

Michigan Department of Education  
Child and Adult Care Food Program

*(Insert institution name, address, phone number)*

Date

**Review Form for Sponsored Facilities**

Facility:	License #
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Announced    Unannounced

**A. Licensing**

1. The center's license is current.  N/A    Y    N
2. The center is within its licensed capacity.  N/A    Y    N

**B. Enrollment** (Not applicable for at-risk programs and emergency shelters)

1. Enrollment documentation available for each child claimed.  Y    N
2. Enrollment forms are updated annually.  Y    N
3. Enrollment forms contain:
- Child's name
  - Dated parent or legal guardian signature
  - Normal days and hours in care
  - Meals normally received while in care

Comments \_\_\_\_\_

\_\_\_\_\_

**C. Training**

Key facility staff attended annual CACFP related staff training.  Y    N

Comments: \_\_\_\_\_

**D. Civil Rights**

1. There is no separation by race, color, sex, age, disability or national origin in the classroom or institutional records.  Y    N
2. The USDA nondiscrimination poster ".....And Justice for All" or equivalent displayed in a conspicuous place.  Y    N

3. All potentially eligible persons and households have an equal opportunity to participate in the CACFP.  Y  N

**D. Civil Rights (continued)**

4. The USDA nondiscrimination statement is on all materials such as applications, pamphlets, forms or other program materials distributed to the public and on web sites.  Y  N

Comments \_\_\_\_\_

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**E. Records and Record Keeping**

1. A daily count is maintained for all meals served to program adults.  N/A  Y  N
2. The facility claims no more than 2 meals/1 snack or 1 meal/2 snacks per child per day. (This does not apply to emergency shelters.)  N/A  Y  N
3. Emergency shelters only: The shelter claims no more than 3 meals (breakfast, lunch, supper) or 2 meals/1 snack per child per day.  N/A  Y  N
4. Meals are only claimed for children within the CACFP age requirements.
- 12 years old or younger in licensed child care facilities
  - 15 years old or younger if the children are migrant
  - 18 years old or younger for At Risk programs or emergency shelters  Y  N
  - No age restriction for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger.
5. Center attendance records are maintained.  Y  N
6. Meal attendance was taken at point of service.  N/A  Y  N
7. Meal attendance records are available and current.  Y  N

Comments: \_\_\_\_\_

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**F. Previous Reviews & Findings**

1. There were findings from previous review.  N/A  Y  N  
 If yes, list

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2. Findings from previous reviews were corrected.  N/A  Y  N

**G. Menus**

1. Menus are available for meals claimed:

- For children 1 year of age and older  N/A  Y  N
- For infants under 1 year of age  N/A  Y  N

2. CACFP meal pattern requirements are met.  Y  N

3. Medical Exception Statements are available for children with medical or other special dietary needs.  N/A  Y  N

4. The center offers formula and infant foods to infants.  N/A  Y  N

5. An Infant Formula/Food Sign-off form is on file for each child for whom the parent provides formula, breast milk, or infant foods.  N/A  Y  N

Comments

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**H. Meal Observation**

Circle meal/snack observed: Breakfast Lunch Supper Snack \_\_\_\_\_ (specify)

Record the number of children and adults observed at meal time.

Room								
Children								
Adults								

Based on the meal/snack observed

1. Portions served meet meal/snack requirements for age groups.  Y  N  
 If no, the meal cannot be claimed.

- 2. Meal/snack served met the appropriate meal/snack pattern for food components. If no, the meal cannot be claimed.  Y  N
- 3. Meal attendance was taken at point of service. If no, the meal cannot be claimed.  Y  N
- 4. Meal/snack was the same as indicated on the posted menu for the day. If no, change was noted on the menu.  Y  N

Comments \_\_\_\_\_

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**I. Meal Count Reconciliation**

Compare the number of children recorded on the facility's attendance and enrollment records to the meal counts for each meal type for 5 consecutive days. This could be for either the current or prior claiming periods. Base the reconciliation on a random sample of the children claimed for a five day period. The random sample must equal at least 10% of the CACFP participants (option A) or at least 5 children if 50 or less children are claimed (option B). You may complete either Option A or Option B. Attach additional sheets if necessary.

Option A: Reconciliation based on classroom:  
 Classroom(s) included in this reconciliation: \_\_\_\_\_

Dates	Number enrolled	Number in attendance	Breakfast	Lunch	Supper	A.M. snack	P.M. snack	Evening snack

Explain any significant discrepancies between the number of children in attendance or enrolled observed and the number claimed:

\_\_\_\_\_

\_\_\_\_\_

Option B: Reconciliation based on individual child:

Compare each child's center attendance to all meals claimed for 5 consecutive days

Child's Name	Dates checked	Discrepancies?	Comments
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

**J. Health & Safety**

An imminent threat to the health or safety of children was observed. If yes, describe below. Immediately notify the appropriate state or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities.

Y  N

Comments \_\_\_\_\_

\_\_\_\_\_

