

Center Site Review Form

Center Name: _____

Address: _____

Date: _____

Arrival Time: _____

Type of Visit:

- Pre-approval
 Regular
 Follow-up

- Announced Unannounced
 Meal/Snack 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 sugar per dry ounce • Yogurt is limited to 23 grams of sugar per 6 oz. serving 				
If meal modifications are made outside of the CACFP meal pattern, they are supported by a written medical statement signed by a Kansas licensed medical authority (MD, DO, PA, or APRN)				
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