



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
SPONSORED CENTERS SITE VISIT REPORT – REVIEW BY SPONSOR

SECTION I. GENERAL INFORMATION		
Name of Center	Date	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
SO Reviewer	Time of arrival	Time of departure
License number	License expiration date	Center hours of operation

SECTION II. MEAL OBSERVATION	COMMENTS
Meal Observed	
Meat/Meat Alt _____	
Fruit/Vegetable _____	
Fruit/Vegetable _____	
Grains/Bread _____	
Milk (1% or Skim OR Disallowances _____	
Other _____	

	Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Did meal meet requirements?					
Did serving sizes appear adequate?					
Was food served at appropriate temperature? (hot foods 135 degrees+ & cold food at 41 degrees or less)					
Did children wash hands before eating?					
Was meal served at time stated on application?					
Was meal count recorded at point of service?					
Are meal substitutions recorded on menus?					
Are preserved, processed and higher fat meats limited to one serving/week?					
Are sweets limited to no more than two times/week?					
Do menus offer a variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?					

SECTION III. SANITATION	Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Is food properly labeled, dated, and covered in refrigeration and dry storage areas?					Report any imminent health/safety threats to local sanitarian, Office of Childhood or CA/N hotline 800-392-3738
Is food stored at least 6" off floor in dry storage area?					
Are refrigerator & freezer units clean & operating properly?					
Are dishes and tables properly washed and sanitized?					
Are cleaning supplies stored away from food and out of the reach of children?					
Did food preparer maintain good personal hygiene and wash hands prior to meal preparation and service?					
Did the kitchen and all equipment appear clean?					

SECTION IV. RECORDS				Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS		
Current CACFP enrollment records for all participants										
Enrollment records are updated annually										
Daily attendance records										
Accurate meal count records										
Daily dated menus										
All food purchase receipts										
Verification of 25% Title XX or Free/Reduced (if center is for profit)										
SECTION V. INFANT MEALS				Yes	No	Previous Finding Yes/No	Corrected Yes/No	N/A	COMMENTS	
Is there an Infant Feeding Preference form for each infant (Birth-11 months)?										
Is there an accurate Infant Meal Record (menu) for each infant?										
Are all required infant meal components offered by the center?										
SECTION VI. CIVIL RIGHTS										
INDICATE THE RACIAL AND ETHNIC MAKEUP OF THE CENTER. DATA MUST BE FROM A SOURCE IN WHICH THE RESPONDENT HAS SELF-IDENTIFIED OR SELF-REPORTED RACE OR ETHNICITY.				Black or African American	White	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	Undeclared	
Within the above racial categories, indicate how many are of Hispanic or Latino ethnicity. _____								Yes	No	
Is the poster "And Justice For All" posted in a conspicuous place?										
Are all meals served equally to all participants regardless of race, color, sex, age, disability and national origin?										
SECTION VII. FINDINGS										
LAST REVIEW: List any required changes from the last review and describe corrective action taken to address:										
Have previous Findings been corrected? _____										
Date of last review by sponsor _____ Who did review? _____										
THIS REVIEW: Good management practices observed:										
Findings & Recommendations:										
Corrective Action Plan required to address changes?										

SPONSOR REVIEWER SIGNATURE	TITLE	DATE
CENTER SIGNATURE	TITLE	DATE

Name of Center _____

5 DAY RECONCILIATION OF ATTENDANCE / ENROLLMENT / MEAL COUNT VERIFICATION*

PARTICIPANT'S NAME (FROM MEAL COUNT)	ENROLLMENT DATE	MEALS CLAIMED PER ENROLLMENT RECORD	DAYS IN ATTENDANCE PER ENROLLMENT	ENROLLED AND IN ATTENDANCE WHEN CLAIMED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

DATES REVIEWED	MEAL TYPE REVIEWED	TOTAL # FROM MEAL COUNT	Are meal counts on these 5 days consistent with meal count on day of review? YES _____ NO _____
1.			Are meal counts on these 5 days consistent with claim average? YES _____ NO _____
2.			
3.			
4.			
5.			

*RANDOM VERIFICATION THAT PARTICIPANTS LISTED WERE ENROLLED AND IN ATTENDANCE WHEN MEALS ARE CLAIMED. MUST REVIEW AT LEAST 10% OF ENROLLMENT (OR AT LEAST 5 PARTICIPANTS IF LESS THAN 50 ENROLLED)

If meal counts do not match attendance, how is problem reconciled? _____
