

**B. Meal Analysis**

1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal pattern requirements.

Enter the number of Program participants that were served:

Infants: 0 – 5 mos	Infants: 6 – 11 mos	Children: 1 – 2 yrs	Children: 3 – 5 yrs	Children: 6 – 12 yrs	Children: 13 – 18 yrs

<i>Children</i>	Food Items Served	Amount Prepared		No. of Servings per Amount Prepared	Amount Needed		+ OR -
Milk							
Meat/Meat Alternate							
Vegetables							
Fruits							
Grains							
Other Foods							

<i>Infants</i>	Food Items Served		Amount Prepared		No. of Servings Per Amount Prepared		Amount Needed		+ OR -	
	0 – 5 mos	6 – 11 mos	0 – 5 mos	6 – 11 mos	0 – 5 mos	6 – 11 mos	0 – 5 mos	6 – 11 mos	0 – 5 mos	6 – 11 mos
	Milk									
Meat/Meat Alternate										
Vegetables										
Fruits										
Grains										
Other Foods										

**C. Meal Service**

Enter the time each meal/snack is served and check the appropriate box to indicate meal being observed:

Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>

- 2. Was a sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children? .....  Yes  No
- 3. Type of meal service: .....  Family Style or  Cafeteria / Pre-plated / Unitized
- 4. Was the menu served the same as posted for today? .....  Yes  No  
 If not, were substitutions consistent with USDA requirements? .....  Yes  No  
 If not, were substitutions documented correctly? .....  Yes  No
- 5. Were all required components served? .....  Yes  No
- 6. Are all items on the *Meal Production Records* (H1539/H1530-A) or alternate completed on a daily basis? .....  Yes  No
- 7. Are the times meals are served consistent with the times indicated on the *Provider Application*? .....  Yes  No
- 8. Is the combination of meals/snacks claimed consistent with CACFP regulations? .....  Yes  No
- 9. Does the Provider supply all meal components, including formula for infants? .....  Yes  No

If yes, list formula:
If no, explain:

- 11. Have variations in meal patterns been approved? .....  N/A  Yes  No

**D. Record Keeping**

1. Licensing

- a. Is the current license/certification posted? .....  Yes  No
- b. What is the current licensed capacity? \_\_\_\_\_
- c. Does today's attendance exceed the capacity? .....  Yes  No

If yes, explain:

- d. Is the daycare home subject to licensing standards other than CFPS/HHSC? .....  Yes  No

If yes, explain:

- 2. Enrollment – Is the Provider maintaining complete and current enrollment forms for each infant/child as well as following proper record retention for previously enrolled infants/children? .....  Yes  No
- 3. Attendance – Is the Provider maintaining complete and correct attendance records as well as following proper record retention for prior years? .....  Yes  No
- 4. Meal Count – Is the Provider maintaining complete and correct meal count and menu records as well as following proper record retention for prior years? .....  Yes  No

**E. Training**

- 1. Has the Provider attended all mandatory training? .....  Yes  No
- If yes, date mandatory training was completed: \_\_\_\_\_

**F. Medical Statement**

- 1. Are there medical statements on file for infants/children with disabilities and/or medical or special dietary needs? .....  N/A  Yes  No

Name: \_\_\_\_\_ What is the reason? \_\_\_\_\_ Substitution: \_\_\_\_\_

Name: \_\_\_\_\_ What is the reason? \_\_\_\_\_ Substitution: \_\_\_\_\_

Name: \_\_\_\_\_ What is the reason? \_\_\_\_\_ Substitution: \_\_\_\_\_

**G. Civil Rights**

Complete the chart by inserting the ethnic and racial categories of CACFP participants

Number of Infants/Children	Ethnic Category		Racial Category				
	Hispanic or Lxatino	Not Hispanic or Latino	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander
Current Enrollment							
Actual Participation							

Based on your observation, is there any discrimination by race, color, national origin, sex, age, or disability?  Yes  No

**H. Elaboration**

1. Refrigerator Temp: \_\_\_\_\_ Freezer Temp: \_\_\_\_\_

2. Milk Gallon Totals

**Refrigerator** Non-Fat / 1%: \_\_\_\_\_ G Whole: \_\_\_\_\_ G Specialty: \_\_\_\_\_ G

**Freezer** Non-Fat / 1%: \_\_\_\_\_ G Whole: \_\_\_\_\_ G Specialty: \_\_\_\_\_ G

3. Does the Provider keep the Parent Pack receipt? .....  Yes  No

4. Is Building for the Future posted in English and Spanish? .....  Yes  No

5. Does the Provider use Whole Grain-Rich (WGR) daily? .....  Yes  No

6. Does the Provider keep CN Labels? .....  Yes  No

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Number: \_\_\_\_\_

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Number: \_\_\_\_\_

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Number: \_\_\_\_\_

7. Are there food items that do not count or are non-reimbursable? .....  Yes  No

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Reason: \_\_\_\_\_

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Reason: \_\_\_\_\_

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Reason: \_\_\_\_\_

Product: \_\_\_\_\_ Brand: \_\_\_\_\_ Reason: \_\_\_\_\_

**J. Findings/Corrective Action/Comments**

Indicate findings, correct actions, and commendations

See "Review Report Continuation" if necessary...

**K. Five-Day Reconciliation**

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date:	Date:	Date:	Date:	Date:
<b>Meal Counts</b>				
B		B		B
AM		AM		AM
L		L		L
PM		PM		PM
S		S		S
E		E		E
<b>Attendance</b>				
Att		Att		Att
Enr		Enr		Enr

2. Are there any days when meal counts by type exceed attendance? .....  Yes  No

a. If yes, what is the explanation?

b. Is the explanation reasonable? .....  Yes  No

i. If no, do meals need to be disallowed? .....  Yes  No

ii. Document by type the number of meals disallowed

3. Are there any days when meal counts by type exceed enrollment? .....  Yes  No

a. If yes, what is the explanation?

b. Is the explanation reasonable? .....  Yes  No

i. If no, do meals need to be disallowed? .....  Yes  No

ii. Document by type the number of meals disallowed