Rev. 5/14/2014

# CHILD AND ADULT CARE FOOD PROGRAM ADMINISTRATIVE REVIEW FORM

1.	NAME AND ADDRESS OF S	SPONSOR:	AGREEMENT NUMBER:							-	
			DATE OF REVIEW:								
				ITY:							
_				TELE	PHONE NUM	IBER:		-		-	
				FAX N	NUMBER:						
								I			
2.	NAME AND TITLE OF REVI	EWER:									
3.	NAME AND TITLE OF PERS	SON INTERVIEWED:									
4.	TYPE OF REVIEW:										
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	(//////////////////////////////////////	//////////////////////////////////////		luicu		imounced		.O W	СР		Duy
5.	TYPE OF SPONSOR:			6.	TYPE (S) O	F PROGRAM	(S)		NUMBE	R OF	EACH
	☐ Independent Child and	Adult Care Center			Infant						
	Independent OSH Cent	ter			Preschool						
	Sponsoring Organization	on			Infant/Pres	school					
	Number of Sites:				Outside-Sc	chool-Hours					
	Proprietary				Military						
					At Risk						
7.	TAX EXEMPT STATUS:				Adult						
	Tax Exempt -501 C 3				Emergency	y Shelter					
	Head Start Applying for	or Tax Exempt Status				Total					
	Government Agency										
	Military			8.	COMMODI	TY ASSISTAN	T-SPON	ISO	R REC	EIVES	<b>5</b> :
	Proprietary Agency/Ti	tle XIX/XX-25%			Cash-in	n Lieu of Con	nmodit	ies			
					Commo	odities					
9.	FOOD PREPARATION:	Self Prep		Vend	ed					Both	1
		Unitized		Bid		Small P	urchas	e			
		☐ Family Style		Bid A	ddendum	School School	Contra	ct			
				Hospi	tal						

# 10. Completed Documents on File:

Document	Yes	No	N/A	Comments
Current/Permanent Agreement				
Sponsor Management Plan				
Procurement Standards				
Program Application (For each approved center)				
CACFP Memos				
Certificate of Incorporation or Formation Papers				
Current Schedule A				
Claims for Reimbursement				
News Release				
Does the sponsor provide and post at each site, Building for the Future materials for the parents of each enrolled child				
Is the nondiscrimination poster "And Justice For All" posted in a prominent area				
Title XX/XIX Documentation (Proprietary Sponsors Only)				
Does the agency have a system in place to monitor outside employment of all CACFP staff to ensure that outside employment does not conflict with CACFP responsibilities and other ethical issues				
Has the agency or any of the sponsored centers been disqualified from participation in any other publicly funded program for violating program requirements				
Is there evidence of implementation of the <b>Household</b> Contact Policy where necessary				
Agency maintains all program records for five years.				

## 11. Eligibility/Enrollment (Not Applicable to At Risk or Homeless Centers):

	Yes	No	N/A	Comments
Does the sponsor use the current eligibility application				
provided by the CACFP, which includes normal hours of				
days in care, and meal types provided				
Are the eligibility applications for the reviewed month(s)				
signed and dated within 12 months				
Was the current Family Size and Income Scale used to				
determine the applications				
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Does the sponsor use the current CACFP parent letter				
signed by the agency/center				

## 11. Eligibility/Enrollment (Continued):

	Yes	No	N/A	Comments
Are current enrollment documents available for all				
participants determined in the paid category where				
eligibility applications are not on file				
le there a current eligibility record on file, which list all				
Is there a current eligibility record on file, which list all enrolled participants				
Is there a complete and current eligibility application				
for every participant				
Is the eligibility determination correctly noted on the				
eligibility record for each participant				
<b>Head Start Sponsors Only:</b>				
a) Does the sponsor have a list of participants enrolled				
and income-eligible for the Head Start Program that				
is signed by a Head Start official				
b) Are current CACFP eligibility applications on file for				
those enrolled participants not included on the Head				
Start list				

## 12. Eligibility Application Worksheet:

List the deficiencies identified for the eligibility applications on the following form (Continue on addendum if necessary).

	0 7 1		<b>3</b>
Participants Name	Sponsor Determination	Determination Per Review	Deficiency/Problem/Comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

## 13. Eligibility/Enrollment Totals:

	Per Reimbursement Voucher	Per Administrative Review	Comments
Month			
Free			
Reduced			
Paid			
Total			

#### 14. Attendance Records:

	Yes	No	Comments
Did the sponsor keep totaled daily attendance records/sign-in sheets for every participant in the month reviewed			
Does the attendance record support the number of meals claimed for reimbursement in the month reviewed			

## 15. Title XX/XIX Documentation (Sponsors of Proprietary Centers Only):

(Calculate to verify eligibility percentage for each center. Use either total enrollment or license capacity. If the center has children who are not participating in CACFP, these children are not included when calculating the eligibility Percentage.)

**Equation**: Title XIX, XX, TANF **or** F/R Enrollment **÷** Total Center Enrollment **or** License Capacity **=** % Eligibility

MONTH	NAME OF CENTER OR LOCATION # $(See\ Schedule\ A)$													
	Per Voucher	Per Review	Per Voucher	Per Review	Per Voucher	Per Review	Per Voucher	Per Review	Per Voucher	Per Review	Per Voucher	Per Review	Per Voucher	Per Revie w
Total Enrollment														
License Capacity														
Total # TXX/XIX Particp.														
Percentage Title XX/XIX														
Total # F/R Particp.														
Percentage Free / Reduced														

## 16. Meal Count Records:

	Yes	No	N/A	Comments
Did the sponsor keep daily meal count records for the				
reviewed month				
Were attendance records used to record or report meal counts				
Were staff meals included in the meal counts				
In child care centers, were meals served to participants				
over the age of 12 included in the counts				
(Age 18 for At Risk/HOSH)				
Did the sponsor claim only the meal types approved				
by CACFP				
Did the sponsor claim no more than three meals per				
participant per day, one of which was a supplement				
(HOSH may be approved for 3 Main Meals)				
Did the sponsor correctly consolidate and report the				
total meal counts and meal types at the proper rate of				
reimbursement for each participant. If no, explain.				
Does the sponsor review and monitor centers for				
meal verification				
Were meals recorded/claimed for participants when				
marked absent				

If meal verification is not monitored, explain the sponsor's procedures on how they will ensure meal verification will be monitored.

## 17. Adult Day Care Food Program Only:

	Yes	No	N/A	COMMENTS
Are there participants under the age of 60 who are not functionally impaired				
Are meals served to these participants included in the meal counts claimed for reimbursement				
Is there a system in place to identify meals served to Title III, institutionalized participants				
Is there a description or schedule of a structured, comprehensive program that provides a variety of health, social and related support services				
Is there an Individual Plan of Care on file for each eligible participant				
Is there a fire certificate displayed in a conspicuous place				

## 18. Emergency Shelters Only:

	Yes	No	N/A	Comments
Does the shelter maintain separate meal counts records for CACFP participants				
Does the shelter only claim meals that are served in a congregate setting				

## 19. At Risk Only:

	Yes	No	N/A	Comments
Did the sponsor only claim reimbursement for approved centers				
Does the program claim only the approved meals				
Is the attendance zone letter on file				
Is there a certificate of occupancy				
Is there a fire certificate displayed in a conspicuous place				

20. Meal Count Totals	S	ŝ	i
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Total Number of Meal Service Day	s: Total Attendance:	Total ADA
i olai Nullibel ol Meal Selvice Day	75 Total Attenuance	10tal ADA

Month	Per Claim	Per Review	Overclaim Meals	Underclaim Meal	Comments
Breakfast	F	F	F	F	
	R	R	R	R	
	Р	P	Р	Р	
	Total	Total	Total	Total	
Lunch	F	F	F	F	
	R	R	R	R	
	Р	P	P	P	
	Total	Total	Total	Total	
AM Snack	F	F	F	F	
	R	R	R	R	
	Р	P	Р	Р	
	Total	Total	Total	Total	
PM Snack	F	F	F	F	
	R	R	R	R	
	Р	P	P	Р	
	Total	Total	Total	Total	
Dinner	F	F	F	F	
	R	R	R	R	
	Р	P	Р	Р	
	Total	Total	Total	Total	

# 21. Menus/Meal Pattern Requirements:

	Yes	No	N/A	Comments
Are daily, dated menus available for all meal types				
being claimed				
Are substitutions/additions/ deletions noted on menus				
Are cycle menus utilized				
Do the menus reflect good variety that meets the				
minimum USDA requirements as specified in the Child				
and Adult Care Food Program Schedule B				
Is the proper milk purchased for the appropriate				
age groups (less than 2 years whole milk, over 2				
years 1%)				

## **Menus/Meal Pattern Requirements** (Continued)

	Yes	No	N/A	Comments
If the center serves commercially prepared products to				
fulfill one or more component, are they CN products				
Does the center have infants less than one year old				
Are signed and dated parent notification forms on file				
for infants whose parents provide formula				
Is there an individual infant menu for each enrolled				
infant				
Is the form for variation in meal requirements for				
religious reasons on file				

## **Menus/Meal Pattern Requirements - List of Deficient Meals:**

DATE	MEAL TYPE(S)	DEFICIENCY(IES)

## 22. Milk:

Month	Ages	Milk Required	Milk Purchased/Verified	Insufficient Milk
	Ages 1-2			
	Ages 3-5			
	Ages 6-12/Adult			

23. (Head Start Sponsors Only):

	Yes	No	N/A	Comments
Is any portion of the Head Start grant for this				
FY earmarked for food service costs				
If yes, indicate the amount of the Funds:	Amount \$			
Did the sponsor use CACFP reimbursement				
first to pay for food and nonfood costs				
Did the sponsor claim any food service costs,				
such as labor costs, both under the CACFP				
and Head Start Program				

## 24. Food Service Operating/Administrative Costs:

24. Food Service Operating/Administrativ				
	Yes	No	N/A	Comments
Does it appear that the sponsor is using all of				
its CACFP reimbursement for its food service				
operation				
If not, does it keep tract of the amount of				
surplus reimbursement				
Are time and attendance records maintained				
for personnel who do not spend their full time				
performing food service duties				
Does the sponsor receive any other public or				
private funds for its operation				
Does the sponsor charge enrolled participants separately for meals				
Does the sponsor charge program staff for				
meals				
			Cost	
Operational Costs (Verify Either Bills Paid or Cost Incurred)	Bills Paid		Incurred	Comments
Month:				
Reimbursement Payment		\$		
Food	\$		\$	
Nonfood	\$		\$	
Equipment (Purchased or Repaired)	\$		\$	
Food Service Labor	\$		\$	
Administrative Costs (Note: Total Add	ministrative Costs can	not exceed 15% of Ca	ACFP reimbursement)	
Administrative Labor	<b></b>		•	
	<b>\$</b>		<b>\$</b>	
Administrative Other	\$		\$	
Total Cost Verified by Review		\$		

**Comments:** 

## 25. Food Service Contracts:

Documents	Yes	No	N/A	Comments
Does the Sponsor have the initial CACFP standard				
contract on file				
Has the contract expired				
Is there a current one year food service contract				
addendum on file				
Did the sponsor use the appropriate bid procedures				
Are signed and dated daily delivery slips available for				
all meals delivered				
Do the daily delivery slips contain all of the				
appropriate information				
Is the number of meals delivered consistent with the				
attendance record				

## 26. Disbursements:

		Yes	No	N/A	Comments
a)	Are any program payments maintained in an interest bearing account				
b)	If yes, is the interest earned recorded as income to the program				
Spor	nsoring Organizations Only:				
a)	Are all program payments disbursed to the sites within 5 working days of receipt				
b)	Are all program payments maintained in a non- interest bearing account from the dated of receipt until the date of reimbursement				

# 27. Training:

	Yes	No	Comments
Has the sponsor conducted the required annual			
training for all appropriate food program staff			
List Training Dates:			
Recording Keeping			
Sanitation			
USDA Meal Requirements			
Meal Service			
Civil Rights			
Did all new staff members who are involved with food			
service or CACFP record keeping receive training on			
the program			
Is training documented on the required CACFP			
training form and supported by agendas, sign-in			
sheets, etc.			

# 28. Monitoring (Sponsoring Organizations Only):

	Yes	No	Comments
Did the sponsor use the monitoring form required by the			
State Agency			
If no, did the sponsor have its own form approved by the			
State Agency			
Based on the number of monitoring visits conducted to date			
and the monitoring schedule, does it appear that the			
minimum monitoring requirements will be met in this			
agreement year			
Did the sponsor notify all sites of the unannounced visit			
policy			
Is the sponsor conducting unannounced monitoring visits			
Are the monitoring reports kept on file			
If problems were found during the monitoring visits, did the			
sponsor do follow-up visits to ensure center(s) took			
corrective action			
Is the timeframe for corrective action reasonable for			
problems identified			
Are records of the corrective action on file			
List the number of times the site has been visited			
By the sponsor during the current agreement year			
by the sponsor during the current agreement year			
List the month(s) when the monitoring occurred:			

# 29. Civil Rights Requirements:

	Yes	No	Comments
A public announcement has been made through the media stating that the program is available to all persons regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the department  The sponsor/institution makes CACFP information available			
to the public upon request			
Materials provided by the sponsor/institution explain the CACFP to household members includes the nondiscrimination statement and the procedure for filing a complaint			
The sponsor collects racial/ethnic data for enrolled participants at each center annually. Is this information kept on file			
The sponsor allows equal access to its programs, regardless of race, color, national origin, sex, age, or disability			

	Yes	No	Comments
Does the sponsor appear to be in compliance with Title VI of			
the Civil Rights Act of 1964 and all subsequent legislation			
Documentation of annual civil rights training (power point) is on file, and for new staff as hired to include agenda listing specific topics, date, and sign-in sheets for attendees			
Current version of the USDA nondiscrimination policy statement (stickers) is included on all organization materials (parent handbooks, brochures, fliers, promotional materials, menus) that mention USDA or the CACFP.			
Complaint forms, written procedures, and logs are available to receive complaints alleging discrimination.			

## **Comments:**

**Review Findings:** 

 $TBPtj/CACFP-Adm.\ Rev.\ Form$ 

Is a follow up vis	it necessary? Yes No	
List any deficiend	cies detected by the review and the recomme	endations for correcting them.
Review Item #	Brief Description of Findings	Corrective Action (C.A.) Required
20010 11		
Child and Adult	rsons should recognize that while the Admini. Care Food Program, it should not be viewed gency under separate cover.	strative Review covers certain fiscal aspects of the as a comprehensive audit. A detailed letter will be
performance state certify that the c	ndards set forth therein to operate the Chi	onstrate that our agency is in compliance with the d and Adult Care Food Program (CACFP). We exit conference, is true and correct and may be
We have been no	otified and received a copy of the findings at	the time of the review with guidance to reevaluate ost record, and to implement corrective action
<i>immediately, con</i>	od service operation and administrative c mpletely, and permanently to ensure that the criously deficient determination, which is not	Program is operating properly. Failure to do so
	onsor Representative	<del></del>
	•	Date
Signature of Spo	onsor Representative	Date
Signature of Rev	viewer	Date

## CHILD AND ADULT CARE FOOD PROGRAM

## **ADMINISTRATIVE REVIEW FORM**

## **Eligibility Application Worksheet**

(Addendum)

NAME AND ADDRESS OF SPONSOR:	AGREEMENT NUMBER:		-	-	
	DATE OF REVIEW:				
	COUNTY:				
	TELEPHONE NUMBER:		-		
	FAX NUMBER:				

List the deficiencies identified for the eligibility applications on the following form.

Sponsor Determination	Determination Per Review	Deficiency/Problem/Comments
	Sponsor Determination	Sponsor Determination Per Review