

## Child and Adult Care Food Program Monitoring Review for Sponsored Facilities

*This monitoring review form is used for: licensed childcare (this includes GSRP and Head Start), emergency shelters, and/or for sites operating multiple programs (i.e. childcare and at-risk)*



<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced	Meal Observed: _____
Approved Meal Service Times from MEGS+ Application:	
Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____	Evening Snack _____
Sponsor Name and Agreement #:	Date: _____
Arrival Time: _____	
Facility Name and Address:	License or MEGS+ Site #:

### REVIEW AREAS

Section 100. General Information		Yes	No	N/A	Comments
Licensing					
<b>101</b>	The facility's license is current.				License expiration date: _____  License capacity: _____
<b>102</b>	The facility is within its licensed capacity.				
Program					
<b>103</b>	The facility offers drinking water to participants throughout the day.				
Section 200. Training		YES	NO	N/A	Comments
<b>201</b>	NEW FACILITIES/NEW STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.				
<b>202</b>	The facility conducted annual CACFP training for all key staff.				
<b>203</b>	Sponsor training documentation includes:  <input type="checkbox"/> date(s) <input type="checkbox"/> location(s) <input type="checkbox"/> topics <input type="checkbox"/> names and/or signatures of participants				
Section 300. Civil Rights		YES	NO	N/A	Comments
<b>301</b>	The sponsor has ensured there is no separation by race, color, sex, age, disability or national origin in the classroom, eating areas, seating arrangements, program administration, or instructional records.				
<b>302</b>	Potentially eligible persons and households have an equal opportunity to participate in CACFP.				
<b>303</b>	The current USDA "And Justice for All" poster is displayed in a conspicuous location.				
<b>304</b>	The current USDA nondiscrimination statement is on all materials such as applications, pamphlets, forms or other program materials distributed to the public and on websites.				
<b>305</b>	Front-line facility staff have been trained on civil rights requirements and can verbalize action to take if a parent/guardian/participant desires to file a complaint against the food program.				

<b>Section 400. Records and Recordkeeping</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
<b>401</b>	A daily count is maintained for all meals served to adults who work in the program.				
<b>402</b>	The facility claims no more than 2 meals/1 snack or 1 meal/2 snacks per participant per day. (Does not apply to emergency shelters or at-risk programs)				
<b>403</b>	Emergency Shelters only: The shelter claims no more than 3 meals (breakfast, lunch, supper) or 2 meals/1 snack per participant per day.				
<b>404</b>	At-Risk Programs: The program claims no more than one snack and one meal per participant per day.				
<b>405</b>	Meals are only claimed for a participant within the CACFP age requirements: <ul style="list-style-type: none"> <li><input type="checkbox"/> 12 years old or younger in licensed childcare facilities</li> <li><input type="checkbox"/> 15 years old or younger if the children are migrant</li> <li><input type="checkbox"/> 18 years old or younger for At-Risk programs</li> <li><input type="checkbox"/> No age restrictions for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger.</li> </ul>				
<b>406</b>	Facility daily attendance records are maintained.				
<b>407</b>	Meal attendance is taken at the point of service.				
<b>408</b>	Meal attendance records are available and up to date.				
<b>Section 500. Menus</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
<b>Review the current menu and answer the following questions:</b>					
<b>501</b>	Menu(s) meet program requirements and include: month, date and specific components.				
<b>502</b>	Menu(s) are available for meals claimed.				
<b>502a</b>	<ul style="list-style-type: none"> <li>• Infants (0-5 months, 6-11 months)</li> </ul>				
<b>502b</b>	<ul style="list-style-type: none"> <li>• Children 1 year of age or older</li> </ul>				
<b>503</b>	Nutritional labels and/or product formulation statements have been verified to support meal pattern requirements.				
<b>504</b>	There is a procedure in place for site staff to record menu substitutions. Provide simple explanation of procedure in the comments.				
<b>505</b>	100% juice is limited to one meal/snack service per day, even when serving different participants.				
<b>506</b>	At least one serving of grains per day is whole grain or whole grain-rich.				
<b>507</b>	Grain based desserts are not served as creditable components at meals/snacks.				
<b>508</b>	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.				
<b>509</b>	Yogurt contains no more than 23 grams of sugar per 6 ounces.				
<b>510</b>	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.				
<b>511</b>	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables are served.				
<b>512</b>	Unflavored whole milk is served to children ages 1-2 years old.				
<b>513</b>	Unflavored low-fat milk is served to children ages 2-5 years old.				
<b>514</b>	CACFP Request for Special Dietary Needs Accommodations forms are available to participants with medical or other special dietary needs.				
<b>515</b>	CACFP Request for Special Dietary Needs Accommodations forms are available to participants receiving nutritionally equivalent milk substitutions.				
<b>516</b>	The facility offers formula and developmentally appropriate foods to infants.				
<b>517</b>	An Infant Formula/Food Sign-off form is on file for each child when the parent provides formula, breast milk or infant foods.				

**Section 600. Meal Observation**

Check meal observed:		<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack _____(specify)
<b>601</b>	1 to 18 Year Olds			<b>602</b>	Infants
Required Components		Specific Food Items		Required Components	0-5 months specific food items
Milk (specify: Milk % and flavor)				Iron-fortified formula/Breast Milk	
Meat/Meat Alternate				*Iron-fortified Infant Cereal or Meat/Meat Alternate	
Vegetable				*Vegetable/Fruit	
Fruit <b>or</b> 2 <sup>nd</sup> Vegetable (lunch and supper only)				*Grain	
Grain				Other	
Other				*Items required as developmentally appropriate	

Record the number of participants observed at meal service:									
Room									<b>Comments</b>
Participants									
Program Adults									
Point of Service									
Milk Variety-%									
*If there are more than 8 classrooms complete the Additional Classroom Worksheet									

<b>Section 600. Meal Observation (continued)</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
Based on the meal(s)/snack(s) observed:					
<b>603</b>	Minimum portion served met meal/snack requirements for age groups. If no, the meal/snack cannot be claimed.				List procedure(s) used at site to ensure minimum portions are served:
<b>604</b>	Procedures are in place to ensure minimum portions are served. Please explain in comments. Ex. measuring cups, single serve portions, productions records, etc.				
<b>605</b>	Meal/snack served met the appropriate meal pattern for food components and for age served. If no, the meal cannot be claimed.				
<b>606</b>	Meal/snack served was the same as indicated on posted menu for the day.				
<b>606b</b>	If no, the change was documented.				
<b>607</b>	The meal/snack served is within the approved meal service times approved in the MEGS+ application.				
<b>608</b>	Meal attendance was taken at the point of service during meal observed. If no, the meal cannot be claimed.				
<b>609</b>	Was the appropriate variety of milk served to each age group?				
	<ul style="list-style-type: none"> <li>• Birth to age 1: formula or breast milk</li> <li>• Children age 1-2: Unflavored whole milk</li> <li>• Children 2-5: Unflavored 1%, ½%, or fat free (skim)</li> <li>• Children 6 and older: Unflavored or flavored 1%, ½% or fat free (skim)</li> </ul>				
<b>610</b>	At-Risk After School programs: Offer vs. serve option used correctly. (At-Risk and Adult Day Service Programs Only)				

<b>Section 700. Health and Safety</b>		YES	NO	N/A	Comments
<b>701</b>	Were imminent threats to the health and safety of participants observed? If a threat was observed, describe in comments. Immediately notify the appropriate state or local licensing and health authorities and take action that is consistent with the recommendations and requirements of those authorities. Attach documentation of the agency contacted and the date of contact.				
<b>Section 800. Enrollment</b> (Not applicable for At-Risk programs and emergency shelters)		YES	NO	N/A	Comments
<b>If not applicable, check N/A and skip this section</b>					
<b>801</b>	Current enrollment documentation is on file for each participant.				
<b>802</b>	Enrollment forms are updated annually.				
<b>803</b>	Enrollment forms contain: <ul style="list-style-type: none"> <li>Participant Name</li> <li>Dated participant, parent, or legal guardian's signature</li> <li>Normal days and hours in care</li> <li>Meals normally received while in care</li> </ul> Explain in comments if a form requirement is missing.				
<b>804</b>	Are enrolled participants informed of WIC benefits? If yes, provide how they are informed in the comments section.				___ poster ___ pamphlet ___ letter
<b>805</b>	The Parent Information Sheet is distributed to enrolled participants.				___ other: _____

<b>Section 900. Meal Count Reconciliation</b>		YES	NO	N/A	Comments
<b>Select which Five-Day was completed for this monitoring review:</b>					
<input type="checkbox"/> Complete the <b>Five-Day Aggregate Reconciliation</b> form to determine whether the reported meal counts are consistent with daily attendance and enrollment for all meal types for the selected five-day operating period. <b>**Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**</b>					
<input type="checkbox"/> Complete the <b>Five-Day Meal Count Reconciliation-Attachment A</b> form if meal counts cannot be reconciled with enrollment or attendance data easily (too many classrooms at the facility) OR there are unexplained discrepancies. Select a random sample of at least 10% of the total enrollment, with a minimum of five participants to reconcile. This alternate reconciliation can only be done if there are enrollment documents and the meal attendance is taken by participant name. <b>**Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**</b>					
<p style="text-align: center;">Total enrollment: _____ 10% or 5, whichever is greater: _____</p> <p>If enrollment is higher than 70 participants, the Five-Day Meal Count Reconciliation-Attachment A, found on the CACFP website must be used, instead of the Attachment A below. This has additional participant name fields that would be required to be completed.</p>					
<b>901</b>	Do enrollment, daily center attendance, and meal attendance reconcile? If there are discrepancies between the number of participants present and the number of participants claimed, explain.				
<b>902</b>	Compare the number of participants present during the meal observation to the number of meals claimed during the five days in the reconciliation. Do the numbers compare? If not, is there a reasonable explanation?				
<b>**A completed 5-Day Meal Count Reconciliation (Aggregate and/or Attachment A) is <u>required</u> at each site monitoring review**</b>					

<b>Section 1000. Previous Reviews and Findings</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	
<b>1001</b>	There were findings from previous review. If yes, list:				
<b>Previous findings:</b>					
<b>1002</b>	Finding from previous review were corrected.				
<b>1003</b>	Has there been a change to the facility's administrative staff?				
<b>Summarize all findings and recommendations for corrective action:</b>					
*Attach any documentation/procedures put in place to correct findings.					

No Finding(s)     
 Technical Assistance provided to staff     
 Corrective action by site is required

Monitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Departure Time: \_\_\_\_\_

Site Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monitoring Review form has been checked for completeness by: \_\_\_\_\_ Date: \_\_\_\_\_

## Five-Day Aggregate Meal Count Reconciliation

**Instructions:**

Complete each field in chart below. The site's total enrollment includes all participants who have documentation of enrollment at the site and have attended at least once during the current month.

The monitor will complete the fields for the meal viewed on the day of the monitoring review. If no meal is observed during the monitoring review, complete the fields with the meal served closest to the time of review. To complete the five-day reconciliation chart, review the previous 5 consecutive days of programming where food service was provided (DO NOT include the day of the monitoring review). List the total number of children in attendance (daily/program) under *# of participants in attendance*, and the total number of children marked for a specific meal under each meal count (MC).

Note whether there are discrepancies and provide detail in Section 900 of the review form. If discrepancies are identified and there are not verifiable explanations, a Five-Day Reconciliation (Attachment A) MUST be completed.

Sponsor Name:	Agreement #:
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Provider Name:	License #:	License Capacity:
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Site's Total Enrollment:	Observed Meal Date:	Observed Meal Type:	Attendance	Monitor MC	Site MC

Date	# of participants in attendance	Breakfast MC	A.M. Snack MC	Lunch MC	P.M. Snack MC	Supper MC	Evening Snack MC	Discrepancies
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

**Discrepancies/Disallowances:**

Check the box if a five-day meal count reconciliation (Attachment A), by participant name, was completed as a result of discrepancies found by the aggregate reconciliation.

# Five-Day Meal Count Reconciliation-Attachment A

② Today's Date: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

License #: \_\_\_\_\_

③ Date

③ Day of Week

**Instructions**

① Complete Page Number.  
 ② Complete today's date, sponsor name, provider name and license number.  
 ③ Insert the days of the week and corresponding dates chosen for the five-day reconciliation (day of monitoring review cannot be included).  
 ④ Insert each participant's name from the meal attendance.  
 ⑤ Mark the meal types recorded for each participant from the meal attendance records for the five-day reconciliation period.  
 ⑥ Check if participant was in attendance for those five days. List from daily attendance records the participant's time in and time out. This would include if the participant left and came back (ex. school, doctor appt.).  
 ⑦ Using each participant's enrollment form, compare the days, the meals, and the times the parent/guardian indicated the participant should participate with their meal attendance records to see if they match for the five-day reconciliation.

④ Participant Name	Day	⑤ Meal Attendance						⑥ Daily Attendance				⑦ Enrollment Form								
		Breakfast	AM Snack	Lunch	PM Snack	Supper	Ev. Snack	In attendance?		Time in and out				Does form match attendance?						
								Yes	No	AM		PM		Day		Meal		Time		
										In	Out	In	Out	Yes	No	Yes	No	Yes	No	
	Day 1																			
	Day 2																			
	Day 3																			
	Day 4																			
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