

CACFP AT-RISK CENTER SITE REVIEW

Site Name: _____ Date of Review: _____

Time In: _____ Time Out: _____ Unannounced Review Follow-up Review

MEAL OBSERVATION

Meal Observed: Breakfast A.M. Snack Lunch P.M. Snack Supper Evening Snack

Type of Meal Service: Pre-portioned Family Style Offer vs. Serve

Children	
Meal Components	Food Items Served
Milk	
Meat or Meat Alternate	
Vegetable	
Fruit or Vegetable	
Grains	

Updated Meal Pattern Requirements- Technical assistance must be provided when not in compliance. Meals cannot be disallowed for these requirements during FY 2018 (October 1, 2017-September 30, 2018).

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 100% full strength juice is only on the menu once today. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tofu served has at least 5grams of protein per 2.2oz. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Yogurt served has no more than 23 grams of sugar per 6oz. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one of the grains served today is whole grain rich. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | At least one vegetable is served at lunch/supper. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cereal served has 6 grams of sugar or less per dry ounce. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grain based desserts are not served as the grain component. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unflavored milk is served to children between 1-5 years old. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fat Free flavored milk is served only to children age 6 and older. |

CACFP Meal Requirements- Meals must be disallowed when not in compliance, unless indicated.

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The menu meets the meal pattern requirements for children. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The meal is missing 1 or more of the required components. Meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Only 100% full strength juice is served. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Potatoes are considered a vegetable and not served as a grain item. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Two items from different food groups are served for snack. If no, meals are disallowed as noted on page 3. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food portion sizes meet the meal pattern requirements based on the ages of the children served. If no, train the staff on meal requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All required food items are served at the same time during the observed meal. If no, train staff to serve items at the same time. |

Yes No N/A

When a child initially refuses or does not take the required portion of a food item during family style meal service, the supervising adult(s) must offer the food item again to the child for the meal to be reimbursable. This requirement is met before meal counts are recorded. If no, meals are disallowed as noted on page 3.

During family style meal service, a sufficient amount of prepared food is placed on each table to provide the required portion of each of the food items for all children served. If no, train the staff on meal requirements.

Offer versus serve was properly implemented. If no, train the staff on meal requirements.

CN labels or product formulation statements are on file for foods requiring this documentation. If no, technical assistance must be provided on how to obtain this documentation.

Water is available for children, and is not offered in competition with or in place of milk at meals. A second glass must be provided if water is served alongside milk during meals.

Approved non-dairy milk substitutes are served to children needing a milk substitute. If no, meals are disallowed as noted below.

_____.

The CACFP Parent/Guardian Request for Fluid Milk Substitution form is on file for all children served an approved non-dairy milk substitute. If no, a milk substitution form must be obtained for _____. If you are unable to obtain the form, then you may not claim meals which require milk that are served to the child(ren). Meals are disallowed for the observed meal as noted below.

_____.

A medical statement from a medical authority is on file for all children with a diagnosed need for a special dietary accommodation that prevents the child(ren) from drinking fluid milk or one of the approved non-dairy milk substitutes. If no, a medical statement must be obtained for _____. If you are unable to obtain the medical statement, then you may not claim meals which require milk that are served to the child(ren). Meals are disallowed for the observed meal as noted below.

_____.

Food safety and sanitation practices are being followed. If no, train the staff on best practices.

Food handler's permit(s) are on file. If no, obtain the food handler's permit(s) needed.

_____.

Meal Counts

Yes No N/A

Meal counts are taken at the time the meal was served to ensure only complete meals served to children are claimed. Meal counts are not based on attendance. If no, meals are disallowed as noted below.

_____.

At-risk meals and/or snacks are claimed only after school or on a non-school day. If no, at-risk meal and/or snack counts are disallowed.

_____.

No more than one at-risk meal and one at-risk snack are claimed per child per day. If no, at-risk meal/snack counts are disallowed.

_____.

A current license or permit is in effect. If no, a copy must be obtained or meals are disallowed as noted below.

_____.

The number of meals or snacks claimed is equal to or less than the license capacity. If no, the meals that exceed the license capacity are disallowed as noted below. (Note if shifting is documented, then meals/snacks do not need to be disallowed.)

_____.

All or a total of _____ meals are disallowed due to _____. These meals cannot be included in the claim for reimbursement and a notation was included on the meal count record.

5-Day Meal Count Reconciliation

Record in the chart below the date, the meal counts for each meal type claimed and the total number of children in attendance at the site during the five preceding serving days. Also, record the meal count and the number of children in attendance for all meals on the day of the review.

Date	Breakfast	A.M. Snack	Lunch	P.M. Snack	At-Risk Snack _____	At-Risk Meal _____	Supper	Evening Snack	Total Daily Attendance
Today									

Yes No

The number of meals served during the meal observation is reflective of the meal counts for the same meal type for the five preceding serving days. If no, document the reason: _____

The meal counts for one or more meal type(s) claimed exceeds the number of children in attendance during one or more of the five preceding serving days. If yes, document the reason and the correction made to ensure the number of meals claimed does not exceed the number of children in attendance.

OTHER

Yes No

Staff has attended CACFP sponsor training. If no, note when the training will be conducted: _____

The "And Justice for All" poster is on display. If no, the poster was provided and was displayed in a prominent location.

Health and safety violations were observed: _____

TECHNICAL ASSISTANCE

Yes No N/A

Technical assistance was provided for: _____

CORRECTIVE ACTION

Yes No N/A

Corrective action is required. If yes, list as follows: _____

Prior review findings were corrected. If no, list the follow-up that is required: _____

Signature of Monitor: _____ **Date:** _____

Signature of Site Director or Representative: _____