Date of Facility Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Announced [ ]  Unannounced [ ]

Arrival time of visit: \_\_\_\_\_\_\_\_\_\_ Departure time: \_\_\_\_\_\_\_\_\_\_

Approved Meal times: B: \_\_\_\_\_\_\_\_\_\_ L: \_\_\_\_\_\_\_\_\_\_ SN AM: \_\_\_\_\_\_\_\_\_ SN PM: \_\_\_\_\_\_\_\_\_\_

Past Year visit dates:

1st visit \_\_\_\_\_\_\_\_\_ 2nd visit \_\_\_\_\_\_\_\_\_\_ 3rd visit \_\_\_\_\_\_\_\_\_\_

Date and findings from last review:

Corrective Action from Last Review:

|  |  |  |
| --- | --- | --- |
| 1. Is the License current? Expiration Date: \_\_\_\_\_\_\_\_\_\_ Approved capacity: \_\_\_\_\_\_\_\_\_\_ *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 2. Is the Civil Rights poster displayed in a prominent area? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 3. Is the procedure of filing discrimination complaints readily available? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 4. Enrollment forms are reviewed and verified for all participants present on the day of review. *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 5. Are all participants who are required to have a Meal Benefit Form to document eligibility for free and reduced-price meals on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 6. Was the meal observed served at the approved time? What meal was served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time was the meal served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 7. Did the participants/program staff wash their hands before eating? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 8. Did the observed meal contain all the required components? Whole grain / Whole grain rich Lunch: one fruit/one vegetable **or** two vegetables List all foods served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Food Management Company Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preparation Kitchen Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES [ ]  | NO [ ]  |
| 9. Did the portion sizes meet the meal pattern requirements for the different age groups served?  *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 10. Was a production worksheet completed for the observed meal? Infants? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 11. Are hot foods kept at or above 140 F and cold foods at or below 40 F ? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 12. Is there a thermometer in refrigerator and is it at 40 F or below? Is there a thermometer in freezer and is it at 10 F or below? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 13. Were the meals correctly recorded at point of service for all enrolled participants? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |

**5 Day Meal Reconciliation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Meal Count B | Meal Count L | Meal Count Snk | Daily Attendance |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Review Day |  |  |  |  |

The number of reimbursable meals served during the meal observation [ ]  was or [ ] was not reflective of the daily meal counts noted.

 *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 14. Did the children/adults eat more than half the meal? *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 15. Is the kitchen area/food service area kept clean at all times? *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 16. Is the center free of pests such as insects and rodents? *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 17. Are all cleaning compounds, insecticides and other chemicals stored away from food and out of children’s reach? *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 18. Formeals not prepared on site: Do site personnel check and verify that meal receipt matchesmeals ordered/delivered for the day? Meets meal pattern?*Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food Service Management Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Central Kitchen Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES [ ]  | NO [ ]  |
| 19. Do menus contain all the required components for each meal/snack? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 20. Are production worksheets complete for all meals claimed and maintained on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 21. Are menus planned in advanced and maintained on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 22. Are costs of food and supplies maintained on file for each month? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 23. Have site personnel attended an annual training conducted by your organization? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| 24. If yes, is the documentation on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| Corrective action and plan is required for all questions marked **“NO” including questionable practices in regards to internal policy and/or CACFP regulations:** |
| Corrective action follow-up date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature and Title of Monitor/Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ |
| Signature and Title of Site Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_ |
|  |
| 25. Meals withheld and disallowed due to: *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |