

Provider Name:			Provider Number:			Review Date: / /									
Monitor Name:			Arrival Time:			Departure Time:									
Type of review:	1 st review	2 nd review	3 rd review	4 th review	Not home		No Meal								
	28 Day	Unannounced	Announced	Weekend/Holiday	Technical Assistance		Follow-Up								
Meal Observed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve. Snack									
Scheduled meal Time:															
#Day Care Children Observed		#Provider's Own Children Observed		# of Own Ineligible present			Over Capacity? Yes No								
Successful Review	Unsuccessful Review	Disallow Meals Reason:		Disallow Meals Date:			Thru Disallow Meals Date:								
				B	A	L	P	D	E	B	A	L	P	D	E
1. The meal observed was missing the following component.			Meat	Grain	FV	FV	Milk								
2. Did meal reviewed meet requirements?			Yes	No	NA										
3. Were quantities of components prepared sufficient to meet meal pattern requirements?			Yes	No	NA										
4. Is the provider serving children over the age of 2 years skim or 1% milk?			Yes	No											
5. Are the provider's own children included on attendance record?			Yes	No	NA										
6. Is there a doctor's statement on file for any child with a special diet requirement?			Yes	No	NA										
7. Name of child(ren) with special diet requirement(s).															
8. Does the meal service area meet sanitary standards?			Good	Fair	Needs Improvement										
9. Did the children wash their hands before the meal?			Yes	No	NA	10. Did the provider wash her/his hands before the meal?									
			Yes	No	NA	Yes No NA									
11. Are menus and meal counts kept on a daily basis?			Yes	No		12. Are meals recorded at point of service?									
			Yes	No		Yes No NA									
13. Is a Permanent Agreement on file for this provider?			Yes	No		14. Permanent Agreement on file for approved substitutes?									
			Yes	No		Yes No									
15. Are the parent's informed of the non-discrimination policy?			Yes	No											
16. Does the provider claim weekends, dinners or holidays and need an appropriate visit?			Yes	No											
17. Have you discussed any claim discrepancies with the provider?			Yes	No											
18. Does the provider understand their tiering status?			Yes	No											
Review Comments:															
19. List nutritional information left:						20. Date Annual Training Completed:									
CACFP Specialist Signature:						Provider Signature:									
Date:						Date:									

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