Minnesota Department of Education

Food and Nutrition Service
Child and Adult Care Food Program (CACFP)
Administrative Review

Sponsoring Authority ID Number (specify number):	**100000___ ___ ___ ___ --- 20000___ ___ ___ ___ ___**
Name of Sponsoring Authority:	
Name(s) of Contact Person(s):	
Address:	
Phone/Fax:	Email address:
Center Director and/or Executive Director: DOB:	Chairman of the Board: DOB:
Cook:	Other Principals:
Who gets the Listserv messages?	Who has User ID's and passwords? (update and delete names)
Child Nutrition Programs:	☐ CACFP: Center-Based ☐ CACFP: Center-Based After School Meal Program
Type of Review: ☐ **Announced** ☐ **Unannounced** ☐ **Regular** ☐ **Follow-up** ☐ **Initial Approval Date:**	
Number of Site(s) Involved in Review:	
Name of Site(s) Receiving Meal Visit:	
Dates of Review:	
Name of Review Consultant(s)	

REVIEW SUMMARY

*CA = Corrective Actions not maintained from previous reviews.

PROGRAM AREAS	*CA Not Maintained	Require Corrective Action	Findings Require Fiscal Action that may be Appealed	Potential Follow-up Review
FISCAL AMOUNT $				
Disregarded ☐ Yes ☐ No				
HIS APPROVAL AND REPORTING PROCESS/ CHILD ENROLLMENT FORMS				
ATTENDANCE AND MEAL COUNT CLAIM VERIFICATION				
FISCAL INTEGRITY AND PROCUREMENT				
SUPPORTING DOCUMENTS AND TRAINING				
CIVIL RIGHTS				
Food Service				
MENUS / MEAL PATTERN REQUIREMENTS				
FOOD PRODUCTION RECORDS				
MEAL SERVICE (OBSERVED)				
INFANT ISSUES				
SANITATION / FOOD SAFETY				
Special Program Provisions				
MULTI-SITE SPONSORS				
FOR-PROFIT PROGRAMS				
AT-RISK AFTERSCHOOL MEAL PROGRAM				
ADULT CARE CENTERS				
PRICING PROGRAMS				

Signature—Center Contact Person _____ Date _____

Signature—Reviewer _____ Date _____

MAJOR FINDINGS CITED ON PREVIOUS REVIEW/CHECK FOR MAINTAINED CORRECTIVE ACTION

- ☐ More than five HIS approved incorrectly.
- ☐ Systemic Problem with Reporting ABCs.
- ☐ Systemic Problem with Reported Meal Counts on Review Claim.
- ☐ Meal Counts not documented at Point of Service.
- ☐ Missing Staff Training.
- ☐ Required Monitoring Activity not Met.
- ☐ Additional Notes:

Income Eligibility Discrepancy Review

Site Name/ID: _____ **Month/Year:** _____ **Original Numbers Reported by Sponsor:** _____ **A** _____ **B** _____ **C**

Original Number Determined by Reviewer: _____ **A** _____ **B** _____ **C**

Participant Name ☐ Sponsor did not document which participants were claimed in each category of approval for the reporting month.	**Eligibility Status** **(identify the change of category)**	**Incorrectly approved HIS**	**Incorrectly calculated income on HIS**	**Incorrectly reported on eligibility list**	**Not reported, but in attendance (add)**	**Reported, but not in attendance (delete)**	**Reported twice (delete duplicate name)**	**Denied, but is eligible free or reduced**	**No HIS, but school has app on file**	**Missing HIS or certified list**	**Missing case number**	**Missing approval date**	**Missing approval signature**	**Missing parent signature**	**Missing Social Security number**	**Missing household members**	**Missing income by source**	**Missing signed enrollment form**	**Resides in institution (adult only)**	**Approved outside of correct timeframe**	**Age requirement not met**	**Category A (+ or -)**	**Category B (+or -)**	**Category C (+ or -)**
	>																							
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Additional issues noted that affect the reported number of participants:

☐ Sponsor did not use current monthly attendance information to generate the total number of A, B and C participants.	Added			
☐ All HIS's were dated outside of timeframes for reporting month.	Deleted			
☐ Sponsor did not approve HIS's or did not obtain them.	Verified			

HIS APPROVAL and REPORTING PROCESS / CHILD ENROLLMENT FORMS	7CFR 226.9 7CFR 226.23 (e)(1)-(h)(1)	
Household Income Statement (HIS) Approval Process		
Reporting of A, B, and C's. Confirms the validity of the number of A, B and C participants reported on the monthly claim for reimbursement. The review month is the last monthly claim that has been submitted for reimbursement OR the first month that a site participates in the CACFP.		
Program Requirements for Sponsor:	**Met**	**Not Met**
1. **The HIS forms were accurately approved.** If not, indicate problem: **Non-systemic** ☐ Math errors. ☐ Other: **Systemic** ☐ Incorrectly approved HIS's. ☐ Other:		
2. **The number of category A, B and C participants is reported accurately on the verified claim for reimbursement.** If not, indicate problem: **Non-systemic** ☐ Math errors. ☐ Numbers transposed, copied incorrectly. ☐ Other: **Systemic** ☐ Did not assess and report ABC's on a monthly basis. ☐ Attendance information was not used to verify A, B and C participants for reporting month. ☐ A, B and C's reported were based only on the total number of HIS's on file. ☐ Expired HIS's were used in the reporting of A, B and C's. ☐ Missing certification list of (Head Start participants) (to verify their "A" category of eligibility). ☐ Inadequate or missing documentation from another CNP to support A, B, and C's. ☐ Third party documentation (Title XX or county funding) used in place of HIS's to document category of eligibility. ☐ Included children in the total number of ABC's who **ONLY** attended an afterschool child care program and participated in the At-Risk Afterschool Meals Program. ☐ Participants meet CACFP regulatory age limits (***children:*** 12 years old and younger, unless migrant—up to age 15; age 18 if there is a documented mental or physical handicap and child is part of an educational programming; or age 18 if runaway or homeless status is documented) (***adults:*** 60 years old and older unless impairment is documented). ☐ Other:		
3. A current version of the Household Income Statement was distributed to households. (Not Met—if 50 percent (50%) or more of the HIS's are recorded on outdated forms).		

Child Enrollment Forms – Child Care Centers Only (This does not apply to adult centers, shelters, or At-Risk After School Meal Programs)	**Met**	**Not Met**
1. CACFP-specific enrollment information for all children is obtained and updated annually to contain the current information on usual days and hours in care and meals received. Information on parent address and phone is also updated. The parent or legal guardian has signed the form. The information is no more than 12 months old.		

ATTENDANCE AND MEAL COUNT CLAIM VERIFICATION	7CFR 226.11 7CFR 226.15(e)(4) 7CFR 226.17(b) & (c)	
Review Month: **Program Requirements:**	**Met**	**Not Met**
1. **Meal counts reported on the monthly claim are accurate.** If not, indicate problem: **Non-systemic** ☐ Math errors—minor. ☐ Numbers transposed, copied incorrectly. ☐ Other: **Systemic** **General Problems** ☐ Included unapproved meal services. ☐ Included meal from another site. ☐ Significant math errors. **Edit Checks** ☐ Included meal counts that exceeded attendance (except transitioning children). ☐ Included meal counts over license capacity (unless there is adequate documentation of split shifts, - time-in/out, bus schedules, etc.). ☐ Included meal counts outside other license restrictions (days, hours, etc.). ☐ Included meals to non-eligible participants by age restrictions. ☐ Included meals to non-enrolled participants. ☐ Included more than three meals/snacks per day (includes number of ARASM meals/snacks). ☐ Included more than one ARASM meal and/or one ARASM snack per day. **Counting/Claiming Procedures Non-Point of Service Counts Used** ☐ Used Attendance/classroom counts/pre-counts. ☐ Used catering bills/ordered meals or prep counts. ☐ Used other non-POS method. **Other Counting/Claiming Problems** ☐ Included staff/teacher/aides/adult meals. ☐ Missing meal count by name when approved for more than three meal/snack services. ☐ Other: (examples: counting second meals or snacks; software problems, etc.).		
2. Daily attendance records are maintained and accurately recorded.		
3. Average daily attendance (ADA) was correctly reported and included ***all*** attending participants (regardless of whether they ate or were claimed).		

ATTENDANCE AND MEAL COUNT CLAIM VERIFICATION		
Comments:		

Meal Adjustments for Review Month

Site: **Month/Year:** **Total Attendance:**	Breakfast	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM Meal B, L, S	ARASM Snack am,pm,eve	ADA (ARASM)	Days (ARASM)
Reported												
Reviewer Count												
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors												
Menu Problems												
Over License Capacity												
Exceeding Attendance												
Unapproved Meals												
Infant Problems												
Other:												
Final Verified Total:												

Site: **Month/Year:** **Total Attendance:**	Breakfast	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM Meal B, L, S	ARASM Snack am,pm,eve	ADA (ARASM)	Days (ARASM)
Reported												
Reviewer Count												
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors												
Menu Problems												
Over License Capacity												
Exceeding Attendance												
Unapproved Meals												
Infant Problems												
Other:												
Final Verified Total:												

Site: **Month/Year:** **Total Attendance:**	Breakfast	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM Meal B, L, S	ARASM Snack am,pm,eve	ADA (ARASM)	Days (ARASM)
Reported												
Reviewer Count												
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors												
Menu Problems												
Over License Capacity												
Exceeding Attendance												
Unapproved Meals												
Infant Problems												
Other:												
Final Verified Total:												

FISCAL INTEGRITY AND PROCUREMENT	7CFR 226.15(e)(6) & (13) 7CFR 226.22	
Program Requirements:	**Met**	**Not Met**
1. CACFP administrative and foodservice expenses are allowable. If no, indicate problem: ☐ Reporting non-CACFP related items as an administrative or food service expense. ☐ Other:		
2. Sponsor has systems to adequately track CACFP administrative and food service related expenses (QuickBooks, Excel file, Accountant, Quicken, CACFP Journal Ledger, etc.). If no, indicate problem: ☐ CACFP reimbursement is not used for food service operations which primarily benefits enrolled participants (outside catering, non-food service related equipment, etc.). ☐ Other:		
3. Nonprofit CACFP food services status is documented. Fiscal Review Dates: _____ through _____ (Must review a 12 month period) Beginning Food Service Fund Balance _____ Revenues _____ (CACFP reimbursement, cash in lieu and Meal Payments, if pricing program) Expenses _____ Ending Food Service Fund Balance _____ **Report Expenses / Reimbursement OR Comments:**		
Administrative Expenses		
4. **Sponsors of Multiple Sites Only:** If CACFP reimbursement is used for administrative expenses (program planning, monitoring, application and claims preparation, training, etc.), that amount does not exceed 15 percent of the total CACFP reimbursement received by the Sponsor. There is appropriate back-up documentation for administrative expenses (time studies, mileage logs, etc.).		
Procurement		
5. At least three price quotes (cost comparisons log) were obtained and documented for Informal Procurement Procedures (purchases under $150,000).		
6. Proper procurement procedures were followed for purchases of like items totaling over $150,000 for all Child Nutrition Programs under the same sponsorship. (Formal competitive bids).		
7. The sponsoring authority does not use a “cost plus a percentage of cost” method of procurement/contracting.		

SUPPORTING DOCUMENTS AND TRAINING	7CFR 226.10 (d) , 7CFR 226.15(e), 7CFR 226.17(b) and (c), 7CFR 226.20(l)	
Program Requirements:	**Met**	**Not Met**
1. Current documents are available for review (check): If not, indicate missing document(s) in Not Met: ☐ Current and accurate CACFP application. Sponsor and site(s) applications are accurate and reflect current operations (non or for-profit status, public or private, ownership changes, pricing or non-pricing, address changes, budget changes, meals claimed at approved sites, approved meal services, months of operations, etc.). ☐ Current CACFP program agreement. ☐ Current CACFP policy statement—Free and Reduced Pricing. ☐ Management plan (for multiple sites sponsors). ☐ Contract for vended meals. ☐ Current federal, state or local governmental child care licensing or alternate licensing standards for each site. ☐ Current Health Department "Food and Beverage License" for each site. ☐ Current "Health Department inspection report" for each site. ☐ Other:		
2. Documents are retained for three years past the final payment date of the claim to which they pertain.		
3. Sponsor uses the current FNS vended meals contract template.		
4. Vended meals contract is amended when needed, and resubmitted for approval to FNS.		
5. Staff training was provided and records were available for the current year or the previous program year. (dates, attendees, topics) (independent centers only).		
6. WIC Poster displayed or WIC handout given as part of enrollment packet (except outside school hours) and adult day cares.		
Comments:		

CIVIL RIGHTS	FNS Instruction 113-4	
Program Requirements:	**Met**	**Not Met**
1. The current "… And Justice for All" nondiscrimination poster is posted in a conspicuous place at the Sponsor office and at each site.		
2. CACFP benefits were offered to infants (and parents were not required to provide formula and food for infants).		
3. Racial/ethnic data of the actual participants is collected annually and compared to the racial/ethnic data of their service area - county, city, etc. (**potential** participants) and the sponsor keeps this information on file.		
4. If data was collected and reported, the institution used the federally approved racial/ethnic categories for enrolled participants.		
5. Racial/ethnic data is maintained on file using safeguards preventing its use for discriminating purposes (allowing access only to authorized personnel).		
6. Materials provided by the institution listing the CACFP or USDA include the nondiscrimination statement and procedure for filing a complaint. (Brochure, Parent Handbook, Website, Other:).		
7. Informational materials are provided in the appropriate translation concerning the availability and nutritional benefits of the CACFP.		
8. Disabled participants are provided program benefits as prescribed by regulations (including special dietary needs).		
9. The institution announces publicly and allows equal access to programs, services & facilities without separation by race, color, national origin, age, sex, or disability in the eating areas, serving lines, seating arrangements or assignment of eating period.		
10. Documentation is available that staff who work with the public have received civil rights training (dates, names, and content). Staff includes: volunteers, new employees, part-time staff, bus drivers, in addition to full-time-regular employees.		
11. USDA-CACFP funds do not support costs of religious activities such as printing religious materials, banners, etc.		

May 2011 revised Civil Rights Statement: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
Short version: "The USDA is an equal opportunity provider and employer."

Reference for **SPECIAL DIET STATEMENTS:**
If a participant has a **disability** documented by a MN licensed physician (no matter the diagnosis) and has a diet statement signed by a physician, the center MUST provide all foods required in the special diet in order to claim the meal for reimbursement. Keep in mind meals/snacks are reimbursable if either of the two following situations occur:

- The physician has written that the family will provide certain food components/item and the center will provide the other food components/item due to the family's wishes.
- The physician orders a meal or snack that doesn't meet the CACFP meal pattern requirements.

If the participant **does not have a disability** but has a diet statement signed by a recognized medical authority, the center may choose to accommodate or not to accommodate the diet request. If the center decides to accommodate the request, the center must provide all food items in order to claim the meal or snack for reimbursement. If the household brings in any required meal/snack component, the center cannot claim the meal/snack for reimbursement. If the center does not accommodate the diet request and the household chooses to provide food components/items, the center should have the household complete a CACFP Decline Form for the participant and the staff must be notified/trained that the meals/snacks provided by the household cannot be claimed for reimbursement.

MENUS /MEAL PATTERN REQUIREMENTS	7CFR 226.15 (e)(10) 7CFR 226.20	
Program Requirements for all sites:	**Met**	**Not Met**
1. The sponsor has a reimbursable menu documented and on file for any meal claimed for the review month _____.		
2. The sponsor has a reimbursable menu documented and on file for any meal served PRIOR to the day of the meal observation at the sites chosen for site visits. (Appealable) Site _____ Site visit date _____ Site _____ Site visit date _____		
3. The sponsor has a reimbursable menu planned for any meal served AFTER the meal observation at the sites chosen for site visits. (Non-appealable) Site _____ Site visit date _____ Site _____ Site visit date _____		
4. Menus were **dated** (including cycle/seasonal menus).		
5. Actual menus served could be determined.		

Detail of menu problems that require a deduction: *ARASM's can be doc in any unused column (rename)

Date	Meal/Snack	Problem (missing component or menu, etc.)	Number of Meals Claimed					
			Bkst	AM	Lun	PM	Sup	EVE
		TOTAL MEAL DEDUCTION						

General Comments on Menus:

FOOD PRODUCTION RECORDS	7CFR 226.15 (e)(10) and 7CFR226.20	
Program Requirements:	**Met**	**Not Met**
1. Food production records are completed daily and maintained on file for breakfast, lunch and supper.		
2. The vended meals provider supplied, at a minimum, two weeks of food production records for review. Vended food production records contained required elements.		
3. Food items or meals not supplied by the vended meals provider (such as milk or bread or breakfast) was supplied by the center and recorded on a FPR/or other form of the sponsors choice.		
4. The quantity of food prepared was recorded in weights and/or measures on the food production records.		
5. The number of servings prepared OR the number of participants and nonparticipants served was recorded on the food production records.		
6. Brand names of convenience main entrees (breaded/battered/ combination food) were recorded on the FPR's.		
7. All required elements were documented on the food production records (multiple elements were not documented).		
8. Menu changes are recorded on the menus, food production records or both.		
9. Foods were specifically identified on the menus, food production records or both.		
10. Product information - CN labels or Product Fact Sheets from food manufacturers were on file for convenience foods that were battered, breaded or a combination of foods.		
11. Quantities of prepared foods met meal pattern requirements.		
12. Prepackaged snack items met portion size requirements.		

Food production records that do not meet portion size requirements (for selected sites):

Need CN Labels **Need Recipes**

Record any ***entrees which need to be supplemented*** with additional meat/alternate (circle): goulash, casseroles, peanut butter sandwiches, macaroni and cheese, chow mein, other: (specify)

Record ***menu items which need recipes*** identifying each ingredient: trail mix, snack mix, other: (specify)

Product Specs or CN Labels Needed (circle): chicken nuggets/strips/patties, fish sticks/patties, corn dogs, pizza, ravioli, lasagna, macaroni and cheese, beef stew, other: (specify)

Record any ***non-creditable foods*** in inventory: (circle) Juice drinks (not 100 percent juice), pudding, popcorn, popsicles, ice cream, frozen yogurt, other: (specify)

Note: These foods may be served as "extras", but cannot be credited as a required food component.

MEAL SERVICE (OBSERVED) **Site:**	**Name of Cook/Caterer:**	**7CFR 226.20 & FNS Instruction 796-2** **Memorandum 96-C5, dated Aug 15, '96** **CACFP 20-2011 Memo – May 22, 2011** **CACFP 21-2011 Memo – September 15, 2011**
Site address:		**Is the site located at the address on the CACFP application?** ☐ **Yes** ☐ **No**

Type of Service: Combination Style ☐ Pre-plated☐ Family Style ☐ Cafeteria Style ☐	**Self Prep:** Break ☐ Lunch ☐ Snack-am/pm ☐ Supper ☐ **Catered:** Break ☐ Lunch ☐ Snack-am/pm ☐ Supper ☐

Posters Displayed:	**"And Justice For All"?**	**Choking?**	**WIC?**	**Building for the Future?**
	Yes ☐ **No** ☐	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐

MENU (B, L, Sn, Su) circle one	**ACTUAL FOOD ITEM/ AMOUNT SERVED**	**Met**	**Not Met** **Reason (portion size not met)**
Meat/Alternate (not required at breakfast)			
Fruit/Vegetable (lunch/supper need two servings)			
Grains/Breads (two servings at meals)			
Fluid Milk—one percent or skim (not required at supper)			
Other Foods			

Program Requirements:	**Met**	**Not Met**
1. Water is available to participants upon request throughout the day. (exempt: adult day cares)		
2. Only low-fat (1 percent) or fat-free (skim) milk is served to participants two years of age and older.		
3. A written request for a fluid milk substitute from a parent that identifies a medical condition as a reason for the request is on file. (Sponsor is not obligated to purchase FMS)		
4. All required components were served at the same time.		
5. Each participant received the minimum portion of each required component and pre-portioned catered meals meet portion size requirements.		
6. Criteria for family-style meal service are followed.		
7. The observed meal is reimbursable.		
8. Menu documentation corresponds to observed meal.		
9. Diet statements are on file for participants who are on special diets. See Civil Rights page for reference.		
10. Current month menus are up to date and reimbursable (unless already noted in menu section).		
11. All meals were consumed with appropriate supervision and at the approved site (except for approved field trips).		
12. Meals are not claimed for participants who brought required food components from home.		
13. The sponsor is within license capacity at the time of the observed meal.		
14. Meal counts were accurately recorded and current at the time of the review. If not, indicate problems: ☐ Not recorded at the time of the meal service when it could be determined that each participant received a reimbursable meal. ☐ Was not up to date in the following classrooms (note classroom, date, meals). ☐ Was based on attendance. ☐ Meals were recorded for participants who were not present or did not receive a reimbursable meal. ☐ Meals were recorded for participants for the same meal service in two classrooms. ☐ Meals were not recorded for participants who were in attendance and receiving a reimbursable meal.		

MEAL COUNT COMPARISON

List the Site's Total Enrollment[a]: _____

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

	License Capacity[b]	Reviewer Count	Site's Meal Count	Previous Date:	Previous Date:	Previous Date:	Previous Date:	Previous Date:
Infants Room 1								
Infants Room 2								
Toddlers Room 3								
Toddlers Room 4								
Preschool Room 5								
Preschool Room 6								
School-Age Room 7								
Total Meal Count[c]								
ARASM								
Total Attendance[d]								

Historical Claiming/5 Day Reconciliation (sponsors of multiple child care sites only) ***Use tables on the next page to record data.***	**Met**	**Not Met**
15. The meal counts recorded on the day of the review were equal to or greater than the meal counts reported for the previous five days, for each class, for each meal service. If not met, expand to maximum of 30 days, if still not met, reconcile the meal counts using one or more of the methods below: ☐ Verified explanation from classroom teacher (illness, field trip, other). ☐ Use sign in/sign out sheets to verify attendance. ☐ Use CACFP specific enrollment forms. ☐ Household contacts. ☐ If no, take appropriate measures:		

[c] *If today's counts are the lowest compared to the previous five days, expand the search to 15 days (if unsuccessful, expand to 30 days).*

[b] *Compare meal counts to license capacity. Deductions are noted below for meal counts that exceed license capacity without adequate documentation (in and out counts, transitioning children, etc.):*

[a d] *Attendance must also be checked against site enrollment numbers. If attendance exceeds the site's enrollment for any day or any shift, check for errors (e.g. inaccurate attendance records, missing enrollment forms, claiming visiting siblings/guests). Note any problems below:*

[c d] *Compare meal counts to attendance on classroom attendance/meal count sheets for current month. Any counts that exceed attendance for any day or any shift will require documentation of in/out, bus schedule, adequate documentation for shifting, etc. Without adequate documentation, note deductions for current month below:*

5-DAY RECONCILIATION

List the Site's Total Enrollment[a]: _____

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

	License Capacity[b]	Reviewer Count	Site's Meal Count	Previous Date:	Previous Date:	Previous Date:	Previous Date:	Previous Date:
Infants Room 1								
Infants Room 2								
Toddlers Room 3								
Toddlers Room 4								
Preschool Room 5								
Preschool Room 6								
School-Age Room 7								
Total Meal Count[c]								
ARASM								
Total Attendance[d]								

List the Site's Total Enrollment[a]: _____

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

	License Capacity[b]	Reviewer Count	Site's Meal Count	Previous Date:	Previous Date:	Previous Date:	Previous Date:	Previous Date:
Infants Room 1								
Infants Room 2								
Toddlers Room 3								
Toddlers Room 4								
Preschool Room 5								
Preschool Room 6								
School-Age Room 7								
Total Meal Count[c]								
ARASM								
Total Attendance[d]								

INFANT ROOM **INFANTS (Birth through 11 months)** **TODDLERS (One year of age and older)** **IFIF Formula: _____**	**7CFR226.20(b)** **Memorandum 98-C1 (Rev.) – April 29, 1998** **Interim Reg. Meal Pattern Changes - Memo 12/30/99** **Meals Containing Breast Milk - Memo 3/17/00** **Memo FY 95-2, dated 10/25/94 and 1998 guidance**

Program Requirements:	**Met**	**Not Met**
Are infant meals claimed? ☐ Yes ☐ No		
1. The CACFP (IFIF and IFIC) are offered to all infants (website, infant handbook).		
2. The center distributed the Parent Decline and Infant Meal Notification Form.		
3. Infant Meal Notification forms are on file for all infants.		
4. All infant foods inventoried are creditable.		
5. Special diet statements are on file for infants receiving non-iron-fortified infant formula or cereal, for exempt infant formulas, or for infants not following CACFP infant meal patterns.		
6. Infant food production records are accurately completed.		
7. All infant meals/snacks are eligible for reimbursement.		
8. All IFIF and breast milk is prepared, handled and refrigerated appropriately (labels and dates and breast milk is stored in a closed container, bottom refrigerator shelf).		
9. Attendance and meal count records for toddlers older than one year of age are completed.		
Sanitation, Finding #3: Thermometers are in refrigerators and freezers which contain infant formula, breast milk, or food. Refrigerator: 32°F; Freezer: below 0°F.		
10. During meal observation, all required components were creditable and offered in correct minimum quantities per age group.		

Meal Service Observed ☐ **breakfast** ☐ **lunch** ☐ **supper** ☐ **snack**

Menu: Birth through 3 months	**Menu: 4 through 7 months**	**Menu: 8 through 11 months**
IFIF / Breast Milk 4-6 oz.	IFIF / Breast Milk 4-8 oz. IFIC 0-3 TB Fruit/Veg 0-3 TB	IFIF/Breast Milk 6-8 oz./juice 2-4 oz. IFIC 2-4 oz./meat alt 1-4 oz. Fruit/Veg 1-4 oz. Other:
IFIF / Breast Milk 4-6 oz.	IFIF / Breast Milk 4-8 oz. IFIC 0-3 TB Fruit/Veg 0-3 TB	IFIF/Breast Milk 6-8 oz./juice 2-4 oz. IFIC 2-4 oz./meat alt 1-4 oz. Fruit/Veg 1-4 oz. Other:
IFIF / Breast Milk 4-6 oz.	IFIF / Breast Milk 4-8 oz. IFIC 0-3 TB Fruit/Veg 0-3 TB	IFIF/Breast Milk 6-8 oz./juice 2-4 oz. IFIC 2-4 oz./meat alt 1-4 oz. Fruit/Veg 1-4 oz. Other:
Number served birth through 3 months:	Number served 4 through 7 months:	Number served 8 through 11 months:

Number served Toddlers over one year of age:_____ Are food items recorded if child is **not** receiving center menu?	Menu:

Finding 5 ***Non-creditable foods*** (circle): Combo dinners, baby food desserts, infant cereal containing fruit, adult cereal, low-iron formula, juice drinks (not 100 percent juice), yogurt, fish sticks, hot dogs, peanut butter, other: _____ (specify).

Finding 8. Specify infant menus which do not meet CACFP meal pattern requirements (or meals missing menus):

Date	**Meal/Snack**	**Problem (missing component or missing menu)**	**Number of Meals Claimed**

SANITATION/FOOD SAFETY	MN Rules 1991 Parts 4625.2401 to 4625.7801 7CFR 226.20(l)	
State Requirements:	**Met**	**Not Met**
1. Food is properly labeled, dated and stored (at least six inches off the floor in dry storage areas). All storage areas are secure from theft.		
2. Food refrigerator(s) or freezer(s) are clean and maintained at required temperatures (refrigerator: 32-41ºF; freezer: 0ºF or below).		
3. Thermometers are in dry storage areas and all refrigerators and freezers (including infant room).		
4. Food is maintained at correct temperatures (above 140ºF or below 40ºF) when thawing, holding or during transportation.		
5. Temperatures of foods prepared by self-prep or vendor prep are checked during handling and recorded and at time of service and, if vended, upon receipt.		
6. *Potentially hazardous foods* must pass through the "danger zone" as quickly as possible. Hot foods must be maintained at 140ºF or above (cooked to reach 165ºF or microwaved 165ºF for 15 seconds) and cold foods must be maintained at 41ºF or below.		
7. Food holding equipment (including transport containers) meets Minnesota Food Code requirements.		
8. Staff/participants washed their hands before preparing and serving food. Direct hand contact with food is limited.		
9. Staff/participants washed their hands immediately prior to eating.		
10. Tables were washed and sanitized before meal service.		
11. Proper use of a two or three compartment sink was utilized.		
12. Commercial dishwasher (√ data plate) high temp or low temp ___ ºF wash temp (≥150ºF) ___ ºF rinse temp (≥180ºF) ___ PSI at final rinse (15-25 PSI)		
13. Cleaning supplies and other toxic materials are stored out of the reach of children (and vulnerable adults) and away from food.		
14. A Choking/CPR Poster is on display where food consumption takes place.		
15. Citations/previous citations issued by the health department were corrected.		
16. A *state certified* food manager is employed by the facility (for self-prep kitchens serving more than 18 participants) (if required).		
17. Food service equipment (hoods, ovens, grills, pans) are clean and not exposed to splash, dust, or other contamination and dry storage areas are clean and maintained.		
Other Sanitation Observations or Concerns:		

Potentially Hazardous Foods:
Food from an animal origin (eggs, milk, meat/poultry)
Food from a plant origin (cooked rice/pasta/potatoes)
Raw seed sprouts
Cut melons (watermelon, cantaloupe, and honeydew)
Garlic and oil mixtures

Safe Sanitizing:
Hot Water: >171°F
Chlorine 50 ppm >10 sec
Iodine 12.5-25 ppm >30 sec
Quat Amnium 200-400 ppm >30 sec

Ready-to-eat (RTE) potentially hazardous food must be date marked if refrigerated and held no more than 24 hours. Thawing/thawed foods must be date marked (when food was removed from the freezer) and for a maximum of seven days.
Foods should not sit at room temperature for more than two hours.

Consolidation of Meal Adjustments for Review Month

Site: **Month/Year:** **Total Attendance:**	Brkfst	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM	ADA (ARASM)	Days (ARASM)
Reported											
Reviewer Count											
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors											
Menu Problems											
Over License Capacity											
Exceeding Attendance											
Unapproved Meals											
Infant Problems											
Other:											
Final Verified Total:											

Site: **Month/Year:** **Total Attendance:**	Brkfst	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM	ADA (ARASM)	Days (ARASM)
Reported											
Reviewer Count											
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors											
Menu Problems											
Over License Capacity											
Exceeding Attendance											
Unapproved Meals											
Infant Problems											
Other:											
Final Verified Total:											

Site: **Month/Year:** **Total Attendance:**	Brkfst	Lunch	AM snack	PM snack	Eve snack	Supper	ADA	Days	ARASM	ADA (ARASM)	Days (ARASM)
Reported											
Reviewer Count											
Adjustments due to:	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-	+or-
Counting/Addition Errors											
Menu Problems											
Over License Capacity											
Exceeding Attendance											
Unapproved Meals											
Infant Problems											
Other:											
Final Verified Total:											

Menu Deductions:

Site:

Meal/Snack	Date	Problem (missing component)	Number of Meals Deducted

Site:

Meal/Snack	Date	Problem (missing component)	Number of Meals Deducted

Site:

Meal/Snack	Date	Problem (missing component)	Number of Meals Deducted

Infant menus which do not meet CACFP meal pattern requirements (or meals missing menus):

Site:

Meal/Snack	Date	Problem (missing component)	Number of Meals Deducted

Income Eligibility Discrepancy Review

Site Name/ID: _____ **Month/Year:** _____ **Original Numbers Reported by Sponsor:** _____ **A** _____ **B** _____ **C**

Original Number Determined by Reviewer: _____ **A** _____ **B** _____ **C**

Participant Name	Eligibility Status (identify the change of category)	Incorrectly approved HIS	Incorrectly calculated income on HIS	Incorrectly reported on eligibility list	Not reported, but in attendance (add)	Reported, but not in attendance (delete)	Reported twice (delete duplicate name)	Denied, but is eligible free or reduced	No HIS, but school has app on file	Missing HIS or certified list	Missing case number	Missing approval date	Missing approval signature	Missing parent signature	Missing Social Security number	Missing household members	Missing income by source	Missing signed enrollment form	Resides in institution (adult only)	Approved outside of correct timeframe	Age requirement not met	Category A (+ or -)	Category B (+or -)	Category C (+ or -)
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Additional issues noted that affect the reported number of participants:

☐ Sponsor did not use current monthly attendance information to generate the total number of A, B and C participants.	Added			
☐ All HIS's were dated outside of timeframes for reporting month.	Deleted			
☐ Sponsor did not approve HIS's or did not obtain them.	Verified			

(Make additional notes on one-side of separate page(s), as needed)

Review Notes **Sponsor Number** **Date**

(Make additional notes on one-side of separate page(s), as needed)

Review Notes **Sponsor Number** **Date**

(Make additional notes on one-side of separate page(s), as needed)

Review Notes	**Sponsor Number**	**Date**