

**CHILD AND ADULT CARE FOOD PROGRAM
ADULT CENTER REVIEW FORM
(Administrative and Center Sponsor Use Only)**

Date of Review: _____ 1 st 2 nd 3 rd Visit Unannounced: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Arrival Time: _____	Departure Time: _____
Reviewer: _____	

Institution Information			
Name of Center:		Telephone #:	
Address:		# Enrolled:	
County:		Eligibility Method:	<input type="checkbox"/> Non-profit <input type="checkbox"/> Profit
Approval Type:	<input type="checkbox"/> Medicaid or Medicaid Waiver Program Recipient	<input type="checkbox"/> State Funded and Operated Facility	
	<input type="checkbox"/> Approval granted by Federal/State/Local Authority	Indicate Authority below:	
Approved Meal Type(s):	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	
	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	
Approval to Participate in CACFP			
	YES	NO	N/A
1) Is there verification on file documenting the approval to operate from a federal, state, or local authority?			
2) Is the approval documentation from a federal, state, or local authority current and/or valid?			
3) Is there documentation to support the center receives funds from the Medicaid Program?			
4) If the center is state funded/operated, are the workers state employees?			
Civil Rights			
	YES	NO	N/A
5) Is the "And Justice for All" poster on display in a conspicuous location?			
6) Are admission placement procedures nondiscriminatory?			
7) Does the facility allow equal access and serve meals equally to all attending participants regardless of their race, color, national origin, sex, age, or disability?			
8) Is ethnic and racial data collected annually and maintained by the center?			
Participant Information			
	YES	NO	N/A
9) Is the Building for the Future Flyer or applicable sponsor notice that contains the required information distributed to participant's households to inform them of the facility's participation in the CACFP per 7 CFR 226.16(b)(5)?			
10) Is the site applying the approved free and reduced price policy statement correctly (Pricing programs only)?			
11) Does the center have enrollment records indicating the age of each adult?			
12) Does the center offer services to functionally impaired adults?			
13) Are the functionally impaired adults age 18 years or older?			
14) Are those adults who are not functionally impaired, age 60 or older?			
15) Is there an Individual Plan of Care on file for adults determined functionally impaired?			
16) Does the center have records that indicate that adult participants reside in their own home or group living arrangements (in group living arrangements they must be primarily responsible for themselves)?			
17) Does the center provide care for participants less than 24 hours?			
18) Does the center have documentation that support that it provides a comprehensive program that offers a variety of health, social and related support services to enrolled adults?			

19) If the center operates multiple programs for which participants are not eligible for CACFP meals, does the center have a process in place to determine which meal recipients are CACFP eligible and that meals are claimed for only eligible participants' meals?			
Claim for Reimbursement Verification	YES	NO	N/A
20) Is the "Daily Menu & Food Service Record" form used and up-to-date for all meals for the current month?			
21) Is the number of participants in care according to attendance and enrollment records for the five-days reviewed comparable to the number of meals claimed? (Use the Meal Count Reconciliation Page to document the number of participants in care according to attendance records)			
22) Are meals claimed only for participants who are within regulatory age limits?			
23) Are meals claimed only for those eligible adults that are enrolled for comprehensive care?			
Recordkeeping	YES	NO	N/A
24) Are records given to the sponsoring organization on a regular basis as provided for in the agreement between the sponsoring organization and the center? (TA)			
25) Does the center maintain all program records for three years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed?			
26) Are receipts and supporting documentation available to support both operating and administrative costs charged to the CACFP?			
27) Do the administrative costs claimed by the facility and the administrative fee charged by the sponsor equal no more than 15% of the center's monthly reimbursement?			
28) Are all costs charged to the CACFP allowable costs?			
29) Are shared costs prorated appropriately so that CACFP is charged only for the portion used?			
30) Are the following documents available to support labor costs charged to CACFP?			
a) Time and attendance reports for all labor costs charged to the CACFP or combination of forms based on Bright from the Start Labor Costs Policy Memo dated 5/23/05?			
b) Time distribution reports for all labor costs charged or combination of forms based on Bright from the Start Labor Costs Policy Memo dated 5/23/05?			

Training	YES	NO	N/A
31) Has key center staff attended the sponsoring organization's CACFP training within the last 12 months?			
32) Has the center implemented ideas/information provided during training?			

Other Requirements	YES	NO	N/A
33) Does the center have program guidance materials issued by the sponsor available for reference? (TA)			
34) Has effective action been achieved for all problem(s) noted during the last review?			

Food Handling/Sanitation and Food Storage	YES	NO	N/A
35) Are disposable items discarded after each use?			
36) Is the food service equipment free of dirt, dust, food, grease deposits and odor?			
37) Is there evidence of good personal hygiene practices?			
38) Is the food safely transferred from the kitchen/cafeteria to the classroom?			
Observations:			
39) Is a thermometer in use in refrigerator and freezer?			
40) Is the refrigeration kept at 40 degrees or below and the freezer temperature at zero degrees or below?			
41) Is potentially hazardous food properly thawed?			
Method used:			
42) Does food appear to be in sound condition with no evidence of spoilage?			
43) Is all food stored at least 6 inches above the floor?			
44) Are storage areas and containers adequate to maintain food in sound condition?			
45) Is food stored separately from cleaning items and other toxic material?			
46) Are uncooked items, which are removed from original labeled package, which are in refrigerator/freezer covered/sealed, labeled and dated?			
47) Are leftovers properly labeled?			
48) Are trash containers covered?			

49) Is the kitchen free of obvious fire, health and/or safety hazards?			
50) Is food service conducted in compliance with generally accepted health and sanitation practices (Staff refrains from use of tobacco products and use hair restraints)?			
51) Are dishes sanitized correctly?			
Method used:			
52) Is the center free of rodent or insect infestation?			

OBSERVATION OF MEAL SERVICE		
Record the food items served and serving sizes for all meals applicable.		
Indicate the Meal Type Observed:		Indicate the number of participants served:
Meal Components	Food Item	Serving Size
Milk		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Bread/Bread Alternate		
Other		

Meal Service for Date of Review	YES	NO	N/A
53) Does the posted menu correspond to the meal observed? (TA)			
54) Are all components of the meal served on this date creditable?			
55) Was today's meal served in appropriate quantities?			
56) Was an accurate meal count taken at the point of service on the date of visit?			
57) Was an accurate, daily meal count taken for program and non-program adults?			
58) Does the observed meal provide a variety of colors, temperatures, textures, shapes, sizes, and flavors? (TA)			
59) Does the meal service occur in a positive/pleasant environment? (TA)			
60) Are medical statements on file for all substitutions related to medical, special dietary, or religious needs?			
61) If implementing Offer vs. Serve, is the center accurately applying this option?			
62) Is the number of participants in care at the time of the meal service consistent with the number of participants being claimed for the previous five operating days?			
a) If the answer to the previous question is no, can the Center Contact provide a valid and reasonable explanation for the discrepancy?			
b) If the answer to the previous question is yes, please list the explanation.			

Most items answered as “NO” will require a finding and corrective action. Some items answered as a “NO” will only require technical assistance. Both should be documented on the Summary of Findings – page 5. Separate technical assistance items from the findings at the bottom of the form.

MEAL COUNT RECONCILIATION

For the current or prior claiming period, for any five consecutive days, determine the number of participants in care according to attendance and enrollment records. Record these numbers according to these records. Record the facility meal counts documented on the Daily Menu and Food Service Record. Attach the Daily Menu and Food Service Records and the attendance records for the five days reviewed to this form.

	Date	Breakfast Meal Service		
		# of Adults in Attendance	# of Adults Enrolled	# of Adults Claimed for Reimbursement
1				
2				
3				
4				
5				

	Date	AM Snack Meal Service		
		# of Adults in Attendance	# of Adults Enrolled	# of Adults Claimed for Reimbursement
1				
2				
3				
4				
5				

	Date	Lunch Meal Service		
		# of Adults in Attendance	# of Adults Enrolled	# of Adults Claimed for Reimbursement
1				
2				
3				
4				
5				

	Date	PM Snack Meal Service		
		# of Adults in Attendance	# of Adults Enrolled	# of Adults Claimed for Reimbursement
1				
2				
3				
4				
5				

	Date	Supper Meal Service		
		# of Adults in Attendance	# of Adults Enrolled	# of Adults Claimed for Reimbursement
1				
2				
3				
4				
5				

Summary of Findings

Review Item #	Brief Description of Finding	Corrective Action (C.A.) Needed	C.A. Due Date	Follow-up Visit Date	Date Corrected

Center Staff Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____