Colorado Department of Public Health and Environment

COLORADO CHILD AND ADULT CARE FOOD PROGRAM
SPONSORS OF CENTERS-SHELTER SITE VISIT FORM

INSTRUCTIONS:
Sponsor's monitoring staff must use this form to review each site three times per year. CACFP requires that no more than six months elapse between site visits. At least two of the three reviews must be unannounced. At least two of the three site visits must be meal service visits. At least one unannounced review must include observation of a meal service. **For new sites**: use this form to conduct a pre-approval meal site visit and submit a copy to the CACFP office prior to that site's participation on CACFP.

Sponsor Name:	Site Contact Person:
Name and Address of Individual Site:	Date of Site Visit: Time the visit started:
Check One: □ Announced Visit □ Unannounced Visit □ Pre-Approval Meal Observation (new site only)	
Site Capacity:	Total number of participants enrolled:
Average Meal Attendance (from most recent claim, divide the number of each type of meal by number of days the site was open) **Breakfast**: **Lunch**: **PM Snack**: **Supper**:	

RECORD KEEPING (If the response is "NO" to the below questions, an action plan is needed for correction)		
	YES	**NO**
Are all participant's listed by first and last name on the ROMS?		
Are records indicating the presence of participants at the shelter and length of stay maintained and available?		
Are records and documentation maintained for children with disabilities ages 12-18 year of age? ☐ N/A		
Do menus for the visit month meet CACFP meal pattern requirements?		
Are menus dated, posted and visible to the public?		
Are production records completed daily? ☐ N/A		
Are menus and production records revised to reflect what is actually prepared?		
Are food receipts/invoices kept? ☐ N/A		
Food/milk is purchased: ☐ Monthly ☐ Weekly ☐ Other	-------	--------
Do food receipts support menus and production records? ☐ N/A		
Do production records and food receipts indicate that enough food was prepared and purchased? (Spot check with Simplified Food Buying Guide)		
If donated foods are used is there proper documentation of food donations received (including the date, amount and estimated value)? ☐ N/A		
Are records of site administrative and operating costs available?		
Do records of operating and administrative expenses and income from CACFP		

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?		
Are documents available to verify the age of children residing in the shelter?		
Are documents available to verify disabilities for participants served who are over 18 years of age?		

5-DAY RECONCILIATION OF ATTENDANCE/MEAL COUNT VERIFICATION

Instructions:

1. Complete a 5-day reconciliation by randomly selecting at least 10% of the participants listed on the ROMS, if less than 50 participants, complete the 5-day reconciliation for at least 5 participants.
2. Compare the ROMS for the randomly selected participants for 5 *consecutive* days for the current and/or previous month to the records indicating the length or duration of time at the shelter for the same 5 days.
3. ROMS must indicate that participants claimed were present based on records indicating the length or duration of time at the shelter for those meals/snacks.

Dates reviewed for the 5-day reconciliation:_____

Indicate the names of the participants randomly selected for the 5-day reconciliation. If additional space is needed, please attach the additional page(s) with participant names to this form.

Names of Participants

Do the ROMS, when compared to the records indicating the length or duration of time at the shelter, indicate that participants were claimed for meals/snacks while present at the shelter?

☐ Yes ☐ No

If no how is this problem reconciled? Develop a corrective action plan for this site:

If the records indicating the length or duration of time of participants at the shelter are unavailable, incomplete or invalid, complete further assessment according to the sponsoring organization's policy. If a reasonable explanation is not apparent, 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? ☐ Yes ☐ No Comments:		
If the response is "NO" for questions 1-5 an action plan is required for correction		
	YES	**NO**
1. Is the number of participants served consistent with the site's ROMS and claims submitted for reimbursement?		
2. Are ROMS completed at the point of meal service by visual observation of children taking part in the meal service?		
3. Is the observed meal creditable?		
4. Is enough food prepared, available and offered?		
5. Does staff sit with participants and participate in the meal service?		
6. Is the meal attractive and appetizing (color, age appropriate texture, etc.)?		
Are any participants on special diets? If no, skip to question #7 **(If the response is "NO" for questions A-B and action plan is required)**		
a. If yes, are Special Diet Statements on file & 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): ☐ Family Style ☐ Pre-Plated ☐ Buffet		

HEALTHIER MEALS INITATIVE (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).		

INFANT MEAL OBSERVATION AND RECORD KEEPING (if not applicable, skip this section)		
If the response is NO for questions 1-7 an action plan is required for correction		
	YES	**NO**
1. Are meals/snacks claimed for all infants residing in the shelter?		
2. When the infant is developmentally ready to accept other components, is at least one of the food component (do not include formula or mother's milk) provided by the site?		
3. Are infant meals creditable?		
4. Do infant meals/snacks meet the infant meal pattern according to age and stage of developmental readiness for solids (for 4-7 month olds)?		
5. Do all infants consuming formula have a current and completed Formula Decision Form on file?		
6. Are Infant Menus/Production Records and ROMS completed daily?		
7. Are infants held for bottle feedings?		
8. Does staff sit with infants during meal service?		
Indicate the formula(s) provided by the site: Milk based: Soy based:		
COMMENTS:		

FOOD/STORAGE/SAFETY AND SANITATION/PREPARATION		
If the response is "NO" for questions 1-6 an action plan is required for the correction	**YES**	**NO**
1. Are foods listed on menus also observed in storage?		
2. Is the refrigerator temperature at or below 40°F?		
3. Are open food packages in storage kept covered, labeled, dated, and at least 6 inches off the floor and in a clean area?		
4. Are safe procedures for food preparation and cooking followed?		
5. Are tables sanitized immediately prior to meal service?		
6. 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 "And Justice for All" 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:_____ Date:_____

Time the visit ended:_____