Wisconsin Department of Public Instruction
CACFP MONITORING FOLLOW-UP
PI-6202 (New 06-13)

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 *Mo./Day/Yr.*	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:	As a result of this problem, this provider is:
☐ Too many children were present ☐ Imminent threat to health and safety was identified ☐ Other *Specify* _____	☐ On a corrective action plan with _____ ☐ Seriously deficient with _____ ☐ Not yet determined

Additional Comments

Provider Signature ➢	Date Signed *Mo./Day/Yr.*
Food Program Representative Signature ➢	Date Signed *Mo./Day/Yr.*
Sponsor Name	Sponsor Contact Name