

**CHILD AND ADULT CARE FOOD PROGRAM  
CHILD CARE CENTER REVIEW FORM  
(Administrative and Center Sponsor Use Only)**

Date of Review: _____ 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> Visit Unannounced: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Arrival Time: _____	Departure Time: _____
Reviewer: _____	

<b>Sponsoring Org. Name:</b>			
<b>Name of Center:</b>		<b>Licensed Capacity:</b>	
<b>Address:</b>		<b># Enrolled:</b>	
		<b># Present on date of visit:</b>	
<b>County:</b>		<b>Eligibility Method:</b>	<input type="checkbox"/> Non-profit <input type="checkbox"/> Profit
<b>Program Type:</b> (Check all applicable)	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> At Risk After School Care Program	
	<input type="checkbox"/> Head Start	<input type="checkbox"/> Emergency Shelter	
	<input type="checkbox"/> Outside School Hours Care		
<b>Licensing or Approval Type</b>			
<b>Licensing Type:</b>	<input type="checkbox"/> Bright from the Start (DECAL)	<input type="checkbox"/> Department of Defense (DOD)	
<b>Approval Type:</b>	<input type="checkbox"/> Head Start Performance Standards	<input type="checkbox"/> Other Federal, State, or local authority	
		<b>Indicate approving authority:</b>	
<b>Alternate Licensure:</b>	<input type="checkbox"/> CACFP Child Care Standards (Applicable to child care centers only)	<input type="checkbox"/> Exempt from licensure/approval per CACFP regulations (At Risk, Outside School Hours, and Emergency/Homeless shelters only)	
<b>Meal Types</b>			
<b>Approved Meal Type(s):</b>	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	
	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	

<b>License</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1) Is the center at or within licensed capacity at the time of the review?			
2) If a Federal/State/Local Authority approved the center, is there verification of the approval on file? (Not applicable to At Risk, Outside School Hours, or Emergency shelters)			
3) If the CACFP Childcare Standards were used to meet the alternate licensure requirements, does the center meet all of the standards?			
a) Does the center have a copy of the food permit/food inspection and the certificate of occupancy on file?			
<b>Civil Rights</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4) Is the "And Justice for All" poster on display in a conspicuous location?			
5) Are admission placement procedures nondiscriminatory?			
6) Is there any separation by race, color, national origin, sex, age, or disability?			
7) <b>Is ethnic and racial data collected annually and maintained by the center?</b>			
<b>Participant Information</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
8) Is current WIC information distributed to participant households (child care centers excluding after school programs) per 7 CFR 226.15(n)?			
9) Is the Building for the Future Flyer or applicable sponsor notice that contains the required information distributed to participant's households to inform them of the facility's participation in the CACFP per 7 CFR 226.16(b)(5)?			
10) Is the site applying the approved free and reduced price policy statement correctly (Pricing programs only)?			

<b>Claim for Reimbursement Verification</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
11) Are meals claimed only for enrolled participants?				
12) Is the number of participants in care according to enrollment and attendance records for the five-days reviewed comparable to the number of meals claimed? (Use the Meal Count Reconciliation Page to document.)				
13) Are meals claimed only for participants who are within regulatory age limits?				
<b>At Risk After School Care Snack Centers</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
14) Are enrichment or educational activities being offered during the At Risk Program?				
Document the activities being conducted during the visit:				
<b>Recordkeeping</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
15) Are annually updated enrollment forms on file for participants per 7 CFR 226.15(e)(2)?				
16) Is the "Daily Menu & Food Service Record" form used and up-to-date for all meals for the current month?				
17) Are records given to the sponsoring organization on a regular basis as provided for in the agreement between the sponsoring organization and the center? (TA)				
18) Does the center maintain all program records for three years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed?				
19) Are receipts and supporting documentation available to support both operating and administrative costs charged to the CACFP?				
20) Do the administrative costs claimed by the facility and the administrative fee charged by the sponsor equal no more than 15% of the center's monthly reimbursement?				
21) Are all costs charged to the CACFP allowable costs?				
22) Are shared costs prorated appropriately so that CACFP is charged only for the portion used?				
23) Are the following documents available to support labor costs charged to CACFP?				
a) Time and attendance reports for all labor costs charged to the CACFP or combination of forms based on Bright from the Start Labor Costs Policy Memo dated 5/23/05?				
b) Time distribution reports for all labor costs charged or combination of forms based on Bright from the Start Labor Costs Policy Memo dated 5/23/05?				
<b>Training</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
24) Has key center staff attended the sponsoring organization's CACFP training within the last 12 months?				
25) Has the center implemented ideas/information provided during training?				
<b>Other Requirements</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
26) Does the center have program guidance materials issued by the sponsor available for reference? (TA)				
27) Has effective action been achieved for all problem(s) noted during the last review?				
<b>Food Handling/Sanitation and Food Storage</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
28) Are disposable items discarded after each use?				
29) Is the food service equipment free of dirt, dust, food, grease deposits and odor?				
30) Is there evidence of good personal hygiene practices?				
31) Is the food safely transferred from the kitchen/cafeteria to the classroom?				
Observations:				
32) Is a thermometer in use in refrigerator and freezer?				
33) Is the refrigeration kept at 40 degrees or below and the freezer temperature at zero degrees or below?				
34) Is potentially hazardous food properly thawed?				
Method used:				
35) Does food appear to be in sound condition with no evidence of spoilage?				
36) Is all food stored at least 6 inches above the floor?				
37) Are storage areas and containers adequate to maintain food in sound condition?				
38) Is food stored separately from cleaning items and other toxic material?				
39) Are uncooked items, which are removed from original labeled package, which are in refrigerator/freezer covered/sealed, labeled and dated?				
40) Are leftovers properly labeled?				
41) Are trash containers covered?				

42) Is the kitchen free of obvious fire, health and/or safety hazards?			
43) Is food service conducted in compliance with generally accepted health and sanitation practices (Staff refrains from use of tobacco products and use hair restraints)?			
44) Are dishes sanitized correctly?			
Method used:			
45) Is the center free of rodent or insect infestation?			

**OBSERVATION OF MEAL SERVICE**

**Record the meal type observed, the total number of participants and food items served and the serving sizes for all meals including infant meals, if applicable.**

Indicate Meal Type Observed:	Total Number of Participants Served on Date of Review:	1-12 yrs.	Infants	At Risk	
Meal Components	Food Item	Serving Size			
		1-2 yrs.	3-5 yrs.	6-12 yrs.	At Risk
Milk					
Meat/Meat Alternate					
Fruit/Vegetable					
Fruit/Vegetable					
Bread/Bread Alternate					
Other					

**Infants**

Meal Components	Food Item / Serving Size		
	Birth through 3 Months	4 through 7 Months	8 through 11 Months
Iron fortified Formula/Breast Milk			
Infant Cereal			
Fruit/Vegetable/Fruit Juice			
Meat/Meat Alternate			
Sliced Bread or Crackers			

Meal Service for Date of Review	YES	NO	N/A
46) Does the posted menu correspond to the meal observed? (TA)			
47) Are all components of the meal served on this date creditable?			
48) Is skim or 1% milk being served to persons 2 years of age or older as required?			
49) Was today's meal served in appropriate quantities?			
50) Was an accurate meal count taken at the point of service on the date of visit?			
51) Was an accurate, daily meal count taken for program and non-program adults?			
52) Does the observed meal provide a variety of colors, temperatures, textures, shapes, sizes, and flavors? (TA)			
53) Does the meal service occur in a positive/pleasant environment? (TA)			
Does supper service begin no earlier than 5:00 PM?			
54) Does the center offer infant formula to applicable program participants?			
55) Are only infant meals claimed that meet the USDA requirements?			
56) Are medical statements on file for all substitutions related to medical, special dietary, or religious needs?			
57) Is potable drinking water being made available to children?			
58) Is the number of participants in care at the time of the meal service consistent with the number of participants being claimed for the previous five operating days?			
a) If the answer to the previous question is no, can the Center Contact provide a valid and reasonable explanation for the discrepancy? (Household Contacts may be required.)			
b) If the answer to the previous question is yes, please list the explanation.			

## MEAL COUNT RECONCILIATION

**For the current or prior claiming period, for any five consecutive days, determine the number of participants in care according to attendance and enrollment records. For At-Risk, Outside School Hours, and Emergency shelters which are not required to maintain enrollment records, conduct reconciliation using attendance only. Record these numbers according to these records. Record the facility meal counts documented on the Daily Menu and Food Service Record. Attach the Daily Menu and Food Service Records and the attendance records for the five days reviewed to this form.**

<b>Breakfast Meal Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
<b>AM Snack Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
<b>Lunch Meal Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
<b>PM Snack Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
<b>Supper Meal Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				
<b>Evening Meal Service</b>						
Date	Number according to attendance/enrollment			Meal Counts Documented by Facility		
	1-12 yrs.	Infants	At Risk	1-12 yrs.	Infants	At Risk
	/	/				
	/	/				
	/	/				
	/	/				
	/	/				

**Summary of Findings**

<b>Review Item #</b>	<b>Brief Description of Finding</b>	<b>Corrective Action (C.A.) Needed</b>	<b>C.A. Due Date</b>	<b>Follow-up Visit Date</b>	<b>Date Corrected</b>

Center Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_