

Community Nutrition Resources, Inc.

PO Box 6755

Apache Junction, Arizona 85278-6755

CACFP REVIEW FORM

Date of visit _____ 1 2 3 UN AN WKND EVE Arrival Time: _____ Departure Time: _____

PROVIDER NAME: _____ PHONE NO. _____

ADDRESS or DIRECTIONS: _____

REVIEWER NAME: _____

Number of caregivers present: _____

Care Provided Hours: From: _____ To: _____ Days Sun Mon Tues Wed Thurs Fri Sat Holiday: Y N

Approval Type: Tribal,DES,DHS Expiration Date _____ Capacity _____

AA Expiration Fire _____ Health _____

Meal Observed: _____ Approved mealtime _____

Portion sizes meet requirements Y/ N Plate waste? Y/N

ATTENDANCE: List names of all children present. Circle C for Compensation N Non-compensation R- resident NR-non resident

C N R NR _____	AGE _____	C N R NR _____	AGE _____
C N R NR _____	AGE _____	C N R NR _____	AGE _____
C N R NR _____	AGE _____	C N R NR _____	AGE _____

List names of children expected to arrive or who have left:

C N R NR _____	AGE _____	arrive/depart
C N R NR _____	AGE _____	arrive/depart
C N R NR _____	AGE _____	arrive/depart

Total # Children Enrolled _____ Number Claimed on Menus: _____

Meal service time	Meal	Date		Date		Date		Date		Date	
		A	C	A	C	A	C	A	C	A	C
	Breakfast										
	Snack										
	Lunch										
	Snack										
	Supper										
	Snack										

A = Attendance, based on sign in/out sheets C = Meals claimed

Do the sign in/out sheets match the time in/out recorded on the menus?

Explain any discrepancies between the number observed and the number claimed:

Meal Observed

1-12 Year Olds	Food Item	Infants	Birth- 3 Months	4-7 Months	8-11 Months	Any Meals Disallowed? Y N State Reason:
	Milk	Breast Milk/IFF				
	Meat/Meat Alt	Meat/Meat Alt/IFC				
	Fruit or Veg	Fruit or Veg				
	Fruit or Veg					
	Grains/Breads					

Program Guidelines	YES	NO	Comments
1. Provider within licensed capacity?			
2. Meals served within ratio requirements?			
3. All children have complete and current enrollment forms?			
4. Infant meals claimed?			
5. Is formula and cereal iron fortified?			
6. Are menus current/filled out up to date?			
7. Meal attendance current and up to date?			
8. Meal times are as stated in application?			
9. Meal service- Family Unit			
10. Provider and children washed hands before meal service?			
11. Meal/snack requirements met for children and Infants?			
12. No menu errors?			
13. Meal counts taken after each meal/snack?			
14. Menus provide variety?			
15. Food Substitutions supported by medical documentation?			
16. Provider serves meals to all children regardless of race, Sex, color, national origin, age?			
17. Claiming own children?			
18. Refrigerator/Freezer is clean and has a thermometer at 40 or Below and 32?			
19. Food is properly stored in refrigeration units and dry areas.			
20. Cleaning supplies, toxic materials, medications are safely stored out of reach of children and away from food?			
18. No evidence of rodent or insect infestation?			
19. Provider has copy of agreement?			
20. Fire evacuation plan and emergency numbers posted?			
21. No health, fire and/or safety hazards observed?			
22. WIC information available to provider?			
23. Building for the Future Poster?			
24. Smoke detector and fire extinguisher in working order?			
25. Nutrition Education materials distributed			
26. Copy of fingerprint card/certification on file?			
27. Block Claiming? Provider has policy on file at home and at Sponsors' office?			

Comments

Monitor:

Provider:

Corrective action and/or follow up:

Monitor Signature

Date

Provider Signature

Date