

Review Month/Year:

SPONSORING ORGANIZATION DAY CARE FACILITY REVIEW FORM

Sponsored Facility Name:

Department of Health and Human Services

Division of Public Health

Child and Adult Care Food Program

Agreement #:

GENERAL					
The review month must be a month in which the Facility has submitted documentation to file a claim. The review month must be a complete month.					
Date of Review			Arrival Time		
Type of Visit	Monitoring		Unannounced		Follow Up
	Announced		Training / Technical Assistance		
Last Monitoring			Name of Monitor		
Name of Sponsor					
Sponsored Facility's Address					
Sponsored Facility's Telephone #					
Person(s) Interviewed					
Approved Days of Care	Sunday		Wednesday		Saturday
	Monday		Thursday		
	Tuesday		Friday		

LICENSING AND ELIGIBILITY					
Facility Type	Child Care Center – Non Profit		Child Care Center – For Profit		
	"At Risk" School Children		Outside-School Hours Care		
	Head Start		Emergency Shelter		
	Adult Day Care Center – Non Profit		Adult Day Care Center – For profit		
License Number			Effective Date		
License Capacity	1 st		2 nd		3 rd
1	Total attendance on the day of review				
2	Enrollment total of the center				
				Yes	No
3	The Facility is at/within license capacity at the time of review				N/A
4	The facility is at/within age limits at the time of review				
5	The Facility is at/within center/child ratios at the time of review				
At-Risk Facility ONLY					
6	Building Capacity (if applicable)				
7	Room Capacity (if applicable)				
8	Does the At-Risk Center offer an enrichment or educational program?				

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9	Document the activities being conducted during the review
	Required corrective actions listed on supplemental summary of findings for the LICENSING AND ELIGIBILITY review section above
	No correction action required for the LICENSING AND ELIGIBILITY review section above

RECORDKEEPING

		Yes	No	N/A
1	Sponsor/Facility Agreement (Unaffiliated Facilities only)			
2	Attachment A - General Terms and Conditions			
3	Attachment B - Certifications			
4	Attachment C - Notice of Certain Reporting & Audit Requirements			
5	Attachment D - State Grant Certification, No Overdue Tax Debts OR State Grant Certification - For Individual Sub Grantees			
6	Attachment E - Conflict of Interest with Conflict of Interest Policy			
7	Attachment F - Contractor's Certification			
8	Certification of Single Exclusive CACFP Agreement - Facility			
9	Information on Owners/ Principals - Facility			
10	Annual Information Certification for Facilities			
11	CAC 7 - Facility Application			
12	CAC 9 A Sponsored Facility Budget (Unaffiliated Facilities only)			
13	Invoices / record of food service expenditures			
14	Copies of Food Service Contracts with attachments (A, B, H)			
15	Delivery tickets for catered meals			
16	Does the Facility have a FSMC with a total value greater than \$150,000			
17	If answer to #18 is "yes", is the copy of the bid for the FSMC on file			
18	Does the Facility make information regarding WIC available to participants			
19	Has the local sanitation agency made a recent inspection	Date:		
20	Has the local fire department made a recent inspection	Date:		

Monitoring

1	Does Facility have documentation of the sponsor monitoring conducted in the past 12 months on file?			
2	List the dates of the sponsor monitoring conducted in the past 12 months			

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3	Were any program violations identified during the last sponsor conducted monitoring?			
4	If yes to question 3, have all corrective actions been implemented?			
Parental Notification				
1	Facility has made information about WIC available to parents/guardians of children enrolled.			
	Required corrective actions listed on supplemental summary of findings for the RECORDKEEPING review section above			
	No correction action required for the RECORDKEEPING review section above			

FOR-PROFIT VERIFICATION				
N/A – this is a Non-Profit Facility – SKIP THIS SECTION				
Records on file for the current year (October through present)				
			Yes	Elec
1	CAC-IC Title XIX or XX or F/R			No
	Official DDS Title XIX and/or XX	OR		F/R Documentation
Chart – Proprietary For-Profit Facilities				
Month / Year	Licensed Capacity	Total Enrollment	# Receiving Title XIX or XX or F/R Benefits	Percentage Receiving Benefits
	Required corrective actions listed on supplemental summary of findings for the FOR-PROFIT VERIFICATION review section above			
	No correction action required for the FOR-PROFIT VERIFICATION review section above			

IEAs AND ENROLLMENT					
Verification of Income Eligibility Applications					
N/A – This is an At-Risk Facility – SKIP THIS SECTION					
Facility Reported		Sponsor Verified (IEAs)		Sponsored Verified Enrollment	
Free		Free		Free	
Reduced		Reduced		Reduced	
Denied		Denied		Denied	
Total		Total		Total	

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		Yes	No	N/A
1	Has the Facility distributed income eligibility applications for free and reduced-price meals to the families of participants enrolled in the Facility? Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters			
2	Does the Facility use the current income eligibility application and parent/guardian letter approved by the State Agency? Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters			
3	Are income eligibility applications on file at the Facility? Exemptions: Head Start Centers, At-Risk Centers and Emergency Shelters			
4	Are income eligibility applications correctly classified for all participants classified as eligible for free, reduced, and denied meals? Exemptions: Head Start Centers, At-Risk Centers and Emergency Shelters			
5	Is enrollment documentation on file for each participant per 7 CFR 226? Exemptions: At-Risk Centers and Emergency Shelters			
6	Are enrollment forms updated annually for all participants? Exemptions: At-Risk Centers and Emergency Shelters			
7	Are enrollment forms signed by a parent or legal guardian? Exemptions: At-Risk Centers and Emergency Shelters			
8	Do the enrollment forms contain the normal days, hours of care and the meals normally received while in care? Exemptions: At-Risk Centers and Emergency Shelters			
9	Has the Facility accurately reported the number of enrolled participants classified as free, reduced, and denied for the test month(s) reviewed?			
Adult Day Care Only				
		Yes	No	N/A
1	Does the Facility have enrollment records indicating age of each adult?			
2	Does the Facility have records indicating the living arrangements of adults?			
3	Does the Facility have records that indicate participants (1) reside in the community (e.g. those residing either in their own home or in the home of a family member, guardian, or other caregiver) or (2) live on their own in the community with the support of adult day care services where the adult primarily has care for him/herself, which makes them eligible for CACFP meal reimbursement?			
4	Does the Facility provide care for functionally impaired adults?			
5	Are records available to indicate that each adult between the ages of 18-60 years of age meets the functionally impaired criterion?			
6	Are those adults who are not functionally impaired, 60 years of age or older?			
7	Does the Facility have individual care plans for all enrolled functionally impaired adults?			
Required corrective actions listed on supplemental summary of findings for the IEAs AND ENROLLMENT review section above				
No correction action required for the IEAs AND ENROLLMENT review section above				

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FISCAL INTEGRITY (UNAFFILIATED CENTERS ONLY)

CACFP Administrative Expenses

Budgeted (Annual)	Budgeted	Facility Reported	Reviewer Verified
Administrative Labor			
Administrative Benefits			
Administrative Equipment (Direct Expense)			
Administrative Equipment (Depreciation)			
General Office Supplies			
Administrative Travel			
Administrative Training			
Contracted Services			
Communications			
Indirect Costs			
Other Administrative Expenses			
Total Administrative Expenses			

CACFP Operating Expenses

Budgeted (Annual)	Budgeted	Facility Reported	Reviewer Verified
Non-Food Supplies (for food service)			
Operating Labor			
Operating Fringe Benefit			
Rent			
Utilities			
Contracted Services			
Food			
Food Service Management Company / School Food Authority			
Operating Travel			
Operating Equipment (Direct Expense)			
Operating Equipment (Depreciation)			
Other Operating Expenses			
Total Operating Expenses			

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		Yes	No	N/A
1	Does the Facility utilize a General Ledger (GL) or other comprehensive record management system that captures all financial transactions and/or activities conducted for the center's food service program?			
2	Does the Facility have invoices/receipts to support all financial transactions captured in the GL or record management system that established what was purchased and proof it was actually paid?			
3	Are all reported receipts and disbursements line items on the approved Annual Budget?			
4	Does the Facility have full oversight over the accountability for all program assets as evidenced by periodic bank reconciliations?			
5	Do the Facility's bank statements reconcile with the center's receipts and invoices reported on the claim for reimbursement?			
6	Are CACFP costs that are paid with CACFP reimbursement allowable?			
7	Were all expenses reported?			
8	Does the Facility track expenses based on the approved budget?			
9	Does the Facility operate a nonprofit food service operation?			
10	Does the Facility have an excess balance?			
11	Does the Facility maintain accurate and complete time and attendance records that support labor costs charged to the CACFP?			
12	Did the Facility obtain State Agency approval, or if necessary, prior approval, specific prior written approval, or FNS approval for all expenses utilizing program funds?			
13	Does the Facility claim less-than-arms-length transaction expenses on the CACFP?			
a	If "Yes", was specific written approval obtained by the State Agency?			
14	Is there documentation on file to support contract work ?			
a	Do invoices coincide with the payment made to the contractor?			
15	Are shared costs prorated appropriately so that the CACFP is charged only for the portion used?			
16	Does the Facility accept any donated foods?			
a	If "Yes", does the center properly track its received donations?			
17	Do catered meal delivery tickets support the number of meals claimed?			
18	Did the Facility depreciate equipment in the current fiscal year?			
19	If depreciation is charged for a given month, is the depreciation expense calculated correctly?			
Required corrective actions listed on supplemental summary of findings for the FISCAL INTEGRITY review section above				
No correction action required for the FISCAL INTEGRITY review section above				

PROPERTY STANDARDS				
		Yes	No	N/A
1	Did the Facility purchase equipment (purchase price > \$5,000) in whole or in part under CACFP funds?			
2	Are there written procedures for the management of equipment, whether acquired in whole or in part with CACFP funds, until disposition takes place?			
3	Does the Facility have and maintain property records for all equipment acquired in whole or in part with CACFP funds?			
4	Does the Facility have records of a complete physical inventory updated at least once every two years, for all equipment acquired in whole or in part with the CACFP funds?			
5	Does the Facility have a control system in place which:			
a	Ensures the equipment is only used for authorized purposes?			
b	Includes adequate loss, damage, or theft prevention measures?			
c	Includes a process for investigating any loss, damage or theft of equipment?			
d	Includes equivalent insurance coverage for property owned by the Facility?			
6	Does the Facility maintain procedures to keep property in good condition?			
Required corrective actions listed on supplemental summary of findings for the PROPERTY STANDARDS review section above				
No correction action required for the PROPERTY STANDARDS review section above				

CIVIL RIGHTS				
		Yes	No	N/A
1	Is an approved and up-to-date civil rights "And Justice for All" posted prominently displayed?			
2	Are all services and facilities used routinely by all persons without regard to race, color, national origin, age, sex, or disability? (e.g. social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)			
3	Are program benefits made available to all eligible individuals and households without regard to race, color, national origin, sex, age, or disability?			
4	Is there a need for bilingual materials? If "yes", how is this addressed			
5	Does the Facility make information regarding CACFP available to the public upon request?			
6	Does the Facility make available to the public the CACFP nondiscrimination statement and the CACFP procedure for filing a complaint?			
7	Are there any requirements or procedures which restrict or deny enrollment on the basis of race, color, sex, age, disability, or national origin?			

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8	The nondiscrimination statement and complaint procedures are included in center advertisements when referencing admissions and/or the CACFP?			
	Required corrective actions listed on supplemental summary of findings for the CIVIL RIGHTS review section above			
	No correction action required for the CIVIL RIGHTS review section above			

ANNUAL REQUIREMENTS				
Current Review Date			Previous Review Date	
*If completed during a previous review, SKIP ANNUAL REQUIREMENTS SECTION				
Civil Rights				
			Yes	No
			N/A	
1	Does the facility have on file the estimated current participation by ethnic group?			
2	Does the facility have on file the estimated current participation by racial group?			
3	Is the facility's current participation representative of more than one racial group?			
a	If "no", to question 3, provide a statement indicating the general racial composition of the area the facility serves.			
4	If ethnic and racial data was obtained by observation, is there documentation on file informing participants and parents/guardians that ethnicity and race will be determined by Facility if not declared by self or parent/guardian?			
5	Is the ethnic and racial data collected and maintained for the three preceding fiscal years?			
6	Does the Facility have procedures on file for maintaining the confidentiality of beneficiary data collected on individuals and households?			
Training				
			Yes	No
			N/A	
1	Date of the last CACFP programmatic training session the center attended:			
2	Does the Facility have documentation of the CACFP programmatic training on file?			
3	List the date of the last CACFP civil rights training session the Facility attended:			
4	Does the Facility have documentation of the CACFP civil rights training on file?			
	Required corrective actions listed on supplemental summary of findings for the ANNUAL REQUIREMENTS review section above			
	No correction action required for the ANNUAL REQUIREMENTS review section above			

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MEAL COUNTS						
Total # days food service was provided			Average Daily Attendance			
Meals Served	Center Reported		Reviewer Verified	Outcome Review of Records		
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Night Snack						
Totals						
				Yes	No	N/A
1	Are there daily records of meal counts by type (breakfast, lunch, supper, and snacks) served to enrolled participants?					
2	Did the Facility report more meals than participants in attendance?					
3	Did the Facility report meals on days when they were closed (i.e. holidays, vacations)?					
4	Did the Facility report more than one meal and two snacks or two meals and one snack per participant (exception: Emergency Shelters & At-Risk Afterschool)					
5	At-Risk Afterschool Only: Did the Facility report more than one snack and one meal per day per child?					
6	Is there evidence of block claiming?					
7	Are there daily records of the point-of-service meal counts by type (breakfast, lunch, supper and snacks) served to adult performing labor necessary to the food service?					
8	Center using family style meal service: were daily meal counts documented at the conclusion of the meal service?					
9	Center not using family style meal service: were daily meal counts documented at the point of service?					
Document attendance and meals recorded for the last consecutive five days						
Date	Enrollment	Attendance	Recorded Meal Counts			
	Required corrective actions listed on supplemental summary of findings for the MEAL COUNTS review section above					
	No correction action required for the MEAL COUNTS review section above					

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MEAL SERVICE TIMES							
		Yes	No	Approved Serving Times	Start Time	End Time	
Breakfast							
AM Snack							
Lunch							
PM Snack							
Supper							
Night Snack							
						Yes	No
1	Are serving schedules in accordance with those on the Facility application?						
2	Did the Facility serve all meal types for which reimbursement is being reported?						
3	Is the Facility only claiming meal service(s) which were approved on their application?						
4	Are the meals claimed served to participants who are within regulatory age limits?						
Required corrective actions listed on supplemental summary of findings for the MEAL SERVICE TIMES review section above							
No correction action required for the MEAL SERVICE TIMES review section above							

MEAL OBSERVATION							
						Yes	No
Does the Facility charge separately for meals?							
No Meal Observed (SKIP to questions A.4-8)							
Type of Meal Observed				Date of Last Observation			
Time Served FROM		AM		PM			
Time Served TO		AM		PM			
A. Infants							
						Yes	No
1	Does the Facility enroll infants in its child care? (If "No" skip to section "B")						
2	Are infants currently enrolled with the Facility? (If "No" skip to section "B")						
3	Does the center offer the infant meal pattern to currently enrolled infants?						
If "No" list participants for whom the center lacks the documentation that the infant meal pattern is offered, including Infant Formula Provision Form							

Check the appropriate box below:

No Infants were in attendance during meal observation (skip to section B)

No Infants were being fed during meal observation – fed on demand (skip to section B)

Number of Infants in attendance but not served during meal observation:

Number served for each age group: Birth – 5 months

6-11 months

Food Component (Infants)	Amount prepared for meal service	Amount to be adequate	Adequate	
			Yes	No
Meal / Meat Alternate Component	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fruit or Vegetable Component	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Infant Cereal / Grain Component	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breastmilk or Iron Fortified Formula Component	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Yes	No
4	List the type of infant formula the center provides	<input type="text"/>		
5	Is the formula offered by the center in stock?	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Provide the expiration date of the formula in stock	<input type="text"/>		
7	Are solid foods provided?	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	Does the Facility provide all or all except one of the required components of the infant meal pattern?	<input type="text"/>	<input type="text"/>	<input type="text"/>
a	If "No" does the parent provide no more than one component of the infant meal for meals claimed?	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Children/Adults

	# Served	# Non-Dairy	
1 year	<input type="text"/>	<input type="text"/>	
2 years	<input type="text"/>	<input type="text"/>	
3-5 years	<input type="text"/>	<input type="text"/>	
6-12 years	<input type="text"/>	<input type="text"/>	
3-18 years	<input type="text"/>	<input type="text"/>	
Program Adults	<input type="text"/>	<input type="text"/>	
Non-program Adults	<input type="text"/>	<input type="text"/>	

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Food Component (Children/Adults)		Amount prepared for meal service	Amount to be adequate	Adequate		
				Yes	No	
Meat / Meat Alternate Component						
Fruit Component						
Vegetable Component						
Grain Component						
Whole Milk Component						
Low-Fat or Skim Milk Component						
Non-Dairy Beverage Component						
				Yes	No	N/A
1	Did the observed meal meet the meal pattern requirements?					
2	Were all meal components served at the same time?					
3	Does the Facility provide all or all except one of the required components for the child meal pattern?					
4	Are all participants over 2 years of age served fat-free / low-fat milk during the meal service?					
5	Does the Facility have participants enrolled with disabilities?					
6	Does the Facility have participants enrolled with medical conditions?					
7	Were substitutions for participants with disabilities or medical conditions documented on the menu?					
8	Were substitute foods provided by the Facility?					
9	Was appropriate medical documentation available?					
10	Were non-dairy beverages served in lieu of fluid milk for medical conditions or at parent or guardian's request?					
a	If "Yes" are the non-dairy beverages nutritionally equivalent to fluid milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk, as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR section 210.10 (m)(3)?					
11	Is water made available to drink during meal service and throughout the day?					
12	If Family Style Dining is used, answer the following questions:					

a	Is each participant offered all components?			
b	Is enough food available to provide the minimum servings of all required components for all participants?			
Required corrective actions listed on supplemental summary of findings for the MEAL OBSERVATION review section above				
No correction action required for the MEAL OBSERVATION review section above				

MENU REVIEW						
	Number of Meals Disallowed	Reason Codes				
		D = Missing / Incomplete Record(s) of Number of Meals by type	G = Inadequate Quality of Meal Component(s)	H = Missing Meal Component(s) or amounts	L = Other (please explain)	
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Night Snack						
Enter necessary explanations for "L-Other" reason codes below:						
				Yes	No	N/A
1	Are the infant menus available and up-to-date?					
2	Are menus for age one year and older available and up-to-date?					
3	Is the type of milk recorded on the menu, including flavored or unflavored and fat content?					
4	Is a fruit and vegetable or two vegetable components provided daily at lunch and/or supper for children or adults?					
5	Is 100% juice offered no more than once per day?					
6	Is juice offered to infants?					
7	Was at least one serving of whole grains, identified on the menu each day?					
8	Are all grains either whole grain or enriched?					
9	Are all breakfast cereals six grams of sugar or less per day ounce?					
10	Is the type of cereal identified on the menu?					
11	Are grain-based desserts counted towards the grain component?					
12	If served at breakfast, are meat/meat alternate served in place of grains no more than three times per week?					

13	Is deep fat frying used as a cooking method?			
14	Is unflavored milk provided to participants from one to five years of age?			
15	If served, is flavored milk fat-free / 1% for participants ages six and up?			
16	For all combination foods does the facility have on file and utilize CN labels, product formulation statements, or standardized recipe?			
	Required corrective actions listed on supplemental summary of findings for the MENU REVIEW section above			
	No correction action required for the MENU REVIEW section above			

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SUMMARY – NO CORRECTIVE ACTION REQUIRED

✓	NO CORRECTIVE ACTION REQUIRED	
✓	CONSIDER THIS REVIEW CLOSED	

I verify that this home was reviewed on this date and was found to be in compliance with CACFP requirements for the program areas reviewed, as specified in this report. The findings in this report have been discussed with the center’s authorized representative.

Facility’s Authorized Representative

Facility’s Authorized Representative Title Date:

Sponsoring Organization Representative

Sponsoring Organization Representative Title

Departure Time Date:

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SUMMARY – CORRECTIVE ACTION REQUIRED

I, the center’s authorized representative, verify that this center was reviewed on this date and that the Sponsoring Organization Representative discussed the findings in this report with me prior to my signing it. I understand that the Sponsoring Organization Representative determined that this center is not in compliance with certain CACFP requirements; that this report serves as a warning regarding non-compliance with those requirements; that I am required to implement the corrective action stated in this report within the timeframe(s) stated to bring this center into compliance with CACFP requirements; and that failure to implement the corrective action within the timeframe(s) stated could result in termination of this center from participation in the CACFP. I further understand that all corrective actions must be implemented fully and permanently. I further understand that this center owes the estimated amount of monies listed below due to rate changes and/or

Facility’s Authorized Representative			
--------------------------------------	--	--	--

Facility’s Authorized Representative Title		Date:	
--	--	-------	--

Total Estimated Amount Due:	\$	
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I, the Sponsoring Organization Representative, verify that I reviewed this center’s operation and records on this date and determined that the center was not in compliance with certain CACFP requirements, as specified in this report; discussed the findings in this report with the center’s authorized representative and explained that failure to implement the corrective action required within the timeframe(s) stated could result in termination of the center from participation in the CACFP program.

Timeframe(s) for implementing the corrective action(s) begin(s) on the date signed above by the Facility’s authorized representative.

Due date(s) for completion of corrective action(s) is/are stated below and on the attached Summary of Findings.

	Technical Assistance Provided
--	-------------------------------

Follow-Up Required:

	Unannounced on-site visit by Sponsoring Organization Representative	
--	---	--

	Written response to Sponsoring Organization reviewer by center on/before:	
--	---	--

	Send written response to:	
--	---------------------------	--

Sponsoring Organization Representative			
--	--	--	--

Sponsoring Organization Representative Title			
--	--	--	--

Departure Time		Date:	
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SUMMARY – CORRECTIVE ACTION DOCUMENT (CAD)						
Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No

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Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No