

# Child and Adult Care Food Program Reviews: What to Expect

The Colorado Department of Public Health and Environment-Child and Adult Care Food Program (CDPHE-CACFP) staff conducts reviews to ensure compliance with USDA regulations for the Child and Adult Care Food Program among all participating Institutions. During the review, CACFP consultants also provide technical assistance in necessary Program areas, nutrition education, and best practice guidance.



The CACFP Nutrition Consultant conducting the review will evaluate records for a single month, which is specified prior to the review, but may need to access records from prior months to complete the assessment. The consultant will also observe a meal and/or snack service and inspect the kitchen and food storage areas during the review. If the site(s) receive food services from a contracted vendor, the Nutrition Consultant will also visit the food preparation site of the vendor.

The checklist below includes all forms and records the Nutrition Consultant will need during the review. Please gather and organize these records for the specified month and provide them to the Nutrition Consultant on the day of the review, or when requested if previous arrangements have been made.

Refer to the CACFP Child Care Manual or Adult Day Care Manual for detailed information about CACFP requirements. Access the CDPHE-CACFP website at <https://www.colorado.gov/cdphe/cacfp> to download required forms and other references.

## ADMINISTRATIVE RECORDS

### Master Roster:

- List of all enrolled participants, who were present during the review month and ate at least one meal, and their respective income eligibility category (Free, Reduced, Paid). This list should be alphabetical with last name first.

### Income Eligibility Forms (IEFs) (Required for: Child Care, Outside School Hours, Colorado Preschool Programs under Head Start for those children not enrolled in Head Start, and Adult Day Care Sites only):

- Income Eligibility Forms for participants categorized as Free, Reduced and Paid (if a Paid IEF was completed by the parents/guardian). Alphabetize these forms. IEFs must be valid for the month selected for the review. Include any forms for participants for whom meals were claimed during the review month, but are no longer enrolled. Keep separate any forms for participants who were not enrolled during the review month. **Please inform the Nutrition Consultant of the IEF approval option selected by your institution:**
  - 1) The date the parent/guardian signs the income eligibility form; or
  - 2) The date the institution's official makes the determination, and signs and dates the income eligibility form.Please note the same approval method selected must be used for all IEFs approved by the institution.

### Head Start List

- Head Start sites must obtain a monthly list of all children who are enrolled in the Head Start program and who are Head Start income eligible. The list must be signed by a Head Start official.

### Record of Meals Served (ROMS) for the Review Month:

- ROMS forms for the selected review month, for all meals and snacks claimed for reimbursement. The ROMS must include the name of the participants for which meals are claimed, income eligibility categories (if applicable depending on the type of institution), dates, and meal types. If applicable, include ROMS for infant meals.

### Time-in/Time-Out Records (Child care, Outside School Hours, and Head Start Sites only):

- Time-in/time-out records for the review month, which are signed by the parents/guardians of children in care. If the site uses computerized records, the CACFP Nutrition Consultant will request a printout of records for a sample of children at the time of the review.

### Records of Attendance (Adult Day Care, At-risk After School Programs, and Homeless Shelters only):

- Records of attendance for all participants at the site during the review month selected. For homeless shelters, the Nutrition Consultant will request records for a sample of participants.

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## **Enrollment Records (Child Care, Outside School Hours, and Head Start Sites only):**

- Enrollment records for all children listed on the ROMS: The Nutrition Consultant will request a sample of these records.

## **Record of Deposit:**

- Documentation of the deposit of the CACFP reimbursement for the review month into the Institution's bank account. Acceptable documentation may be a copy of a bank statement, online bank statement printout, deposit slip, or accounting ledger (acceptable for organizations with multiple departments).

## **Documentation of For-profit Eligibility for the Selected Review Month (For-profit Child Care Sites Only):**

- CCAP billing statements for the review month and record of CCAP payment (remittance statement) if the site bases eligibility upon the percentage of CCAP (Title XX). The Nutrition Consultant may request child care certificates, if needed.
- IEFs and enrollment roster if the site bases eligibility upon the percentage of Free and Reduced children enrolled.

## **Training Records:**

- Documentation of CACFP and Civil Rights staff training, completed within the previous and current fiscal year.

## **Licenses (Licensed Child Care Sites and At-risk Sites (if applicable) Only):**

- Current child care license issued by the Department of Human Services, Division of Childcare.

## **Civil Rights Requirements**

- Complete the *Civil Rights Compliance Form* (last page on this document) prior to the review and give it to the Nutrition Consultant.
- The Nutrition Consultant will ensure the "And Justice for All" poster is posted at all participating sites reviewed.

## **FOOD SERVICE OPERATIONS RECORDS**

### **Kitchen Inspection Report:**

- Copy of the most recent health and sanitation inspection conducted.

### **Invoices and Receipts:**

- Organized receipts and/or invoices for purchases and donations of food, milk, and food service supplies during the review month, including any invoices for contracted food services. Include documentation of purchases made and donations received during the last week of the month prior to the selected review month.



### **Procurement Records:**

- If applicable, include procurement records relating to contract food services, such as documented quotes from vendors contacted prior to selection.

### **Food Service Labor Records:**

- Records to support any labor costs supported by the CACFP reimbursement during the selected review month. These records may include pay stubs and time and effort summaries for staff members with CACFP related duties.

### **Menus:**

- Copy of the menu served during the review month and current menus posted in a location visible to the public. The posted menus must include the non-discrimination statement.

### **Menu and Production Records:**

- Menu and production records for the review month for all meals claimed for reimbursement and individual menus and production records for meals claimed for infants (under the age of 12 months) in care during the month, if applicable. If a contracted vendor provides meals and/or snacks, the Nutrition Consultant will review production records prepared by the vendor for all meals.

### **Formula Decision Forms (Child Care Sites Caring for Infants Only):**

- Formula Decision Forms for all infants consuming formula (not required for breastfed infants).

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## Special Diet Statement/Special Accommodations Forms:

- Special Diet Statement/Special Accommodations forms for participants who cannot consume one or more of the CACFP Meal Pattern components due to a disability or a medical condition or for whom a medical authority is requesting a diet modification or accommodation.

## **Non-Dairy Milk Substitute Parent Request Form:**

- Parent request forms for Participant who do not have a disability, whose parents/guardians are requesting a special accommodation **only** for a **Fluid Milk Substitute** that meets the nutrient standards for non-dairy beverages offered as milk substitutes as listed on the Non-Dairy Milk Substitute Parent Request Form..

## Institutions contracting with Food Service Vendors to provide meals:

- The Nutrition Consultant might need to have the Institution arrange a site visit to the vendor.

## SPONSORS OF CENTERS (MULTI-SITE INSTITUTIONS ONLY)

The CACFP review of Institutions sponsoring more than one site participating in the CACFP will entail complete reviews of a percentage of sites, which may or may not be announced. The sponsoring organization must provide the following records:

### Site Visit Documentation:

- Documentation of site visits conducted during the previous and current fiscal year.

### Household Contact Policy:

- Documentation of household contacts that were conducted during the previous and current fiscal year, if applicable.

### Administrative Cost Records:

- Records to support any administrative costs supported by the CACFP reimbursement during the selected review month. These records may include receipts and invoices for administrative goods and services and pay stubs and time and effort summaries for administrative labor.

### Site Records:

- All applicable administrative and food service records mentioned in this checklist for ALL sites to allow the CACFP Nutrition Consultant to conduct complete reviews of selected participating sites. These records must be provided to the CACFP Nutrition Consultant at the pre-determined location of the review.

The CDPHE-CACFP hopes to make the review a pleasant experience and a valuable opportunity for Institutions to receive technical assistance.

Please contact the Nutrition Consultant assigned to the Institution you represent with any questions!

\_\_\_\_\_  
Nutrition Consultant

\_\_\_\_\_  
Telephone Number

Child and Adult Care Food Program  
Colorado Department of Public Health and Environment  
PSD-CAC-A4  
4300 Cherry Creek South Drive, Denver, Colorado 80246-1530  
(303) 692-2330



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## CACFP Civil Rights Compliance Form

Institution / Center Name: \_\_\_\_\_ Agreement # \_\_\_\_\_

Name of Person completing Form \_\_\_\_\_ Title \_\_\_\_\_

Please answer the following questions and provide the completed form to the Nutrition Consultant at the start of the CACFP review.

1. How does Institution contact populations in the area or advertise? \_\_\_\_\_  
\_\_\_\_\_
2. Is the non-discrimination policy statement used on all materials used to publicize the CACFP to participants/guardians and to the public? Yes  No  If No, Explain: \_\_\_\_\_  
\_\_\_\_\_
3. Describe how information regarding CACFP is made available to the public upon request? \_\_\_\_\_  
\_\_\_\_\_
4. Describe how the center provides information regarding the availability and benefits of the CACFP to non-English speaking parents/guardians? \_\_\_\_\_  
\_\_\_\_\_
5. Do all persons use all services and facilities routinely without regards to race, color, national origin, sex, age, or disability? Yes  No  If No, Explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do enrollment procedures restrict enrollment to minority persons? Yes  No   
If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_
7. Is membership in a specific organization required before participants can enroll? Yes  No  If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_
8. Describe how the Institution/center maintains data regarding racial/ethnic background of enrolled participants? \_\_\_\_\_  
\_\_\_\_\_
9. Explain any verbal or written complaints of discrimination prior to this review: (No complaints received  ) \_\_\_\_\_  
\_\_\_\_\_
10. Was required annual Civil Rights training of staff completed within the past 12 months? Yes  No  If no, please indicate the date when this training will be completed. \_\_\_\_\_

\_\_\_\_\_  
Signature of the Institution Responsible Principal  
Completing the Civil Rights Compliance Form

\_\_\_\_\_  
Date

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs, the first six protected bases of race, color, national origin, age, disability and sex are the six protected bases for applicants and recipients of the Child Nutrition Programs.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.