



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		☐ Announced ☐ Unannounced
NAME OF SO REVIEWER			TIME OF ARRIVAL		TIME OF DEPARTURE
LICENSE NUMBER	LICENSE VALID? ☐ Yes ☐ No		CENTER HOURS OF OPERATION		
SECTION II. MEAL OBSERVATION			COMMENTS		
MEAL OBSERVED ☐ Breakfast ☐ Snack ☐ Lunch ☐ Supper					
MILK (SPECIFY TYPE)					
MEAT/MEAT ALTERNATE					
VEGETABLE					
FRUIT*					
GRAINS					
OTHER					
*Vegetable component can replace fruit component.					
	Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Did meal meet CACFP meal pattern requirements?					
Did serving sizes appear adequate?					
Was food served at appropriate temperature? (hot foods 135 degrees or above & cold foods at 41 degrees or less)					
Did participants wash hands before eating?					
Was meal served at time stated on application?					
Was meal count recorded at point of service?					
Was a meal modification or substitution provided?					
Are high fat, processed meats limited to one serving per week?					
Is juice (fruit/vegetable) served at no more than one meal or snack per day?					
Did breakfast cereal served meet sugar limits (no more than 6 grams per dry oz.)?					
Did yogurt served meet sugar limits (no more than 23 grams per 6 oz.)?					
Are creditable grains served (no grain-based desserts)?					
Is a whole grain-rich item served at one snack or meal per day (at minimum)?					
Do menus offer a variety of colors, flavors, textures, shapes, temperatures, and include 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 participants?					
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
Is there a current CACFP enrollment record for each participant? (Not required for Outside School Hours Centers, At-Risk Afterschool Care Centers, or Emergency Shelters.)					
Are CACFP enrollment records updated annually? (Not required for Outside School Hours Centers, At-Risk Afterschool Care Centers, or Emergency Shelters.)					
Are daily attendance records complete and on file at the center?					
Are accurate meal count records complete and on file at the center?					
Are there daily dated menus to demonstrate compliance with the CACFP meal pattern?					
Is there documentation to verify whole grain-rich items?					
Is there documentation to verify sugar amounts in cereal and yogurt?					
Is there a CN or PFS for all commercially prepared meat/meat alternates?					
Is there medical documentation for meal modifications or substitutions?					
Are there food purchase receipts to support the menu and to document nonprofit food service?					
Is there documentation to verify that at least 25 percent of enrolled participants or licensed capacity (whichever is less) are Title XIX/XX beneficiaries or were eligible for free or reduced-price meals in the claim month for which CACFP meals are claimed (if center is for profit)?					
SECTION V. INFANT MEALS	Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Is there an Infant and Toddler Feeding and Care Plan 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 number of participants in attendance who are of Hispanic or Latino origin (self-identified and self-reported):						
INDICATE THE ETHNIC AND RACIAL MAKEUP OF THE CENTER. DATA MUST BE FROM A SOURCE IN WHICH THE RESPONDENT HAS SELF-IDENTIFIED AND SELF-REPORTED ETHNICITY AND RACE.	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Undeclared
SOURCE:						
Is the poster “And Justice For All” posted in a prominent location?					☐ Yes ☐ No	
Are all meals served equally to all participants regardless of race, color, sex (including gender identity and sexual orientation), age, disability, and national origin?					☐ Yes ☐ No	
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? ☐ Yes ☐ No, explain:						
DATE OF LAST REVIEW BY SPONSOR		NAME OF REVIEWER				
THIS REVIEW: Good management practices observed:						
Findings & Recommendations:						
Corrective Action Plan required to address changes:						
SPONSOR REVIEWER SIGNATURE			TITLE		DATE	
CENTER REPRESENTATIVE SIGNATURE			TITLE		DATE	

NAME OF CENTER:

FIVE-DAY RECONCILIATION OF ATTENDANCE / ENROLLMENT / MEAL COUNT VERIFICATION

Instructions:

1. Choose five consecutive operating days from the meal count record for current or prior claiming period.
2. For this five-day period, gather records of: meal counts, current enrollment forms, and attendance.
3. Identify the number of participants in attendance during the five-day period.
4. Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of participants in attendance on any day.
5. Compare total enrollment, in centers where enrollment forms are required, to daily attendance to ensure that the number of participants in attendance did not exceed the number of participants enrolled.
6. If meal counts cannot be reconciled with enrollment or attendance data, determine the source of the error and appropriate corrective action.
7. If necessary, take further steps, such as initiating a household contact or an additional unannounced visit, to determine whether corrective action and disallowance of meals or establishment of an over-claim are warranted. Reconciliation of the records of individual participants, by name, is another option for monitors to choose in determining the source of errors when meal counts cannot be reconciled with enrollment or attendance data.

FIVE-DAY PERIOD SELECTED:

TOTAL ENROLLMENT (IF APPLICABLE):

DATE REVIEWED	TOTAL # OF PARTICIPANTS IN ATTENDANCE	TOTAL # OF MEALS CLAIMED DURING FIVE-DAY PERIOD (COMPLETE FOR ALL MEAL TYPES CLAIMED)					
		BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	NIGHT SNACK

DO MEAL COUNTS RECONCILE WITH ENROLLMENT DATA (IF APPLICABLE)?

☐ Yes ☐ No

DO MEAL COUNTS RECONCILE WITH ATTENDANCE DATA?

☐ Yes ☐ No

ARE MEAL COUNTS ON THESE FIVE DAYS CONSISTENT WITH THE MEAL COUNT ON DAY OF REVIEW?

☐ Yes ☐ No

ARE MEAL COUNTS ON THESE FIVE DAYS CONSISTENT WITH CLAIM AVERAGE?

☐ Yes ☐ No

IF MEAL COUNTS DO NOT MATCH ATTENDANCE AND ENROLLMENT (IF APPLICABLE), HOW IS PROBLEM RECONCILED?