

Monitoring Review Form for Sites Child Nutrition Programs

Instructions: Use this form to complete monitoring requirements for child care centers, adult day care centers, Head Start, At Risk, Outside School Hours programs and Pre-K programs. All organizations operating more than one Child Nutrition Program must conduct their own monitoring of the sites, including a pre-approval review of any new site prior to operation, a review of the new site within the first four weeks of operation, and two more reviews for a total of three reviews per fiscal year. At least two of the three reviews must be unannounced and at least one unannounced review must include a meal observation. No more than six months may elapse between reviews. Monitoring visits dates must be varied between each fiscal year.

Date of Review: _____

Name and Address of site: _____

Time of Arrival: _____ **Time of Departure:** _____

Type of Review (Check all that apply)

- Four week review of New Site Announced Review Unannounced Review
- Regular Scheduled Site Review 1 2 3

Attendance:

Age range of Children/Adults: _____

No. of Children/Adults in Attendance: _____ No. of Children/Adults enrolled: _____

Program Type: (Check all that apply)	
<input type="checkbox"/> Child Care Center	<input type="checkbox"/> At Risk
<input type="checkbox"/> Head Start	<input type="checkbox"/> Outside School Hours
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Homeless
<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Emergency



Licensing
<input type="checkbox"/> Department of Human Resources: 1) Daycare Center 2) Adult Daycare 3) Head Start 4) Pre-K
<input type="checkbox"/> Alternate Licensure: Require Valid Health/Kitchen Inspection 1) Department of Defense (DOD) - Military 2) Medicaid Waiver 3) Governmental agency – Federal, State, (ex: Colleges, Universities, Schools)
<input type="checkbox"/> License not required: Require Valid Health/Kitchen Inspection 1) At-Risk (unless site is in DHR licensed for-profit center) 2) Outside School Hours 3) Homeless shelter 4) Emergency

Training – All institutions	Yes	NO	NA
1. Are records available to show mandatory training on CACFP requirements conducted for all key staff within the last fiscal year?			
2. Did all new staff members who are involved with the food service or CACFP record keeping, receive training on the Child Nutrition Program?			
Civil Rights – All institutions	Yes	NO	NA
3. Does the center/ institution annually collect racial/ethnic data for enrolled participants and keep this information on file? (Complete number 10 below during monitoring review.)			
4. Does the center/institution allow equal access to its Program, regardless of race, color, national origin, sex, age or disability?			
5. There is no separation by race, regardless of race, color, national origin, sex, age or disability in: eating areas, serving lines, serving times or seating arrangements.			
6. Are admission placement procedures nondiscriminatory?			
7. Is the nondiscrimination poster... “And Justice For All” posted in the appropriate area(s)?			
8. All staff members have received annual Civil Rights training.			
9. Ethnic/Racial Data – All institutions			
Ethnic Categories			Number
Hispanic or Latino			
NOT Hispanic or Latino			
Racial Categories			
African American or Black			
American Indian or Alaskan Native			
Asian			
Native Hawaiian or Other Pacific Islander			
White			
Required Daily Record or Daily Record of Attendance – All institutions	Yes	No	NA
10. Are Required Daily Records, (form used if site is serving three or less meals) complete, marked on a daily basis and marked correctly?			
11. Are the Daily Record of Attendance Records, (form used if site is serving more than three meals per day) complete, marked on a daily basis and marked correctly?			
12. If food is delivered, are adequate meal delivery tickets provided on a daily basis?			
Monthly Meal Count Record – All institutions	Yes	No	NA
13. Is the Monthly Meal Count Record being completed correctly?			

14. Did the center/site claim only meals approved by the State Agency? If No , list the meal types that were claimed but not approved: <i>* Record required corrective action in summary of preliminary review finding.</i>			
15. Did the center claim only two meals and one snack per child per day (childcare or adult care) or one meal and one snack (at risk only)?			
16. Are safety and sanitary procedures followed during the meal service? (can include washing hands before meals, signs of insects or rodents, adequate clean dining area, garbage placed in proper containers, kitchen equipment in good working order, etc.)			
17. Are there any over-aged participants at this site? If yes, are meals to these participants included in the daily meal count for reimbursement?			
18. Are meals/snacks consumed on-site?			
Menus – All institutions	Yes	No	NA
19. Are menus available for all meal types being claimed?			
20. Do menus list all required components for each meal service? If not, list date and any missing components for each meal type below.			
21. Is enough food prepared and served to meet at least the minimum requirements of the CACFP?			
22. Are substitutions/additions/deletions noted on menus?			
23. Are signed medical statements on file and available for children not served required meal components?			
24. Are CN Labels used and available? (for processed foods)			
25. Is the correct type of milk served to participants: Childcare: whole unflavored milk for children under 2 years of age fat-free (skim) or low-fat (1%) unflavored milk for children over 2 to under 6 years fat-free (skim) or low-fat (1%) unflavored or flavored milk for children or adults over 6 years			
26. Is water made available to children throughout the day?			
27. If the site has infants, is a separate infant menu maintained?			
28. Does the center provide at least one creditable infant formula?			
Claim for Reimbursement Verification – All institutions	Yes	No	NA
29. Are meals claimed only for enrolled participants?			
30. Is the number of participants in care according to enrollment and attendance records for the five-days reviewed comparable to the number of meals claimed? (Use the Meal Count Reconciliation Page to document.)			

Recordkeeping – Child and Adult Care ONLY	Yes	No	NA
31. Are Income Eligibility Forms (IEFs) on file and evaluated using the correct Household Income Eligibility Guidelines?			
32. Are Income Eligibility Forms (IEFs) updated annually?			
33. Is the center at or within licensed capacity at the time of review?			
a) Day license? _____ b) Night license? _____ c) Expiration date _____			
34. Are sign-in/sign-out sheets available and current?			
35. Are enrollment forms available and current for all enrolled participants?			

At-Risk Afterschool Meal Program - ONLY	Yes	No	NA
36. Are regularly scheduled, age appropriate enrichment/educational activities in a structured and supervised environment offered to all children participating in the meal service?			
37. Are meals/snacks served to children after their school day is over (except school release, weekends and holidays).			

38.

Approved Meal Type(s) : (Check all that apply)	Meal Service : Type of food Service Operations
<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snack <input type="checkbox"/> AM Snack <input type="checkbox"/> At- Risk Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	<input type="checkbox"/> On-site preparation <input type="checkbox"/> Prepared at Central Kitchen and transported <input type="checkbox"/> Food Service Management Company <input type="checkbox"/> School Food Authority

Analysis of Meal Observed on Day of Review:

39. What meal is observed? _____
 40. Time of observed meal service: _____
 41. Was meal served during approved service time? _____
 42. Was this meal on the displayed menu?

Required Component	Observed food served
Milk	
Meat/Meat alternate	
Vegetable	
Fruit	
Bread/Bread alternate	

43. Five Day Reconciliation of Meal Counts

For the previous five consecutive days, determine the number of participants in care according to attendance and enrollment records.

1. In the first column, list dates to be reviewed (five previous consecutive days)
2. For each day, enter the attendance from the Daily Attendance Record or Daily Record.
3. From the Monthly Meal Count Record, determine the total number of meals served by type.
4. If on any day, the number of any meal served exceeds the number attended, highlight that meal. Ask center personnel to clarify and document.

	Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Snack
Day 1:							
Day 2:							
Day 3:							
Day 4:							
Day 5:							
Total							

44. Prior Problems:

Were all problems identified on previous review corrected on today's review?

- No problems found or problems resolved during visit.
- Problems were observed during the visit. Corrections need to be made to resolve these issues.

List all findings:

45. Required Corrective Action:

 Signature of Reviewer

 Signature of Center Representative

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

“This institution is an equal opportunity provider”.