

Site/Facility Review Form for Sponsors

Child & Adult Care Food Program
VT Department of Education
Child Nutrition Programs

SITE REVIEW FORM

Site Information:

Site:	Sponsor Name:		
Reviewer Name:	Date:	Time:	
Name of Site Personnel Interviewed:			
Number of Children/Adults Enrolled:		Number of Children/Adults in Attendance:	
License Posted: Y N	License Capacity:	License Expiration Date:	

REVIEW AREAS

A. Day of Review Meal Service

1. Circle meal observed and record applicable meal start and end times.

	Breakfast	AM Snack	Lunch	PM Snack	Supper
Scheduled Meal Service Time:					
Meal Service Time Observed:					

2. Record the food items and serving sizes for children below. Record the meal count. Meal Count: _____

1 - 12 Year Olds

Meal Components	Food Item	Serving Size
Milk		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Grain/Bread		
Other:		

	Yes	No	Comments:
1. The menu documentation on the meal record and planned menu corresponds to the meal/snack observed. If "No," explain.			
2. The meal/snack observed contained the required components. If "No," list the missing components and describe technical assistance provided.			
3. The required quantities of food were prepared and served. If "No," list the food items served in insufficient quantities and describe technical assistance provided.			
4. The meal/snack observed provides a variety of colors, temperatures, shapes, sizes and flavors. If "No", explain.			

REVIEW AREAS			
5. Record the food items served and the serving sizes for infant meals.			
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			
Meat/Meat Alternate			
6. At least one required component of the infant meal pattern is supplied by the center for claimed infant meals. If "No," explain.			

REVIEW AREAS	Yes	No	Comments:																																										
B. Meal Service Documentation and Analysis																																													
1. Daily, dated meal records for both children and infants, as applicable, are available and up to date at the center, for all approved/claimed meals for the current month. If "No," explain.																																													
2. Medical statements and/or State Agency approvals are on file for substitutions related to medical or special dietary or religious needs. If "No," explain.																																													
3. Documentation is available to support the minimum required quantities of food items. If "No," explain.																																													
4. An accurate meal count was taken at the point of service. If "No," explain and describe technical assistance provided.																																													
5. An accurate, daily meal count was taken for program and non-program adults.																																													
6. Reconciliation of Meal Counts: Copy the meal counts recorded by the facility for five consecutive days during the current or prior claiming period. Use enrollment and/or attendance records to determine the number of children in care during each meal service and attempt to reconcile those numbers to the numbers of breakfasts, lunches, suppers and snacks claimed for that day. Determine if the meal counts were accurate. If there is a discrepancy between the number of children enrolled or in attendance on the day of review and prior meal counting patterns, reconcile the difference and determine whether an over claim occurred.			Comments:																																										
<table border="1"> <thead> <tr> <th>Date</th> <th>Breakfast</th> <th>AM Snack</th> <th>Lunch</th> <th>PM Snack</th> <th>Supper</th> <th>Eve Snack</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>				Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack																																			
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C. Health, Safety, & Sanitation																																													

REVIEW AREAS	Yes	No	Comments:
1. The refrigeration units are clean and maintained at required temperatures.			
2. Food is properly stored in the refrigeration units and in dry areas. Food is stored at least 6 " off the floor.			
3. There is no evidence of rodent or insect infestation.			
4. Cleaning supplies and other toxic materials are safely stored out of reach of children and away from food.			
5. There are no obvious fire, health and/or safety hazards observed in the center.			
6. Food service was conducted in compliance with generally accepted health and sanitation practices.			
7. The storage areas are secure from theft.			
8. Dishes are washed in a dishwasher with a rinse and sanitizing cycle () or dishes are hand-washed in hot soapy water, rinsed in clear, hot water, sanitized in a sink/pan with a chlorine bleach rinse (1 tbl. Bleach per gallon of hot water) for one minute and air-dried. ().			
9. Comments:			

D. Training & Monitoring	Yes	No	Comments:
1. The center staff has attended CACFP training provided by the Sponsor within the last year.			
2. The center has implemented ideas/information provided during training.			
3. Center staff recommendations for future training topics/needs.			

E. Civil Rights	Yes	No	Comments:
1. The civil rights poster containing the nondiscrimination statement is on display in the center.			
2. The Building for the Future poster is on display in the center.			

Corrective Action	
Corrective action to be taken:	
Person responsible for corrective action: _____ Date due: _____	
Signatures	
_____ Sponsor Representative Conducting the Monitoring	_____ Site Supervisor or Representative
Review: (circle) 1 2 3 Unannounced Other	

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