


Sponsor Name & WINS #	 <p>Washington Office of Superintendent of PUBLIC INSTRUCTION</p> <p>Child and Adult Care Food Program OSPI Meal Observation Form Affiliated and Unaffiliated Centers</p>	Site Name & WINS #
CACFP Contact		Address
Site Contact		Telephone

Institution Type: For Profit Non-Profit Licensing: DCYF Tribal Military Permit(fire/health) License # License/Permit Expiration:	Capacity: Last Inspection: Related Findings:	Program Specialist: Review Date: Arrival Time: Sponsor Monitor Yes No Present?
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Services Provided: <table border="1"> <tr><td><input type="checkbox"/></td><td>Adult Care</td><td><input type="checkbox"/></td><td>Head Start/EHS</td></tr> <tr><td><input type="checkbox"/></td><td>Child Care</td><td><input type="checkbox"/></td><td>Emergency Shelter</td></tr> <tr><td><input type="checkbox"/></td><td>At-Risk</td><td><input type="checkbox"/></td><td>Outside School Hours</td></tr> <tr><td><input type="checkbox"/></td><td>ECEAP</td><td><input type="checkbox"/></td><td>Pre-K</td></tr> </table>	<input type="checkbox"/>	Adult Care	<input type="checkbox"/>	Head Start/EHS	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	At-Risk	<input type="checkbox"/>	Outside School Hours	<input type="checkbox"/>	ECEAP	<input type="checkbox"/>	Pre-K	WINS Approved Meals: Vended/FSMC Onsite Self Prep Off -site Sponsor Kitchen B AM L PM S ES Observed Meal B AM L PM S ES
<input type="checkbox"/>	Adult Care	<input type="checkbox"/>	Head Start/EHS														
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Emergency Shelter														
<input type="checkbox"/>	At-Risk	<input type="checkbox"/>	Outside School Hours														
<input type="checkbox"/>	ECEAP	<input type="checkbox"/>	Pre-K														

Result: IC= In Compliance, TA= Technical Assistance Provided, CAP= Corrective Action is Required, N/A = Not Applicable

Child/Adult Meal Observation			
Approved Meal Service Time:	to	Time of Meal Service Observation:	to
Same as posted menu?	Observed Meal:	Pre-portion	Family style Offer vs serve.
Yes No			

Child/Adult Meal	Vended/FSMC Meals	On-Site Self Prep	Off -Site Sponsor Kitchen Delivery
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OSPI Meal Count:		Institution/Sponsor Meal Count:	
Posted		Observed	
Milk		Milk	
Meat/MA		Meat/MA	
Vegetable		Vegetable	
Fruit or Veg		Fruit or Veg	
Grain		Grain	
Grain (adults)		Grain (adults)	

Comments

Infant Meal		N/A	
OSPI Meal Count:		Institution/Sponsor Meal Count:	
Posted	OSPI Infant Menu	Observed	
Iron-fortified formula/ breast milk		Iron-fortified formula/ breast milk	
Meat/MA		Meat/MA	
Fruit or Veg		Fruit or Veg	
Iron-fortified cereal		Iron-fortified cereal	
Grain		Grain	
Other		Other	
Comments			

Meal Service & Meal Observation <u>CACFP Meal Requirements</u>	YES	NO	N/A	Note	Finding
1. Observed meal/snacks are compliant with applicable meal pattern requirements.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
2. If Infants are enrolled, Infant meals are documented and meet meal pattern requirements.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
3. If meals are delivered, delivery records document safe food transport and are maintained at site(s). (self-prep/central kitchen delivery)					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
4. The Observed meal was served at the approved time.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
5. A point of service meal count was observed.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
6. If applicable, family style meal service meets requirements.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
7. If any participant has a special dietary need or preference, Medical Statements/Participant Request Forms are complete and accurate.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A

Site Food Preparation & Safety	YES	NO	N/A	Comments	Finding
8. Site staff have current WA State Food Handler Cards.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
9. Food safety practices were observed during meal observation(s) and Site review(s). WAC 110-300-0195 Food Service, equipment, and practices					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
10. During site monitoring and meal observation(s), proper hand washing was observed. WAC 110-300-0200 Handwashing and hand sanitizer					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
11. Proper procedures for washing, rinsing, and sanitizing utensils, equipment, food contact surfaces are documented and followed. WAC 110-300-0197 Safe food practices					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A

Site Food Preparation & Safety	YES	NO	N/A	Comments	Finding
12. Prepared foods are stored in clean covered containers and labeled with preparation date. WAC 110-300-0197 Safe food practices					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
13. Potentially hazardous foods are maintained at proper temperatures. WAC 110-300-0197 Safe food practices					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
14. Refrigerator units are maintained at 41 ⁰ or below and freezers are maintained at 0 ⁰ or below. WAC 110-300-0197 Safe food practices					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
15. No concerns of imminent threat were observed during OSPI visit.				Any concern of imminent threat to health and safety of participants must be reported to DCYF.	<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A

Record Keeping	YES	NO	N/A	Comments	Result
16. The site has a current license/permit/certificate and operates within its licensed capacity, age limits, and staff/participant ratios.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
17. The site has written policies and procedures that assign program responsibilities and duties pertaining to the CACFP.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
18. WIC fliers are posted or distributed to families at child care centers. (N/A for Adult Centers)					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
19. Attendance is taken daily, and records are maintained.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
20. An accurate enrollment roster is on file for the review month. (N/A for At-Risk, Emergency Shelters)					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
21. The site maintains CACFP Enrollment or Enrollment & Income Eligibility Applications (E/IEA's) for enrolled participants as applicable.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
22. Complete and accurate infant meal forms are on file, for all enrolled infants.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
23. If 4 th meal is approved, meals counts are taken by name and accurately consolidated monthly.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
24. If At-risk, enrichment activities are planned and offered.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
25. The CACFP menu is posted/provided to participants with substitutions noted.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
26. If vended, meals meet all requirements of the contract.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A

Civil Rights Compliance	YES	NO	N/A	Comments	Result
27. The most current "And Justice for All" poster is displayed in a conspicuous location.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A
28. Site staff understand the sponsor civil rights complaints procedures and civil rights complaints are handled in accordance with FNS 113-1					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A

29. 5-Day Meal Count Test : Record date and meal count for the same meal type observed on the day of the visit for each of the previous 5 consecutive meal service days. Use 5 previous weekend day meal counts if observed meal takes place on a weekend.

Meal Count for observed meal:

	+		+		+		+	=		/5		X .85	=	
--	---	--	---	--	---	--	---	---	--	----	--	-------	---	--

Is the number of meals observed greater than or equal to 85% of the prior week average? Yes No
 If the number of meals served on the observation day is less than 85% of the prior week average, document the explanation:

Does explanation provide an adequate reason for the discrepancy? Yes No
 If No, further review of meal count and attendance data is required.

Monitoring Process				N/A Sponsor Monitor Not Present		
Sponsor Monitoring	YES	NO	N/A	Comments	Result	
Sponsor Monitor Name:						
30. Sponsor monitor notes findings from previous reviews and verified implementation of any corrective action or technical assistance from prior review.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A	
31. Sponsor monitor conducts monitoring in a fair and unbiased manner.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A	
32. Sponsor monitor demonstrates knowledge of CACFP requirements and provides technical assistance when necessary.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A	
33. Sponsor monitor understands when to disallow meals based on monitoring observations.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A	
34. Based on observations, monitoring visit was unannounced and center employees did not prepare for the visit.					<input type="checkbox"/> IC <input type="checkbox"/> TA <input type="checkbox"/> CAP <input type="checkbox"/> N/A	
35. Sponsor monitor was not present and OSPI communicated findings, concerns, best practices, and/or potential corrective actions identified during review to CACFP contact.					N/A	

#	Site Review Summary

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By signing this Site Review Form, I acknowledge that OSPI Child Nutrition Representative(s) conducted a Site Monitoring Review of the Child and Adult Care Food Program as required by 7 CFR 226.6(a). A copy of this form will be shared with the sponsoring organization prior to the administrative review. Any identified findings or concerns must be managed by the sponsoring organization. Documentation of monitoring reviews must be maintained for three years plus the current year.

Name of Site Representative	Signature	Date
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OSPI Representative	Signature	**Date
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Departure Time:

For OSPI USE	
Distribution: 1 – Sponsor CACFP Contact	2 - OPSI Copy