Wisconsin Department of Public Instruction
CACFP MONITORING FOLLOW-UP
PI-6202 (New 03-10)

INSTRUCTIONS: Complete and submit to respective license specialist or County certifier. Retain copy on file.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
COMMUNITY NUTRITION TEAM
125 SOUTH WEBSTER STREET
P.O. BOX 7841
MADISON, WI 53707-7841

GENERAL INFORMATION

Date	Regulation ☐ License ☐ Certificate
Provider Name	Date and Time Onsite Review
Business Name	
Business Address *Street, City, Zip*	

The following children were present during the visit:

Name	Age	Related No	Related Yes	Relationship

At the onsite visit, the following problem(s) were identified:

- ☐ Attendance was not up to date
  Last Day Recorded _____
- ☐ Too many children were present
- ☐ Provider had a health and safety violation
- ☐ Other *Specify* _____

As a result of this problem, this provider is:

- ☐ On a corrective action plan with _____
- ☐ Seriously deficient with _____
- ☐ Not yet determined

Additional Comments:

Provider Signature ➢	Date Signed
Food Program Representative Signature ➢	Date Signed
Sponsor Name	Sponsor Contact Name