

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 NexSys Application:	
Breakfast _____ AM Snack _____ Lunch _____ PM Snack _____ Supper _____	Evening Snack _____
Sponsor Name and Agreement #:	Date: _____
Arrival Time: _____	
Facility Name and Address:	License or NexSys Site #:

REVIEW AREAS

Section 100. General Information	Yes	No	N/A	Comments
Licensing				
101 The facility's license is current.				License expiration date: _____ License capacity: _____
102 The facility is within its licensed capacity.				
Program				
103 The facility offers drinking water to participants throughout the day.				

Section 200. Training	YES	NO	N/A	Comments
201 NEW FACILITIES/NEW STAFF: Staff have received training from the sponsor prior to CACFP operations/responsibilities.				
202 The facility conducted annual CACFP training for all key staff.				
203 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
301 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.				
302 Potentially eligible persons and households have an equal opportunity to participate in CACFP.				
303 The current USDA "And Justice for All" poster is displayed in a conspicuous location.				
304 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.				
305 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.				

Section 400. Records and Recordkeeping		YES	NO	N/A	Comments
401	A daily count is maintained for all meals served to adults who work in the program.				
402	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)				
403	Emergency Shelters only: The shelter claims no more than 3 meals (breakfast, lunch, supper) or 2 meals/1 snack per participant per day.				
404	At-Risk Programs: The program claims no more than one snack and one meal per participant per day.				
405	Meals are only claimed for a participant within the CACFP age requirements: <ul style="list-style-type: none"> <input type="checkbox"/> 12 years old or younger in licensed childcare facilities <input type="checkbox"/> 15 years old or younger if the children are migrant <input type="checkbox"/> 18 years old or younger for At-Risk programs <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. 				
406	Facility daily attendance records are maintained.				
407	Meal attendance is taken at the point of service.				
408	Meal attendance records are available and up to date.				
Section 500. Menus		Yes	No	N/A	Comments
Review the current menu and answer the following questions:					
501	Menu(s) meet program requirements and include: month, date and specific components.				
502	Menu(s) are available for meals claimed.				
502a	<ul style="list-style-type: none"> • Infants (0-5 months, 6-11 months) 				
502b	<ul style="list-style-type: none"> • Children 1 year of age or older 				
503	Nutritional labels and/or product formulation statements have been verified to support meal pattern requirements.				
504	There is a procedure in place for site staff to record menu substitutions. Provide simple explanation of procedure in the comments.				
505	100% juice is limited to one meal/snack service per day, even when serving different participants.				
506	At least one serving of grains per day is whole grain or whole grain-rich.				
507	Grain based desserts are not served as creditable components at meals/snacks.				
508	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.				
509	Yogurt contains no more than 23 grams of sugar per 6 ounces.				
510	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.				
511	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables are served.				
512	Unflavored whole milk is served to children ages 1-2 years old.				
513	Unflavored low-fat milk is served to children ages 2-5 years old.				
514	CACFP Request for Special Dietary Needs Accommodations forms are available to participants with medical or other special dietary needs.				
515	CACFP Request for Special Dietary Needs Accommodations forms are available to participants receiving nutritionally equivalent milk substitutions.				
516	The facility offers formula and developmentally appropriate foods to infants.				
517	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)
601	1 to 18 Year Olds	602	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 or 2 nd Vegetable (lunch and supper only)				*Grain	
Grain				Other	
Other				*Items required as developmentally appropriate	

Record the number of participants observed at meal service:

Room										Comments
Participants										
Program Adults										
Point of Service										
Milk Variety-%										

*If there are more than 8 classrooms complete the Additional Classroom Worksheet

Section 600. Meal Observation (continued)

Section 600. Meal Observation (continued)		YES	NO	N/A	Comments
Based on the meal(s)/snack(s) observed:					
603	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:
604	Procedures are in place to ensure minimum portions are served. Please explain in comments. Ex. measuring cups, single serve portions, productions records, etc.				
605	Meal/snack served met the appropriate meal pattern for food components and for age served. If no, the meal cannot be claimed.				
606	Meal/snack served was the same as indicated on posted menu for the day.				
606b	If no, the change was documented.				
607	The meal/snack served is within the approved meal service times approved in the NexSys application.				
608	Meal attendance was taken at the point of service during meal observed. If no, the meal cannot be claimed.				
609	Was the appropriate variety of milk served to each age group?				
	• Birth to age 1: formula or breast milk				
	• Children age 1-2: Unflavored whole milk				
	• Children 2-5: Unflavored 1%, ½%, or fat free (skim)				
	• Children 6 and older: Unflavored or flavored 1%, ½% or fat free (skim)				
610	At-Risk After School programs: Offer vs. serve option used correctly. (At-Risk and Adult Day Service Programs Only)				

Section 700. Health and Safety		YES	NO	N/A	Comments
701	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.				
Section 800. Enrollment (Not applicable for At-Risk programs and emergency shelters)		YES	NO	N/A	Comments
If not applicable, check N/A and skip this section					
801	Current enrollment documentation is on file for each participant.				
802	Enrollment forms are updated annually.				
803	Enrollment forms contain: <ul style="list-style-type: none"> Participant Name Dated participant, parent, or legal guardian's signature Normal days and hours in care Meals normally received while in care Explain in comments if a form requirement is missing.				
804	Are enrolled participants informed of WIC benefits? If yes, provide how they are informed in the comments section.				___ poster ___ pamphlet ___ letter
805	The Parent Information Sheet is distributed to enrolled participants.				___ other: _____

Section 900. Meal Count Reconciliation		YES	NO	N/A	Comments
Select which Five-Day was completed for this monitoring review:					
<input type="checkbox"/> Complete the Five-Day Aggregate Reconciliation 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. **Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**					
<input type="checkbox"/> Complete the Five-Day Meal Count Reconciliation-Attachment A 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. **Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**					
Total enrollment: _____ 10% or 5, whichever is greater: _____					
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.					
901	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.				
902	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?				
A completed 5-Day Meal Count Reconciliation (Aggregate and/or Attachment A) is required at each site monitoring review					

Section 1000. Previous Reviews and Findings		YES	NO	N/A	
1001	There were findings from previous review. If yes, list:				

Previous findings:

1002	Finding from previous review were corrected.				
1003	Has there been a change to the facility's administrative staff?				

Summarize all findings and recommendations for corrective action:

*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 #:		
Provider Name:					License #:			License Capacity:	
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																			
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