provider currently caring for children other than the provider's own child(ren)?	☐ **Yes**	☐ **No**

Program Requirements	**Observations, Comments, Discussion**
Enrollment *Review the provider's methods and the documents used to enroll infants/children to ensure all information required by CACFP regulations is obtained.*	
Tier Determinations *Explain tier determinations and the provider's choice if he/she is not tier I.*	
Meal Counts and Attendance *Explain Daily Meal Count, Attendance and Meal Production Record (H1539) or alternate to ensure the provider(s) understands how to complete the form and when the form must be completed. Ensure the provider(s) understands that these forms are used to complete their monthly claim.*	

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 provider 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 provider.*	
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.*	
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 provider(s) understands what records would be considered Program records.*	
Civil Rights Requirements *Discuss civil rights requirements, including training requirements. Ensure the provider(s) understands the process for handling complaints and can explain the complaint procedure.*	

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.*	
Serious Deficiency *Explain appeal rights and give the Provider a copy of the appeal procedures.*	
Health and Sanitation *Look for any obvious health, sanitation, or safety concerns. Discuss any areas of concern.*	
Other *Discuss any other issues or concerns not discussed above and document here.*	

Is this day care home eligible to participate in the CACFP?	☐ **Yes**	☐ **No**
If no, explain:		

Certification and Signature

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

_____   _____
Signature – Sponsoring Organization Representative   Date

_____   _____
Signature – Provider(s)   Date