

Site Review Form Child & Adult Care Food Program		Date of Review: _____		Arrival Time: _____ Departure Time: _____	
		Review: 1 2 3 UN 4 week		Meal Observed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Center: _____			Sponsor: _____		
License Posted: _____ Expiration Date: _____ Licensed Capacity: _____			Reviewer: _____		
<input type="checkbox"/> Breakfast ____:____-____:____	<input type="checkbox"/> AM Snack ____:____-____:____	<input type="checkbox"/> Lunch ____:____-____:____	<input type="checkbox"/> PM Snack ____:____-____:____	<input type="checkbox"/> Supper ____:____-____:____	<input type="checkbox"/> Eve Snack ____:____-____:____
Meal Observed: _____		Meal Service Observation Time: Start: _____ End: _____			
Attendance & Eligibility Data		Yes	No	N/A	Comments
1. In and out logs are complete and current to document children's attendance.					
2. The center is at/within registration/licensed capacity, and the center/child ratio.					
3. The children in attendance & participating in the meal service have complete and current enrollment forms.					
4. The meals claimed are served to children who are within regulatory age limits.					
Health/Safety/Sanitation		Yes	No	N/A	Comments
5. The refrigeration units are clean and maintained at required temperatures with working thermometers.					
6. The cooking and preparation areas are clean and maintained.					
7. Food is properly stored in the refrigeration units and in dry areas at least 6" off the floor.					
8. Cleaning supplies and other toxic materials are safely stored out of the reach of children and away from food.					
9. The meal preparation and service areas are free of animals, rodents, and insect infestation.					
10. The child care space is free of fire, health & safety hazards.					
11. Food service was conducted in compliance with generally accepted health and sanitation practices.					
12. The center staff and children wash hands prior to food handling and eating.					
13. Dishes are washed in a dishwasher with a rinse and sanitizing cycle () or dishes are hand-washed in hot soapy water, rinsed in hot water, sanitized with chlorine bleach rinse (1 tablespoon bleach per gallon of hot water) for one minute and air-dried ().					
Sponsor Training		Yes	No	N/A	Comments
14. List the date of the last sponsor conducted training session the center attended: _____.					
15. The center felt the sponsor training was helpful, and has implemented information provided.					
16. Center recommendations for future training topics/needs or training improvement ideas are.					

Meal Service Observation & Documentation						
	Milk / Formula Breast Milk	Meat/Meat Alt.	Vegetable	Fruit/Vegetable	Grain/ Infant Cereal	Other
Birth – 5 Months						
6 – 11 Months						
1 - 18 Year Olds						
Adults						

			Yes	No	N/A	Comments
17. The observed meal was served at the approved, scheduled time. If no, the center notified the sponsor of the change.						
18. The observed meal corresponds to the posted menu.						
19. The observed meal contains all of the required components. If No, list the details on page 3.						
20. The required quantities of food items are prepared, available and served. If No, list the components prepared and served in insufficient quantities and describe technical assistance provided.						
21. The observed meal provides a variety of colors, temperatures, textures, shapes, sizes and flavors.						
22. The meal service occurs in a pleasant and positive environment.						
23. Medical statements are on file for all substitutions related to medical special dietary or religious needs.						
24. At least one required/recommended component of the infant meal pattern is supplied by the center for claimed infant meals, records are complete and on file to document infant meals.						
25. An accurate meal count was taken during the meal service at the point of service. If No, explain and describe the technical assistance provided.						
26. 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.						
27. Meal Counts the day of the review:	Breakfast				PM Snack	
	AM Snack				Supper	
	Lunch				Evening Snack	

28. Reconciliation of Meal Counts

Record the meal counts reported by the site for five consecutive days during the current or prior claiming period in the shaded box. Using center records to determine the number of children in care during each meal service, record the attendance and reconcile those numbers to the numbers of meals claimed for that day. Determine if the meal counts were accurate. If there is a discrepancy determine whether an over claim occurred. If so, circle and record as a finding on page 3.

Meal Counts													
Date	Enrollment	B		AM		L		PM		Supper		Eve	
		Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count	Attend.	Meal count

Civil Rights	Yes	No	N/A	Comments
29. The civil rights poster containing the non-discrimination statement is on display in the center.				
30. The Building for the Future poster is on display in the center.				

Monitoring	
31. List problems identified in the previous review and determine if corrective action has been implemented.	

Summary of Findings				
Brief Description of Finding	Corrective Action (CA) Needed	CA Due Date	Follow-up Visit Date	Date Corrected

Menu/Meal Record Errors

Date	Meal Type	Missing Component	Menu	# Meal Claimed

Notes/Comments:

Technical Assistance Provided/Recommendations:

Center Supervisor or Representative: _____ **Date:** _____

Sponsor Representative: _____ **Date:** _____