

PREAPPROVAL VISIT FORM FOR SPONSORS
Child and Adult Care Food Program
NUTRITION DEPARTMENT

Monitoring Requirements—All organizations operating more than one CACFP site must conduct their own monitoring of the sites, including a pre-approval review of any new site prior to operating CACFP, a review of the new site within the first four weeks of operating CACFP, and two more reviews for a total of three reviews. At least two of the three reviews must be unannounced. At least one unannounced review must include a meal observation. No more than six months may elapse between reviews.

DATE	AGREEMENT NUMBER/RCDT	HOURS OF OPERATION From: _____ to _____	
NAME OF SITE		TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE (Allowed to claim three meal services per child per day.)	
ADDRESS OF SITE		Mark box for meal service observed.	From To
DCFS LICENSE INFORMATION		<input type="checkbox"/> Early Snack	_____
DCFS License Number _____		<input type="checkbox"/> Breakfast	_____
License Capacity _____		<input type="checkbox"/> Morning Snack	_____
License Expiration Date _____		<input type="checkbox"/> Lunch	_____
Age Range _____		<input type="checkbox"/> Afternoon Snack	_____
		<input type="checkbox"/> Supper	_____
		<input type="checkbox"/> Evening Snack	_____
TYPE OF SITE		TYPE OF PREPARATION	
<input type="checkbox"/> Child Care Center <input type="checkbox"/> Outside School Hours Center <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Head Start Centers or School Pre-K <input type="checkbox"/> At-Risk After-School Program		<input type="checkbox"/> On-Site <input type="checkbox"/> School Agreement <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Food Vendor Contract	
TYPE OF STATUS			
<input type="checkbox"/> Not-For-Profit Tax-Exempt <input type="checkbox"/> For-Profit			

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does a food service worker have a Food Service Sanitation Managers Certification (FSSMC*)?
Name: _____ Expiration Date: _____
And/Or, has a food service worker completed an Illinois approved Food Handler Training?
Name: _____ Expiration Date: _____
<i>*Exceptions to requirements for FSSMC are subject to Illinois Department of Public Health determination. For more information contact your local Illinois Department of Public Health office.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. If a health inspection of the facility was previously conducted, provide the date. Date: _____
Were problems resolved? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the food service equipment and the food service area(s) cleaned and sanitized on a regular basis, and maintained so that all are in proper working order? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the food service equipment and the food service area(s) maintained in a manner that will allow for the safe preparation, storage, and service of the projected number of meals? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have recordkeeping requirements been explained to and discussed with center personnel?
<input type="checkbox"/> Household Income Eligibility Applications (Not applicable if At-Risk After-School Program or homeless shelter)
<input type="checkbox"/> Enrollment Forms (Not applicable if unlicensed Outside School Hours Program, At-Risk After-School Program, or emergency shelter)
<input type="checkbox"/> Meal Participation Records
<input type="checkbox"/> Menus for Children and Infants (if applicable)
<input type="checkbox"/> Infant Formula Waiver Notification (if applicable)
<input type="checkbox"/> Meal Pattern Requirements and Portion Sizes
<input type="checkbox"/> Food Service Expense Records |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Will menus be developed to meet meal pattern requirements? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Is center staff willing and capable of maintaining the required daily records? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Training Requirements—Has mandatory training on CACFP requirements been conducted for all key staff at the facility with CACFP responsibilities? |

Findings:	Corrective Action:
------------------	---------------------------

Date

Signature of Monitor

Date

Signature of Director