

On-site Visit Form for Child Care Providers

Provider Name: _____ Date: _____

Address: _____ Arrival Time: _____ Departure Time: _____

License Number: _____ Capacity: _____ Exception: N/A PS SA Other? _____

Type of Visit: Announced Unannounced Meal/Snack Admin. First Follow-up Block Claim Follow-up
(Check all that apply) (Provide details below)

Meal Times: Breakfast _____ Lunch _____ Dinner _____
(Circle meal observed) AM Snack _____ PM Snack _____ EVE Snack _____

Full Name of Children in Attendance	Age	Meal Participant?	Provider's Child?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Menu Items Served:

Infant Menu Items Served:

Menus and Meal Counts	Yes	No
Are menus up-to-date? If no, comment below.		
Is meal attendance up-to-date? If no, comment below.		
Is the meal attendance consistent with the previous 5 claiming days?		
Do menus meet the CACFP meal pattern?		
Is vitamin C served daily?		
Is vitamin A served frequently?		
Are foods rich in iron served daily?		
Infant formula offered by provider: <i>(List formula name)</i>		

Today's Meal	Yes	No	N/A
Did the meal pattern meet requirements?			
Did the quantity meet requirements?			
Was each component served to each child?			
Is the environment of the eating area pleasant, clean, and relaxing, including the noise level?			

CACFP Forms/Records	Yes	No
Does each child have an enrollment form?		
Enrollment forms are updated: <i>(List month)</i>		
Does each infant have an up-to-date infant offer form on file?		
Are 3 years of CACFP records plus the current year available?		

Food Safety and Sanitation	Yes	No	N/A
Is the kitchen area clean?			
Is food kept at the proper temperatures?			
Are children and adult(s) properly washing their hands?			
Is the trash covered?			
Was the eating area cleaned before the meal?			
Were the pets out of the preparation/serving areas?			

Licensing	Yes	No
Is the home within capacity?		
Is the license posted?		

Training	Yes	No
Has the provider met the CACFP training requirement this program year?		

Comments:

 Provider's signature Date

 Reviewer's signature Date