

Instructions for the NCDHHS/ CACFP Sponsoring Organization 3-Year Center Review CAC 15A

This document is designed for use during a review of a center by the staff of the Sponsoring Organization to ensure program regulations are being adhered to. Each sponsored center must receive an extensive review utilizing this form as one of the required reviews conducted once every three years.

PAGE 1

Name of the Sponsoring Organization: Record the Sponsoring Organization's name.

Agreement #: Record the Sponsoring Organization's CACFP agreement #.

Type of Visit: Check either announced (the center's staff was notified) or unannounced (the center's staff was not notified).

A. General Information:

Utilize these documents to assist in completing this section: CAC 8C (Sponsor/Center Agreement), CAC 7 (Center Application), receipts for food service expenditures, enrollment forms, food service management contracts, and delivery tickets for catered meals.

Arrival Time: Record the actual time that the Sponsoring Organization's representative arrives at the center.

Departure Time: Record the actual time the representative departs from the center.

Center Name: Record the center's name.

Date: Record the date(s) on which the Sponsoring Organization's representative completed the review.

Street Address: Record the center's street address including city, state, and zip code.

Telephone: Record the center's telephone number including the area code.

Type of Center: Check only one. Check type that best describes the center being reviewed (i.e.: If a non-profit childcare center, Child Care Center should be checked. If a for-profit childcare center, Title XX Center-Child should be checked).

Person(s) Interviewed: Record the name(s) and title(s) of all the person(s) interviewed on day of review.

License #: Record the license number from the license posted in the center.

License Capacity: Record the license capacity from the license posted in the center.

Effective Date(s): Record the date(s) that the license is effective.

Alternate Approval: If the center is not licensed check "Alternative Approval" if the document is on file. (If the center is not licensed, there must be an approved DHHS-CAC 8H "Application for Child Care Standards Approval of Non-Licensed Institutions and Facilities" on file.) Record the date the alternate approval was conducted.

Number of Participants observed in attendance on day of review: Upon arrival in the center, observe and record the number of participants in the center at the time of arrival on the day of review.

The Center is at/within license capacity at the time of the review: Check whether the center is within license capacity, age limits and provider/child ratios at the time of review. Refer to 7CFR 226.6(d)(2)(A). If not in compliance with license capacity or provider/child ratio, request an explanation from the center director and record the explanation; write as a finding. If capacity is exceeded, report finding to the Division of Child Development licensing consultant for the county. If over the age limit, disallow all meals for participants not eligible to participate due to age.

Are Income Eligibility Applications...: Check where the income eligibility applications are maintained.

Documentation

Check to ensure that all the appropriate documentation is on file and available for review from October 1 to time of review. If documentation is not available, write as a finding.

II. Check to ensure all invoices/records of food service expenditures are on file to support reported expenditures.

III. Check to ensure the center has on file a copy of all food service contracts if meals are being catered.

- IV. Check to see that all delivery tickets for each catered meal (according to the food service contract) are on file. The delivery tickets for all meals must be signed by the person who delivers the meals and the person that accepted the meals. The tickets should also include what foods were provided and quantity of foods provided.
- V. Check to ensure a current CAC 7 center application is on file.
- VI. Check to ensure a current Sponsor/Center Agreement is on file.
- VII. Check to ensure current enrollment forms for each enrolled participant are on file. Check to ensure the forms are dated within the last 12 months.
- VIII. Check to ensure that a parent or legal guardian signed all enrollment forms.
- IX. Check enrollment forms to ensure days and hours of care and meals normally received are documented on all forms.
- X. Check to see if center has documentation for the WIC Program on file and makes it available to parents and guardians about the WIC program.
- XI. Check to ensure that documentation of area eligibility is on file for At Risk school children. Check “N/A” if the center is not an At-Risk School Children center.
- XII. Check to ensure that documentation of area eligibility is on file for Emergency Homeless Shelter. Check “N/A” if the center is not an Emergency Shelter.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (i.e: *On day of review, April 1, 2005, sponsoring organization representative counted 10 children in attendance; license capacity allows for 8.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

The box below will be at the end of each section. If program violation were noted in a section, the block “Required corrective actions... section” must be checked. If no program violations were noted in the section, the block “No corrective actions... section,” must be checked.

- Required corrective action listed on supplemental summary of finding for the review section.
- No corrective action required for this section.

PAGE 2

Center Name: Record the name of the center being reviewed.

A. Civil Rights

Utilize these documents to assist in completing this section: Income Eligibility Applications, enrollment forms, parent handbook, civil rights policy, and “And Justice For All” poster.

Check yes/ no as applicable.

A. Look for the updated “And Justice For All” poster displayed. Poster should be displayed in a prominent place for the public to view. If not posted, write as a finding and provide a copy.

B.-G. Observe to determine if program benefits are made available to all participants and a means to file a complaint is available. If a violation of discrimination is observed, write as a finding.

H.-I. Record the estimated current participation by racial group. Check how data was obtained. Self-identification by the applicant/participant is the preferred method of obtaining characteristic data. Where an applicant does not provide this information, the data collector shall through visual observation secure and record the information where possible. (Keep this in mind if the observation method is used, parents/guardians have to be informed by the data collector that they will assign the applicant to an ethnic group if not designated by the parent/guardian.) However, the data collector may not “second guess,” or in any other way change or challenge a self-declaration made by the applicant as to his or her racial background unless such declarations are patently false. **NOTE:** Respondents shall be offered the option of selecting one or more racial designations. There are five categories: 1) *American Indian or Alaskan Native*. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

- 2) *Asian*. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - 3) *Black or African American*. A person having origins in any of the black racial groups of Africa.
 - 4) *Native Hawaiian or Other Pacific Islander*. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - 5) *White*. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- If the center has only one race enrolled, a statement of the general racial composition of the area that the center serves is required.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed that the "And Justice for All" poster was not displayed.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

PAGE 3

Center Name: Record the name of the center being reviewed.

TITLE XIX OR XX OR F/R VERIFICATION (For Profit Only Centers)

Utilize these documents to assist in completing this section: CAC 1C, enrollment records for each test month, Computerized DSS forms for each test month, center's current license, and income eligibility applications for each test month.

A. Records

1. Check to ensure that CAC 1C (Certification of Eligibility of Title XIX / XX or F/RP applications) is on file for the period of October 1 through the day of review. This form should be completed monthly documenting the Title XX or XIX or Free, Reduced and Denied numbers and submitted with the claim.
2. Check to ensure that the DSS documentation or F/RP applications is on file. List which documentation is on file. If none, write as a finding.

B. Chart:

Complete the chart after reviewing the CAC 1C and DSS Title XIX or XX documentation or Free/Reduced Price (F/RP) applications for current fiscal year (Oct- Sept).

Select three months to review. Remember to select only months in which the center has filed a claim.

Month/ Year: Record the months and year(s) selected.

Site Name or Number: Record the center's name or the center's agreement number.

Licensed capacity/Total Enrollment: List the licensed capacity from the license and total enrollment for each month selected.

Receiving Title XIX or XX Benefits: Review DSS documentation or free and reduced price income eligibility applications and count the number of participants based on the enrollment record for that month. Record the number of Title XIX or XX or free and reduced price participants.

Percentage Receiving Benefits: Determine the percentage for each month by dividing the licensed capacity or total enrollment into the # receiving title XIX or XX or free and reduced price benefits. Determine if 25% was met for each month, based on the number counted divided by the enrollment or licensed capacity for that month.

Note: On DSS Turnaround or Reimbursement summary forms you are looking for the Funding Sources of 20 and 25. For Durham, Guilford, and Mecklenburg Counties, count all SS or FC children. Count all children that have been paid at least \$1.00. If child is on the documentation multiple times count that child only once.

For all months that the center did not meet the 25 % eligibility, all meals must be disallowed for that month.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (i.e: For the test month of March 2005, the center did not meet the 25% eligibility requirement with Title XIX or XX or F/RP income eligibility applications.)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

Meal Service

Utilize these documents to assist in completing this section: CAC 7 (Center Application), meal count records, menus, claim for reimbursement, attendance records, income eligibility applications, food service management contracts, Food Buying Guide, and Creditable Foods in the CACFP.

Authorized Meal Services: Review the Center Application. Check “yes” for all meal services the center is authorized to serve. Check “no” for all meals that the center is not authorized to serve.

Approved: Record the start and end times of all approved meals from the Center Application or NCCares.

Actual: Record the actual start and end times of the meal service the sponsoring organization’s representative observes. Observe the meal service from beginning to end.

PAGE 4

Center Name: Record the name of the center being reviewed.

2. Check that the serving schedules are in accordance with those on the CAC 7- facility application. If not, write as a finding.
3. Check to ensure that the facility serves all meal types for which reimbursement is being claimed? If not, write as a finding.
4. Check to ensure that the facility is not claiming any meals for which the center was not approved. If the center is serving meals for which the center is not approved, those meals must be disallowed and written as a finding.
5. Check to ensure that meals claimed are served to participants who are within regulatory age limits. If not, request an explanation from the center’s representative and write as a finding. If over the age limit, disallow all meals for participants not eligible to participate due to age.
6. Check to ensure that documentation of meal counts by type served to enrolled participants is being conducted daily and at the point of service. If the records are not kept or are not complete, write as a finding.
7. Check to ensure that documentation of meal counts by type served to adults performing labor necessary to the food service is being conducted daily and at the point of service. If the records are not kept or are not complete, write as a finding.
8. Check to ensure that the facility has retained records to support its claim for reimbursement for 3 years after the date of its final claim for the fiscal year. If no records are available, write as a finding

Meal Preparation

Location: Check where meals are prepared.

On-site: The meals are prepared at the center.

Central Kitchen: The meals are prepared at a main kitchen for an organization and delivered to other centers in that organization.

Contract with local school unit (name): The meals are prepared by a local school and delivered or the children go the school to eat. List the name of the school.

Contract with food service management company (name): The center has a contract with a food service management company that provides the meals. List the name of the company.

Type of Meal Service: Check all that apply.

Family Style: The food is placed on the table and the children serve themselves.

Pre-portioned service: The food is served on a plate before placing before the children.

Catered in bulk service: The food is brought by a food service management company in bulk then portioned to serve to the participants.

Catered in proportioned service: The food is brought by a food service management company already portioned on individual plates.

Are planned menus...service?: Check to ensure that there are daily dated menus for all meal services claimed are posted. If not, write as a finding.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: The center is serving and claiming AM snacks and is approved to serve and claim breakfast, lunch, and PM snacks. The center is not approved to serve and claim AM snacks.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

PAGE 5

Center Name: Record the name of the center being reviewed.

Arrive before the meal service begins and observe the meal service from beginning to end, observing all participants in all age groups.

Meal Pattern Analysis (Infant 0-11 months):

Does the facility enroll infants in its child care? If center enrolls infants, check “yes”. If the center does not enroll infants, check “no” and skip to D.

Chart:

Number Served: Record the number of infants per age group served during the observed meal.

Food Components: Record each observed food component served under the appropriate food category.

Amount to Be Served: Record the amounts of each food component that the center made available to be served.

Amounts Needed to Be Adequate: Using the Food Buying Guide, calculate and record amounts needed to be adequate based on the number of infants per age group.

Adequate: If the amounts available to be served were more than the amounts needed to be adequate check “yes”. If the amounts available to be served were less than the amounts needed to be adequate check “no”. If the amounts were not adequate, write as a finding.

Meal meets meal pattern requirements by: If the meal was adequate and the meal contained all the meal components needed, check how the determination that the meal pattern was met was made. If the meal pattern requirements were not met (amounts inadequate or meal was missing components), write as a finding.

Does the facility offer the infant meal pattern to currently enrolled infants?

Request the parent-infant waiver forms (Provision of Iron-Fortified Infant Formula Forms) for all currently enrolled infants. If all infants enrolled have a current parent-infant waiver form on file, then “yes” would be checked. If all infants enrolled do not have a current parent-infant waiver form on file, then “no” would be checked. Record all infants enrolled without a form. If all enrolled infants do not have a form on file, write as a finding.

Meal Pattern Analysis (Child/Adult Care)

Circle “Child” or “Adult” to indicate which participants that are being observed.

Number Served: Record the number of children per age group served during the observed meal. Record the number of program adults (if the center is an adult day care). Record the number of non-program adults (any adult that participated in the meal service).

Chart:

Food Component: Record each served food component under the appropriate food category.

Amounts Available to Be Served: Record the amounts of each food component that the center made available to be served.

Amounts Needed to Be Adequate: Using the Food Buying Guide, calculate and record amounts needed to be adequate based on the number of observed participants served per age group.

Adequate: If the amounts available to be served were more than the amounts needed to be adequate check “yes”. If the amounts available to be served were less than the amounts needed to be adequate check “no”. If the

amounts were not adequate, write as a finding. If the meal pattern requirements were not met (amounts were inadequate, or the meal was missing components), write as a finding.

PAGE 6

Center Name: Record the name of the center being reviewed.

- Based on what was documented in C and D, check to ensure that the meal met the meal pattern requirements. The Food Buying Guide and Creditable Foods in CACFP can be used as a guide. If the meal did not meet the meal pattern requirements, write as a finding. Explain to the center's representative that the meal should not be claimed if it did not meet the meal pattern requirements.
- Check to ensure that all the meal components were served at the same time. This includes the milk. If all the meal components were not served at the same time, write as a finding.
- During the meal observation, list any participants for which substitutions were made due to special dietary needs. Check to ensure that the menu was adjusted for all special dietary needs. The substitution should also be written on the daily menu. If no substitutions were made or the menu was not changed, write as a finding.
- Check to ensure that medical documentation is on file for the participants with special dietary needs. List the participants with food allergies who had no documentation on file. Write as a finding. The medical statement must be signed by a recognized medical authority and should specify the food(s) to be omitted from the diet and recommend a choice of foods that may be substituted. (Note: If substitutions are made due to religious beliefs, required documentation from the parents must be on file.)

Meal Count on day of Review

Record and examine the meal counts (for all meal services approved to claim) recorded by the facility for five consecutive days preceding the day of the meal observation.

Chart:

Dates: Record the dates of the previous 5 consecutive days of observed meal service. Provide an explanation for breaks that are not weekends.

Meal Counts: Using the center's daily meal count record, record the total meal count for each day of all the approved meal services.

Number of Participants in Attendance: Using the center's attendance records, record the total number of participants in attendance for each day for all the approved meal services.

Number of Participants Enrolled: Using the center's current enrollment documentation, record the number of participants enrolled for each day for all the approved meal services.

Based on the comparisons, are the meal counts for each meal service accurate?: Based on the comparison in the chart, determine if the meal counts for each day were accurate. If not, obtain an explanation from the facility for reason of discrepancy. If there is a discrepancy between the number of participants enrolled or in attendance, you must attempt to reconcile the difference and determine if meal counts need to be adjusted.

Did the meal count exceed...days?: If meal counts were greater than participants in attendance on any of the five days; write as a finding. All meal counts exceeding the number of participants in attendance on any day must be disallowed.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On April 1, 2005 ten breakfasts had a missing fruit/vegetable component.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

Center Name: Record the name of the center being reviewed.

Three Month Review

Utilize these documents to assist in completing this section: Meal count records, menus, claim for reimbursement, food service management contracts, Creditable Foods in the CACFP, delivery tickets for catered meals, receipts and documentation of CACFP expenditures, milk reconciliation worksheet, sanitation inspection, and fire inspection.

Reviewed Menu Records

Review three months of menus. These months should be in the same fiscal year of the review, or if the review is conducted early in the fiscal year (for example Oct. Nov), use the last three months of the previous fiscal year. The three months selected must be months in which the center has received a reimbursement. Review the menus to ensure that all food components are being served. Menus are to be dated daily and maintained on file. Review the menus to ensure that each meal component has been served and recorded on the menu according to the CACFP meal pattern requirements per meal service.

Chart:

Month/Year: Record the month and year being reviewed. Use the same three months used in Section III-B if applicable.

Number of Meals Disallowed and reason*: Record the number of meals by month/year for each type of meal that should be disallowed using the code(s) at the bottom of the chart.

Total: Record the number of meals disallowed for each month/year.

Total number...months reviewed: Record the total number of meals to be disallowed for all three month/years in the chart above.

Estimated amount owed...months reviewed: Calculate the estimated amount owed by the facility for the three months by multiplying the number of meals to be disallowed by the appropriate rate of reimbursement for each month.

If meals are disallowed, write as a finding.

1. Results from Milk Audit (Do not complete for Adult Centers)

Select one of the months from the V.1. Review menus, attendance records, meal count records, and receipts. Utilize the "Milk Reconciliation Worksheet" to complete this chart. Record the results from the worksheet in Section V.2. If there is a milk shortage, write as a finding.

Chart:

Total Ounces of Milk Required: Record the results from A) on the Milk Reconciliation Worksheet.

Total Ounces of Milk Purchased: Record the results from B) on the Milk Reconciliation Worksheet.

Difference (A-B): Record the results from C) on the Milk Reconciliation Worksheet.

%Short: Record the results from % Short on the Milk Reconciliation Worksheet.

Estimated amount of adjustment due to milk shortage for this facility \$: Calculate the estimated amount due by multiplying the number of meals disallowed (recorded on the Milk Reconciliation Worksheet under Breakfast %#, Lunch%#, AM Snack %#, PM Snack %#, Supper %#, Late PM Snack %#) by the appropriate rate of reimbursement for each meal service meals are disallowed.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: For the test month of March 2005, the center was 15% short on milk purchases based on the number of meals services per children per age group with milk as a food component.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

Milk Reconciliation Worksheet

To complete the Milk Reconciliation worksheet, use the following instructions:

Do not include any meals that have been disallowed already. All breakfast; lunch and supper meals should be included as they all require milk to be served with meal services. Count milk in snacks (AM, PM, Late PM snack) if it's the only 2nd creditable component.

Date: Record the date that the worksheet is completed.

Center Name: Record the center's name.

Month/Year: Record the month and year from Section V.2 in the review.

Sponsor Number: Record the sponsoring organization's CACFP agreement number.

For each meal service (Breakfast, AM Snack, Lunch, PM Snack, Supper, Late PM Snack), record the meal counts per age group on the date the meals were served. For snacks, only record meal counts per age group on the date milk was served as a second component.

When all the meal counts per age group has been recorded for all dates of service for the month, add the meal counts per age group and document the totals at the bottom of the form on the row titled "Total".

Once the totals have been acquired, multiply them times the required ounces of milk per age group. This will give you the figures for the last row titled "Total Ozs.".

Total Ozs: Add each column together and record in A "Total ozs. Required").

Total Gallons Available: Record the total number of gallons of milk that were purchased. Review receipts to determine the amount of milk that was purchased for the month/year in review. If milk was purchased at the end of the month or previous month, you must calculate to see how much was used for the month in review and apply only amount used to the month in review. There are 128 ounces in a gallon. Convert the gallons to ounces and record in B "Total ozs. Purchased".

If B is more than A, there is no shortage in milk purchase. If B is less than A, there is a milk shortage. To determine what the milk shortage is, subtract B from A and divide that figure by A which equals to the percentage of shortage in milk. Milk shortage percentages should be taken two decimal points out (i.e: 21.68%).

Breakfast: Add the total amount of meals from each age group under Breakfast and record.

AM Snack: Add the total amount of meals recorded under AM Snack for each age group and record.

Lunch: Add the total amount of meals recorded under Lunch for each age group and record.

PM Snack: Add the total amount of meals recorded under PM Snack for each age group and record.

Supper: Add the total amount of meals recorded under Supper for each age group and record.

Late PM Snack: Add the total amount of meals recorded under Late PM Snack for each age group and record.

Notes: Use to record the dates that milk was purchased and the amount of milk purchased on each day. Calculate the total gallons that were purchased and record in **Total Gallons Available**.

Breakfast %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in Breakfast by the % milk is short (i.e.: $486 \times 21.68\% = 105$ meals to be disallowed). Note: if the number includes a decimal (105.36) round up if .50 or greater and round down if .49 or less.

AM Snack %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in Am Snack by the % milk is short (i.e.: $486 \times 21.68\% = 105$ meals to be disallowed). Note: if calculation is not a whole number (105.36) round up if .50 or greater and round down if .49 or less.

Lunch %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in Lunch by the % milk is short (i.e.: $486 \times 21.68\% = 105$ meals to be disallowed). Note: if calculation is not a whole number (105.36) round up if .50 or greater and round down if .49 or less.

PM Snack %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in PM Snack by the % milk is short (i.e.: $486 \times 21.68\% = 105$ meals to be disallowed). Note: if calculation is not a whole number (105.36) round up if .50 or greater and round down if .49 or less.

Supper %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in Supper by the % milk is short (i.e.: $486 \times 21.68\% = 105$ meals to be disallowed). Note: if calculation is not a whole number (105.36) round up if .50 or greater and round down if .49 or less.

Late PM Snack %#:: To acquire the number of meals to be disallowed, multiply the number of meals recorded in Late PM Snack by the % milk is short

Center Name: Record the name of the center being reviewed.

1. Health/Safety/Sanitation

Check to ensure that the refrigeration units are clean and maintained at the required temperatures. The temperature of the refrigerator should be 40 degrees or less. If temperature is higher than 40 degrees, write as finding. If no thermometer is in the refrigerator, write as a finding.

Check to ensure that food is properly stored in the refrigeration units and in dry areas. Opened foods should be covered or sealed. Food should be stored off the floor at least 12 inches. If not, write as a finding.

Check to see if there is evidence of rodents or insects in the center. If there is evidence of insects or rodents, write as a finding.

Check to ensure that nothing poses a fire, health or safety hazard at the center. If problems are observed are minor, write as a finding. If the problem is major, adhere to the suspension procedures set forth in 7 CFR 226.17(4)(i).

Observe preparation and serving of food to see that generally accepted health and sanitation practices are being used. If accepted good health and sanitation practices were not used, write as a finding.

Check to see that the sanitation inspections have been recently conducted. Sanitation inspections should be done semi-annually, 1 completed between Jan 1 and June 30, the other between July 1 and Dec 31. If the inspection has not been completed with in the last year, write as a finding.

Check to see that the fire department has made a recent inspection. The fire inspections should be annually. If the inspection has not been completed with in the last year, write as a finding.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: On day of review, April 1, 2005, sponsoring organization representative observed there was no thermometer in the refrigerator.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

VI. Training

The center's key staff is defined according to 7CFR 226.16(d)(2) and (3); 226.17(d)(9) as person(s) within the facility with overall responsibility for operating CACFP in accordance with regulations, and guidelines, including but not limited to owner, director, executive director, CACFP Manager, Program Manager, Food Service, Administrator, CEO or President. The Sponsoring Organization is required to train the key staff no less than annually and attendance of the center's staff is mandatory.

Chart:

Date: Record the training dates offered in the last 12 months.

Topic of Training: Record the topic(s) of each training.

Name of Staff in Attendance: Record the names of the staff that attended each training.

If no documentation for training is available or training has not been completed, write as a finding.

Findings:

If any program violations were identified, record the detailed findings in this section. Documentation must include what, when, where, and how many if applicable. (*i.e: The center's key staff has not attended any training in the last 12 months.*)

Suggestions:

Record any suggestions that the Sponsoring Organization Representative may have that would benefit the facility in this section.

PAGE 9

Center Name: Record the name of the center being reviewed.

VII. Summary

A. No Corrective Action Required (If findings were cited, skip to VII.B and complete Summary of Findings sheet.)

Complete this section if there were no findings and Corrective Actions are not required.

The form should be signed and dated by the facility's representative and the sponsoring organization's representative.

B. Corrective Action Required (Complete Summary of Findings sheet with this section.)

Complete this section if there are findings in the review and Corrective Actions are required. Document amount of money owed by the center in each appropriate category. The facility's representative and the sponsoring organization's representative should sign this form.

Disallowance: Record the amount of money that is due by the center from the Section V. A.1., the Three Month Review.

Milk Audit: Record the amount of money that is due by the center from Section V. A.2., Results from the Milk Audit.

Total Estimated Amount Due: Add the **Disallowance** estimated amount and the **Milk Audit** estimated amount and record.

Follow-up required: Check the appropriate box. If the follow-up is to be mailed to the sponsoring organization, provide by what date the written response is required at the sponsoring organization.

SUMMARY OF FINDINGS

Complete this section only if findings were recorded in the review.

Sponsoring Organization Name: Record the name of the Sponsoring Organization.

Center Name: Record the name of the Center.

Date: Record the date(s) the review was conducted.

Agreement Number: Record the Sponsoring Organization's CACFP agreement number.

Chart:

Review page/ item #: Record the page and item number of the finding cited.

Brief Description of Findings: Write a brief description of each finding from the review next to the appropriate page and item #. (*i.e. April 2005 meals with missing components served and claimed.*)

Corrective Action Needed: Write an appropriate corrective action (CA) that the day care center needs to complete in order to be in compliance for each finding. (*i.e. Serve and claim only meals that have the required meal components in adherence to §226.20.*)

Corrective Action Due Date: Record a date that the CA is to be completed by the center.

On-Site Follow-Up: Record "Yes", if the sponsoring organization's representative will return to the center to ensure that the corrective action was completed. Record "No", if the sponsoring organization's representative will not return to the center to ensure that the corrective action was completed. If the sponsoring organization's representative will not make an-on site visit, the center must mail/fax the corrective action(s) to the sponsoring organization's representative.