



## Provider Recordkeeping & Review Preparation Checklist

Organized recordkeeping contributes to the successful administration and operation of the Child and Adult Food Program (CACFP). This document describes what records must be on file and where they can easily be accessed at any time. All records must be immediately available to ADE, USDA, and other State and Federal officials upon arrival for a review. Use this checklist as a tool to see whether you are following CACFP guidelines and how well prepared you are for review. If you answer no anywhere on the checklist, you will know that you need to make immediate improvements in that area.

<b>Provider Name:</b>		<b>Daycare home address:</b>		
<b>Records for the current fiscal year are kept at:</b>		<b>Records for the previous four fiscal years are located:</b>		
<b>Required Postings</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
<ul style="list-style-type: none"> <li>• Building for the Future- Completed with State of Arizona contact and Sponsor contact information</li> <li>• Current WIC Information posted or provided to parents in a registration packet</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
<b>Enrollment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
<ul style="list-style-type: none"> <li>• Meal Benefit Income Eligibility Forms (if required, including provider claiming own children)</li> <li>• Enrollment forms for each child (including provider own)</li> <li>• Sign In/Out for each non residential child in the home</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Menu</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
<ul style="list-style-type: none"> <li>• Meal Counts- Current up to the previous day of operation</li> <li>• Menus- Current up to the previously day of operation</li> <li>Note: DHS homes are required to have a weekly menu posted</li> <li>• Menu Documentation               <ul style="list-style-type: none"> <li>• Homemade Recipes</li> <li>• CN Labels or Production Formulation Statement for processed foods</li> <li>• Yogurt: Product label and nutrition facts</li> <li>• Cereal: Product label, nutrition facts, and ingredients list</li> <li>• Whole Grain-Rich (WGR) documentation (using one of the six methods)</li> <li>• FDCH Provider Supporting Documentation Form (Best Practice)</li> </ul> </li> <li>• Menu Modification Form- For modifications that deviate from the meal pattern</li> <li>• Documentation of Infant Feeding (Infant Preference Form, DHS Solid Food Introduction Form)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Meal Service</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
<ul style="list-style-type: none"> <li>• Provider and children wash their hands before meal service</li> <li>• All meal components are served together</li> <li>• Served meals have all required components in the required quantities</li> <li>• Meals match the menu (DHS)</li> <li>• Meal services are conducted within the approved meal service time</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

## Health &amp; Food Safety

[illegible]

## Permanent CACFP Files

<ul style="list-style-type: none"> <li>• Sponsor/Provider Agreement</li> <li>• Electronic Claiming Agreement (If applicable)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
---	--	--	--

## Licensing

<ul style="list-style-type: none"> <li>• License (DES, DHS, or for AA homes- Child Care Standards, Fire and Health Inspections)</li> <li>• AZ Driver's License- This will be required to validate the provider resides in the home</li> <li>• Fingerprint Card</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	--	--	--

Additional Required Documents During Visit			

<ul style="list-style-type: none"> <li>• Previous 5 days of operation available including: sign-in/out records, menu, and meal counts</li> <li>• Previous 12 months of CACFP records</li> <li>• Last 3 monitoring visits conducted by the Sponsoring Organization</li> <li>• Current provider application</li> <li>• Tiering documentation</li> <li>• Provider Application Change Form (If applicable)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
---	--	--	--

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

*Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.*

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

*fax: (202) 690-7442; or*

*email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*