

# CACFP Facility: Inspection Request

**Office Use:**

Facility #: \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Extra Info: \_\_\_\_\_

## 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

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

Other: