

CACFP Site Review Form

For Sponsoring Organizations of Adult Care Centers

Agency Name:	Site Name:
Address:	CACFP Site Number:

Review Date:	Arrival Time:	Departure Time:
---------------------	----------------------	------------------------

<input type="checkbox"/> Unannounced <i>(No prior notification)</i>	<input type="checkbox"/> Announced	Review (circle one): <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px 10px;">1</td> <td style="border: 1px solid black; padding: 2px 10px;">2</td> <td style="border: 1px solid black; padding: 2px 10px;">3</td> </tr> </table>	1	2	3
1	2	3			

Meal Service Observed (circle one):	Bkfst	AM	Lunch	PM	Supper	Eve	No Meal
--	-------	----	-------	----	--------	-----	---------

Instructions:

1. Review the previous CACFP Site Review Form for finding(s)
 2. Check during this site visit if effective action was achieved for all finding(s) noted during the last visit
 3. Answer all questions within each section of this form while onsite. If "No", provide further information in *Comments*.
- A "No" response is a finding that requires corrective action.** Complete Section 8 on page 4.

"And Justice For All" poster is posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	License or alternate approval is posted and current	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, not licensed
--	---	---	--

Section 1: Sanitation and Safety Requirements

	Yes	No	N/A	Comments
1. Refrigerator(s) are clean and maintains temp of 40°F or below				
2. Freezer(s) are clean, defrosted and maintains temp of 0°F or below				
3. Food is stored above floor to allow air circulation and cleaning				
4. All food is labeled and dated				
5. Proper food handling procedures are followed				
6. Delivered meals are received at proper temps (≤40°F and ≥135°F)				
7. Appropriate dishwashing & sanitizing procedures followed				
8. Cleaning supplies/toxic materials are stored away from food and out of reach of participants				

Section 2: Menu and Meal Records: *Review all meal documentation for current month (including vended meals)*

Menus	Yes	No	NA	Comments
1. Dated menus for all meals served are available onsite				
2. Menu changes are noted on menus				
3. Menus include the following: <ul style="list-style-type: none"> • Milk types (fat content and if flavored) • Whole Grain-Rich (WGR) items • Cereal names <i>(if served)</i> • Specific fruits and vegetables 				

Production Records *(or delivery records if meals are purchased from a vendor or delivered from another site)*

4. Production records and/or delivery slips provide required meal information and are available onsite				
5. Total quantities of food prepared/delivered are sufficient for meeting minimum serving sizes of each meal component				
6. Number of staff eating meals is recorded on production/delivery records				
7. Product packaging is on file to credit the following food items: <ul style="list-style-type: none"> • Whole Grain-Rich Items • Cereals • Yogurt • Tofu 				
8. Store-bought combination foods have CN label or Product Formulation Statement on-hand and used for serving proper portion sizes to each age				

CACFP Site Review Form

For Sponsoring Organizations of Adult Care Centers

Section 3: Meal Pattern Requirements				
Review menus and product labels to answer the following questions	Yes	No	NA	Comments
1. All meals and snacks contain the required meal components				
2. The correct types of milk are served (Unflavored or flavored 1% or skim)				
3. Grain Based-Desserts are not served as meal components				
4. At least one Whole Grain-Rich (WGR) item is served per day				
5. Breakfast cereals contain no more than 6g sugar/dry oz.				
6. Yogurts contain no more than 23g sugar/6 oz.				
7. Tofu meets protein requirements				
8. A meat/meat alternate is served no more than 3x/week at breakfast				
9. Juice is served no more than 1x/ day				
10. A vegetable is served at every lunch/supper				
11. Program does not deep-fat fry foods on-site				
12. Water is offered to participants throughout the day, including at meal times				

Section 4: Special Dietary Needs (SDN) Requests				
	Yes	No	NA	Comments
1. Are any participant's meals/snacks different from the regular menu for family request/medical impairments? If yes, answer the questions below.				
2. For a disability: A valid medical statement is on file for each participant				
Site offers modifications that accommodate each participant's disability				
3. For a non-disability: A written request is on file for each participant				
The site claims meals for these participants only when substitutions (provided by site or family) are creditable to the meal pattern and the site provides all or all but one component (If no, explain in comments)				
4. A complete CACFP <i>Special Dietary Needs Tracking Form</i> on file for each participant with a special dietary need (disability and non-disability)				

Section 5: Meal Count Records – 5-Day Reconciliation													
1. For <u>each room</u> , for the current day and 5 preceding days, record the following in the chart below:													
a. Total meal counts (MC) of eligible adults for 1 meal (<i>Choose meal observed or the meal closest to the time of the review</i>)													
b. Total attendance (Att) from attendance records (<i>Number of participants signed in/out on the daily attendance records</i>)													
Meal recorded for 5-day rec (circle one):		Breakfast		AM Snack		Lunch		PM Snack		Dinner		Eve Snack	
		5 Preceding Days											
Dates→		Today	Day 1		Day 2		Day 3		Day 4		Day 5		
		Meal Count (MC) and Attendance (Att) Numbers											
Room(s) ↓		MC	Att	MC	Att	MC	Att	MC	Att	MC	Att	MC	Att
Totals:													
											Yes	No	
1. Meal counts have been recorded up through the time of the review. If "No", these meals cannot be claimed													
2. The meal counts for the prior five days appear reasonable when compared to today's meal count													
3. Meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance													
4. Total attendance each day is equal to or exceeds total meal counts for the meal. If NO, find source of error (e.g. participants not signed in/out, meal counts not properly recorded). Correct errors prior to claim submission													

CACFP Site Review Form

For Sponsoring Organizations of Adult Care Centers

Section 6: Meal Service Observation <input type="checkbox"/> N/A – A meal was not observed → skip this section						
The monitor must observe the meal service <u>in all rooms</u> where meals are served						
Observed meal (circle one): Breakfast AM Snack Lunch PM Snack Dinner Eve Snack						
Meal Component	Specific Foods Served	Total Quantity Prepared/Delivered or Portion Size Offered				
Milk (<i>Specify type & if flavored</i>)						
Meat/Meat Alternate						
Vegetable						
Fruit (or 2 nd Vegetable)						
Grain						
			Yes	No	NA	Comments
1. The foods listed on the menu for the meal are the same as the foods served						
2. Creditable foods were served for each required meal component						
3. The quantities of food prepared/delivered was sufficient to provide the minimum serving sizes for the number of participants and staff served						
4. Participants were offered all meal components in accordance with the meal service method being followed (family style, pre-plated, or cafeteria style)						
5. Staff count participants in the time-of-service meal counts only when served meals containing creditable foods for each required meal component						
6. Staff only include eligible adult participants in meal counts and do not claim ineligible adult participants						
7. The time-of-service meal count is recorded either during the meal service or immediately following						
Comments:						
Offer versus Serve (OVS) <input type="checkbox"/> N/A - This site does not use OVS → skip this section			Yes	No	NA	Comments
8. The adult participants are capable of selecting or declining food items according to their Individual Plan of Care and in compliance with OVS requirements						
9. Staff perform OVS according to the requirements.						
Comments:						

Section 7: CACFP Training Requirements			
	Yes	No	Comments
1. All staff responsible for CACFP tasks at the site received annual training on CACFP requirements applicable to their responsibilities			
2. New staff or staff newly assigned CACFP tasks received training prior to being responsible for these tasks			
3. Based on the outcome of this site review, all staff are sufficiently trained			
Comments:			

CACFP Site Review Form

For Sponsoring Organizations of Adult Care Centers

Section 8: Findings, Corrective Action, and Follow-Up

1. Check previous CACFP Site Review Form for finding(s). Was effective action achieved for all findings noted during last site visit?	<input type="checkbox"/> N/A, no findings cited <input type="checkbox"/> Yes <input type="checkbox"/> No (Check column B, below, for each repeat finding)
---	---

2. Complete columns A-E for finding(s) cited during today's site review

Column A: Finding - list each requirement from today's site review with a **NO** answer

Column B: Finding cited during previous site review - Check box if the finding was previously cited

Column C: Required Corrective Action (CA) - List steps required to correct finding (*person responsible, training, resources, etc.*)

Column D: CA Due - List date when CA must be complete

Column E: Follow-Up - List how and when monitor verified CA was complete (this will be completed at a later date)

N/A - No findings were identified during today's site review

A. Finding:	B.	C. Required Corrective Action (CA):	D. CA Due	E. Follow-Up
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Monitor's Signature (Staff person completing the CACFP Site Review)	Date
Site Staff's Signature (Site staff person present during this site review and responsible for corrections)	Date