

## HOME VISIT REVIEW REPORT

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_  
**License Information:** \_\_\_\_\_ **Capacity:** \_\_\_\_\_ **Qualified Exempt Provider:**  Yes  No  
Number Effective Expiration  
**Type of Visit:** (Check all that apply)  Announced  Unannounced  Meal/Snack  Admin  Follow-up **5-Day Reconciliation:**  Onsite  Office  
**Meal Times:** Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_  
(Circle meal observed) AM Snack \_\_\_\_\_ PM Snack \_\_\_\_\_ Eve Snack \_\_\_\_\_  
**Days of Operation:**  Mon  Tues  Wed  Thurs  Fri  Sat  Sun **Care provided on major holidays?**  Yes  No

Full Name of Children in Attendance	Age	Meal Participant?	Provider's Child?	Menu Items Served:	Infant Menu Items Served:
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
Meal Service				Comments:	
Did the meal or snack served meet meal pattern requirements?		Yes	No	N/A	
Did the quantity meet requirements?					
Did each child receive each component?					
Was the meal served as a unit?					
Was the meal served during the scheduled time?					
Is the eating environment pleasant, clean and relaxing?					
Is water being served throughout the day?					
Are additional children expected later for this meal? <i>If yes, note names.</i>					
Food Safety and Sanitation					
Is food kept at the proper temperature? (hot foods hot; cold foods cold)		Yes	No	N/A	
Is food properly stored in the refrigerator and cabinets?					
Is the provider and the children properly washing hands?					
Is the trash covered?					
Are pets out of the preparation/serving area?					
Menu Evaluation					
Is at least one serving of grain per day a whole grain?		Yes	No	N/A	
Is juice limited to once per day?					
Grain-based desserts are <b>not</b> being claimed as meal components?					
Is cereal limited to 6 grams of added sugar per dry ounce?					
Is yogurt limited to 12 grams of added sugar per 6 ounces?					
Is the appropriate type of milk served to each age group? <i>List type(s)</i>					
Record Keeping and Capacities					
Are menus up-to-date and complete? <i>If no, specify days/meals.</i>		Yes	No	N/A	
Are meal counts up-to-date? <i>If no, specify days/meals.</i>					
Is daily attendance up-to-date? <i>If no, specify days.</i>					
Is there documentation of whole grain and cereal/yogurt served?					
Is infant formula offered by provider? <i>(List formula name in Comments)</i>					
Do children have a current enrollment form?					
Is the home within license capacity or qualified exempt regulations?					
Are meal modifications outside the meal pattern supported by a medical statement?					
Are CACFP records available for current year and 3 prior years?					
Is the CACFP training requirement completed for this program year?					
Were findings documented and discussed with provider during visit?					
Are previous CAP findings corrected?					
Are WIC and Building for the Future info distributed/displayed?					
Have findings from KDHE licensing surveys been corrected?					

Reviewer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_

Date \_\_\_\_\_

This institution is an equal opportunity provider.