CACFP At-Risk Site Review Form
For Sponsoring Organizations of At-Risk Afterschool Programs

Answer all questions for this specific site on the day of the review. *A "No" response indicates a finding of non-compliance that requires corrective action. Complete a corrective action for all areas marked "No".*

Site Name_____ CACFP Site Number _____

Address _____ City _____

Review Date_____ Arrival Time_____ Departure Time_____ Review (circle one):   1   2   3

❑ **Unannounced**   ❑ **Announced**
(No prior notification)

Meal Service Observed (circle one): Breakfast AM Snack Lunch PM Snack Supper Eve Snack No Meal Observed
The monitor must observe the entire meal service and in all rooms where meals are served.

Record foods served and the quantity prepared or delivered:

Component	Specific Foods Served	Total Quantity Prepared/Delivered
Milk		
Meat/Meat Alternate		
Vegetable		
Fruit		
Grain		

1. The menu corresponds to the meal observed: ❑ **Yes**   ❑ **No   If "No", explain:**

2. The quantity of food prepared/delivered is sufficient for the number of participants and program adults served:
   ❑ **Yes** ❑ **No**   **If "No", explain:**

3. The meal served meets the meal pattern requirements: ❑ **Yes**   ❑ **No   If "No", explain:**

4. Were participants properly offered all required components in accordance with the appropriate meal service method requirements (family style dining, pre-plated, or cafeteria style)? ❑ **Yes**   ❑ **No If "No", explain:**

5. The correct type(s) of milk is served given the ages of participants present: ❑ **Yes**   ❑ **No   If "No", explain:**

   Type of milk served: **3-5 years:** _____ **6 years and older:** _____
   - *3-5 year olds: Unflavored fat-free (skim) or low-fat (1%),milk is required,*
   - *6 years and older: Low-fat (1%) or fat-free (skim), flavored or unflavored, is required*

6. Water is offered to participants throughout the day, including at meal times: ❑ **Yes**   ❑ **No   If "No", explain:**

7. **Adult Meals:** Program adults eating CACFP meals must be accounted for to ensure that enough food is prepared.
   Program adults who eat meals are recorded on production record? ❑ **Yes** ❑ **No** ❑ **N/A (Adults do not eat meals)**

8. **Special Dietary Needs and Requests:** Are the requirements for participants having any special dietary needs being met?
   ❑ **Yes** ❑ **No If "No", explain:**

9. If implementing the following options, are requirements properly followed?
   a. Offer versus Serve (OVS):   ❑**N/A**   ❑ **Yes**   ❑ **No**   **If "No", explain:**

   b. Taking meals off site: ❑**N/A**   ❑ **Yes**   ❑ **No**   **If "No", explain:**

   c. Sharing tables: ❑**N/A**   ❑ **Yes**   ❑ **No**   **If "No", explain:**

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Meal Counts

1. Record the meal counts for the meal observed in the chart. If no meal is observed, record the meal counts for the meal closest to the time of the review. Complete for the current day plus the 5 preceding days.

2. Record the number of participants in attendance according to the sign in/out attendance records.

3. **Record both the meal counts and the number of participants in attendance for <u>all classrooms.</u>**

<u>Meal Service Type (circle one):</u> Breakfast AM Snack Lunch PM Snack Supper Eve Snack

<u>Date</u>	Today:											
# of Meals Counted and Attendance												
<u>Room</u>	Cts	Att	Cts	Att	Cts	Att	Cts	Att	Cts	Att	Cts	Att
Total												

4. Is the physical count of all participants participating in the meal service documented either at the time the meal is served or <u>immediately</u> following? ❑ **Yes** ❑ **No** **If no, these meals cannot be claimed.**

5. Do the meal counts for the prior five days appear reasonable when compared to today's meal count?
❑ **Yes** ❑ **No** **If no, explain:**

6. Do the meal counts for today and the prior 5 days appear reasonable when compared to attendance records for the corresponding days? ❑ **Yes** ❑ **No** **If no, explain:**

Compliance with Sanitation and Safety Requirements

Review where food is served and prepared.	Yes	No	N/A	If N/A, explain:
a. Kitchen storage and counters are clean				
b. Refrigerator clean and maintained at a temp of 40°F or below				
c. Freezer clean, defrosted and maintained at temp of 0°F or below				
d. Appropriate dishwashing & sanitizing procedures followed				
e. Foods maintained at proper temps (≤40°F or ≥135°F)				
f. Garbage and waste are covered and removed daily				
g. Food handling procedures meet all sanitation requirements				
h. Food is properly stored in refrigeration/freezer units and dry areas. All open reusable food is labeled, dated, and properly stored				
i. Cleaning supplies and other toxic materials are safely stored out of the reach of participants and away from food				
j. Food is stored at least 8 inches above the floor to provide for air circulation and to facilitate cleaning				
k. Vended meals or meals delivered from central kitchens: Foods are received at proper temps (≤40°F and/or ≥135°F)				

Recordkeeping

1. Are all CACFP records maintained as required? ❑ **Yes** ❑ **No If "No," explain:**

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Annual Training Requirement

1. Were CACFP staff at the site (i.e. directors, cooks, teachers who serve meals, etc.) provided annual training on the requirements as applicable to each staff person's CACFP responsibilities?   ❑ **Yes**   ❑ **No**   **If "No," explain:**

Menu Planning

	Yes	No	NA	Comments:
Meals offer all required components of NSLP meal pattern? (if applicable)				

	Yes	No	NA	Comments:
Meals offer all required components of the CACFP meal pattern? (if applicable) Answer all questions noted below.				
a. Meals meet CACFP requirements for each meal type, including the new meal pattern requirements below. If no, specify in comments.				
b. Grain Based-Desserts are not served as one of the meal components				
c. At least one whole grain-rich item is served per day				
d. Breakfast cereals contain no more than 6g sugar/dry oz.				
e. Yogurts contain no more than 23g sugar/oz.				
f. Tofu meets protein requirements				
g. A M/MA is served no more than 3 times per week at breakfast				
h. Juice is served no more than 1x/ day				
i. A vegetable is served at every lunch/supper				
j. The program does not deep-fat fry foods on-site				

Menus and Production Records

Menus	Yes	No	NA	Comments:
a. Dated menus with recorded substitutions are retained on file for all meals claimed for reimbursement			■	
b. Menus list the following: Milk (fat content and if flavored), Whole Grain Rich (WGR) items, cereal names, specific fruits and vegs			■	
Production Records				
c. The quantity of food prepared or ordered from a vendor is based upon current participation figures			■	
d. Meals Prepared Onsite or in a Central Kitchen: A daily record of the quantity of food prepared for each meal is correctly maintained to assure meal pattern serving sizes are met				
e. **Vended Meals:** The vendor provides a daily record of the amounts of food delivered as well as serving size information for site staff to use that assures sufficient quantities are available to offer at least the minimum serving size requirements				

Support Documentation

	Yes	No	NA	Comments:
a. Product package (name, nutrition facts label, ingredients) on file for cereal, WGR items, Yogurt and Tofu				
b. **Store-bought combination foods:** Child Nutrition (CN) labels and/or product formulation statements are on file and used				
c. **Vended meals:** The vendor provides copies of CN labels or product formulation statements used for store bought combination foods				

Civil Rights Requirements - Are the following Civil Rights requirements met?

	Yes	No	Comments
a. ". . .And Justice For All" Poster is on display (11" X 17")			
b. All staff who interacts with program participants, and people who supervise them, received civil rights training within the last year			
c. *Building for the Future* Flier is posted in a visible location or is distributed to households of all newly enrolled children			

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Site Review Findings and Required Corrective Action

All items marked "No" are findings that require corrective action.

1. Review the previous CACFP Site Review Form completed for this site. Was effective action achieved for all non-compliance noted during the last review?

    ❑ **Yes**   **Give date** _____   ❑ **No**   **If no, when will corrective action be implemented?**

2. **Today's Review Findings and Required Corrective Action:**

Finding(s) Identified During This Review:
1.
2.
3.
Corrective Action Plan(s) To Be Followed
Steps to be taken to correct the finding(s):   *Include (if applicable): person who will complete task(s), how often task(s) will be completed (daily, weekly, monthly, etc.), implementation date, and where records are kept. Indicate if technical assistance was provided and/or online training will be completed by staff.*
1.
2.
3.
Corrective Action Plan(s) To Be Completed By (DATE):
FOLLOW-UP: Date and method of follow-up completed to verify that corrective action was implemented:

I certify that the above information is correct:

_____

Signature of Monitor *(Staff person conducting the CACFP Site Review)*   **Date**

_____

Signature of Site Staff Person   **Date**
(Staff person present during this visit and responsible for correcting findings)