Minnesota Department of Education

AT-RISK AFTERSCHOOL MEAL PROGRAM
PRE-OPERATIONAL VISIT TO NEW SITE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

WHY: **To discuss program benefits and requirements and to ensure that the facility is capable of providing the proposed meal service.**

WHEN: **A pre-operational visit must be conducted at new sites prior to claiming At-Risk meals.**

Date of Visit:_____ Claiming Start Date: _____

Site Name/ID:_____

Address: _____ Phone: _____

Estimated number of At-Risk Afterschool Snacks and/or Meals to be served at this site:

_____Afterschool Snacks _____Supper _____Lunch _____Breakfast

Describe the type of meal/food preparation at this site. Check all situations that apply:

Type of Meal/Food Preparation	Afterschool Snack	Supper	Lunch	Breakfast
On-Site Preparation	☐	☐	☐	☐
Vended	☐	☐	☐	☐

Name of Vendor: _____

☐ Vendor delivers food ☐ Staff picks up food from vendor

Food and Nutrition Service (FNS)	**YES**	**NO**	**N/A**	**COMMENTS**
A new site application has been submitted and approved by FNS.	☐	☐	☐	
A new site ID has been requested and obtained.	☐	☐	☐	

If training was not provided it must be completed prior to the sites start-up date.

Training on At-Risk Afterschool Meal Program	**YES**	**NO**	**N/A**	**COMMENTS**
Site staff have received training from the sponsor on:				
• CACFP snack and meal patterns, food components and minimum portions sizes required for school age children.	☐	☐	☐	
• Creditable and non-creditable foods in the CACFP.	☐	☐	☐	
• How to credit grains/breads (which includes how to credit pre-packaged grain-based food products).	☐	☐	☐	
• Daily completion of attendance records.	☐	☐	☐	
• The required food components that make up a reimbursable snack or meal.	☐	☐	☐	
• The requirement to record the number of snacks or meals served to participants at the "point of service" on a daily basis. *("Point of service" is defined as the location and time when snacks are served.)*	☐	☐	☐	
• The requirement to keep separate attendance and snack/meal counts for school-aged children who participate in the At-Risk Afterschool Meal Program **from** attendance information and meal/snack counts that are kept on non-school-aged children.	☐	☐	☐	

Training on At-Risk Afterschool Meal Program	**YES**	**NO**	**N/A**	**COMMENTS**
• Infant meal and snack patterns/portions sizes *(e.g., an infant who is enrolled in a Head Start or Even Start program who participates in the At-Risk Afterschool Meal Program after their other programing ends).*	☐	☐	☐	
Multi-Site Sponsors (only)	**YES**	**NO**	**N/A**	Identify Key Staff:
• Sponsor has identified "key staff" at the site.	☐	☐	☐	
• Key staff has/or will attend annual training provided by sponsor.	☐	☐	☐	
• Annual training provided to key staff included or will include: meal patterns, meal counts, claims submission, review procedures, recordkeeping requirements and reimbursement system.	☐	☐	☐	

In order to minimize the threat of any food-borne illnesses, it is important that you work closely with your local Health Department. Let them know exactly how much food preparation and cooking you will be doing at this site, the types of equipment you will be using and your plans to wash and sanitize dishes, utensils and cooking equipment. View the requirements to employ a Certified Food Manager on the Minnesota Department of Health website. Access the Minnesota Food Code on the Minnesota Department of Heath website.

Note: A copy of the Health Department inspection will need to be kept on file for review.

Health Department	**YES**	**NO**	**N/A**	**COMMENTS**
The Health Department was notified of the site's intent to operate a foodservice and obtained a food and beverage license, if applicable. Date notified:_____	☐	☐	☐	
The site received an inspection or site visit from the Health Department. The site visit documentation is available for review.	☐	☐	☐	
The Health Department assessed and approved:	**YES**	**NO**	**N/A**	**COMMENTS**
• The food service equipment (used for preparation, transport, holding, storage, and service) and considers it appropriate for the types of foods/snacks/meals being served.	☐	☐	☐	
• The dishwashing equipment and/or procedures for ware washing and sanitizing dishes, pots, pans, utensils, etc. Proper temperatures and pressures were reached: 150°F wash; 180°F rinse; 15-20 PSI.	☐	☐	☐	
• The use of all disposable dishes and utensils.	☐	☐	☐	
Food Safety and Sanitation:	**YES**	**NO**	**N/A**	**COMMENTS**
All food storage areas are clean and maintained at the required temperatures (dry storage: 50-70°F; refrigerator: 32-40°F; freezer: below 0°F).	☐	☐	☐	
Thermometers are present in all dry storage areas, refrigeration and freezer units.	☐	☐	☐	
Correct temperatures will be maintained when thawing, holding or during transportation of foods/snacks/meals.	☐	☐	☐	
Food transport equipment meets the Minnesota Food Code.	☐	☐	☐	
Temperatures of vended snacks/meals will be checked and recorded on the appropriate form at the time of delivery and again at the time of service.	☐	☐	☐	
Toxic materials and cleaning supplies are stored out of the reach of children.	☐	☐	☐	
There is no evidence of rodent or insect infestation.	☐	☐	☐	
There are no obvious fire, health or safety hazards observed at the site.	☐	☐	☐	
Additional health practices:				
Staff have been advised to wash their hands before preparing food and/or before serving a meal or snack.	☐	☐	☐	

Health Department	YES	NO	N/A	COMMENTS
Children will wash their hands before the service of a meal or snack.	☐	☐	☐	
Tables will be washed and sanitized prior to the service of a meal or snack.	☐	☐	☐	
A certified food manager is employed by the sponsor (if required by the Health Department).	☐	☐	☐	
Civil Rights:				**COMMENTS**
The "And Justice for All" poster is prominently displayed.	☐	☐	☐	
Annual civil rights training has been provided to staff.	☐	☐	☐	
Other items:				**COMMENTS**
WIC information is provided to parents/caregivers (poster/brochure).	☐	☐	☐	

Any "NO" answers will require additional explanation, clarification, training or follow-up by the sponsor.

Document other items/issues pertaining to the operation of the At-Risk Afterschool Meal Program that was discussed with the site staff.

Document additional forms or materials that are needed by this site:

Document any additional comments/concerns related to the site's CACFP operations:

_____ _____

Site Staff Signature and Date Sponsor Monitor Signature and Date

Keep this form on file for three years after the last allowable paid claim in which the fiscal year it pertains.