

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.

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| <ul style="list-style-type: none"> <input type="checkbox"/> Benefits of CACFP (Building for the Future) <input type="checkbox"/> Eligibility to claim resident children <ul style="list-style-type: none"> <input type="checkbox"/> Income Eligibility Form complete (DOH-4161) <input type="checkbox"/> All forms completed, signed and dated by provider and sponsor staff <ul style="list-style-type: none"> <input type="checkbox"/> Continuous Application and Agreement (DOH-3705) <ul style="list-style-type: none"> <input type="checkbox"/> Tiering options explained for Tier II providers <input type="checkbox"/> Income Eligibility Form (DOH-4161) <input type="checkbox"/> On-Site Provider Addendum (CACFP-160) <input type="checkbox"/> CACFP Meal Patterns (give copy of each) <ul style="list-style-type: none"> <input type="checkbox"/> Infant menus and claiming rules <input type="checkbox"/> Child meal pattern <input type="checkbox"/> Doctor's note needed for allergies and special diets <ul style="list-style-type: none"> <input type="checkbox"/> Crediting Foods in CACFP handbook <input type="checkbox"/> Sponsor's policies/procedures for meals <input type="checkbox"/> HCS Account for CIPS | <ul style="list-style-type: none"> <input type="checkbox"/> Monitoring/Training <ul style="list-style-type: none"> <input type="checkbox"/> Annual training requirements <input type="checkbox"/> Visited at least 3 times per year <input type="checkbox"/> First visit in first 4 weeks of operation <input type="checkbox"/> At least two visits will be unannounced <input type="checkbox"/> Meal times will be visited <input type="checkbox"/> Notify Sponsor if not home at mealtime <input type="checkbox"/> Monthly Claims <ul style="list-style-type: none"> <input type="checkbox"/> Describe sponsor's policies/procedures for submission (or for submitting menus & meal counts) <input type="checkbox"/> Reasons for meal disallowances <input type="checkbox"/> Recordkeeping rules (give supply of forms) <ul style="list-style-type: none"> <input type="checkbox"/> Daily menus <input type="checkbox"/> Daily meal count <input type="checkbox"/> Annual enrollment forms for all children |
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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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