

CACFP SITE REVIEW

Site Name/No.: _____ Date of Review: _____

Unannounced review Follow-up review

MEAL OBSERVATION

Meal Observed: Breakfast Lunch Supper
 A.M. Snack P.M. Snack Eve. Snack At-Risk Snack

Type of Meal Service: Pre-portioned Family Style Offer vs. Serve (only in adult care centers)

Children/Adults (In adult care centers)			Infants		
Meal Components	Food Items Served	Meal Components	Food Items Served		
			Birth through 3 Months	4 through 7 Months	8 through 11 Months
Milk		Iron Fortified Formula or Breast Milk			
Meat or Meat Alternate		Meat or Meat Alternate			
Fruit or Vegetable		Fruit or Vegetable			
Fruit or Vegetable		Infant Cereal			
Grains/Breads		Other			
Grains/Breads (adult care centers)					

- Yes No N/A
 The menu met the meal pattern requirements for children/eligible adults (in adult care centers). If no, meals are disallowed as noted on page 2.
- Only cereal with 9 grams of sugar or less was served. If no, meals are disallowed as noted on page 2.
- Only 100% full strength juice was served. If no, meals are disallowed as noted on page 2.
- Potatoes are considered a vegetable and were not served as a bread/grain item. If no, meals are disallowed as noted on page 2.
- Peanut butter and other nut butters were supplemented with another meat/meat alternate at lunch and supper. If no, meals are disallowed as noted on page 2.
- Two items from different food groups were served for snack. If no, meals are disallowed as noted on page 2.
- The infant menu met the meal pattern requirements. If no, meals are disallowed as noted on page 2.
- The infant formula offer forms were on file for all infants claimed. If no, obtain forms for infants that are not on file.
- Food portion sizes met the meal pattern requirements based on the ages of the children served and/or based on the amount required for eligible adults (in adult care centers). If no, train the staff on meal requirements.
- All required food items were served at the same time during the observed meal. If no, train staff to serve items at the same time.
- When a child/eligible adult (in an adult care center) initially refuses or does not take the required portion of a food item during family style meal service, the supervising adult(s) must offer the food item again to the child/eligible adult for the meal to be reimbursable. This requirement was met before meal counts were recorded. If no, meals are disallowed as noted on page 2.
- During family style meal service, a sufficient amount of prepared food was placed on each table to provide the required portion of each of the food items for all children/eligible adults (in adult care centers) served. If no, train the staff on meal requirements.

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Offer versus serve was properly implemented for adult participants (in adult care centers). If no, train the staff on meal requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food safety and sanitation practices are being followed. If no, train the staff on best practices. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical statements were on file for all children/eligible adults (in adult care centers) allergic to milk. The note indicated what to substitute in place of milk. If no, a medical excuse must be obtained for _____ . If you are unable to obtain a medical excuse then you may not claim meals, which require milk, that are served to this child(ren)/eligible adult(s). Meals are disallowed for the observed meal as noted below. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food handler's permit(s) are on file. If no, obtain the food handler's permit(s) needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____. |

MEAL COUNTS

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meal counts were taken at the time the meal was served to ensure only complete meals served to children/eligible adults (in adult care centers) are claimed. Meal counts were not based on attendance. If no, meals are disallowed as noted below.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There were records to substantiate that no more than three feedings per child/eligible adult (in an adult care center) per day were claimed. If no, meals are disallowed as noted below.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fourth meal was claimed for some children/eligible adults (in adult care centers). Only two meals and one snack or two snacks and one meal may be claimed per child/eligible adult per day (except homeless centers). Meals are disallowed as noted below.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A current license or permit was in effect (except in adult care centers). If no, a copy must be obtained or meals are disallowed as noted below.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meals claimed exceeded the license capacity (except adult care centers). If yes, the meals that exceed the license capacity are disallowed as noted below.

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All or a total of _____ meals are disallowed due to _____

These meals can not be included in the claim for reimbursement. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A block claim (where the meal counts were the same for 15 consecutive days for one or more meal type(s) during the month) is noted. If yes, document the valid reason or the corrective action taken below.

_____ |

5-Day Meal Count Reconciliation

Record in the chart below the date, the meal counts for each meal type claimed and the total number of children in attendance during the five preceding serving days. Also, record the meal count for the meal observed on the day of the review.

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack	Supper	Evening Snack	Total Daily Attendance

Yes No

The number of meals served during the meal observation was reflective of the meal counts for the same meal type for the five preceding serving days. If no, document the reason: _____

The meal counts for one or more meal type(s) claimed exceeded the number of children/eligible adults (in adult care centers) in attendance during one or more of the five preceding serving days. If yes, document the reason and the correction made to ensure the number of meals claimed does not exceed the number of children in attendance.

Enrollment Form Verification

List in the chart below ten percent of the names of the children in attendance during the five preceding serving days (list no less than five children), and indicate if the child has an E/IEA (Enrollment Income-Eligibility Application) or EF (Enrollment Form) on file.

Name of child in attendance	E/IEA or EF on file		Name of child in attendance	E/IEA or EF on file	
	Yes	No		Yes	No

Yes No N/A

Enrollment forms (not more than a year old) were on file for ten percent of the children listed on the attendance form(s) for the five preceding serving days. If no, obtain the missing enrollment forms. (This does not apply to adult care centers, at-risk, homeless, or outside-school-hours centers).

MEAL COUNTS (Continued)

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E/IEAs or EFs were completed with the child's name, birthdate, age, normal days and hours of care, meals normally received, address and daytime phone number recorded. If no, have the parents complete the form(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff has attended CACFP sponsor training. If no, note when the training will be conducted: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The "And Justice for All" poster was on display. If no, the poster was provided and was displayed in a prominent location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

CORRECTIVE ACTION

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrective action is required. If yes, list as follows: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior review findings were corrected. If no, list the follow-up that is required: _____

Signature of Monitor: _____ Date: _____

Signature of Site Director or Representative _____