

# Child & Adult Care Food Program (CACFP) Site Review Form

<b>Date of Review:</b> _____	<b>Sponsor:</b> _____	<b>Review:</b> 4 week 1 2 3
<b>Arrival Time:</b> _____ <b>Departure Time:</b> _____	<b>Reviewer:</b> _____	<b>Type of Review:</b> Unannounced Announced
<b>Site Name:</b> _____	<b>License (if applicable):</b> Expiration Date: _____ Licensed Capacity: _____	

## Approved Meal Service Times According to the Site Application

<input type="checkbox"/> Breakfast ____:____-____:____	<input type="checkbox"/> AM Snack ____:____-____:____	<input type="checkbox"/> Lunch ____:____-____:____	<input type="checkbox"/> PM Snack ____:____-____:____	<input type="checkbox"/> Supper ____:____-____:____	<input type="checkbox"/> Eve Snack ____:____-____:____
---	--	---	--	--	---

## Previous Monitoring Findings

List problems identified in the previous review and determine if corrective action has been implemented.

Attendance and Eligibility Data	Yes	No	N/A	Comments
1. In and out logs are complete and current to document participant's attendance.				
2. The site is at/within registration/licensed capacity, and the site/participant ratio.				
3. The participants in attendance & participating in the meal service have complete and current enrollment and income forms.				
4. The meals claimed are served to participants who are within regulatory age limits.				
Sponsor Training	Yes	No	N/A	Comments
5. Has the sponsor conducted training with the site in the last year? List the last training date attended by the site: _____				
6. The site felt the sponsor training was helpful and has implemented information provided.				
7. Does the site have recommendations for future training topics/needs or training improvement ideas?				
Health, Safety and Sanitation	Yes	No	N/A	Comments
8. The refrigeration units are clean and maintained at required temperatures with working thermometers.				
9. The cooking and preparation areas are clean and maintained.				
10. Food is properly stored in the refrigeration units and in dry areas at least 6" off the floor.				
11. Cleaning supplies and other toxic materials are safely stored out of the reach of participants and away from food.				

12. The meal preparation and service areas are free of rodents and insect infestation.				
13. The site space is free of fire, health & safety hazards.				
14. Food service was conducted in compliance with generally accepted health and sanitation practices.				
15. Site staff wore hair restraints when preparing or handling food.				
16. The site staff and participants wash hands prior to food handling and eating.				
17. Dishes are washed in a dishwasher with a rinse and sanitizing cycle or hand-washed using a 3-bay method: washed hot soapy water, rinsed in hot water, sanitized with chlorine bleach rinse (1 tablespoon bleach per gallon of hot water) for one minute and air-dried.				
<b>Meal Service Observation</b>				
<b>Meal Observed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Meal Service Observed:</b>			
<b>Meal Service Observation Time:</b>	<b>Meal Service Style:</b> <input type="checkbox"/> Unitized <input type="checkbox"/> Family-Style <input type="checkbox"/> Offer vs. Serve			
Start: _____ End: _____	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
18. Daily, dated menus and meal records for all meals served, are available and up to date at the site for the current month. If No, explain.				
19. The observed meal was served at the approved, scheduled time. If No, did the site notify the sponsor of the change?				
20. The site provided meals in the approved meal service style. If No, did the site notify the sponsor of the change?				
21. The observed meal corresponds to the posted menu. If No, did the site document substitutions on the menu?				
22. The observed meal contains all required components. If No, explain how this was addressed with the site.				
23. The required quantities of food items are prepared, available and served. If No, list the components prepared and served in insufficient quantities and describe technical assistance provided.				
24. The observed meal provides a variety of colors, temperatures, textures, shapes, sizes and flavors.				
25. The meal service occurs in a pleasant and positive environment.				
26. Medical statements signed by an approved medical authority are on file for all meal substitutions that do not meet meal pattern requirement.				
27. No more than one component of the infant meal pattern is supplied by the household for claimed infant meals.				

28. An accurate meal count was taken during the meal service at the point of service. If No, explain and describe the technical assistance provided.				
--	--	--	--	--

Meal Service Observation 1 – 18 year old's or Adults		
Meal Components	Food Item	Portion Size Provided
Milk		
Meat/Meat Alternate		
Vegetable		
Fruit		
Grain		
Other		

Meal Service Observation Infants				
Meal Components	Birth – 5 months		6 – 11 months	
	Food Item	Portion Size Provided	Food Item	Portion Size Provided
Breast Milk or Formula				
Infant Cereal or Meat/Meat Alternate				
Fruit and/or Vegetable				
Bread, Crackers or RTE Cereal (Snack only)				
Other				

**Reconciliation of Meal Counts**

Record the enrollment and meal counts reported by the site for five previous consecutive days during the current or prior claiming period. Using site records, determine the number of participants in care during each meal service, record the attendance and reconcile those numbers to the numbers of meals claimed for that day. Determine if the meal counts were accurate. If there is a discrepancy determine whether an over claim occurred. If so, circle and record as a finding.

29. Meal counts the day of the review:	B		AM		L		PM		S		Eve	
--	---	--	----	--	---	--	----	--	---	--	-----	--

**Meal Counts**

Date	Enrollment	B		AM		L		PM		Supper		Eve	
		Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count

Civil Rights	Yes	No	N/A	Comments
30. The And Justice for All poster containing the non-discrimination statement is on display at the site.				
31. The Building for the Future poster is on display at the site.				

**Summary of Findings**

Description of Finding	Corrective Action (CA) Needed	CA Due Date	Follow-up Visit Date	Date Corrected

**Meal Pattern Errors**

Date	Meal Type	Missing Component	Menu	# Meal Claimed

**Notes/Comments:**

**Technical Assistance Provided:**

**Recommendations:**

<b>Site Supervisor or Representative:</b>	<b>Date:</b>
<b>Sponsor Representative:</b>	<b>Date:</b>

This institution is an equal opportunity provider.