



CACFP Site Review Form

For Sponsoring Organizations of Adult Day Care Centers

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 may indicate a problem that requires corrective action. If a finding is warranted, complete Item 11.

1. Compliance with Sanitation and Safety Requirements

	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. Dishwashing & sanitizing procedures followed, as required by DHS				
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 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 received at proper temps (≤40°F and/or ≥135°F)				

2. Menu Planning and Production Records

a. Menus are planned by _____

	Yes	No	NA	Comments:
b. Dated menus with recorded substitutions are retained on file for all meals claimed for reimbursement				
c. Menus meet CACFP requirements for each meal type				
d. The quantity of food prepared or ordered is based upon current participation figures				
e. 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 serving size requirements are met				
f. Meals Prepared Onsite or in a Central Kitchen: CN labeled products are purchased or the manufacturers' comparable information is obtained and used for commercially purchased combination items prior to being served on the menu				
g. 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				
h. Vended meals: The vendor provides copies of CN label information or manufacturers' comparable information used for commercially purchased combination food items				

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3. Meal Service: Complete a-d even if a meal/snack is not observed

- a. Type of milk served (1%, skim): _____ The correct type(s) of milk is served: Yes No
If “No” describe the technical assistance provided:
- b. Is a signed medical statement from the health care provider on file and followed for eligible adult participants who cannot be offered all required components (i.e. milk or two bread/grain servings) for the served meals/snacks and/or who provide their own food(s) because of allergies, lifestyle preferences, or other special dietary needs? Yes No N/A
If “No,” explain:
- c. Water is available to participants throughout the day, including at meal times: Yes No
If “No”, describe the technical assistance provided:
- d. **Nonparticipating Adults and Staff Meals:** nonparticipating adults and staff eating CACFP meals must be accounted for to ensure that enough food is prepared for everyone. *Please note that CACFP funds cannot be used to cover for the meal costs incurred from serving meals to non-program adults (i.e. visitors) and staff that do not perform any CACFP duties.*
Where is the number of meals served to them recorded?
 Production Records Meal Count Record Other (Specify): _____ N/A
Refer to Guidance Memo 12A for requirements for serving meals to ineligible adults and staff.

If a meal is observed, complete parts 4e – 4j:

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

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

Record foods served and the quantity prepared or delivered:

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

- f. The menu documentation corresponds to the meal observed. Yes No **If “No”, explain:**
- g. The quantity of food prepared is sufficient for serving at least the minimum serving sizes required for each component, for the number of people served:
 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 style, or cafeteria style)? *Refer to Guidance Memo 12A for requirements on the different meal service methods.* Yes No **If “No”, explain:**
- i. If serving meals by the “offer vs serve” method, are the adult participants capable of selecting food items according to their Individual Plan of Care and in compliance with USDA’s allowance on the number of servings that may be declined per meal?
 Yes No **If “No”, explain:**
- j. Is staff implementing the “offer vs serve” method in compliance with USDA’s allowance on the number of servings that may be declined per meal? Yes No

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4. Meal Counts of Eligible Adult Participants

- a. Record the meal counts for the meal observed or, if no meal is observed, record the meal counts for the meal closest to the time of the review. This must be done for the current day plus the 5 preceding serving days. Also record the number of eligible adult participants in attendance during this meal time for each of these days according to the sign in/out attendance records or daily roster.

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:												

- b. Is the physical count of all participants served meals recorded either during the meal service or immediately following?
 Yes No **If no, these meals must not be counted for reimbursement.**
- c. Do the meal counts for the prior five days appear reasonable when compared to today's meal count?
 Yes No **If no, explain:**
- d. 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:**

5. 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. Racial/Ethnic Data collected annually			
c. All staff who interact with program applicants or participants, including those persons who supervise them, received civil rights training within the last year.			

6. CACFP Records and Recordkeeping Requirements

Are the following records being properly maintained by staff according to the agency's policies and procedures?

	Yes	No	Comments
a. Adult participant files (individual plans of care)			
b. Daily attendance (sign in/out)			
c. Household Size-Income Statements			
d. Household Size-Income Record updated monthly			
e. Time of service meal counts for each meal service, recorded during or immediately after the meal			
f. Dated menus/production records with documented substitutes for all meals claimed			
g. Invoices/receipts for purchases for food service			

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7. Did new staff receive adequate training on CACFP requirements prior to being held responsible for CACFP duties?

Yes Give date: _____ No If no, when will training be provided?

8. Did staff attend sponsor training for the CACFP within the last year?

Yes Give date: _____ No If no, when will training be provided?

9. Was effective action achieved for all problem(s) noted during the last review?

Yes Give date _____ No If no, when will corrective action be completed?

10. Corrective action required:

Problems Found During Review:

Corrective Action Plan To Be Followed:

Corrective Action To Be Completed By (DATE):

Date and method of follow-up completed to verify that corrective action was implemented:

Signature of Monitor (Sponsoring Organization Representative)

Date

Signature of Site Staff Person (*who is present during this pre-operational visit*)

Date