



Colorado Department  
of Public Health  
and Environment

## COLORADO CHILD AND ADULT CARE FOOD PROGRAM SPONSORS OF CENTERS 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: <input type="checkbox"/> Announced Visit <input type="checkbox"/> Unannounced Visit <input type="checkbox"/> Pre-Approval Meal Observation (new site only)	
License Capacity:	Is attendance within license capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Average Meal Attendance</b> (from most recent claim, divide the number of each type of meal by number of days the site was open)	
<b>Breakfast:</b>	<b>Lunch:</b> <b>PM Snack:</b> <b>Supper:</b>

### RECORD KEEPING (If the response is "NO" to the below questions, an action plan is needed for correction)

	YES	NO
Are all participants enrolled and listed by first and last name on the ROMS?		
Are all participants' center enrollment materials updated annually?		
Are Income Eligibility Forms (IEFs) complete and current for all participants claimed in the Free or Reduced categories? <input type="checkbox"/> N/A		
If the site is a Head Start site, is the list of HS enrolled children verifying automatic eligibility for Free meals available, updated and signed monthly by the institution Head Start representative? <input type="checkbox"/> 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? <input type="checkbox"/> N/A		
Are menus and production records revised to reflect what is actually prepared?		
Are food receipts/invoices kept? <input type="checkbox"/> N/A		
Food/milk is purchased: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other		
Do food receipts support menus and production records? <input type="checkbox"/> 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 of food donated, estimated value and signature of donor)? <input type="checkbox"/> 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?		

**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 enrolled 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 time-in/out /attendance records for the same 5 days.
  3. ROMS must indicate that participants claimed were present based on time-in/out/attendance records 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**


When compared to the time-in/out records do the ROMS indicate that participants claimed for meals/snacks are present for those meals/snacks?     Yes     No

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

If the time-in/out/attendance records are unavailable, incomplete or invalid, complete a further assessment, including household contacts, to validate CACFP records, according to the sponsoring organization's policy. If a reasonable explanation is not apparent, develop a corrective action plan for this site:

<b>MEAL OBSERVATION CHART</b>		
<b>Meal Pattern</b>	<b>List the item(s) served</b>	<b>Amount or portion size of food served</b>
Meat/Meat Alternate		
Fruit/Vegetable		
Bread/Bread Alternate		
Fluid Milk (1% or Fat-Free)		

<b>MEAL OBSERVATION</b>		
Meal Observed:		
Number of participants 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: _____		
<b>If the response is "NO" for questions 1-5 an action plan is required for correction</b>		
	<b>YES</b>	<b>NO</b>
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 participants taking part in the meal service?		
3. Is the observed meal creditable?		
4. Is enough food prepared, available and offered?		
5. Is milk served to participants 2 years of age and older 1% or fat-free?		
6. Is the meal attractive and appetizing (color, age appropriate texture, etc.)?		
Are any participants on special diets? If no, skip to question #7 <b>(If the response is "NO" for questions A-B and action plan is required)</b>		
a. If yes, are Special Diet Statements on file & current for the participants with disabilities or life threatening conditions?		
7. Meal service style (check one): <input type="checkbox"/> Family Style <input type="checkbox"/> Pre-Plated <input type="checkbox"/> Buffet <input type="checkbox"/> Offer vs. Serve (adult sites only)		

<b>ADULT SITES ONLY</b>		
<b>If the response is "NO" for the following questions an action plan is required for correction</b>	<b>YES</b>	<b>NO</b>
<b>RECORD KEEPING</b>		
Are daily attendance records maintained?		
Has the facility had a CMS survey within the past 18 months?		
Does each adult have an Individualized Care Plan (ICP) on file?		

<b>CHILDCARE SITES ONLY</b>		
<b>If the response is "NO" for the following questions an action plan is required for correction</b>	<b>YES</b>	<b>NO</b>
<b>RECORD KEEPING</b>		
Are time-in/out records dated and signed by parents/guardians, or staff for participants arriving/leaving by bus?		

Is the facility's license active and current?		
<b>MEAL OBSERVATION</b>		
Does staff sit with participants and participate in the meal service?		
Are Non-Dairy Milk Substitute Parent Preference forms on file for participants who cannot consume fluid cow's milk for medical or dietary need, other than a disability?		
<b>HEALTHIER MEALS INITIATIVE (HMI) POLICY</b>		
Do the site's menus reflect compliance with at least 2 of the following?	<b>YES</b>	<b>NO</b>
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).		
<b>INFANT MEAL OBSERVATION AND RECORD KEEPING (if not applicable, skip this section)</b>		
<b>If the response is "NO" for questions 1-7 an action plan is required for correction</b>		
	<b>YES</b>	<b>NO</b>
1. Are meals/snacks claimed for all enrolled infants?		
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?		
<b>Indicate the formula(s) provided by the site:</b> Milk based: _____ Soy based: _____		
<b>COMMENTS:</b>		

<b>FOOD/STORAGE/SAFETY AND SANITATION/PREPARATION</b>		
<b>If the response is "NO" for questions 1-6 an action plan is required for the correction</b>		
	<b>YES</b>	<b>NO</b>
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 participants, 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: \_\_\_\_\_