



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			
Menu:			
Meat/Meat Alternate _____			
Fruit/Vegetable _____			
Fruit/Vegetable _____			
Grains/Bread _____			
Milk _____			
Other _____			
	Yes	No	
Did meal meet requirements?			
Did serving sizes appear adequate?			
Was food served at appropriate temperature? (hot foods at least 140 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?			
SECTION III SANITATION			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 inches off floor in dry storage area?			
Are refrigerator and freezer units clean and 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	COMMENTS		
Current CACFP enrollment records for all participants						
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	N/A	COMMENTS	
Is there an Infant Feeding Preference form for each infant (0-12 months)?						
Is there an accurate Infant Meal Record 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?						
SECTION VII FINDINGS						
Findings from this review:						
Date of last review by sponsor _____ Who did review? _____						
Summary of Findings from last review:						
Have previous Findings been corrected? _____						
SPONSOR REVIEWER SIGNATURE			TITLE		DATE	
CENTER SIGNATURE			TITLE		DATE	

Name of Center _____

5 DAY RECONCILIATION OF ATTENDANCE / ENROLLMENT / MEAL COUNTS *			
PARTICIPANT'S NAME (FROM MEAL COUNT)	ENROLLMENT DATE	PARTICIPANT IN ATTENDANCE WHEN CLAIMED? (LIST DATES IF NOT)	IEF EXPIRATION DATE
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?
1.			YES _____ NO _____
2.			
3.			Are meal counts on these 5 days consistent with claim average?
4.			YES _____ NO _____
5.			

RANDOM VERIFICATION THAT PARTICIPANTS WERE LISTED 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?