Child and Adult Care Food Program
SITE REVIEW FORM

Centers 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. New sites must be reviewed within the first four weeks of CACFP operations.

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF SITE:</th>
<th>DATE OF REVIEW:</th>
<th>TIME IN:</th>
</tr>
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<tbody>
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Name of Site Contact: ________________________

<table>
<thead>
<tr>
<th>REVIEWER:</th>
<th>TIME OUT:</th>
</tr>
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| TYPE OF REVIEW (Check One) |   | TYPE OF REVIEW (Check One) |   |
|---------------------------|--|--|---------------------------|--|
| □ Preapproval              |   | □ Announced                |   |
| □ First Four Week          |   | □ Unannounced              |   |
| □ Regular Review           |   | □ Meal Visit               |   |
| □ 1 □ 2 □ 3               |   | □ Non-meal Visit           |   |
| □ Follow-up:               |   |                           |   |

<table>
<thead>
<tr>
<th>BR</th>
<th>AM</th>
<th>LU</th>
<th>PM</th>
<th>SU</th>
<th>EV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle Meal Viewed</td>
<td></td>
<td></td>
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PREVIOUS FINDINGS

Summary of Findings from Previous Reviews:
____________________________________________________________________________________

____________________________________________________________________________________

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: __________________________________________________________

   If Yes, 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. 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:_________________________________________________

7. 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

8. 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:___________________________________________

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

Yes   No   -  If no describe your observations:______________________________________________
Follow up action taken: _______________________________________________________________

10. Do the participants wash their hands before meal time with soap and running water?
   Yes  No -  If no, describe technical assistance:________________________________________

11. Are all food components served at the same time?
   Yes  No -  If no, list follow up required:__________________________________________

12. 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:__________________________________________

13. Are meals served according to the meal times approved on the site application?
   Yes  No -  Follow Up: ____________________________________________________________

14. 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: ____________________________________________________________

15. Center provides fat-free (skim) or low-fat (1%) fluid milk to participants over the age of two years.
   Yes  No -  If no, list follow up required:__________________________________________

16. 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

   Meat/Meat Alternate:  _________________________________________________________
   Fruit/Vegetable:  _____________________________________________________________
   Fruit/Vegetable:  _____________________________________________________________
   Grains/Bread:  _______________________________________________________________
   Milk:  _________________________________________________________________
   Other:  _________________________________________________________________

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

17. The center has selected at least one formula to provide infants. (Name of formula: _________)
   Yes  No -  If no, list follow up required:__________________________________________
18. The center has notified parents of the formula selected.

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

19. The center has documentation that parents accept/decline the center provided formula.

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

20. 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

21. 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.

22. Admission and placement criteria/procedures are nondiscriminatory?

Yes   No

23. 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

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

Yes   No

25. 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: _________________________________

Nebraska Department of Education Nutrition Services
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 per cent of the center’s enrolled participants, with a minimum of five participants being included in the reconciliation.

1. Evaluate the center’s enrollment records to ensure that they are current and accurate.
   a. Enrollment records include
      i. Participant’s name
      ii. Date of birth
      iii. Date care began
      iv. Signature of adult household member
      v. Usual times in care and days in care (child care centers only; optional if parent check child in and out)
      vi. 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)

2. Check to see that time in/out attendance records are on file for every participant.

3. 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.

4. The reviewer shall compare the center’s total enrollment to its recorded daily attendance to ensure that the number of participants in attendance does not exceed the number of participants enrolled. 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.

5. The reviewer shall compare the center’s total attendance to its meal counts for any day or shift (if shift care is provided). The reviewer will look at five consecutive days of aggregate meal counts for each approved meal type to ensure that meal counts do not exceed the number of participants on any day, or for any shift.

6. If meal counts and attendance cannot be reconciled, the regulations require the reviewer to determine whether the establishment of an overclaim is necessary.
# FIVE-DAY RECONCILIATION WORKSHEET

**CACFP SITE REVIEW**

Name of Site: ____________________________  Week of __________________

<table>
<thead>
<tr>
<th>Meals</th>
<th>Days in Care</th>
<th>Times</th>
<th>Days &amp; Times in Attendance</th>
<th>Circle Meals Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>B A L</td>
<td>M-F</td>
<td>3am-5pm</td>
<td>1/1/17 8:00am-3:00pm</td>
<td>B A L P S E</td>
</tr>
<tr>
<td>P S E</td>
<td></td>
<td></td>
<td>1/2/17 8:00am-3:00pm</td>
<td>B A L P S E</td>
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<td></td>
<td></td>
<td></td>
<td>1/3/17 8:00am-2:00pm</td>
<td>B A L P S E</td>
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<td>1/4/17 8:00am-12:30pm</td>
<td>B A L P S E</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1/5/17 Absent</td>
<td>B A L P S E</td>
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