

CACFP CHILD CARE CENTER SITE REVIEW

Site Name: _____

Date of Review: _____

Time In: _____ Time Out: _____

Unannounced Review Follow-up Review

MEAL OBSERVATION

Meals Observed: Breakfast A.M. Snack Lunch P.M. Snack Supper Evening Snack At-Risk

Type of Meal Service: Pre-portioned Family Style Offer vs. Serve

Children		Infants		
Meal Components	Food Items Served	Meal Components	Food Items Served	
			Birth through 5 Months	6 through 11 months
Milk		Iron Fortified Formula or Breast Milk		
Meat or Meat Alternate		Meat or Meat Alternate		
Vegetable		Fruit or Vegetable		
Fruit or Vegetable		Infant Cereal		
Grains		Other		

CACFP Meal Requirements: Meals must be disallowed when not in compliance, unless indicated.

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The meal meets the meal pattern requirements for children. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The meal is missing 1 or more of the required components. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whole milk is served to children between 1-2 years old. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1%/Fat Free milk is served to children over 2 years old. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unflavored milk is served to children between 1-5 years old. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tofu served has at least 5 grams of protein per 2.2oz. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yogurt served has no more than 23 grams of sugar per 6oz. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one of the grains being served today is whole grain rich. If no, the meal where a grain was served with the lower rate of reimbursement is disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fat Free/1% flavored milk is served only to children age 6 and older. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only 100% full strength juice is served. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100% full strength juice is only on the menu once today. If no, the meal where juice was served with the lower rate of reimbursement is disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one vegetable is served at lunch/supper. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Potatoes are considered a vegetable and not served as a grain item. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cereal served has 6 grams of sugar or less per dry ounce. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grain based desserts are not served as the grain component. If no, meals are disallowed as noted on page 3. |

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Two items from different food groups are served for snack. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The infant menu meets the meal pattern requirements. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The CACFP Infant Meal Form is on file and notes developmental readiness for all infants claimed. If no, obtain forms for infants that are not on file. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food portion sizes meet the meal pattern requirements based on the ages of the children served. If no, train the staff on meal requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All required food items are served at the same time during the observed meal. If no, train staff to serve items at the same time. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | When a child initially refuses or does not take the required portion of a food item during family style meal service, the supervising adult(s) must offer the food item again to the child for the meal to be reimbursable. This requirement was met before meal counts are recorded. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | During family style meal service, a sufficient amount of prepared food is placed on each table to provide the required portion of each of the food items for all children served. If no, train the staff on meal requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Whole grain-rich items and fat content of milk is indicated on the menu. If no, technical assistance must be provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CN labels or product formulation statements are on file for foods requiring this documentation. If no, technical assistance must be provided on how to obtain this documentation, unless previously requested then the meal must be disallowed. Disallowed meals are noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nutrition Facts, product labels, and/or ingredient lists must be on file stating the grams of sugar when serving <input type="checkbox"/> cereal and <input type="checkbox"/> yogurt. Only cereal and yogurt that meet the sugar limit may be served. If no, technical assistance must be provided on how to obtain this documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nutrition Facts, product labels, and/or ingredient lists must be on file stating the grams of protein when serving commercially prepared tofu. Only tofu that meets the protein requirements may be served. If no, technical assistance must be provided on how to obtain this documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water is available for children, and is not offered in competition with or in place of milk. A second glass must be provided if water is served alongside milk. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water is available throughout the day. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved non-dairy milk substitutions are served to children needing a milk substitute. If no, meals are disallowed as noted below.
_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The CACFP Parent/Guardian Request for Fluid Milk Substitution form is on file for all children served an approved non-dairy milk substitute. If no, a milk substitution form must be obtained for __. If you are unable to obtain the form, then you may not claim meals which require milk that are served to the child(ren). Meals are disallowed for the observed meal as noted below.
_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A Medical Statement from a recognized medical authority (MD, DO, PA, Naturopathic Physician, ARNP) was not on file for a child(ren) with a diagnosed need for a special dietary accommodation that prevents the child(ren) from drinking fluid milk or one of the approved non-dairy milks. A Request for Special Dietary Accommodations must be obtained for _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Deep-fat frying onsite is not allowed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food or beverage cannot be used as a reward or punishment. |

- Food safety and sanitation practices are being followed. If no, train the staff on best practices.
- Food handler's permit(s) are on file. If no, obtain the food handler's permit(s) needed.

MEAL COUNTS

Yes No N/A

Meal counts are taken at the time the meal was served to ensure only complete meals served to children are claimed. Meal counts are not based on attendance. If no, meals are disallowed as noted below.
_____.

There are records to substantiate that no more than three feedings per child per day are claimed. If no, meals are disallowed as noted below.
_____.

No more than two meals and one snack or two snacks and one meal per child per day are claimed (except emergency centers). If no, meals are disallowed as noted below.
_____.

A current license or permit is in effect. If no, a copy must be obtained or meals are disallowed as noted below.
_____.

The number of meals or snacks claimed is equal to or less than the license capacity. If no, the meals that exceed the license capacity are disallowed as noted below. (Note if shifting is documented, then meals/snacks do not need to be disallowed.)
_____.

All or a total of _____ meals are disallowed due to _____. These meals cannot be included in the claim for reimbursement and a notation was included on the meal count record.

5-Day Meal Count Reconciliation

Record in the chart below the date, the meal counts for each meal type claimed and the total number of children in attendance at the site during the five preceding serving days. Also, record the meal count and the number of children in attendance for all meals on the day of the review.

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack _____	At-Risk Meal _____	Supper	Evening Snack	Total Daily Attendance
Today									

- The number of meals served during the meal observation is reflective of the meal counts for the same meal type for the five preceding serving days. If no, document the reason: _____.
- The meal counts for one or more meal type(s) claimed exceeds the number of children in attendance during one or more of the five preceding serving days. If yes, document the reason and the correction made to ensure the number of meals claimed does not exceed the number of children in attendance.
_____.

ENROLLMENT FORMS (Not required for at-risk, emergency or outside-school-hours centers).

List in the chart below ten percent of the names of the children in attendance at the center during the five preceding serving days (list no less than five children), and indicate if the child has an E/IEA (Enrollment Income-Eligibility Application) or EF (Enrollment Form) on file.

Name of child in attendance	E/IEA or EF on file		Name of child in attendance	E/IEA or EF on file	
	Yes	No		Yes	No

Yes No N/A

E/IEAs or Enrollment forms (not more than a year old) are on file for the children listed above. If no, obtain the missing enrollment forms.

E/IEAs or EFs are completed with the child's name, birthdate, age, normal days and hours of care, meals normally received, address and daytime phone number recorded. If no, have the parents complete the form(s).

OTHER

Yes No

Staff has attended CACFP sponsor training. If no, note when the training will be conducted: _____

The "And Justice for All" poster is on display. If no, the poster was provided and was displayed in a prominent location.

Health and safety violations were observed: _____.

TECHNICAL ASSISTANCE

Yes No N/A

Technical assistance was provided for: _____.

CORRECTIVE ACTION

Yes No N/A

Corrective action is required. If yes, list as follows: _____.

Prior review findings were corrected. If no, list the follow-up that is required: _____.

Signature of Monitor: _____ **Date:** _____

Signature of Site Director or Representative: _____