



**Adult Care Food Program
REVIEW FORM for
ADULT DAY CARE Center/Facility
(For DOEA use only)**

*Indicates questions that are more likely to result in reclaims and/or serious deficiencies if answered NO.

◆Indicates sponsors with multiple facilities

**CENTER/INSTITUTION
NAME/ADDRESS/PHONE:**

CENTER REPRESENTATIVE(S):

DATE(S) OF REVIEW: _____

REVIEW TEAM LEADER:

REVIEW STAFF: _____

REVIEW MONTH/YEAR	CONTRACT #	CHECK TYPE OF INSTITUTION			APPROVED MEAL TYPES	
		ADULT DAY CARE: <input type="checkbox"/>	DAY MENTAL HEALTH: <input type="checkbox"/>			B MS L AS S
PROGRAM ADMINISTRATION		YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
1. The center/facility uses current DOEA provided forms or alternate forms approved by DOEA.					All Chapters	
2. The center/facility has on file and utilizes all pertinent program information and documents from the USDA and DOEA.					Policy Memo Dissemination	
3. The center/facility has written policies and procedures that assign program responsibilities and duties as it pertains to ACFP.*					58A-6.006(2), F.A.C	
4. The ACFP is directly managed by the center/facility; no portion of the program management is subcontracted.					Section 5.1, 6.1	
5. The center/facility emergency preparedness plan is sufficient to ensure that providers are reimbursed and disruption of ACFP services is minimized during emergencies.					Chapter 429, Part III & Chapter 58A-6.011, F.A.C.	
6. Copies of all records pertaining to the ACFP in Florida are maintained in an office located within the State of Florida at all times.					Section 5.1, 6.1	
7. All ACFP records are maintained for at least the current fiscal year and the six prior fiscal years.*					Section 5.1, 6.1	
8. All records pertaining to any unresolved audits or reviews are maintained for a minimum of the current fiscal year and six prior fiscal years or until all outstanding issues are resolved.*					Section 5.1, 6.1	
9. Meal types and times submitted by the center/facility meet all DOEA requirements. Any exceptions have been approved in writing by DOEA.					Section 3.1 7.1, 7.5	
10. A written individual plan of care is developed and maintained for every functionally impaired participant.					Section 2.5	

PROGRAM ADMINISTRATION (Cont.)	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
11. The sponsor submits Change Forms and accompanying documentation when any information changes on the center/facility's application form.				Section 3.2	
12. Daily point of service meal count only includes ACFP eligible clients.*				Section 8.15	
13. The center/facility receives only ACFP funds for meals claimed.*				Section 6.12	
ELIGIBILITY DETERMINATIONS	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
14. Each enrolled adult claimed resides in a nonresidential institution.*				Sections 2.1, 2.2, 2.3	
15. The center/facility ensures that each adult whose meals are claimed for reimbursement is age-eligible to participate in the ACFP.*				Section 2.5	
16. A disability determination from the Social Security Administration or proof of Medicaid eligibility due to disability is on file for any person eligible for ACFP participation on the basis of a medical disability.				Section 2.5	
17. The center/facility accurately completed the Meal Benefit Income Eligibility Form. (See attached Participant Application & Roster Review form).*				Sections 2.5, 10.4	
18. Participant and household income statements and certain other information as required by law or requested by providers are kept confidential by the center/facility.				Section 10.7	
19. Current and complete enrollment forms and daily attendance forms are on file for all adults participating in the ACFP.*				Sections, 8.14, 8.15, 10.7	
CLAIM REVIEW AND EDITS	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
20. The center/facility ensures the monthly claim information is accurate, the meals claimed are eligible for reimbursement, and that adequate documentation (meal count worksheets, daily attendance sheets, and enrollment rosters) support the provider's claim.*				Sections 4.6, 4.7, 4.8, 8.6, 9.10	
21. The center/facility cost is not in excess of three months of operating budget.				Section 9.6	
22. The center/facility correctly designates the meal reimbursement.				Sections 4.6	
23. The information on the Point of Service forms is accurate and supports the claim. (See Daily "Point of Service" Meal Count form).				Sections 5.1, 9.10, 6.3	
24. Claims for reimbursement are received by the 15th of the month following claim month from the center/facility.*				Section 4.3	
25. The center/facility has the one-time exception available for submitting a claim.				Sections 4.3	

CLAIM REVIEW AND EDITS (Cont.)	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
26. Revised claims are filed when necessary and within the required time frames.*				Sections 4.3	
CIVIL RIGHTS COMPLIANCE	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
27. The center/facility does not discriminate in employment or program participation based on race, age, sex, color, disability, or national origin and has written policies and procedures that ensure compliance with civil rights requirements.*				Sections 5.1 6.1, 9.11	
28. Racial and ethnic data is collected for all enrolled adults in a manner that does not bring attention to the adults. This information is recorded and reported to DOEA as required.				Sections 5.1, 5.6	
29. The non-discrimination, "And Justice for All" poster, is posted in a prominent place in the center/facility.				Section 5.1 5.7, 5.8, 6.1	
30. Informational materials are provided in the appropriate language concerning the availability and nutritional benefits of the program, as needed.				Sections 5.1, 5.8, 6.8	
31. Civil Rights training records for frontline staff are documented.				Sections 5.10, 6.11	
TRAINING	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
32. Mandatory training, which includes all required topics, is provided for the center/facility new ACFP staff upon hire, and for all center/facility ACFP staff at least annually.*				Section 6.6	

MONITORING / OVERSIGHT	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
33. Each adult day care has a current AHCA license or contract to administer mental health day services.*				Sections 9.4, 3.2	
34. The center/facility ensures that each facility meets applicable staff to adult ratios.				Section 3.5	
35. Observe meal preparation and meal service to assess the facility's food safety practices and to ensure that all meal components are served in the proper quantity. (Use Meal Service Review Form)				Sections 7.10, 9.13	
36. The center/facility's prior programmatic review was without deficiencies/serious deficiencies.				DOEA Internal Check, 9.16	
37. The center/facility's deficiencies/serious deficiencies remain corrected per the CAP submitted to DOEA. There are no repeat findings during review.*				DOEA Internal Check, 9.16	
MEAL SERVICE MONITORING	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
38. Dated menus are posted in full view of all participants. Dated facility menus are retained with the monthly records.				F.A.C 58A-6 Section 8.12	
39. The current meal service contract is approved by the ACFP office.				F.A.C 58A-6 Section 11.1	
40. Records indicate meals served meet the ACFP meal pattern.				Sections 7.1, 8.10	
41. Delivery slips for contracted meal service or central kitchen provide accurate and adequate				Sections 5.1, 5.14, 8.7	
42. The ACFP Adult Meal Pattern is being followed on day of review.				Section 9.9	
43. Accurate daily menu production records with temperatures are maintained for self-prep meal service.				Sections 11.2, 12.3	
44. The Monthly Food Service Performance Report is completed for current/previous month.				Sections 5.1, 5.14, 8.6	
45. Copies of medical statements are on file for any adult being served special meals that do not meet the ACFP meal pattern requirements.				Sections 5.3, 6.3, 7.5	
FINANCIAL MANAGEMENT	YES	NO	N/A	PROCEDURE MANUAL REFERENCE(S)	COMMENTS
46. The center/facility has adequate funding to meet financial obligations due to any reclaims or unexpected expenses. If a line of credit is secured, ACFP funds and property are not used as collateral.				Section 9.12	
47. Administrative expenses are specified in the budget and are allowable, reasonable, necessary, and appropriately documented.□				Section 9.12	

