Site Review Form Date of				Review:				Arrival Time: Departure Time:						
Child & Adult Care Food Program Review					: 1 2	2 3 UN 4 week Meal Observed: □ Yes						□ Yes	🗆 No	
Cen	Center:						Sponsor:							
License Posted: Expiration Date: Licensed Capacity:						Reviewer:								
	Breakfast	□ AM Snack	🗆 Lunch			D PN	□ PM Snack □ Supper □ Ev					Eve Sn	nack	
	::	::	:	·;	-	:_		:		_:_	:	:	:	
Mea	al Observed:					Meal	Servic	e Obser	vation '	Time	e: Start:	End:		
Att	endance & Eligib	oility Data			Yes	No	N/A				Comments			
	In and out logs are children's attendand	complete and current t	o documer	nt										
	The center is at/with the center/child rati	hin registration/license	d capacity,	, and										
		endance & participating ete and current enrollm	·											
	The meals claimed a regulatory age limit	are served to children v ts.	who are wi	thin										
Hea	alth/Safety/Sanita	ation			Yes	No	N/A				Comments			
5.		units are clean and main ures with working ther												
6.	The cooking and p maintained.	preparation areas are clo	ean and											
7.	Food is properly st areas at least 6" of	tored in the refrigeratic f the floor.	on units an	d in dry										
8.	• • • •	and other toxic materia each of children and aw												
9.	The meal preparat rodents, and insect	tion and service areas a t infestation.	re free of a	nimals,										
10.	The child care space	ce is free of fire, health	& safety h	azards.										
11.		conducted in compliand an interference of the sanitation practices.	ce with ger	nerally										
12.	The center staff an handling and eatir	ıd children wash hands ng.	prior to fo	ood										
 Dishes are washed in a dishwasher with a rinse and sanitizing cycle () or dishes are hand-washed in 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 (). 														
Sponsor Training				Yes	No	N/A				Comments				
14. List the date of the last sponsor conducted training session the center attended:														
15. The center felt the sponsor training was helpful, and has implemented information provided.														
16. Center recommendations for future training topics/needs or training improvement ideas are.														



Meal Service Observation & Documentation											
Age Group	Food Item & Portion Size										
	Milk / Formula Breast Milk Meat/Meat Alt. Ve			etable		Frui	t/Vegetable	Grain/ Infant Cereal	Other		
Birth – 5 Months											
6 – 11 Months											
1 - 18 Year Olds											
Adults	Adults										
				Yes	No	N/A		Comments			
17. The observed me If no, the center n	al was served at the a otified the sponsor o	* *	led time.								
18. The observed me	al corresponds to the	e posted menu.									
19. The observed me No, list the detail		required compon	ents. If								
 20. 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. 											
21. The observed me textures, shapes,		of colors, temper	atures,								
22. The meal service	occurs in a pleasant	and positive envi	ronment.								
23. Medical statemer medical special d	nts are on file for all s lietary or religious ne		ed to								
24. At least one required/recommended component of the infant meal pattern is supplied by the center for claimed infant meals, records are complete and on file to document infant meals. Image: Complete complete complete component of the infant meals complete co											
25. An accurate meal count was taken during the meal service at the point of service. If No, explain and describe the technical assistance provided.											
26. Daily, dated meal records for both children and infants, as applicable, are available and up to date at the center, for all approved/claimed meals for the current month. If "No," explain.											
27. Meal Counts the	day of the review:	Breakfast				Р	'M Snack				
		AM Snack				S	upper				
			Е	vening Snack	<u>ــــــــــــــــــــــــــــــــــــ</u>						



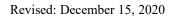
28. Reconciliation of Meal Counts

Record the meal counts reported by the site for five consecutive days during the current or prior claiming period in the shaded box. Using center records to determine the number of children 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 on page 3.

Meal Counts													
		В		AM		L		РМ		Sup	per	er Eve	
Date	Enrollment	Attend.	Meal count										

Civil Rights		No	N/A	Comments
29. The And Justice for All poster containing the non- discrimination statement is on display in the center.				
30. The Building for the Future poster is on display in the center.				

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





Summary of	f Findings								
1	Brief Description	of Finding	Corrective Action (CA) No	eeded	CA Due Date	Follow-up Visit Date	Date Corrected		
Menu/Meal R	Record Errors	1							
Date	Meal Type	Missing Component	Ν	Menu		ļ	# Meal Claimed		
Notes/Comm	ents:								
Technical As	sistance Provided/	Recommendations:							
	visor or Represen	tative:		Date:					
Sponsor Repr	resentative:		1	Date:					

