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: *Document findings from prior review here.*

Corrective Action from Last Review: *prior review problems that needed to be addressed with deadlines. Also, include miscellaneous items needed at facility (i.e.: thermometer, hand washing poster, etc.) WERE THEY RESOLVED??*

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| 1. Is the License current? Expiration Date: \_\_\_\_\_\_\_\_\_\_ Approved capacity: \_\_\_\_\_\_\_\_\_\_ *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *If license is temporary, what is the reason for this? If expired, did HCNP receive a copy of the new license? Is the facility capacity the same as the previous license?*  | YES [ ]  | NO [ ]  |
| 2. Is the Civil Rights poster displayed in a prominent area? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *You may want to carry additional posters as needed.* | YES [ ]  | NO [ ]  |
| 3. Is the procedure of filing discrimination complaints readily available? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *You may want to ask the site personnel if they know how a parent can file a complaint. What is the procedure(s)? Is the form readily available along with the binder/folder containing the log?* | YES [ ]  | NO [ ]  |
| 4. Enrollment forms are reviewed and verified for all participants present on the day of review. *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Review and verify Enrollment forms for all participants present on the day of the monitoring visit. Be sure that they are current year.* | 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*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Review Meal Benefit Forms (MBF) to validate eligibility of free and reduced-price participants. Look at the October study roster or most recent study roster.* | YES [ ]  | NO [ ]  |
| 6. Was the meal observed served at the approved time? What meal was served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time was the meal served? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *What is your procedure if staff do not serve the meal at the agreed upon time stated in the Site Information Sheet? A significant difference in meal time was observed (i.e.: more than ½ hour earlier or after approved times). Was this the first time occurrence? Meal Delivery time changed? Was the corrective action noted?* | YES [ ]  | NO [ ]  |
| 7. Did the participants/program staff wash their hands before eating? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *If there appears to be a hand washing problem: Notate and give technical assistance. Also, you may want to see if it is a systemic problem amongst staff members and/or other sites. Training may be needed. Hand washing posters?* | 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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Did the observed meal match the menu? Have other reviews notated meals not matching menus? If so, another unannounced visit should be completed to ensure that the facility is meeting the meal pattern for all meals claimed for reimbursement. If observed meal has a missing component, all of the meals should be disallowed. Notations should be made in #25.*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*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *A good gauge to see if observed meal meets the meal pattern is do a “milk study” for breakfast and/ or lunch.*  | YES [ ]  | NO [ ]  |
| 10. Was a production worksheet completed for the observed meal? Infants? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Each infant must have individual production records for all meals claimed. Time, amounts offered and amounts consumed should be noted on the record.**Completed daily menu production worksheets should be on file for all meals claimed, including the day of review and the rest of the week.* | 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*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Thermometer should be placed in back of freezer and refrigerator for best temperature reading. Are temperature logs current?*  | YES [ ]  | NO [ ]  |
| 13. Were the meals correctly recorded at point of service for all enrolled participants? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Meals are only reimbursable if the “counts” are taken immediately before, during, or immediately after meal service. Children must be seated. Counts not determined by attendance.*  | YES [ ]  | NO [ ]  |
| 14. Did the children/adults eat more than half the meal? *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *When viewing the meals, check to see if the children seem “reluctant” to participate (it may be due to food items overly repeated or unpopular). Does the meal service seem to be “more of an exercise”? Notate any unusual observations.* | 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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Notate any findings and give suggestions on storage alternatives.*  | 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*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Are substitutions notated on receipt and still meet the meal pattern? Are the delivery time and signatures on receipt? Are receipts left at facility? Are they easily accessible in case of an audit?* Food Service Management Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Central Kitchen Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YES [ ]  | NO [ ]  |
| 19. Do menus contain all the required components for each meal/snack? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*If not in compliance, ask the facility personnel “What are you required to serve to meet the meal pattern requirements?” Notate corrective action is needed and meal disallowance(s). If meal vended, call vendor to correct problem(s).*  | YES [ ]  | NO [ ]  |
| 20. Are production worksheets complete for all meals claimed and maintained on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *This is a good way to troubleshoot if the meal observed looks “skimpy” or there is too much food being served. This only applies if you are preparing the meal at the facility (i.e.: snacks).*  | YES [ ]  | NO [ ]  |
| 21. Are menus planned in advanced and maintained on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Menus shall be posted at facility and should be checked prior to delivery of meals to cross check if meals meet the minimum meal patterns.*  | YES [ ]  | NO [ ]  |
| 22. Are costs of food and supplies maintained on file for each month? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Food and supply receipts will validate that the food and supply items planned for were actually available for program use.*  | YES [ ]  | NO [ ]  |
| 23. Have site personnel attended an annual training conducted by your organization? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Check file of Facility to see what training the staff have not attended. The results may be connected to other issues as stated in the other questions. Results may be a corrective action to have immediate technical assistance to resolve the issues or denial of claiming of meals.*  | YES [ ]  | NO [ ]  |
| 24. If yes, is the training documentation on file? *Comments*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | YES [ ]  | NO [ ]  |
| **5 Day Meal Reconciliation*** If you are there at lunch service, check breakfast and yesterday’s meal counts to see if it was recorded. If not, disallowance may be needed.
* Perform the five-day reconciliation. Check the enrollment and attendance records to ensure that they are current and accurate. Make sure attendance does not exceed enrollment or licensing capacity for any day (or any shift, if shift care is provided). Next, using enrollment and attendance records and the meal counts for the selected five-day period: Count the number of children in attendance on each day at the time of each meal service. Check the claimed meal count for each meal service on the given days. Next, using the enrollment and attendance records and the meal count sheets for the five-day period: Compare the attendance to the claimed meal count for each meal service on each day. Determine the reason for any discrepancies, and correct as needed.

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

The number of reimbursable meals served during the meal observation [ ]  was **or** [ ]  was not reflective of the daily meal counts noted. *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_25. Meals withheld and disallowed due to: *Comments*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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: \_\_\_\_\_\_\_\_ |
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