ADULT CARE — 7CFR 226.19a

Program Requirements:	Met	Not Met
1. Meals claimed for CACFP reimbursement are not claimed for Title III funded meals (congregate or home-delivered meals for elderly nutrition programs).	☐	☐
2. Written individual care plans are on file for each participant to document enrollment eligibility.	☐	☐

MEAL SERVICE (OBSERVED) — 7CFR 226.20 and FNS Instruction 796-2 Memorandum 96-C5, dated August 15, 1996

Site Name/ID: _____

Cook's Name (or Vendor): _____

MENU (B, L, Sn, Su) circle one	ACTUAL FOOD ITEM/ AMOUNT SERVED	Met	Not Met Reason (portion size not met)
Meat/Alternate (not required at breakfast)		☐	☐ _____
Fruit/Vegetable (lunch/supper need two servings)		☐	☐ _____
Grains/Breads (two servings at meals)		☐	☐ _____
Fluid Milk—one percent or skim (not required at supper)		☐	☐ _____
Other Foods		☐	☐ _____

And Justice for All poster displayed? ☐ Yes / ☐ No Choking poster displayed? ☐ Yes / ☐ No

Program Requirements:	Met	Not Met
3. The sponsor only provides one percent lowfat or skim milk to participants.	☐	☐
4. Participants receiving approved milk substitutes have a written request on file which identifies the medical or other special dietary need that is the reason for the request.	☐	☐
5. All required components were served at the same time.	☐	☐
6. Each participant received the minimum portion of each required component.	☐	☐
7. Pre-portioned vended meals were measured and met portion size requirements.	☐	☐
8. Meals are not claimed for participants who have any required component brought from home.	☐	☐
9. Menu documentation corresponds to observed meal.	☐	☐
10. *Offer vs. Serve*: Participants were offered all items and took at least three of four required items at breakfast, four of six required items at lunch and three of five required items at supper.	☐	☐
11. Diet statements are on file for participants who are on special diets.	☐	☐
12. Menus are up-to-date and reimbursable (i.e. recorded through prior meal).	☐	☐
13. Meal counts are up-to-date (i.e. recorded through prior meal).	☐	☐
14. Meal count matches reviewer count and was recorded at point of service.	☐	☐
Historical Claiming/Five Day Reconciliation (sponsors of multiple sites only) 15. The meal counts recorded on the day of the review were equal to or greater than the meal counts reported for the previous five days, for each class, for each meal service. If not met, expand to maximum of 30 days, if still not met, reconcile the meal counts using one or more of the methods below: ☐ Verified explanation from staff (illness, field trip, other). ☐ Use other documentation to verify attendance. ☐ Household contacts. ☐ If no, take appropriate measures:	☐	☐

Problems identified with the recording of meal counts:

Sponsor ID:

MEAL COUNT COMPARISON

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ AM Snack ☐PM Snack ☐Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

Total Participant Meal Count Documented	License Capacity	Date Att:	Date Monitor's MC	Date Site MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC
Room 1														
Room 2														
Room 3														
Room 4														
Site's Total Attendance														
Site's Total Meal Counts														

List the Site's Total Enrollment: _____

Historical Claiming/Five Day Reconciliation (sponsors of multiple adult care sites only) ***Use tables on the next page to record data.***	**Met**	**Not Met**
1. The meal counts recorded on the day of the review were equal to or greater than the meal counts reported for the center for the previous five days. If not met, expand to a maximum of 30 days, if still not met, reconcile the meal counts using one or more of the methods below: ☐ Verified explanation from staff (illness, field trip, other). ☐ Use sign in/sign out sheets to verify attendance. ☐ Household contacts. ☐ If no, take appropriate measures:	☐	☐
2. Compare daily meal counts to the license capacity. Sponsor must deduct the number of meals that exceeds the licensed capacity if adequate documentation does not exist (in/out records, sign in/out sheets).	☐	☐
3. Compare daily attendance to site enrollment. If attendance exceeds the site's enrollment for any day or any shift, check for errors (e.g. inaccurate attendance records, claiming visiting guests). Note any problems here:	☐	☐
4. Compare meal counts to attendance for current month. Any meal counts that exceed attendance for any day or any shift will require documentation of in/out, bus schedule, adequate documentation for shifting, etc. Sponsor must deduct the number of meals that exceeds classroom attendance if adequate documentation does not exist.	☐	☐

Sponsor ID:

FIVE-DAY RECONCILIATION – Adult version

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ AM Snack ☐PM Snack ☐Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

Total Participant Meal Count Documented	License Capacity	Date Att:	Date Monitor's MC	Date Site MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC
Room 1														
Room 2														
Room 3														
Room 4														
Site's Total Attendance														
Site's Total Meal Counts														

List the Site's Total Enrollment: _____

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ AM Snack ☐PM Snack ☐Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

Total Participant Meal Count Documented	License Capacity	Date Att:	Date Monitor's MC	Date Site MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC
Room 1														
Room 2														
Room 3														
Room 4														
Site's Total Attendance														
Site's Total Meal Counts														

List the Site's Total Enrollment: _____

Today's Observed Meal Date: _____

Mark Meal Type: ☐ Breakfast ☐ Lunch ☐ AM Snack ☐PM Snack ☐Supper

Select shift, if needed: ☐ Shift 1 ☐ Shift 2

Total Participant Meal Count Documented	License Capacity	Date Att:	Date Monitor's MC	Date Site MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC
Room 1														
Room 2														
Room 3														
Room 4														
Site's Total Attendance														
Site's Total Meal Counts														

List the Site's Total Enrollment: _____

Sponsor ID: