



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

SECTION I GENERAL INFORMATION							
Name of center			Date		Announced _____ 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, Child Care Regulation 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/ETHNIC MAKEUP OF THE CENTER'S ATTENDANCE AT THE TIME OF THIS REVIEW.				Black or African American	White	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	
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.			
2.			Are meal counts on these 5 days consistent with claim average? YES _____ NO _____
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? _____
