

**Child and Adult Care Food Program  
SPONSOR MULTI-SITE REVIEW FORM**

<b>Date of Review</b>		<b>Time In</b>		<b>Time Out</b>		
<b>Sponsor Name</b>						
<b>Site Name</b>						
<b>Site Address</b>				<b>Telephone #</b>		
<b>City, State, Zip Code</b>						
<b>Site Contact</b>						
<b>Reviewer</b>						

Each site 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 and reviewed again within the first four weeks of CACFP operation.

<p><b>Type of Review</b></p> <input type="checkbox"/> Pre-Approval <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  <p align="center"><b>BR   AM   LU   PM   SU   EV</b> Circle Meal Observed</p>
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**Summary of previous review - identify the errors and concerns observed**


**Identify how errors were corrected and resolved from the previous review**


**If applicable, summary of the computer system error report**


\*Denotes responses included in the Report Summary

<b>SECTION I. Recordkeeping</b>		<b>YES</b>	<b>NO</b>	<b>*</b>
1. Income Eligibility Forms (IEF) are current and complete for all participants whose meals are claimed in the Free and Reduced meal benefit categories				
<i>Number of IEF's Reviewed</i>				
<i>Number of IEF's in Error /Missing</i>				
2. Enrollment forms are current and complete for all claimed participants				
<i>Number of Enrollments Reviewed</i>				
<i>Number of Enrollments in Error/Missing</i>				
3. Attendance records match the number of children observed by the reviewer				
<i>Number of Children in Attendance</i>				
4. Meal count records are up to date through the current meal service				
5. Meal count records are not pre-recorded or marked for meals that have not occurred				
6. Menu Production Records are up to date and/or delivery tickets are current through the last meal service				

**Section I Recordkeeping - Report Summary**

(Provide specific errors identified such as names of children with missing IEF's, meal count errors, etc., and how the errors were deducted prior to claiming if applicable.)


**SECTION II. MEAL OBSERVATION**

Type of Food Service (check one)

Vended. Name of vendor(s): \_\_\_\_\_

Meal Types that are vended:     BR    LU    SN    SU

All meals are self-prepared

Prepared by the sponsoring organization at a central location and delivered to this site

Combination of vended and self-preparation. (Indicate vended meals above)

**MEAL OBSERVED:**    Breakfast    Lunch     Snack AM/PM/EV     Supper

**Ages & Number of Participants Observed:**

**1 Year:** \_\_\_\_\_    **2 Years:** \_\_\_\_\_    **3 – 5 Years:** \_\_\_\_\_    **6 Years & Above:** \_\_\_\_\_    **Total Number:** \_\_\_\_\_

<b>Component</b>	<b>Food Prepared</b>	<b>Quantity Prepared</b>
Meat/Meat Alternate		
Vegetable		
Vegetable/Fruit		
Grains/Bread		
Milk (Identify fat content)		
Other		

<b>SECTION II. MEAL OBSERVATION (continued)</b>	<b>YES</b>	<b>NO</b>	<b>*</b>
1. The meal observed met the CACFP meal pattern (Attached copy of Menu Production Record/Vendor Ticket)			
2. The site served the minimum CACFP portions to each participant			
3. The meal counts were made at the point of meal service			
4. The number of meals recorded match the number of meals observed by the reviewer			
5. Meals were served according to the mealtimes listed on the site application			
6. The site served the required fat content of milk to each age group			
7. Identify the meal/snack a whole grain-rich was served on day of review:			
8. Water is offered and made available to the participants throughout the day			
11. Sanitary conditions are maintained in the food preparation and service area			
12. Participants wash their hands before the mealtime with soap and running water			

<b>SECTION III. MEAL PATTERN REVIEW</b>	<b>YES</b>	<b>NO</b>	<b>*</b>
1. The site served at least one whole grain-rich item daily based on current month menus			
2. The site served ready to eat cereals that met the sugar limits			
3. The site served yogurt that met the sugar limits			
4. Labels for whole-grains, ready to eat cereals and yogurt were available for review			
4. The sited served commercially prepared, or combination foods based on current month menus			
4a. Supporting documentation is on file for these foods (Child Nutrition Label or Product Formulation Statements). Please refer to USDA Crediting Handbook.			
5. The site has participants with special diets or meal modifications			
5a. Medical statement(s) or meal accommodation forms are on file for these participants			

***Section II & III Meal Pattern Review & Meal Observation - Report Summary***

(Provide specific errors identified such as dates and meals missing production records, failing to meet meal pattern, no labels on file, etc., and how the errors were deducted prior to claiming if applicable.)


<b>SECTION IV. CIVIL RIGHTS</b>	<b>YES</b>	<b>NO</b>	<b>*</b>
1. The "And Justice For All" civil rights poster is displayed in a prominent location			
2. Admission and placement criteria/procedures are nondiscriminatory			
3. 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			
4. All services and facilities are routinely used by all persons regardless of race, color, national origin, sex, age, or disability			
5. The non-discrimination statement and the procedure for filing a complaint has been provided to all participants and beneficiaries concerning the program and program activities. (The reviewer needs to ensure all households receive a copy of the non-discrimination statement that is located on Page 2 of parent letter of the IEF packet.)			

***Section IV Civil Right - Report Summary***


<b>SECTION VI. INFANT PROGRAM (Complete if site has infants in care)</b>	<b>YES</b>	<b>NO</b>	<b>*</b>
Name of Formula offered by the Sponsor:			
1. Each enrolled infant has a complete Infant Formula Selection Form on file which includes: <ul style="list-style-type: none"> <li>• Name of Formula offered</li> <li>• Parent/Guardian has accepted or declined formula offered</li> <li>• Parent/Guardian signature and date</li> </ul>			
2. Infants who are developmentally ready for service of solid foods have documentation of parental/guardian approval for the service of specific solid foods (The reviewer is responsible to assure this information is <b>current</b> )			
3. USDA Infant Meal Pattern is met based on each infants' nutritional needs and documentation of approved foods to be served by parent/guardians (The reviewer is responsible to conduct a comparison between the approval of solid food permission for each infant against the foods provided & meals claimed)			
4. Infant production records are complete for all meals claimed through the current meal service			
5. Meal count records are up to date for infants			

***Section IV Infant Program - Report Summary***

(Provide specific errors identified such as infant production errors, missing formula selection forms, foods served do not correspond to solid permission form, etc., and how the errors were deducted prior to claiming if applicable.)


***General Comments***


***Section V Five Day Reconciliation – Report Summary (Page 5-6)***

(Outline the errors identified and how the errors were deducted prior to claiming.)


**Signature of Site Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 percent** of the center's enrolled participants, with a minimum of five participants being included in the reconciliation.

1. Gather meal counts, current enrollment forms and attendance records.
2. Choose five consecutive operating days from the meal count records.
3. **Choose a 10 percent** sample of enrolled participants (or a least five participants) and record each participant's full name and usual days/times and meals from the enrollment form.
4. 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 (childcare centers only; optional if parent check child in and out)
    - Usual meals served while in care (childcare 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 (childcare centers only; one time enrollment for adult care centers)
5. Check to see that time in/out attendance records are on file for every participant.
6. Record all meals claimed for the sample during the identified five-day time period.
7. Compare usual days/times in care and attendance records with the meals claimed for reimbursement for your participant sample. Note any discrepancies.
8. If meal counts and attendance cannot be reconciled, the regulations require the reviewer to determine whether the establishment of an overclaim is necessary.

Additional edit checks if discrepancies are observed: (REF: MEMO CACFP 10-2018: Conducting Five-Day Reconciliation)

- Determine number of children in attendance during the five-day period.
- Compare each day's total meal counts to daily attendance to ensure meal counts do not exceed number in attendance for each day.
- Compare total enrollment to daily attendance to ensure attendance did not exceed enrollment for any day in the five-day period (in facilities where enrollment forms are required). 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.
- 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.

## FIVE-DAY RECONCILIATION WORKSHEET

### CACFP SITE REVIEW

Name of Site: \_\_\_\_\_ Week of \_\_\_\_\_

Child's Name	Enrollment Form			Week of:		Circle Meals Claimed
	Meals	Days in Care	Times	Days & Times in Attendance		
John Doe	(B) (A) (L) (P) S E	M-F	8am-5pm	1/1/17	8:00am-5:00pm	(B) (A) (L) (P) S E
				1/2/17	8:00am-5:00pm	B (A) (L) (P) S E
				1/3/17	8:00am-5:00pm	(B) (A) (L) (P) S E
				1/4/17	8:00am-12:00pm	(B) (A) (L) (P) S E
				1/5/17	Absent	B A L P S E
	B A L					B A L P S E
	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					B A L P S E
	P S E					B A L P S E
						B A L P S E
						B A L P S E
	B A L					B A L P S E
	P S E					B A L P S E
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