

Child and Adult Care Food Program Monitoring Review for Sponsored Facilities

This monitoring review form is used for: At-Risk After School sites only



Announced 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

101 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 center conducted annual CACFP training for all key staff.

203 Sponsor training documentation includes:
 date(s) location(s) topics names of participant(s)

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 one snack and one meal per participant per day.

403 Meals are only claimed for a participant within the CACFP age requirements:

- 18 years old or younger for At-Risk programs
- No age restrictions for persons with mental or physical handicaps enrolled in a facility serving a majority of 18 years of age or younger.

404 Facility daily attendance records are maintained.

405 Meal attendance is taken at the point of service.

406 Meal attendance records are available and up to date.

Section 500. Meal Observation

Check meal/snack observed: Breakfast Lunch Supper Snack _____ (specify)

501	School Age	
Required Components	Specific Food Items	
Milk Variety Served (List %)		
Meat/Meat Alternate		
Vegetable		
Fruit or 2 nd Vegetable (lunch and supper only)		
Grain		
Other		

Record the number of participants observed at meal service:

Room					Comments
Participants					
Program Staff					
Point of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Variety of Milk					

Check this box if there are more than 4 classrooms you are observing. Complete the Additional Room Worksheet

Section 500. Meal Observation (cont.)		YES	NO	N/A	Comments
Based on the meal(s)/snack(s) observed:					
502	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: menu location:
503	Procedures are in place to ensure minimum portions are served. Please explain in comments. Ex. measuring cups, single serve portions, productions records, etc.				
504	Meal/snack served met the appropriate meal pattern for food components and for age served. If no, the meal cannot be claimed.				
505	Meal/snack served was the same as indicated on posted menu for the day.				
505a	If no, the change was documented.				
506	The meal/snack served is within the approved meal service times approved in the MEGS+ application.				
507	Meal attendance was taken at the point of service during meal observed. If no, the meal cannot be claimed.				
508	Was the appropriate variety of milk served to each age group?				
509	At-Risk After School programs: Offer vs. serve option used correctly.				

Section 600. Menus		YES	NO	N/A	Comments
601	Menu(s) meet program requirements and include: month, date, and specific components.				
602	Menus are available for meals claimed.				
603	Nutritional labels and/or product formulation statements have been verified to support meal pattern requirements.				
604	There is a procedure in place for site staff to record menu substitutions.				
605	100% juice is limited to one meal/snack service per day, even when serving different participants.				
606	At least one serving of grains per day is whole grain or whole grain-rich.				
607	Grain based desserts are not served as crediting components at meals/snacks.				
608	A meat/meat alternate was not served more than 3x weekly to replace the entire grain component at breakfast.				
609	Yogurt contains no more than 23 grams of sugar per 6 ounces.				
610	Breakfast cereals contain no more than 6 grams of sugar per dry ounce.				
611	At lunch and supper at least 1 vegetable and 1 fruit or 2 vegetables is served.				
612	CACFP Request for Special Dietary Needs Accommodations forms are available for participants with medical or other special dietary needs.				
613	CACFP Fluid Milk Substitution Request forms are available for participants receiving nutritionally equivalent milk substitutions.				

Section 700. Health and Safety		YES	NO	N/A	Comments
701	Imminent threats to the health or safety of participants was observed during sponsoring facility review. If threat was observed, describe in comments. Immediately notify the appropriate state or local licensing and health authorities.				Description required within facility review form

Section 800. Meal Count Reconciliation		YES	NO	N/A	Comments
<p>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 and then answer 801 and 802.</p> <p>**Pick either the 5 previous days of consecutive food service from the monitoring review or 5 consecutive days from the previous month**</p>					
801	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.				
802	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 Aggregate Meal Count Reconciliation is required at each site monitoring review					

Section 900. Previous Reviews and Findings		YES	NO	N/A	
901	There were findings from previous review. If yes, list:				

Previous findings:

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

Findings:

*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 can either be: the highest number of participants for the month at the program or total enrollment of the site.

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 visit). List the total number of children in attendance (daily/program) under *# of participants in attendance*, and the total number of children marked at point of service under each meal count (MC).

Note whether there are discrepancies and provide detail in Section 800 of the review form.

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
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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: