

demonstrate that the site uses all CACFP reimbursement to operate the CACFP and improve the meal service?		
Have all staff members with CACFP related duties received or attended CACFP trainings offered by the Sponsor?		

5-Day Reconciliation of Attendance/Meal Count Verification				
Instructions:				
Complete a 5-day reconciliation by comparing the ROMS or meal/snack count totals to the total number of children in attendance <u>or</u> signed-in on the time-in/out record for that meal/snack for 5 consecutive days during the current and/or prior claiming period.				
Insert the date, number of school-age children in attendance or signed-in those days, and the number of snacks and/or suppers served on those particular days. If additional space is needed, please attach the additional page(s) with participant names to this form.				
Date	Total # of children in attendance or signed-in for snack	ROMS/meal count for snack	Total # of children in attendance or signed-in for supper	ROMS/meal count for supper
When compared to the time-in/out/attendance records, do the ROMS/meal count totals indicate that participants claimed for meals/snacks are present for those meals/snacks? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Based on this comparison, do the ROMS/meal count totals exceed the number of children in attendance or signed-in for snack and/or supper served daily? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how is this problem reconciled? Develop a corrective action plan for this site:				

Meal Observation Chart		
Meal Pattern	List the item(s) served	Amount or portion size of food served
Meat/Meat Alternate		
Fruit/Vegetable		
Bread/Bread Alternate		
Fluid Milk (1% or Fat-Free)		

MEAL OBSERVATION		
Meal Observed:		
Number of children served:		
Time of meal service:	Beginning:	Ending:
Does the time of the meal or snack correspond with the approved mealtime listed in the CACFP site application?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
If the response is NO for questions 1-5, an action plan is required for correction.		

	YES	NO
1. If the center has a child care license, is the number within license capacity? <input type="checkbox"/> N/A		
2. Does the number of children served correspond with the site's ROMS/meal count and claims?		
3. Are ROMS/meal counts completed at point of service by visual observation?		
4. Is the observed meal creditable?		
5. Is enough food prepared, available and offered?		
6. Is the meal attractive and appetizing?		
Are any participants on special diets? If no, skip to question #8.		
If the response is NO for questions a-b, an action plan is required)		
a. If yes, are Special Diet Statements on file and current for the participants with disabilities or life threatening conditions?		
b. Are Non-Dairy Milk Substitute Parent Preference forms on file for participants who cannot consume fluid cow's milk for medical or other dietary need, other than a disability?		
7. Meal service style (check one): <input type="checkbox"/> Family Style <input type="checkbox"/> Pre-Plated <input type="checkbox"/> Buffet		

LICENSING AND APPROVAL		
	YES	NO
1. Does the site have a child care license?		
2. If #1 is yes, is the license still active? If yes, no further action is required. If no, CACFP participation must discontinue if the license has been revoked. If the site is in the renewal process, CACFP participation can continue.		
3. If #1 is no, does the site have formal exemption from CDHS, or has the CDHS determined licensing laws do not apply to the site? If #1 is yes, no further action is needed. If no, the site may not be eligible for the CACFP. If unknown, the site must contact Niki Gill at CDHS at (303) 866-5889 to determine if the site is required to have a license. Follow-up is required of the sponsoring organization.		

HEALTHIER MEALS INITIATIVE (HMI) POLICY		
	YES	NO
Do the site's menus reflect compliance with at least 2 of the following? 1. Limit 100% fruit juice to twice per week. 2. Limit processed and pre-fried meats to once per week. 3. Offer at least one whole grain product per day. If no, which of the above policies was not met? Describe the action taken to improve compliance with the HMI policies (document education or support provided).		
FOOD/STORAGE/SAFETY AND SANITATION/PREPARATION		
If the response is NO for questions 4-9, an action plan is required for the correction.	YES	NO
4. Are foods listed on menus also observed in storage?		

5. Is the refrigerator temperature at or below 40°F?		
6. Are open food packages in storage kept covered, labeled, dated, and at least 6 inches off the floor and in a clean area?		
7. Are safe procedures for food preparation and cooking followed?		
8. Are tables sanitized immediately prior to meal service?		
9. Are proper hand-washing procedures followed?		

HEALTH AND SAFETY ASSESSMENT (Use additional pages as needed.)

If any conduct or conditions are discovered that pose an imminent threat to the health or safety of participating children, or the public in a sponsored facility, CACFP regulation requires that the appropriate State or local licensing or health authorities be contacted. Action must be taken which is consistent with the recommendations and requirements of those authorities. If this situation exists during this site visit, then please describe what was discovered and what was done:

CIVIL RIGHTS

If the response is NO for questions 1-3, an action plan is required for correction.	YES	NO
1. Is the <i>And Justice for All</i> poster displayed and visible to the public?		
2. Are all meals served equally to all participants regardless of race, color, sex, age, disability and national origin?		
3. Is the non-discrimination policy statement listed, current and on the posted menu and on any distributed materials that mention USDA or CACFP?		

FINDINGS (use additional pages as needed)

Problem areas from last site visit:

Have previous findings been corrected? Yes No

If no, what follow-up will be implemented and what is the deadline for correction?

SUMMARY OF VISIT (Use additional pages as needed.)

Include recommendations for improving the food service:

Action plan time frame for completion:

Reviewer's full printed name: _____ Title: _____

Reviewer's signature: _____ Title: _____

Time the visit ended: _____