

CACFP Facility: Inspection Request

Office Use:

Facility #: _____

Contact Information

Name: _____ Date: _____

Telephone: _____

Facility Information

Facility name: _____

Address: _____

Date inspection needed: _____

Hours of Operation: _____

Billing Address

Same as above

Different address: _____

Type of Facility (check all that apply)

Full Service Kitchen: cooks/serves at site or cooks and delivers to other sites

Satellite Kitchen: no cooking but assembles meals delivered from other sites

Serving Kitchen: food is delivered (from another site) and served

Head Start Program

Located at a site with a National School Lunch Program (NSLP) or other child/adult care programs

Other: