

**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      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 – Instructions:** 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-5160)                     | <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 (DOH-5155)                                | <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 and 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  |

**SECTION III: Food Service Health and Safety – Instructions:** 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

Comments:

\_\_\_\_\_  
 Monitor Signature    Date    Provider Signature    Date

This institution is an equal opportunity provider.