

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

*This monitoring review form is used when sponsors have sites participating  
in both licensed care AND/OR Adult Day Services*



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 # (if applicable): \_\_\_\_\_

### REVIEW AREAS

#### Section 100. General Information

Yes

No

N/A

Comments

Licensing

**101** The center's license is current.

**102** The center is within its licensed capacity.

**103** For Adult Day Services: Health & Safety inspections are current.

Program

**104** The facility offers drinking water to participants throughout the day.

License expiration date: \_\_\_\_\_

License capacity: \_\_\_\_\_

#### 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.

<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>• 12 years old or younger in licensed childcare facilities</li> <li>• 15 years old or younger if the children are migrant</li> <li>• 18 years old or younger for At-Risk programs</li> <li>• 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>Review the current menu and answer the following questions:</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</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>502c</b>	<ul style="list-style-type: none"> <li>• For adults age 60 and older, functionally impaired</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.				

Section 500. Menus (Continued)		Yes	No	N/A	Comments
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 Fluid Milk Substitution Request 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)
<b>601</b>	Age 1 and older		<b>602</b>	Infants	
Required Components		Specific Food Items	Required Components	0-5 months specific food items	6-11 months specific food items
Milk			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		
2 <sup>nd</sup> Grain (Adult Day Services only)			*Items required as developmentally appropriate		
Other					

Record the number of participants observed at meal service:					
Room					Comments
Participants					
Program Adults					
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 Classroom worksheet.

Notes about meal service observation:

<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:  menu location:
<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>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
<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 of 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.				Description required within facility review form.
<b>Section 800. Enrollment</b> (not applicable for At-Risk programs and emergency shelters)		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>Comments</b>
<b>If not applicable, check N/A and skip this section</b>					
<b>801</b>	Current enrollment documentation is on file for each participant.				__poster_pamphlet_letter other: _____
<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.				
<b>805</b>	The Parent Information Sheet is distributed to enrolled participants.				

**Section 900. Meal Count Reconciliation**

YES

NO

N/A

**Comments****Select which Five-Day was completed for this monitoring review:**

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\*\***

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** 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 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	Comments
<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 institution's administrative staff?				
<b>Comments:</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 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 800 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
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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:

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

① Page \_\_\_\_\_ of \_\_\_\_\_

② Today's Date: _____  Sponsor: _____  Provider's Name: _____  License #: _____	③ Date  _____  _____  _____  _____	③ Day of Week  _____  _____  _____  _____	<b>Instructions</b>	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. 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 attendance records the participant's time in and time out. This would include if the participant left and came back (ex. school, doctor appointment). ⑦ Using each enrollment form, compare the days, the meals, and the times the parent/guardian indicated they should participate with their meal attendance records to see if they match for the five-day reconciliation.
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④ Participant Name	Day	⑤ Meal Attendance						⑥ Attendance Record				⑦ Enrollment Form									
		Breakfast	AM Snack	Lunch	PM Snack	Supper	Ev. Snack	In attendance?		Time in and out				Does form match records?							
								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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