

SECTION I: PROVIDER INFORMATION

Name _____ Owner On-Site Date _____ Time _____
 Address _____ Phone _____
 Enrolled/Informal (NoE) Licensed Registered Licensed/Registered Capacity _____ / _____ + _____
 License/Registration available and current? Yes No In Process NoE/Lic/Reg # _____
 Number of Children in Care _____ Non-resident related to Provider _____ Non-resident no relation to Provider _____ Resident _____
 Do you operate or own more than one home? Yes No

SECTION II: CACFP BASICS – Check off each topic as you review it with the provider.

<input type="checkbox"/> Benefits of CACFP (Building for the Future)	<input type="checkbox"/> Monitoring/Training
<input type="checkbox"/> Eligibility to claim resident children	<input type="checkbox"/> Annual training requirements
<input type="checkbox"/> Income Eligibility Form complete (DOH-4161)	<input type="checkbox"/> Visited at least 3 times per year
<input type="checkbox"/> All forms completed, signed and dated by provider and sponsor staff	<input type="checkbox"/> First visit in first 4 weeks of operation
<input type="checkbox"/> Continuous Application and Agreement (DOH-3705)	<input type="checkbox"/> At least two visits will be unannounced
<input type="checkbox"/> Tiering options explained for Tier II providers	<input type="checkbox"/> Meal times will be visited
<input type="checkbox"/> Income Eligibility Form (DOH-4161)	<input type="checkbox"/> Notify Sponsor if not home at mealtime
<input type="checkbox"/> On-Site Provider Addendum (CACFP-160)	<input type="checkbox"/> Monthly Claims
<input type="checkbox"/> CACFP Meal Patterns (give copy of each)	<input type="checkbox"/> Describe sponsor's policies/procedures for submission (or for submitting menus & meal counts)
<input type="checkbox"/> Infant menus and claiming rules	<input type="checkbox"/> Reasons for meal disallowances
<input type="checkbox"/> Child meal pattern	<input type="checkbox"/> Recordkeeping rules (give supply of forms)
<input type="checkbox"/> Doctor's note needed for allergies and special diets	<input type="checkbox"/> Daily menus
<input type="checkbox"/> Crediting Foods in CACFP handbook	<input type="checkbox"/> Daily meal count
<input type="checkbox"/> Sponsor's policies/procedures for meals	<input type="checkbox"/> Annual enrollment forms for all children
<input type="checkbox"/> HCS Account for CIPS	

SECTION III: FOOD SERVICE HEALTH AND SAFETY – Evaluate the safety and cleanliness of the food preparation, food storage and serving areas, and other health and safety conditions.

Yes	No	Corrected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a working refrigerator, stove and oven on the premises
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is hot and cold running water available in the kitchen
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foods are stored properly; cold foods are kept cold, hot foods are kept hot and canned and packaged foods are stored in their original containers or acceptable storage containers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Countertops and other food preparation and serving areas are clean and free of hazards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleansers, cleaning solutions, medicines, pest control products and other toxic materials are stored in their original containers, away from food and out of children's reach
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appliances, electrical cords, knives and other sharp objects are stored out of the reach of children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provider is informed that infant formula, breast milk and other food items for infants cannot be heated in a microwave oven
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash is stored away from food preparation and storage areas and not near heat sources such as a furnace, stove or hot water heater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is an operating smoke detector in or near the food preparation area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are no obvious unsafe conditions that would threaten the health and safety of the children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is access to a working telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are two means of escape (second egress)

Comments _____

Monitor Signature _____ Provider Signature _____ Date _____

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