



CACFP Site Review Form

For Sponsoring Organizations of
 Child Care Centers, At-Risk Afterschool Programs, OSH Centers, and Emergency Shelters

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): Bkfst AM Lunch PM Supper Eve No Meal Observed

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 Item 12 for all areas marked "No".

1. Compliance with Sanitation and Safety Requirements

Review site's location(s) where food is served and prepared (if site prepares its own meals). This includes an on-site kitchen and areas where meals are served.	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 high enough above the floor to provide for air circulation and to facilitate cleaning				
k. Foods stored in the basement are at least 8 inches above the floor				
l. Vended meals or meals delivered from central kitchens: foods are received at proper temps (≤40°F and/or ≥135°F)				

2. 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 (production 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				
Meals prepared on-site				
f. The program does not deep-fat fry foods on-site				

CACFP Site Review Form

3. Menu Planning

	Yes	No	NA	Comments:
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				

4. Support Documentation

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

5. Infants (birth – 12 months) N/A this site is not licensed for or does not provide care for infants (skip to #6) **CACFP Requirements for Infants (All sites providing care for infants must complete 5a-e):**

- a. Is the site meeting the family notification requirement by posting the Infant Menu and Infant Meal Pattern in a visible location to all parents at the facility (i.e. parent board) and/or distributing the Infant Menu and Infant Meal Pattern to families of infants?
 Yes No If “No,” explain:

- b. Is the Infant Menu and Infant Meal Pattern posted in the infant room(s)?
 Yes No If “No,” explain:

- c. List the type(s) of iron fortified infant formula (IFIF) the site provides: _____
(At least one type of IFIF must be provided by the site)

- d. Does the site provide foods in the appropriate consistency for each infant, e.g. iron fortified infant cereal, baby foods (store-bought or homemade), and/or table foods? Yes No If “No,” explain:

- e. Are the available formula and foods creditable to the meal pattern: Yes No If “No,” explain:

Claiming Infant meals (5f-h): N/A this site does not claim for infant meals

- f. Are the Infant Meal Forms completed correctly for infant meals and snacks claimed for reimbursement?
 Yes No If “No,” explain:

- g. **Review completed meal forms and check for the following:**
 - i. Are all required components of the infant meal pattern offered: Yes No If “No,” explain:

 - ii. When an infant is consuming solid foods, meals are only claimed when the site supplies all components or the parent supplies only one component (e.g. breastmilk and/or formula is one component): Yes No If “No,” explain:

- h. If a meal/snack served to infant(s) is observed during this on-site review, do the served items and quantities meet the CACFP infant meal pattern requirements? Yes No N/A (no meal observed) If “No,” explain:

CACFP Site Review Form

6. Meal Service (Participants age one year and older) - Complete 6a-c even if a meal/snack is not observed

- a. Type of milk served: **1 year olds:** _____ **2 to 5 years:** _____ **6 years and older:** _____
- 1 year olds: Whole, unflavored milk is required.
 - 2-5 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

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

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

- c. **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)

Meal Service Observation - If a meal is observed, complete 6d-h; At-Risk sites complete 6d-k

The monitor must observe the entire meal service and in all rooms where meals are served.

- d. **Meal Service Observed (circle one):** Breakfast AM Snack Lunch PM Snack Supper Eve Snack

Record foods served and the quantity prepared or delivered:

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

- e. The menu corresponds to the meal observed: Yes No If "No", explain:
- f. The quantity of food prepared/delivered is sufficient for the number of participants and program adults served: Yes No If "No", explain:
- g. The meal served meets the meal pattern requirements: Yes No If "No", explain:
- h. 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:

At-Risk Afterschool Program Sites Only:

If implementing the following options, are requirements properly followed?

- i. Offer versus Serve (OVS): N/A Yes No If "No", explain:
- j. Taking meals off site: N/A Yes No If "No", explain:
- k. Sharing tables: N/A Yes No If "No", explain:

7. Special Dietary Needs and Requests

Are the requirements for participants having any special dietary needs being met? Yes No If "No", explain:

CACFP Site Review Form

8. Meal Counts (Participants age one year and older)

- a. Record the meal counts for the meal observed. 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.
- b. Record the number of participants in attendance according to the sign in/out attendance records.
- c. **Record both the meal counts and the number of participants in attendance for all classrooms.**

Meal Service Type (circle one): Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

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

- d. Is the physical count of all participants participating in the meal service documented either at the time the meal is served or immediately following? Yes No **If no, these meals cannot be claimed.**
- e. Do the meal counts for the prior five days appear reasonable when compared to today's meal count? Yes No **If no, explain:**
- f. Do the meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance records for the corresponding days? Yes No **If no, explain:**

9. 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. <i>Building for the Future</i> Flier is posted in a visible location or is distributed to households of all newly enrolled children			

10. Recordkeeping

- a. Are all CACFP records maintained as required? Yes No **If "No," explain:**
- b. Enrollment forms are annually updated and on file? Yes No **If "No," explain:**

CACFP Site Review Form

c. WIC information is made available to parents? (Child Care Centers Only) Yes No If "No," explain:

11. Annual Training Requirement

Were CACFP staff at the site (i.e. directors, cooks, teachers who serve meals, etc.) provided annual training on the CACFP requirements as applicable to each staff person's CACFP responsibilities?

Yes No If "No," explain:

12. Site Review Findings and Required Corrective Action

a. Look over 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 completed?

b. 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): <i>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 or webcasts will be watched by staff.</i>
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:

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)