

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.

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: _____

Technical Assistance Provided: _____

Describe how the center has addressed any previous findings (Corrective Action Plans, etc.):

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

If 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: _____

8. Non-profit food service operation was met for the prior month?

Yes No

Amount of Reimbursement _____ Food Receipts and Labor costs: _____

If No, list follow up required: _____

9. Procurement records were complete and on file.

Yes No

If no, list follow up required: _____

10. Site representatives have met the annual training requirement?

Yes No

If no, list follow up required: _____

Training Provided/Education Handouts: _____

FOOD SERVICE OPERATIONS

1. 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: _____

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

Yes No

If no describe your observations: _____

Follow up action taken: _____

(Notification to DHHS if applicable, note date notified). _____

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

Yes No

If no, describe technical assistance: _____

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

Yes No

If no describe your observation: _____

If no, list follow up required: _____

5. 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: _____

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
 - 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)
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
 B=Breakfast A=AM Snack L=Lunch P=PM Snack S=Supper E=Evening Snack

Name	Enrollment Form			Date:	Date:	Date:	Date:	Date:
	Meals	Days in Care	Times					
				Circle the meals claimed for each participant each day.				
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
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	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								
	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
Actual times in/out:								
Comments:								