# Monitoring Review Form for Centers in the Child and Adult Care Food Program (CACFP)

In accordance with the U.S. Department of Agriculture's (USDA) regulations for the CACFP [7 CFR 226.16(d)(4), CACFP sponsoring organizations (institutions with more than one site) must review each sponsored facility a minimum of three times each year.

- At least two of the three reviews must be unannounced.
- At least one unannounced review must include observation of a meal service.
- New facilities must be reviewed within the first four weeks of CACFP operations.
- No more than six months may elapse between monitoring reviews.

The timing of visits must be varied so that they are unpredictable to the facility's staff.

**Instructions:** Answer all questions completely. In section 5, explain all "No" answers and indicate any findings, technical assistance provided, and corrective actions required. Maintain this form on file with other required CACFP records.

## Section 1: Center Information

Center: _____ Room: _____ Date: _____

Type of review: ☐ Announced ☐ Unannounced ☐ Follow-up

Center is licensed/approved: ☐ Yes ☐ No: *Explain in section 5* Capacity: _____

Phone number (with area code): _____

Email address: _____

Address (street, city, state, zip): _____

**At-risk afterschool programs only:** This center is in an eligible school or area approved by the Connecticut State Department of Education's Bureau of Child Nutrition Programs.

☐ Yes ☐ No: *Explain in section 5*

**Meal observed today** *(check ☑ all that apply)*:

☐ Breakfast
☐ Lunch
☐ AM snack
☐ PM snack
☐ Supper
☐ Late snack
☐ At-risk snack
☐ At-risk supper

Number of participants enrolled: _____ Number of participants in attendance: _____

Number of participants eating: _____ Number of others/staff eating: _____

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## Section 2: Meal/Snack Served

Record all food items and serving sizes below, and indicate if the meal or snack complies with the CACFP Meal Patterns for Children (child care centers) or CACFP Adult Meal Patterns (adult day care centers). For guidance on the CACFP meal patterns, refer to the CSDE's *Guide to Meeting the Child and Adult Care Food Program (CACFP) Meal Patterns for Children* and *Guide to Meeting the Child and Adult Care Food Program (CACFP) Adult Meal Patterns*.

1. **Milk Component**

   Specify types served: _____

   Serving size:_____ Meets meal pattern? ☐ Yes ☐ No: *Explain in section 5*

   **Note:** Fluid milk must unflavored whole milk for age 1. The allowable types of milk for ages 2-5 and older include unflavored whole milk, reduced-fat milk, low-fat milk, and fat free milk. Flavored milk may be served to ages 6 and older, and participants in adult day care centers, but the USDA's CACFP best practices recommends serving only unflavored milk. Lactose-free/reduced milk must also meet these requirements (refer to the CSD's resource, *Offering Lactose-Free and Lactose-Reduced Milk in the Child and Adult Care Food Program*). For a list of allowable fluid milk substitutes, refer to the CSDE's resources, *Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program* or *Allowable Fluid Milk Substitutes for Non-disability Reasons for Adult Participants in the Child and Adult Care Food Program*.

2. **Meats/Meat Alternates Component**

   Specify each item and serving size:

   _____

   Meets meal pattern? ☐ Yes ☐ No: *Explain in section 5*

3. **Fruits Component**

   Specify each item and serving size:

   _____

   Meets meal pattern? ☐ Yes ☐ No: *Explain in section 5*

4. **Vegetables Component**

   Specify each item and serving size:

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   Meets meal pattern? ☐ Yes ☐ No: *Explain in section 5*

5. **Grains Component**

   Specify each item and serving size:

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   Meets meal pattern? ☐ Yes ☐ No: *Explain in section 5*

6. **Whole grain-rich (WGR) requirement:** Does the CACFP daily menu include at least at least one WGR serving? For guidance on WGR foods, refer to the CSDE's resource, *Guide to Meeting the Whole Grain-rich Requirement for the Child and Adult Care Food Program*.

   ☐ Yes ☐ No: *Explain in section 5*

7. **Noncreditable foods:** Noncreditable foods are foods and beverages that do not count toward the meal components for reimbursable meals and snacks in the USDA's CACFP meal patterns. Refer to the CSDE's resource *Noncreditable Foods in the Meal Patterns for the Child and Adult Care Food Program*.

   Specify each item and serving size:

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## Section 3: Five-day Reconciliation

CACFP regulations require a five-day reconciliation of enrollment, attendance, and meal count records as part of **each** monitoring visit. The purpose of this reconciliation is to determine meal count accuracy and reasonability, as well as to ensure that meal counts do not exceed the center's licensed capacity, enrollment, or attendance on any day. If discrepancies are noted, the sponsor must implement meal disallowances and/or other actions including technical assistance, training, and corrective action measures.

**Instructions**

1. Evaluate enrollment and attendance records to ensure they are current and accurate.

2. In the chart on page 5, write the dates for each of the five operating days (days that the center was open) **prior to the day of the monitoring visit**, going backwards (in reverse chronological order). Do **not** use the day of the monitoring visit as one of the five days. Example: If the monitoring visit is on Tuesday and the center is normally open Monday through Friday, list the information for Monday (yesterday) and Friday, Thursday, Wednesday, and Tuesday of last week.

   **Note: The five-day reconciliation must include information for five full days.** If the center was closed during any of the five days immediately prior to the monitoring visit because of a weekend, holiday, weather event, or other closure, you must use information from an **earlier** week or month to capture a full five-day period, even if this means going to the main office to obtain the information. *Do not leave information blank for any day.*

3. For each of the five operating days prior to the day of the monitoring visit, list total enrollment, total attendance, and meal counts for **all** meals and snacks claimed for reimbursement.

4. Compare total meal counts to the licensed capacity. Meal counts cannot exceed licensed capacity for any day unless the CSDE approves the center for double sessions (multiple shifts).

5. Compare the total enrollment to total daily attendance to ensure that the number of participants in attendance does not exceed the number of enrolled participants. If attendance exceeds enrollment for any day or for any session (shift), determine the source of the error and amount of the overclaim, if any. Enrollment records are not applicable for emergency shelters and afterschool at-risk centers.

6. Explain all discrepancies and follow up with appropriate corrective action (see section 5).

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**Five-day Reconciliation**

In the first row, enter the month, day, and year for days 1-5. For each day, indicate the enrollment (row 2), attendance (row 3), and applicable meal counts (rows 4-7). If the center does not serve that meal/snack, enter 0 for that day.

| **Prior five operating days** | **Day 1:** | **Day 2:** | **Day 3:** | **Day 4:** | **Day 5:** |
|---|---|---|---|---|---|
| Enrollment | | | | | |
| Total attendance | | | | | |
| Breakfast count | | | | | |
| Lunch count | | | | | |
| PM snack count | | | | | |
| AM snack count | | | | | |

**At-risk afterschool programs only**

In the first row, enter the month, day, and year for days 1-5. For each day, indicate the snack counts (row 2) and supper counts (row 3). If the center does not serve that snack or supper, enter 0 for that day.

| **Prior five operating days** | **Day 1:** | **Day 2:** | **Day 3:** | **Day 4:** | **Day 5:** |
|---|---|---|---|---|---|
| At-risk snack count | | | | | |
| At-risk supper count | | | | | |

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## Section 4: CACFP Requirements

Check (☑) one answer for each statement below. Indicate "NA" if not applicable (questions 3 and 4 only). Explain all "No" answers in section 5.

1. An *Income Eligibility Application* or alternate enrollment form (for over income participants) is collected annually and maintained on file for each enrolled participant at this center (refer to the child care centers application or adult centers application). *Check "Not applicable" for emergency shelters and at-risk afterschool centers.*

   ☐ Yes ☐ No

2. The USDA's *And Justice for All* poster is displayed in a prominent (central) location

   ☐ Yes ☐ No

3. The USDA's *Building for the Future* poster (**Form FNS-317**) is displayed in a prominent (central) location. *Check "Not applicable" for adult day care centers.*

   ☐ Yes ☐ No ☐ Not applicable

4. Information about the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and its benefits has been distributed to parents of enrolled children. *Check "Not applicable" for adult day care centers and afterschool at-risk centers.*

   ☐ Yes ☐ No ☐ Not applicable

5. Daily menus, meal counts, enrollment, and attendance records are maintained and up to date.

   ☐ Yes ☐ No

6. Meal counts are recorded at the **point of service**, i.e., as participants are **seated and eating**.

   ☐ Yes ☐ No

7. Meal counts of others/staff who are eating are kept separately.

   ☐ Yes ☐ No

8. The meal counts, enrollment, and attendance records for the previous five days appear reasonable when compared to today's observation.

   ☐ Yes ☐ No

9. The observed meal/snack meets applicable meal pattern requirements.

   ☐ Yes ☐ No

10. The menu was served as written. If "No," list any menu substitutions:

☐ Yes ☐ No

11. Menu substitutions are noted on the menu and retained on file.

☐ Yes ☐ No

12. Quantities of each meal component are sufficient to meet the meal pattern requirements.

☐ Yes ☐ No

13. All applicable health, safety, and sanitation standards are being followed.

☐ Yes ☐ No

14. Are meals delivered?

☐ Yes ☐ No

Number ordered: _____

Number sent:_____

Time delivered: _____

15. Staff members at this site have been trained in all applicable CACFP and Civil Rights requirements and procedures by the institution within the past 12 months.

☐ Yes ☐ No

16. This center has corrected all problems noted on previous monitoring reviews.

☐ Yes ☐ No

## Section 5: Findings and Correction Action

For any “No” answer to the questions in sections 1-2 and 4, list the section and question number and indicate the corrective action plan below. Indicate all findings, technical assistance provided, and corrective action required. Attach additional pages if needed.

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## Section 6: Signatures

Signature of center representative:_____

Title: _____ Date:_____

Signature of monitor:_____

Title: _____ Date:_____

For information on the CACFP, visit the CSDE's CACFP webpage or contact the CACFP staff at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.This form is available at https://portal.ct.gov/-/media/sde/nutrition/cacfp/forms/monitoirng_review_form_cacfp_centers.pdf.

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1. mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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