

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Facility: _____
3. Facility's Address: _____
4. Unannounced Review Announced Review

5. Institution Agreement Number: _____
6. Date of Visit: _____
7. Time of Visit: _____
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes No

YES/NO/NA		
A. License (if applicable)		
1. Current license/permit	1.	
2. Capacity: _____		
3. Center meets licensing standards	3.	
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	
2. Enrollment form is current on each enrolled child	2.	
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	
4. Daily attendance/arrival/departure records up-to-date	4.	
5. Sponsoring organization (SO) notified of enrollment changes	5.	
6. Food-Purchasing Form/Itemized Receipts	6.	
7. Expenditure/Reimbursement Worksheet	7.	
8. Distributed <i>Building for the Future</i> fact sheet	8.	
9. Posted WIC brochure	9.	
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	

YES/NO/NA		
C. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Center meets licensing standards	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
D. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and children	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

YES/NO/NA		
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Children are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

YES/NO/NA		
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	
I. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	
J. Infants		
1. Offer meals to all enrolled infants	1.	
2. Follow Infant Meal Pattern	2.	
3. Infant Meal Waiver maintained	3.	
4. Infant Meals as Served form up-to-date	4.	
YES/NO/NA		
K. Food Service/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as children	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Proper milk-type served (FF/1%)	7.	
8. Method of production and quality of food	8.	
9. Plates and servings adjusted for age groups	9.	
10. Meal supervision provided	10.	
11. Adequate time for eating	11.	
12. Special dietary needs documentation available	12.	
13. Milk substitute provided	13.	
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	
15. Current Product Formulation/CN Label on file and available at time of the review	15.	
16. Is further training needed?	16.	
17. Is water offered throughout the day?	17.	
18. Is deep-fat frying occurring?	18.	

L. Meal Analysis for Aged 1 Through 12						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	_____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				

M. Infant Meal Analysis

Meal Observed: Breakfast AM Snack Lunch PM Snack Supper Late PM Snack

Birth - 5 Months	6 - 11 Months

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

N. Review Summary

Corrective Action Needed, Recommendations, and Comments:

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O. Facility Is:		In Compliance <input type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

(Facility Representative's Signature)

(Date)

(Sponsoring Organization Monitor's Signature)

(Date)