

## CHILD AND ADULT CARE FOOD PROGRAM SITE REVIEW FORM

<b>1.</b>	<b>NAME AND ADDRESS OF SPONSOR:</b>

<b>AGREEMENT #:</b>		-		-	
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<b>DATE OF REVIEW:</b>	
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<b>TELEPHONE # OF SITE:</b>		-		-	
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<b>NAME AND ADDRESS OF SITE:</b>

<b>2.</b>	<b>TYPE OF SITE:</b>
	<input type="checkbox"/> Independent Child Care Center
	<input type="checkbox"/> Dependent Child Care Center
	<input type="checkbox"/> Independent OSH Center
	<input type="checkbox"/> Dependent OSH Center
	<input type="checkbox"/> Proprietary
	<input type="checkbox"/> Adult
	<input type="checkbox"/> At Risk
	<input type="checkbox"/> Emergency Shelter

<b>3.</b>	<b>NAME AND TITLE OF REVIEWER:</b>	
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<b>4.</b>	<b>NAME AND TITLE OF PERSON INTERVIEWED:</b>	
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<b>5.</b>	<b>APPROVED MEAL SERVICE:</b>	
	<b>Meal</b>	<b># Meals Approved by Type</b>
	<input type="checkbox"/> Breakfast	
	<input type="checkbox"/> AM Supplement	
	<input type="checkbox"/> Lunch	
	<input type="checkbox"/> AM/PM Supplement	
	<input type="checkbox"/> At Risk	
	<input type="checkbox"/> Dinner	

<b>6.</b>	<b>FOOD PREPARATION:</b>	
	<input type="checkbox"/> <b>Self-Prep.</b>	
	<input type="checkbox"/> Unitized	
	<input type="checkbox"/> Family Style	
	<input type="checkbox"/> <b>Satellite</b>	
	<input type="checkbox"/> <b>Vended</b>	
	<input type="checkbox"/> Bid	<input type="checkbox"/> Hospital
	<input type="checkbox"/> Bid Addendum	<input type="checkbox"/> Small Purchase
	<input type="checkbox"/> School Contract	

		YES	NO	N/A	COMMENTS
7.	<b>CENTER ELIGIBILITY</b> <i>(Proprietary Centers Only):</i>				
	a) Is the center meeting the requirement to have 25 percent of all enrolled participants receive those benefits for the month reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<b>ATTENDANCE/MEAL COUNTS:</b>				
	a) Is attendance recorded daily for each participant?	<input type="checkbox"/>	<input type="checkbox"/>		
	b) Were meal counts taken at the point of meal service for the observed meal?	<input type="checkbox"/>	<input type="checkbox"/>		
	c) Are meal counts used to claim meals for reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>		

**9. 5-Day Reconciliation and Meal Count Variation Review**

Review the five (5) previous days for the **SAME MEAL SERVICE** and list the total meal counts, attendance and enrollment figures.

DATE					
MEAL COUNT					
ATTENDANCE					
ELIGIBILITY/ENROLLMENT					
If Vended, List # Meals Delivered					

Do the attendance and enrollment/eligibility records support the meal counts? Yes\_\_\_\_\_ No\_\_\_\_\_

Do the meal counts show variation for the 5-day period? Yes\_\_\_\_\_ No\_\_\_\_\_

If No, continue to review 10 additional days (*for a total of 15 consecutive days*), for **THE SAME MEAL SERVICE** and list the total meal counts, attendance and enrollment figures.

List the total meal counts, attendance and enrollment figures for **10 additional consecutive days**

DATE										
MEAL COUNT										
ATTENDANCE										
ELIGIBILITY/ENROLLMENT										
If Vended, List # Meals Delivered										

Is the number of meals claimed for one or more meal types (Breakfast, Lunch, Am/Pm Supplements, and Dinner) identical for 15 consecutive days within the claiming period? Yes\_\_\_\_\_ No\_\_\_\_\_

**5-Day Reconciliation and Meal Count Variation**

Does it appear that meal counts are based solely on attendance? If yes, explain. Yes\_\_\_\_\_ No\_\_\_\_\_

**Comments:**

10.	<u>MEAL SERVICE:</u>	YES	NO	N/A	COMMENTS
	a) Are meals served at approved times listed on the Schedule A for each meal type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Are meals prepared and/or ordered based on daily participation trends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<u>MENUS:</u>				
11.	a) Are daily dated menus available for all meal types being claimed for reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Is a menu posted for the day of the review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Are substitutions/additions/deletions noted on the menu at the time of the review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d) Are medical statements on file for all substitutions related to medical needs? If no, explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e) Did the observed meal meet the minimum USDA requirements as specified in the Child and Adult Care Food Program, Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f) Are the appropriate portion sizes being served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g) Are the meals served family style?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h) If the meals are served family style:				
	a) Are sufficient amounts of all required components placed on each table so that each participant could receive the full portion size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Is each participant initially offered the full portion size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Does the staff actively encourage each participant to take the full portion during the course of the meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Did the observed meal correspond to the menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i) List the components of the observed meal:				
	<b>Required Components</b>	<b>Breakfast</b>	<b>Lunch / Dinner</b>	<b>AM / PM</b>	
	Milk				
	Juice, Fruit or Vegetable				
	Bread / Bread Alternate				
	Fruit or Vegetable				
	Meat / Meat Alternate				

- j) Does the child care center have infants and participants less than one year old in care?
- k) If yes, does the center provide at least one creditable infant formula? If yes, list type(s) of formula offered below:
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- l) If the center serves meals to infants, are any food items provided by the parent? If yes, complete the following chart:

Required Components <i>(Refer to Schedule B for Infants)</i>	Provided by Center	Provided by Parent
Formula or Breast Milk		
Infant Cereal		
Infant Meat or Meat Alternate		
Infant Fruit or Vegetable		

12. SANITATION: <i>(This section of the Administrative Review should not be viewed as a Comprehensive Sanitary Inspection.)</i>	YES	NO	N/A	COMMENTS
a) Were safety and sanitary procedures followed during the meal service?	<input type="checkbox"/>	<input type="checkbox"/>		
b) Is a current (within the past 12 months) sanitation certificate available?	<input type="checkbox"/>	<input type="checkbox"/>		
c) List the effective date of the certificate: _____				
d) Is the sanitation certificate posted?	<input type="checkbox"/>	<input type="checkbox"/>		
e) Is there evidence of any pest infestations?	<input type="checkbox"/>	<input type="checkbox"/>		
f) Does it appear that safety and sanitation procedures are being followed in all aspects of the food service operation?	<input type="checkbox"/>	<input type="checkbox"/>		
13. SPACE AND SUPPLIES:				
a) Are adequate space, equipment and facilities provided for the sponsor's food service operation?	<input type="checkbox"/>	<input type="checkbox"/>		
b) <u>Storage:</u>				
1) Do storage areas appear sanitary and protected from pilferage?	<input type="checkbox"/>	<input type="checkbox"/>		
2) Are proper temperatures maintained?	<input type="checkbox"/>	<input type="checkbox"/>		

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 3) Are all perishables properly maintained in the refrigerator or freezer?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Is the "first in/out" method of rotating food and nonfood supplies being used?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Are the cleaning supplies stored separately from the food items and out of reach of children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**14. FOOD SERVICE CONTRACTS:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a) On the day of the review, were signed and dated delivery slips available for all meals delivered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Did the daily delivery slips contain all of the appropriate information?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Was the number of meals delivered consistent with day's attendance?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Were meals delivered according to schedule?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) If meals are delivered, is the delivery system equipped to keep food at the proper temperatures?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Is holding equipment available to maintain proper temperatures?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**15. LICENSING/ALTERNATE APPROVAL:**

**Child Care Center Only:**

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a) Is the site currently licensed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, is the site complying with renewal procedures?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) List the expiration date of the license:<br>_____  |                          |                          |                          |
| c) List the ages on the license:<br>_____   |                          |                          |                          |
| d) List the maximum capacity on the license: _____  |                          |                          |                          |
| e) On the day of the review, was the number of participants in attendance within the maximum capacity as listed on the license/contract approval? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Is the age range of the enrolled participants in compliance with the license(s) available?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Adult Day Care Center Only:**

1. Is the program approved under alternate approval standards?

If yes, does the letter of approval have a current contract period and the approved level of service for enrolled participants?

List the Licensing/Approval Agency:  
\_\_\_\_\_

**16. At-Risk Center Only:**

Is a current (within the past 12 months) fire inspection certificate available?

List the effective date of the certificate:  
\_\_\_\_\_

Is the certificate posted in a prominent place?

**Emergency Shelter Only:**

Is a current (within the past 12 months) fire/certificate of occupancy available?

List the effective date of the certificate:  
\_\_\_\_\_

Is the certificate posted in a prominent place?

**17. TRAINING:**

a) Has a representative of the site attended training session(s) held by the sponsor?

**18. SPONSORING ORGANIZATIONS ONLY (MONITORING):**

a) List the number of times the site has been visited by the sponsor during the current contract year:  
\_\_\_\_\_

b) List the month(s) monitoring was conducted for this site:  
\_\_\_\_\_

19. <b>CIVIL RIGHTS REQUIREMENTS</b>	YES	NO	N/A	COMMENTS
a) Admission and placement criteria/procedures are non-discriminatory.	<input type="checkbox"/>	<input type="checkbox"/>		
b) "And Justice for All" poster is prominently displayed.	<input type="checkbox"/>	<input type="checkbox"/>		
c) All persons without regard to race, color, national origin, disability, age, 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 uses all services and facilities routinely.	<input type="checkbox"/>	<input type="checkbox"/>		
d) Staff members received the required annual training on the approved civil rights and complaint procedures.	<input type="checkbox"/>	<input type="checkbox"/>		
e) Non-discriminatory practices are evident in the eating area, serving line, seating arrangements, and assignment of eating periods.	<input type="checkbox"/>	<input type="checkbox"/>		
f) The site appears to be in compliance with Title VI of the Civil Rights Act of 1964 and all subsequent legislation.	<input type="checkbox"/>	<input type="checkbox"/>		
g) Using a visual count, list the number of participants in attendance at the site by racial/ethnic category. (See civil rights informational materials for definitions.)				

TOTAL ENROLLED PARTICIPANTS	ETHNICITY:				
	Hispanic or Latino		Not Hispanic or Latino		
TOTAL ENROLLED PARTICIPANTS	RACE:				
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White

20. **SUMMARY OF FINDINGS**

<b>Review Item #</b>	<b>Brief Description of Findings</b>	<b>Corrective Action (C.A.) Required</b>

All concerned persons should recognize that while the Administrative Review covers certain fiscal aspects of the Child and Adult Care Food Program, it should not be viewed as a comprehensive audit. A detailed letter will be mailed to your agency under separate cover.

In accordance with § 226.6, we understand that we must demonstrate that our agency is in compliance with the performance standards set forth therein to operate the Child and Adult Care Food Program (CACFP). We certify that the findings of this review, as discussed during the exit conference, are true and correct and may be verified by documents at this center.

We have been notified and received a copy of the findings at the time of the review with guidance to reevaluate our agency's food service operation and administrative cost record, and to implement corrective action **immediately, completely and permanently** to ensure that the Program is operating properly. Failure to do so will result in a seriously deficient determination, which is not appealable. We also understand that an overclaim will be assessed to our sponsorship for any meals claimed for reimbursement for which required and proper documentation is not available on-site and **at the time of the visit.**

\_\_\_\_\_  
(Signature of Sponsor Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Sponsor Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Reviewer)

\_\_\_\_\_  
(Date)