

**North Carolina Department of Health and Human Services
Child and Adult Care Food Program
Sponsoring Organization Center Review Form**

Arrival Time: _____

Departure Time: _____

Date: _____

Review: Announced Unannounced

1. Sponsoring Organization Name: _____

Agreement #: _____

Center Name: _____

Center Address: _____

2. Type of Visit (Check all that apply):

Monitoring Follow-up Training/Technical Assistance

If Follow-up, to which contact? Monitoring Date _____ Previous Follow-up Date _____

3. Type of facility:

Child Care Center (non-profit)

Adult Day Care Center (non-profit)

Outside-School-Hours Care Center

Proprietary Title XIX Adult Center (for-profit)

After School "At Risk Program"

Proprietary Title XX Center-Child (for-profit)

Homeless Program

Head Start

4. DHHS Licensing Information

Effective Date: From: _____ To: _____

Capacity: _____ Licensing #: _____ Alternate Approval: _____

Is Licensing Capacity exceeded on day of review? Yes No

5. Eligibility applications are on file at: Central Office Facility

6. Current sponsor/center agreement (CAC 8C) on file? Yes No N/A

7. Are complete and current annual enrollment forms on file for all participants? Yes No

8. Is the facility open to everyone regardless of race, sex, color, age, national origin, or disability? Yes No

9. Has the facility made information about WIC available to parents or guardians of children enrolled in CACFP?.. Yes No

10. Training

List the training session the center's key staff attended:

Date	Topic of Training	Name of Staff in Attendance

Findings _____

Suggestions _____

11. Meal Pattern Analysis on Day of Review:

A.

Authorized Meal Services	Serving Times			
	Yes	No	Approved	Actual
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
LPM Snack				

Type of Meal Observed _____

B. **Infants** Does the facility enroll infants in its child care? Yes No (If no, skip to C.)

Number Served: _____ Birth – 3 months, _____ 4-7 months, _____ 8-11 months

Food Components	Amount Available To Be Served	Amounts Needed To Be Adequate	Adequate	
			Yes	No
Meat/Meat Alternate				
Fruit/Vegetable				
Infant Cereal/ Bread/Bread Alternate				
Iron Fortified Formula or Breast Milk				

Does the facility offer the infant meal pattern to currently enrolled infants? Yes No

If not, list participants without the signed formula provision form

C. (Circle type) Child/ Adult Meals

Number Served: _____ 1-2years _____ 3-5years _____ 6-12years _____ Program Adults _____ Non program Adults

Food Components	Amounts Available To Be Served	Amounts Needed To Be Adequate	Adequate	
			Yes	No
Meat/Meat Alternate				
Fruit/Vegetable				
Fruit/Vegetable				
Bread/Bread Alternate				
Fluid Milk				

D. List the meal counts for each meal type claimed by the institution for the 5 preceding days of the meal observation.

Dates	Breakfast Meal Counts	AM Snack Meal Counts	Lunch Meal Counts	PM Snack Meal Counts	Supper Meal Counts	Late PM Snack Meal Counts	Number of Participants in Attendance	Number of Participants Enrolled

1. Based on the comparisons, are the meal counts for each meal service accurate? Yes No

a. If “no” obtain and record an explanation from the center’s representative. _____

2. Did the meal counts exceed the attendance in the prior five days? Yes No

E. Check appropriate answer “yes” or “no”. Explain all “no” answers.

	YES	NO	N/A
Menus dated daily and on file.....	<input type="checkbox"/>	<input type="checkbox"/>	
Meal meets meal pattern requirement for the meal observed.....	<input type="checkbox"/>	<input type="checkbox"/>	
Menus adjusted for dietary needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation on file for special dietary needs.....	<input type="checkbox"/>	<input type="checkbox"/>	
Invoices/receipts are available.....	<input type="checkbox"/>	<input type="checkbox"/>	
Meal count records accurate and up-to-date.....	<input type="checkbox"/>	<input type="checkbox"/>	
Nondiscrimination “And Justice for All” poster displayed.....	<input type="checkbox"/>	<input type="checkbox"/>	
Facility license/certification posted.....	<input type="checkbox"/>	<input type="checkbox"/>	
Title XIX or XX certification (private for Profit centers only).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Delivery tickets of catered meals are on file to support meals claimed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings _____

Suggestions _____
