

Child and Adult Care Food Program PRE-APPROVAL VISIT REPORT

Arrival Time: _____

Departure Time: _____

Sponsor Name: _____ Date: _____

Address: _____

Reviewer: _____ Site Contact Person and Title _____

Representative Interviewed: _____

Organization Type: Government/Public Non-profit For-profit Tribal School district

Program Type: Child Care Center Outside School Hours Center Head Start
 Homeless/Emergency Shelter Adult Day Care After School At-Risk Pricing

<p>Licensing Maximum number: _____ Age Range: _____ Hours of care provided: _____ License expiration date: _____</p>	<p>Alternate Approval Date of last sanitation inspection: _____ Date of last fire inspection: _____</p>
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Section A: Site Eligibility	Yes	No	N/A
Office of Child Care (OCC) license(s) is/are current and matches CNPweb			
Fire Inspection present and up to date			
Sanitation inspection current and shows "in compliance"			
Eligibility information matches CNPweb			
Physical location address matches CNPweb			

Issues Observed	Technical Assistance Provided

Section B: Meal Observation

Type of meal observed: Breakfast ____ AM Snack ____ Lunch ____ PM Snack ____ Supper ____
 Evening Snack ____

Menu

Meal Observation and Recordkeeping	Yes	No	N/A
Meal served within the meal service time submitted in CNPweb			
Meal meets meal pattern requirements			
The meal served matches the menu; if not, substitutions are written in a working menu			
Meal counts are taken at the point of service <input type="checkbox"/> Head count <input type="checkbox"/> Actual count			
Daily meal count records maintained of the number of meals (by type) served to participants			
Menu documentation (nutrition facts labels, etc.) maintained			
Child Nutrition labels are available for commercially prepared foods			
Recipes available for homemade foods			
Valid Medical Statement For Participants with Disabilities forms are on file to support all meals claimed for reimbursement when there was an exception to the meal pattern			
Valid Milk Substitute Request Form is on file to support all meals claimed for reimbursement where there is an approved non-dairy beverage exception to the meal pattern			
For infants in care: <input type="checkbox"/> CNPweb shows sponsor offering infant meals			
<input type="checkbox"/> Sponsor provides all required infant meal pattern components			
<input type="checkbox"/> Sponsor completed Infant Menu Records			
Staff involved with meal service demonstrate understanding of meal pattern requirements			
Management Plan systems submitted with application have been implemented			

Issues Observed	Technical Assistance Provided

Section C: Food Service	Yes	No	N/A
Food prep equipment is adequate to prepare meals (scales, measuring cups, pots, utensils, stove)			
Food storage equipment is adequate to store meal components			
Sponsors that vend meals:			
<input type="checkbox"/> Delivered meals or meal components were counted upon delivery and any discrepancies recorded on the delivery receipt or menu sheet			
<input type="checkbox"/> Delivered meals are accompanied by Vendor receipt			
<input type="checkbox"/> Back up system exists if component is missing or short			
<input type="checkbox"/> Sponsor maintains a signed copy of the vended meal agreement			
Management Plan systems submitted with application have been implemented			

Issues Observed	Technical Assistance Provided

Section D: Food Safety / Sanitation	Yes	No)	N/A
Basic food safety and sanitation practices being followed when food is handled			
Food is temped prior to service			
Good hygiene practices observed (hands washed)			
Approved dishwashing procedures followed (3 compartment sink or dishwasher)			
Food storage space adequate (ambient, refrigerated, frozen)			

Issues Observed	Technical Assistance Provided

Section E: Record keeping	Yes	No	N/A
Accurate attendance records with in/out items, or present/absent, are maintained on participants			
Attendance records are maintained separate from meal count records			
The One Month Enrollment Report is accurate			
Confidential Income Statements to accurately approve			
Child Enrollment Forms accurately completed for all participants in care			
The sponsor has a financial system in place			
The sponsor has system in place to track allowable CACFP food services expenses (food, labor costs, supply costs, facility costs, etc)			
The sponsor has a written procurement plan (If "No", provide technical assistance.)			
Management Plan systems submitted with application have been implemented			

Issues Observed	Technical Assistance Provided

Section F: Civil Rights	Yes	No	N/A
Justice for All Poster is displayed in area visible to parents/guardians			
The facility staff understands the civil rights complaint procedure			
All children received the benefits of the Child Nutrition Program regardless of sex, race, color, age, national origin or disability			
The USDA non-discrimination statement is printed on all published material, including websites, that mentions CACFP and/or USDA			
Visual check supports racial/ethnic distribution reported on application			
Limited English Proficiency (LEP): the sponsor takes reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency (availability to interpreters, translated materials, bilingual employees, etc)			
The sponsor can provide reasonable accommodations for participants with disabilities			
The sponsor can provide reasonable dietary accommodations for participants with disabilities			

Issues Observed	Technical Assistance Provided

Section G: Additional Program Requirements	Yes	No	N/A
Staff training records complete and accurate			
Staff demonstrates understanding of CACFP job duties			
There is an adequate number of staff to operate CACFP			
Sponsor provides WIC information to parents			
Building for the Future flier is posted			
Management Plan systems submitted with application have been implemented			

Issues Observed	Technical Assistance Provided

Section H: Program Type Requirements	Yes	No	N/A
<u>For sponsors of the At-Risk Program:</u>			
<input type="checkbox"/> Educational and/or enrichment activities are offered <input type="checkbox"/> List activities observed:			
<input type="checkbox"/> Program is open to all			
<u>For sponsors that operate multiple sites:</u>			
<input type="checkbox"/> Sponsor has a monitor schedule established that meets all site monitoring requirements			
<input type="checkbox"/> Pre-approval completed for all sites			
<u>For sponsors that operate a homeless shelter:</u>			
<input type="checkbox"/> Meals are served in a congregate setting			
<input type="checkbox"/> Meals are claimed only for participants residing at the shelter			
<u>For sponsors that operate a Pricing Program:</u>			
<input type="checkbox"/> There is no overt identification of children receiving Free or Reduced Price meals during meal services			
<input type="checkbox"/> Sponsor notifies parent/guardian of the decision regarding eligibility within 10 days of receipt of the Confidential Income Statement			

Issues Observed	Technical Assistance Provided