



CACFP Site Review Form

For Sponsoring Organizations of At-Risk Afterschool Programs

Sponsor Name:	Agency Code:	
Site Name:	Site Code:	
Address:	City:	
Review Date:	Arrival Time:	Departure Time:
Check one: Review: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Follow-up	Check one: <input type="checkbox"/> Unannounced <input type="checkbox"/> Announced (No prior notice)	
Check one: Meal Pattern: <input type="checkbox"/> CACFP <input type="checkbox"/> NSLP (SFA Only)		
Approved Meal Service(s) in CACFP Contract: (circle all that apply) Breakfast AM Snack Lunch PM Snack Supper (Refer to Guidance Memorandum 5 : Monitoring Requirements (Review flexibilities for Sponsors of At-Risk Afterschool Program sites that participate in the National School Lunch Program and/or Summer Food Service Program).)		

Instructions:

1. The monitor must observe the entire meal service and in all rooms where meals are served.
2. Review the previous CACFP Site Review Form for finding(s) and determine during this site review whether effective action was achieved for all finding(s).
3. Answer all questions within each section of this form while onsite. If answered "No", provide further information in the comments section and complete Section 9.

Required Postings:

"...And Justice For All": <input type="checkbox"/> Yes <input type="checkbox"/> No	Building for the Future Flier: <input type="checkbox"/> Posted <input type="checkbox"/> Distributed <input type="checkbox"/> Not posted or distributed
License is posted and current: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Not Licensed	Additional Comments:

Section 1: Sanitation and Safety Requirements

	Yes	No	N/A	Comments
1. Refrigerator(s) are clean and maintains temp of 40°F or below				
2. Freezer(s) are clean, defrosted and maintains temp of 0°F or below				
3. Food is stored above floor to allow air circulation and cleaning				
4. All food is labeled and dated				
5. Proper food handling procedures are followed				
6. Meals are received at proper temps (≤40°F and ≥135°F)				
7. Appropriate dishwashing and sanitizing procedures followed				
8. Cleaning supplies/toxic materials are stored away from food and out of reach of participants				

Section 2: Menu and Meal Records: *Review all meal documentation for current month (including vended meals)*

Menus	Yes	No	NA	Comments
1. Dated menus for all meals served are available onsite				
2. Menu changes are noted on menus				
3. Menus include the following: (N/A for SFA using NSLP meal pattern) <ul style="list-style-type: none"> • Milk types (fat content specified by age group) • Whole Grain-Rich (WGR) items • Cereal names (<i>if served</i>) • Specific fruits and vegetables 				

Production Records (or delivery records if meals are purchased from a vendor or delivered from another site)

1. Production records and/or delivery slips provide required meal information and are available onsite				
2. Total quantities of food prepared/delivered are sufficient for meeting minimum serving sizes of each meal component and age group				
3. Number of staff eating meals is recorded on production/delivery records				



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4. Product packaging is on file to credit the following food items: <ul style="list-style-type: none"> • Whole Grain-Rich Items • Cereals (<i>N/A for SFA using NSLP meal pattern</i>) • Yogurt (<i>N/A for SFA using NSLP meal pattern</i>) • Tofu (<i>N/A for SFA using NSLP meal pattern</i>) 				
5. Store-bought combination foods have CN label or Product Formulation Statement on-hand and used for serving proper portion sizes to each age				

Section 3: Meal Pattern Requirements

SFA operating At-Risk (only)
 N/A (not SFA)
 Which meal pattern is followed? NSLP (*Complete 1-3*) CACFP (*Complete 4-14*)

1. Meals/snacks meet NSLP meal pattern requirements				
2. Whole grain rich (WGR) items: <ul style="list-style-type: none"> <input type="checkbox"/> Items served as WGR meet WGR criteria <input type="checkbox"/> Based on menus/review of product labels, one WGR item is served/day. 				
3. Store-bought combination foods and processed meats: <ul style="list-style-type: none"> <input type="checkbox"/> CN/PFS used correctly 				

All Other Programs complete 4-15	Yes	No	NA	Comments
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Review menus and product labels to answer the following questions				
4. All meals and snacks contain the required meal components				
5. The correct types of milk are served to each age group (1%/Skim White; and/or flavored milk (<i>if served</i>) only to 6+ years)				
6. Grain Based-Desserts are not served as meal components				
7. At least one Whole Grain-Rich (WGR) item is served per day				
8. Breakfast cereals contain no more than 6g sugar/dry oz.				
9. Yogurts contain no more than 23g sugar/6 oz.				
10. Tofu meets protein requirements				
11. A meat/meat alternate is served no more than 3x/week at breakfast				
12. Juice is served no more than 1x/ day				
13. A vegetable is served at every lunch/supper				
14. Program does not deep-fat fry foods on-site				
15. Water is offered to participants throughout the day, including at meal times				

Section 4: Special Dietary Needs (SDN) Requests

	Yes	No	NA	Comments
1. Are any participant's meals/snacks different from the regular menu for family request/medical impairments? If yes, answer the questions below.				
2. For a disability: A valid medical statement is on file for each participant Site offers modifications that accommodate each participant's disability				
3. For a non-disability: A written request is on file for each participant The site claims meals for these participants only when substitutions (provided by site or family) are creditable to the meal pattern and the site provides all or all but one component (If no, explain in comments)				
4. A complete CACFP <i>Special Dietary Needs Tracking Form</i> on file for each child with a special dietary need (disability and non-disability) (<i>N/A for SFA</i>)				



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Section 5: Meal Count Records – 5-Day Reconciliation

1. For each classroom, for the current day and 5 preceding days, record the following in the chart below:
 - a. Total meal counts (MC) for 1 meal (*Choose meal observed or the meal closest to the time of the review*)
 - b. Total attendance (Att) from attendance records (*Number of participants signed in/out on the daily attendance records*)

Meal recorded for 5-day rec (circle one):		Breakfast	AM Snack	Lunch	PM Snack	Supper						
		5 Preceding Days										
Dates→	Today	Day 1	Day 2	Day 3	Day 4	Day 5						
Meal Count (MC) and Attendance (Att) Numbers												
Room(s) ↓	MC	Att	MC	Att	MC	Att	MC	Att	MC	Att	MC	Att
Totals:												

											Yes	No
1. Meal counts have been recorded up through the time of the review. If “No”, these meals cannot be claimed												
2. The meal counts for the prior five days appear reasonable when compared to today’s meal count												
3. Meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance												
4. Total attendance each day is equal to or exceeds total meal counts for the meal. If NO, find source of error (e.g., participants not signed in/out, meal counts not properly recorded). Correct errors prior to claim submission												

Comments:

Section 6: Meal Service Observation N/A – A meal was not observed → skip this section

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

Observed meal (circle one):		Breakfast	AM Snack	Lunch	PM Snack	Supper	Add'l Snack					
Meal Component	Specific Foods Served	Total Quantity Prepared/Delivered or Portion Size Offered										
Milk (<i>Specify types by age group</i>)												
Meat/Meat Alternate												
Vegetable												
Fruit (or 2 nd Vegetable)												
Grain												

						Yes	No	NA	Comments
1. The foods listed on the menu for the meal are the same as the foods served									
2. Creditable foods were served for each required meal component									
3. The quantities of food prepared/delivered was sufficient to provide the minimum serving sizes for the number of participants and staff served									
4. Participants were offered all meal components in accordance with the meal service method being followed (family style, pre-plated, or cafeteria style)									
5. Staff count participants in the time-of-service meal counts only when served meals containing creditable foods for each required meal component									



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6. The time-of-service meal count is recorded either during the meal service or immediately following				
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Section 7: CACFP Training Requirements

	Yes	No	Comments
1. All staff responsible for CACFP tasks at the site received annual training on CACFP requirements applicable to their responsibilities			
2. New staff or staff newly assigned CACFP tasks received training prior to being responsible for these tasks			
3. All program staff received civil rights training within the last year			
4. Based on the outcome of this site review, all staff are sufficiently trained			

Comments:

Section 8: Attendance Records

	Yes	No	Comments
<input type="checkbox"/> Daily attendance records of the participants attending site are maintained			

Section 9: Findings, Corrective Action, and Follow-Up

1. Check previous CACFP Site Review Form for finding(s). Was effective action achieved for all findings noted during last site visit?
- N/A, no findings cited
 Yes
 No (Check column B, below, for each repeat finding)

2. Complete columns A-E for finding(s) cited during today's site review
- Column A: Finding** - list each requirement from today's site review with a **NO** answer
- Column B: Finding cited during previous site review** - Check box if the finding was previously cited
- Column C: Required Corrective Action (CA)** - List steps required to correct finding (*person responsible, training, resources, etc.*)
- Column D: CA Due** - List date when CA must be complete
- Column E: Follow-Up** - List how and when monitor verified CA was complete (this will be completed at a later date)

N/A - No findings were identified during today's site review

A. Finding:	B.	C. Required Corrective Action (CA):	D. CA Due	E. Follow-Up
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Monitor's Signature (CACFP Staff person completing the CACFP Site Review)	Date
Site Staff's Signature (Site staff person present during this site review and responsible for corrective action)	Date