Institution:		Washington Office of PUBLIC INS		Responsible Principals: CACFP Contact:				
Address:								
WINS		Child and Adult Care Food Pr Independent C Administrative	Center	OSPI Representative:				
Review Date(s):	Review Month:	Business Type	Capacity		Meal Preparation			
		Licensing:	Last Inspection		Self pre or			
Arrival Time(s):		Expire date	Findings		CNS Grant			
Ad		Head Start/Early HS ECEAP At-Risk Pre-K Other	Approved Meals B AM L Observed Meal	PM S ES	Vendor Name:			
Previous Administrati	ve Review Summary		New Institution First Review No Prior Findings					
Date of Prior Review:	Assigned CAP Approval Date Not Assigned	NSD Y N	Noted Eligibility Findings: Health & Meal Co Training Monitor VCA	Final Records Fi	ncial Management al Pattern/Service dy Month ord keeping			
Corrective Action Plan Follow-up: Not assigned			Evidend	ce of Implemented CAF	Yes No			
	, ,	ed and maintained corrective actions and maintained corrective actions deficiency reconstructions and the second actions are actions and actions are actions and actions are actions and actions are actions and actions are actions as a second action and actions are actions as a second action actions are actions as a second action actions are actions as a second action action action actions are actions as a second action			Yes No			

Findings Key: I/C= In Compliance; CAP= Corrective Action Plan Required; TA=Technical Assistance Provided; N/A = Not Applicable for Institution

Adm	inistrative Capability & Program Accountability	YES	NO	N/A	Note	Finding
	ne Institution has a permanent agreement with OSPI to perate CACFP on file. 7 CFR 226.15(e)					
	ne Institution has a valid license or permit to operate child are or adult care services.					
	ne Institution has written CACFP procedures that assign rogram responsibilities for CACFP duties.					
et	ne Institution has a written procurement plan and code of thical conduct for employees engaged in CACFP rocurement. CACFP Procurement					
	copy of the vendor agreement/Inter-agency agreement is n file and the agreement is being adhered to.					
C	dequate CACFP training is provided to program staff with ACFP duties and training records indicate the attendee ames, date, and location for CACFP training(s).					
(meal	aining records document topics required for CACFP counts, meal pattern, civil rights, claim submission & review, Preimbursement process, CACFP record-keeping).					

Α	dministr	ative Capability and Program Accountability	YES	NO	N/A	Note	Finding
8.	1 1 3						
	-	g in a timely manner is in place. <u>CACFP Training</u>					
9.		entation formant is posted or provided to participants					
٥.		d in childcare centers.					
		Administrative Capability and Program	n Acco	untab	ility R	esponsibilities Findings	
ΙŢ	em#	*Corrective Action Plan Required					
					•		
Re	ecord Ke	eeping Requirements & Program Accountability	YES	NO	N/A	Note	Finding
10.	The Ins	titution maintains a copy of CACFP claims and					
		m records that substantiate claims for three years					
11		e current year. <u>CACFP Record Keeping</u>					
11.		date CACFP Enrollment Roster(s) are on file for all pating sites. (N/A for At-Risk or Emergency Shekers)					
	particip	during sites. (1771 for 712 Hisk of Emergency shotters)					
12.		nent forms/EIEA's are current and on file for the					
	study n	nonth. (N/A for At-Risk or Emergency Shelters)					
12	Comple	ete and accurate infant meal forms are on file for all					
15.		d infants, if applicable. <u>CACFP Infants Meal</u>					
	Require	ements					
14.	Attend	ance is taken daily, and records are maintained.					
15.	The CA	CFP menu is dated, posted/provided and any					
		utions/changes are noted.					
	16 11						
16.		cable, a written electronic signature policy is in place eets OSPI requirements. Electronic Signature					
		nce Sheet					
17.		cable, At-Risk sites offer enrichment activities. <u>7CFR</u>					
	226.15(
10	If appl:	cable At Bick cites are area eligible 7.000					1
18.	226.15(cable, At-Risk sites are area-eligible. <u>7 CFR</u> <u>g)</u>					

Record K	Geeping Requirements & Program Accountability	YES	NO	N/A	Note	Finding
are on	icable, Medical Statements/Participant Request Forms file for special diets/food allergies. <u>Special Dietary</u> st Milk Substitution					
20. CN labels or Product Formulation is on file to verify meal pattern compliance for all commercial/ combination foods. Menu Product Documentation						
21. Nutritio	21. Nutrition Facts are on file to document compliance for WGR and sugar limits food items.					
to veri scratch	ardized recipes are on file for all scratch-made foods fy required portions and meal pattern compliance for n-made foods.					
23. Center	staff have current food handler cards.					
Item #	*Corrective Action Plan Required	eeping	g Requ	iireme	nts Findings	
Civil Righ	nts Requirements	YES	NO	N/A	Note	Finding
24. The Ins	stitution displays the USDA AJFA poster in a cuous location. FNS Instruction 113 Civil Rights	Г	Г	1		3
25. The no	ondiscrimination statement is included on all d/distributed materials to public and graphic materials inclusiveness.					
26. The Institution makes CACFP information available to potentially eligible persons, applicants, and participants. The institution provides program info to community organizations that may assist with outreach.						
27. Potent	ially eligible persons and households have equal tunity to participate in the program.					
record	stitution collects race and ethnicity data, maintains s for required timeline, and documents outreacah to ially eligible beneficiaries . <u>Civil Rights Reference Sheet</u>					

Civil Ri	ghts Requ		Y	'ES	NO	N/A	Note	Finding		
proced	rights complaints are being handled following edures outlines in FNS 113-1 and the Civil Rights plaint log has been reviewed by OSPI.									
30. The pr	program is reaching potentially eligible participants and									
additio	litional outreach opportunities were discussed.									
	Civil Rights Requirement Findings									
	di a				Civil Rigi	hts R	Requir	ement	Findings	
Item #	*Corre	ective Acti	on Plan Re	equired						
					Study	Mon	th Rev	A		
Category	/	WINS	Roster	Removed	Added		erified			
Free								7		
Reduced	-Price					1		7		
Above So										
Total										
					Meal C	ount	Revie	\A/		

			Meal Cou	nt Review			
	Meal count per Claim	OSPI Verified	Meal Pattern Disallows	4 th Meal Disallows	Infant Meal Disallows	Total Adjustment	FINAL OSPI Meal Count
Breakfast							
AM Snack							
Lunch							
PM Snack)					
Supper							
Eve. Snack							
At-Risk							

Claim Eligibility Review For-Profit N/A (Non-Profit)												
	(A)	(B)	(C)		((D)		(E) (F)		(G	(G)	
	# or F/R	# of Title XIX	Total		License		То		Percentage	Percer	_	
	Applications	or XX	A + B	3	Car	pacity	Atter	idance	Capacity	Attenda	ince	
Study Month					,	,						
Review Month												
					h	l				<u> </u>		
Claim Review				YES	NO	N/A	Note			Findir	ng	
	the study month d d Study Month Erro											
Study Month	•	JI WOIKSHEEL.										
	rent version of the	E/IEA/Enrollment	Form is									
used.												
3. Institution use	es effective dates co	onsistently on E/IE	A forms.									
4. If applicable,	For-profit claim eli	 aibility is met for R	eview									
	P For-Profit Center					1						
	h meal counts are	accurate			+							
). INEVIEW IVIOITU	ir mear counts are	accurate.										
5-Day Meal Co	ount Test: Record	date and meal of	ount for th	ne sam	ne mea	l type o	bserved o	on the da	ay of the visit fo	r each of t	he	
orevious 5 cons	secutive meal ser observed meal:	vice days. Use 5	previous w	<u>reeker</u>	nd day	meal co	ounts if o	oserved i	meal takes place	e on a wee	kend.	
near Count for	observed meal.				V							
+	+	+	<u> </u>				/5		X .85 =			
'	1 '1	1 '1					/ 3		Λ.03 –			
				A	•							
	er of meals obse								Yes		10	
the number of	meals served or	the observation	day is less	than	85% of	f the pri	or week a	average,	document the	explanation	า:	
	nation provide an	'			,		Yes	No	N/A			
ii No, lurtne	er review of meal		Study Mo			ount/C	laim Fin	dings				
tem # *Co	rrective Action I		Study IVIO	11611/1	vicai C	ount, c		unigs				

Food Preparation & Safety	YES	NO	N/A	Note	Finding
38. Food safety practices were observed during meal					
observation(s) and Site review(s). WAC 110-300-0195					
Food Service, equipment, and practices					
39. During site monitoring and meal observation(s), proper					
hand washing was observed. WAC 110-300-0200					
Handwashing and hand sanitizer					
40. Proper procedures for washing, rinsing, and sanitizing					
utensils, equipment, food contact surfaces are					
documented and followed. WAC 110-300-0197 Safe					
food practices					
41. Prepared foods are stored in clean covered containers					
and labeled with preparation date. WAC 110-300-0197					
Safe food practices					
42. Potentially hazardous foods are maintained at proper					
temperatures. <u>WAC 110-300-0197 Safe food practices</u>					
43. Refrigerator units are maintained at 41 degrees or					
below and freezers are maintained at 0 or below.					
WAC 110-300-0197 Safe food practices			•		
44. Were any concerns of imminent threat observed during					
site visit? Explain and report.		4			
	F	6.5.1	- 1	· · · ·	
Itana #	FOOD	Safety	Final	ings	
Item # *Corrective Action Plan Required	\leftarrow				
			•		
Infant Meal Observation					N/A
OSPI Meal Count:	Ins	stitutio	n Mea	al Count:	
Posted	Ob	served			Same Posted Yes
Iron-fortified	Iro	on-fort	itied to	ormula/	
formula/ breast milk	br	east m	ilk		
Meat/MA	М	eat/M <i>i</i>	4		
Theaty thin t	1,1,1	cay ivii			
Fruit or Veg	Fr	uit or \setminus	/eg		
Iron-fortified cereal	Iro	on-fort	ified ce	ereal	
Grain	Gı	rain			
Other	0	ther			

Child/Adult Meal Observation	Approved Meal Service Tii	me /	Actual Time of Meal Service			
Observed Meal:	Pre-poi	rtion	Family style	Offer vs serve.		
Child/Adult Meal						
OSPI Meal Count:	Ir	nstitution Meal Co	ount:			
Posted		Obser		sted Menu? Yes		
Milk		Milk				
Meat/MA		Meat/MA				
Vegetable		Vegetable				
Fruit or Veg		Fruit or Veg				
Grain		Grain				
Grain (adults)		Grain (adults)				
Meal Observation CACFP Meal Requirements	YES	NO N/A N	ote	Finding		
45. Review month menu meals/snacks are co applicable meal pattern requirements an quantities are served.						
46. If applicable, infant meals are documente meal pattern requirements.	ed and meet					
47. If meals are delivered, delivery records delivery records defined transport and are maintained at site						
48. The observed meal(s) were served at the time.	approved					
49. Accurate meal counts are taken at point						
recorded at end of meals/snacks if 4 th n						
approved, meal counts are taken by nan		rvice Findings				
Item # *Corrective Action Plan Require		i vice i ilialiigs				

Financial Management									
Claim Reimbur	sement:					WINS	S Operati	ing Expenses:	
OSPI Verified Ex	penses:				T	otal A	djustment:		
	Food	Labor	Non-Food Supplies	Servic	es	Trans	sportation	Food Cost Percentage Comments	
Sponsor									
OSPI Verified									
Total Adjustment									
Financial Manag	ement and Via	bility		YES	NO	N/A	Note		Finding
50. The accounting system accurately tracks CACFP revenue and expenses.				7					
51. CACFP expenditures for the review month are allowable.									
52. The Institution has appropriate source documentation (receipts/invoices/contracts) to support expenses claimed to CACFP.									
53. Expenses exc a non-profit	53. Expenses exceed CACFP revenue, and the program is a non-profit food service. If No, extend expense review to additional months.								
	oor costs, Persectords are on coumenting Co	file and are							
55. For the review 50% of the to	w month, food otal reimburser								
56. If prior writte and purchase	n approval is re e is documente			7					
			Finan	cial M	anagei	nent	and Vial	pility Summary	
Item # *Cor	rective Action	n Plan Requir							

	Administrative Review Summary -All Review Elements
Item #	*Corrective Action Plan Required
Item #	*Corrective Action Plan Required

	Administrative Review Summary -Additional Page						
Item#	*Corrective Action Plan Required						

OSPI Specialist Name Date Departure Time

QA Review: Date As of this date, it the review complete?

						nu and M Error Wo	Meal Pattern Orksheet			
Month/Year: Indicate # of meals claimed on any day with a meal disallowance.										
Day	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack	Disallow Reason			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19						7.				
20										
21										
22				Y						
23										
24										
25										
26										
27										
28										
29										
30										
31										
Total										

A revised claim for the review month will be internally generated by OSPI based on the per review figures. With changes, we advise you of your right to appeal this decision. The basis for this decision is cited in federal regulations 7 CFR 226.11(b) and 226.15(e)(4)(10) and 226.20(g) and 226.20(h). The basis for fourth meal disallowances is cited in federal regulation 7 CFR 226.17(b)(3).

A Study Month revision will be generated if errors are identified. All submitted FY claims will be revised based on accurate Study Month Data. With changes, we advise you of your right to appeal this decision. The basis for this decision is cited in federal regulations 7 CFR 226.11(b) and 226.15(e)(4)(10) and 226.20(g) and 226.20(h). The basis for fourth meal disallowances is cited in federal regulation 7 CFR 226.17(b)(3).

Category	WINS	Roster	Removed	Added	Verified
Free					
Reduced-Price					
Above Scale					
Total					

Study Month Error Worksheet											
Participant	EIEA Elig	ibility	Form Errors Meal Reimbursement Category Errors					rS			
	Sponsor	OSPI	Missing EIEA	Expired EIEA	Signature /Date	SSN Missing	Category Error	Not in Attendance	Not on Roster	At-Risk Only on Roster	Comments
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.					7 3						
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											
Total Errors											