

Child and Adult Care Food Program SITE REVIEW FORM

Each site must be reviewed at least three times annually. At least two of the three reviews must be unannounced and at least one unannounced review must include the observation of a meal service. Reviews cannot be more than six months apart.

Preapproval visits must be conducted at new sites prior to the beginning of program participation and reviewed again within the first four weeks of CACFP operation.

NAME AND ADDRESS OF SITE: Name of Site Contact: _____	DATE OF REVIEW: REVIEWER:	TIME IN: TIME OUT:
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TYPE OF REVIEW (Check One) <input type="checkbox"/> Preapproval <input type="checkbox"/> First Four Week <input type="checkbox"/> Regular Review <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Follow-up: _____	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/> Non-meal Visit BR AM LU PM SU EV Circle Meal Viewed
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PREVIOUS FINDINGS

Summary of Findings from Previous Reviews: _____

Summary of Computer Software Error Report (Minute Menu) prior to review (Unaffiliated sites only): _____

Technical Assistance Provided: _____

Describe how the center has addressed any previous findings:

RECORD KEEPING

1. **Income Eligibility Forms for all participants whose meals are claimed in the Free and Reduced priced meal categories, are current and complete?**

Yes No # of IEF's reviewed: _____; # of IEF's in error or missing: _____

If IEFs are maintained by the sponsoring organization, this step may be completed at the sponsoring organization.

If No, list follow-up required: _____

2. Enrollment forms are on file for all current participants?

Yes No # of Enrollments reviewed: _____ : # of Enrollments in error or missing: _____

If Enrollment forms are maintained by the sponsoring organization, this step may be completed at the sponsoring organization.

If No, list follow-up required: _____

3. Meal count sheets are up-to-date through the current/last meal service? (Make sure meal counts are not recorded for meals that have not occurred).

Yes No - If No, list the dates and the meals which meal count records are incomplete.

If No, list follow-up required: _____

4. Menu production records are up-to-date and/or delivery tickets are current through the last meal service?

Yes No - Month & Dates of the production records reviewed on-site: _____

Specify all menu production records/ vendor ticket errors observed (Missing food components and/or quantities, serving non-creditable foods, etc.): _____

Number of Meals in Error: _____ If No, list follow-up required: _____

5. CN labels or Product Formulation Statements are on file for required components (Refer to Crediting Food Book)?

Yes No - List food item and follow-up required: _____

6. Center provides required milk type based on participants' ages.

Yes No - If no list follow up required: _____

7. The Center provides at least one whole grain-rich item daily.

Yes No - If no list follow up required: _____

8. The Center provides ready-to-eat hot/cold cereals that meet the required sugar limit.

Yes No - If no list follow up required: _____

9. The Center provides yogurts that meet the required sugar limit.

Yes No - If no list follow up required: _____

10. If a meal is observed, are meal counts made at the point of meal service? Are meals eaten on site? (For example, if a child is given a snack to take home, it is not reimbursable. Meals may be claimed only when participants are in care).

Yes No - If No, list follow-up required: _____

11. Do the number of meals recorded by the center staff match the number of meals recorded by the reviewer?

Yes No - If No describe the discrepancies: _____

FOOD SERVICE OPERATIONS

12. Menus include a variety of meal components including fresh fruits and vegetables, whole grains, and limited number of processed foods?

Yes No - If no, describe technical assistance: _____

13. Are sanitary conditions maintained in the food preparation and service area?

Yes No - If no describe your observations: _____

Follow up action taken: _____

14. Do the participants wash their hands before meal time with soap and running water?

Yes No - If no, describe technical assistance: _____

15. Are all food components served at the same time?

Yes No - If no, list follow up required: _____

16. Is enough food prepared and served to meet the minimum requirements of the Child and Adult Care Food Program?

Yes No - If no describe your observations: _____

17. Are meals served according to the meal times approved on the site application?

Yes No - Follow Up: _____

18. Water is made available to children throughout the day, including meal times, at their request (does not have to be self-serve). Does not apply to adult centers.

Yes No - Follow Up : _____

19. Statement(s) are on file from recognized medical authorities for participants whose meals do not meet meal pattern requirements for medical or other special dietary reasons.

Yes No - If no describe your observations & follow up: _____

MEAL OBSERVED: Breakfast Lunch Snack AM/PM/EV Supper

Number of participants in attendance: _____

Meat/Meat Alternate:	_____	Quantity/Portion Sizes _____
Fruit/Vegetable:	_____	Quantity/Portion Sizes _____
Fruit/Vegetable:	_____	Quantity/Portion Sizes _____
Grains/Bread:	_____	Quantity/Portion Sizes _____
Milk:	_____	Quantity/Portion Sizes _____
Other:	_____	Quantity/Portion Sizes _____

Infant Menu (Complete if center has infants are in care.)

20. The center has selected at least one formula to provide infants. (Name of formula: _____)

Yes No - If no, list follow up required: _____

21. The center has notified parents of the formula selected.

Yes No - If no, list follow up required: _____

22. The center has documentation that parents accept/decline the center provided formula for all infants claimed (crosscheck with infants claimed).

Yes No - If no, list follow up required: _____

23. The center maintains solid readiness documentation for all infants developmentally ready for solid foods.

Yes No - If no, list follow up required: _____

24. Copies of Infant Production Records were available and complete through the current meal service.

Yes No - If no, describe your observations (Missing food components and/or quantities.)

List the dates and meals with errors: _____

If no, list follow up required: _____

Civil Rights

25. Is the "And Justice for All" civil rights poster displayed in a prominent location?

Yes No If No, a poster must be displayed at the center.

26. Admission and placement criteria/procedures are nondiscriminatory?

Yes No

27. Participants are not separated by race, color, national origin, sex, age or disability in the following areas: eating area, serving lines, seating arrangements, assignment of eating period?

Yes No

28. All services and facilities are routinely used by all persons regardless of race, color, national origin, sex, age or disability?

Yes No

29. Is the nondiscrimination statement and the procedure for filing a complaint included in the information concerning the program and program activities that is directed to the beneficiaries and potential beneficiaries? (The center information has been entered their contact information on Page 2 of the IEF.)

Yes No

Civil Rights compliance follow up required: Yes No

Describe: _____

ADDITIONAL OBSERVATIONS:

Findings from five-day reconciliation and attendance errors:

Signature of Reviewer

Signature of Site Representative

Date: _____

5-Day Reconciliation (complete attached worksheet - copy additional pages as needed).

A reconciliation of meal counts for five consecutive days must be included as a part of each facility review conducted by a sponsor. Five-day reconciliation is completed on 10 percent of the center's enrolled participants, with a minimum of five participants being included in the reconciliation.

1. Gather meal counts, current enrollment forms and attendance records.
2. Choose five consecutive operating days from the meal count records.
3. Choose a 10 percent sample of enrolled participants (or a least five participants) and record each participant's full name and usual days/times and meals from the enrollment form.
4. Evaluate the center's enrollment records to ensure that they are current and accurate.
 - a. Enrollment records include
 - Participant's name
 - Date of birth
 - Date care began
 - Signature of adult household member
 - Usual times in care and days in care (child care centers only; optional if parent check child in and out)
 - Usual meals served while in care (child care centers only; optional if parent checks child in and out).
 - b. Enrollment records must be complete and signed and dated by the adult household member within the past 12 months (child care centers only; one time enrollment for adult care centers)
5. Check to see that time in/out attendance records are on file for every participant.
6. Record all meals claimed for the sample during the identified five-day time period.
7. Compare usual days/times in care and attendance records with the meals claimed for reimbursement for your participant sample. Note any discrepancies.
8. If meal counts and attendance cannot be reconciled, the regulations require the reviewer to determine whether the establishment of an overclaim is necessary.

Additional edit checks if discrepancies are observed: (REF: MEMO CACFP 10-2018: Conducting Five-Day Reconciliation)

- Determine number of children in attendance during the five-day period.
- Compare each day's total meal counts to daily attendance to ensure meal counts do not exceed number in attendance for each day.
- Compare total enrollment to daily attendance to ensure attendance did not exceed enrollment for any day in the five day period (in facilities where enrollment forms are required). If attendance does exceed enrollment, for any day or any shift (if shift care is provided), the reviewer must determine the source of the error (e.g. inaccurate attendance records, missing enrollment forms) before a five-day reconciliation can be completed.
- Compare the center's total meal counts to its licensed capacity. Meal counts for any day or any shift (if shift care is provided) should never exceed licensed capacity.

FIVE-DAY RECONCILIATION WORKSHEET

CACFP SITE REVIEW

Name of Site: _____

Week of _____

Child's Name	Enrollment Form			Week of: _____		Circle Meals Claimed
	Meals	Days in Care	Times	Days & Times in Attendance		
John Doe	(B) (A) (L) (P) S E	M-F	8am-5pm	1/1/17	8:00am-5:00pm	(B) (A) (L) (P) S E
				1/2/17	8:00am-5:00pm	(B) (A) (L) (P) S E
				1/3/17	8:00am-5:00pm	(B) (A) (L) (P) S E
				1/4/17	8:00am-12:00pm	(B) (A) (L) (P) S E
				1/5/17	Absent	B A L P S E
	B A L P S E					B A L P S E
						B A L P S E
						B A L P S E
						B A L P S E
						B A L P S E
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