

ILLINOIS STATE BOARD OF EDUCATION
 Nutrition Programs
 100 North First Street
 Springfield, Illinois 62777-0001

PREAPPROVAL VISIT FORM FOR SPONSORS
Child and Adult Care Food Program

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 _____ NAME AND ADDRESS OF SITE _____ DCFS LICENSE INFORMATION License Capacity _____ License Expiration Date _____ Age Range _____ TYPE OF SITE <input type="checkbox"/> Child Care Center <input type="checkbox"/> Outside School Hours Center <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Head Start Centers or School Pre-K <input type="checkbox"/> At-Risk After-School Program TYPE OF STATUS <input type="checkbox"/> Not-For-Profit Tax-Exempt <input type="checkbox"/> For-Profit	HOURS OF OPERATION <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">FROM</td> <td style="width: 20%; text-align: center;">TO</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE (Allowed to claim three meal services per child per day.) Mark box for meal service observed. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">FROM</td> <td style="width: 20%; text-align: center;">TO</td> </tr> <tr> <td><input type="checkbox"/> Early Snack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Breakfast</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Morning Snack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Lunch</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Afternoon Snack</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Supper</td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Evening Snack</td> <td>_____</td> <td>_____</td> </tr> </table> TYPE OF PREPARATION <input type="checkbox"/> On-Site <input type="checkbox"/> School Agreement <input type="checkbox"/> Central Kitchen <input type="checkbox"/> Food Vendor Contract		FROM	TO	_____	_____	_____		FROM	TO	<input type="checkbox"/> Early Snack	_____	_____	<input type="checkbox"/> Breakfast	_____	_____	<input type="checkbox"/> Morning Snack	_____	_____	<input type="checkbox"/> Lunch	_____	_____	<input type="checkbox"/> Afternoon Snack	_____	_____	<input type="checkbox"/> Supper	_____	_____	<input type="checkbox"/> Evening Snack	_____	_____
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- Yes No 1. Does a food service employee have a certificate in food service sanitation when meals are prepared on site?
 Name: _____ Expiration Date: _____
- Yes No 2. When was the last health inspection conducted? Date: _____
 Were problems resolved?
- Yes No 3. Is all equipment clean and in working order?
- Yes No 4. Is equipment adequate to prepare, store, and serve the necessary number of meals?
- Yes No 5. Have recordkeeping requirements been explained to and discussed with center personnel?
 Household Income Eligibility Applications (Not applicable if At-Risk After-School Program or homeless shelter)
 Enrollment Forms (Not applicable if unlicensed Outside School Hours Program, At-Risk After-School Program, or emergency shelter)
 Meal Participation Records
 Menus for Children and Infants (if applicable)
 Infant Formula Waiver Notification (if applicable)
 Meal Pattern Requirements and Portion Sizes
 Food Service Expense Records
- Yes No 6. Will menus be developed to meet meal pattern requirements?
- Yes No 7. Is center staff willing and capable of maintaining the required daily records?
- Yes No 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