

Center Site Review Form

Center Name: _____

Address: _____

Date: _____

Arrival Time: _____

Type of Visit:

- Pre-approval
 Regular
 Follow-up

- Announced
 Meal/Snack

- Unannounced
 Non meal

Departure Time: _____

Number of Children/Participants served: _____

Number of Staff served: _____

List the food items served during the site visit (or indicate if no meal was observed):

| Menu | Food Item | Quantity Prepared | Total Number Served |
|---------------------------|------------------------|-------------------|---------------------|
| <i>Example: Spaghetti</i> | <i>Hamburger</i> | <i>3 lb.</i> | <i>20</i> |
| | <i>Spaghetti pasta</i> | <i>2 lb.</i> | <i>20</i> |

| Today's Meal | Yes | No | N/A | Comments |
|--|-----|----|-----|----------|
| Menu posted | | | | |
| Today's meal meets requirements | | | | |
| Food quantities meet requirements | | | | |
| Each participant is served each item | | | | |
| Water is readily accessible | | | | |
| Accurate meal counts taken at the point of service (during meal service) | | | | |
| Food Safety and Sanitation | Yes | No | N/A | Comments |
| Kitchen area clean and organized | | | | |
| Food properly stored: dry area/s and refrigerator/freezer | | | | |
| Food kept at the proper temperatures: hot foods hot and cold foods cold | | | | |
| Participants properly wash their hands before/after the meal | | | | |
| Staff properly wash their hands before/after the meal | | | | |
| Plastic gloves/appropriate serving utensils are used correctly | | | | |
| Table/s washed and sanitized before/after each meal | | | | |
| Claim Records | Yes | No | N/A | Comments |
| Enrollment forms on file for children claimed and up-to-date | | | | |
| Daily attendance records on site | | | | |
| Meal count records up-to-date | | | | |
| Infant meals are offered and adequately documented | | | | |
| Infant formula offered by center: (List formula name) | | | | |

| | | | | |
|---|------------|-----------|------------|-----------------|
| Meal records (food production records, CN labels, etc.) up-to-date | | | | |
| Menus meet CACFP meal pattern | | | | |
| <ul style="list-style-type: none"> Menu does not contain grain-based desserts At least one serving of grain per day is whole grain rich Cereal is limited to 6 grams of added sugar per dry ounce Yogurt is limited to 12 grams of added sugar per 6 ounces | | | | |
| If meal modifications are made outside of the CACFP meal pattern, they are supported by a written medical statement signed by a Kansas licensed healthcare professional (MD, DO, PA, APRN, or RD) | | | | |
| Licensing/Civil Rights/Training | Yes | No | N/A | Comments |
| Current license posted | | | | |
| Center is within license capacity | | | | |
| "...and Justice For All" poster posted | | | | |
| "Building for the Future" flyer posted | | | | |
| WIC flyer posted | | | | |
| All staff have completed Civil Rights training this program year | | | | |
| Staff attended sponsor provided training on CACFP this program year | | | | |

Enrollment/Reconciliation – Choose 5 consecutive days and record the Enrollment, Attendance, and Meal Count numbers for each day. Compare the total meal counts to the center’s license capacity; compare the center’s total enrollment to its recorded daily attendance; and compare the center’s total daily attendance to its meal count.

License Capacity (if applicable) : _____ **Total Enrollment:** _____

| Date | Attendance | Breakfast | AM Snack | Lunch | PM Snack | Supper | Ev. Snack |
|--------------|------------|-----------|----------|-------|----------|--------|-----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |

Are there any discrepancies? Yes No

If yes, explain:

Were there any findings from the previous site review? Yes No

If yes, have the findings been corrected?

Site Staff Signature Date

Reviewer's Signature Date