

**CHILD AND ADULT CARE FOOD PROGRAM
ADULT DAY CARE CENTER MONITORING FORM
(Administrative and Center Sponsor Use Only)**

Date of Review:	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	Visit <input type="checkbox"/>	Unannounced: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Non-profit Food Service Assessment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Procurement Assessment:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Arrival Time:	AM/PM			Departure Time:	AM/PM	
Reviewer:						

Center Information			
Name of Center:		Telephone #:	
Address:		# Enrolled:	
County:		Eligibility Method:	<input type="checkbox"/> Non-profit
			<input type="checkbox"/> Profit
Approval Type:	<input type="checkbox"/> Medicaid or Medicaid Waiver Program Recipient	<input type="checkbox"/> State Funded and Operated Facility	
	<input type="checkbox"/> Approval granted by Federal/State/Local Authority	Indicate approving authority:	
Approved Meal Type(s):	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		

Approval to Participate in CACFP	YES	NO	N/A
1) Is there verification on file documenting the approval to operate from a federal, state, or local authority?			
2) Is the approval documentation from a federal, state, or local authority current and/or valid?			
3) Is there documentation to support the center receives funds from the Medicaid Program?			
4) If the center is state funded/operated, are the workers state employees?			
Civil Rights	YES	NO	N/A
5) Is the "And Justice for All" poster on display in a conspicuous location?			
6) Are admission placement procedures nondiscriminatory?			
7) Does the facility allow equal access and serve meals equally to all attending participants regardless of their race, color, national origin, sex, age, or disability?			
8) Is ethnic and racial data collected annually and maintained by the center?			
Participant Information	YES	NO	N/A
9) Is the Building for the Future Flyer or applicable sponsor notice that contains the required information distributed to participant's households to inform them of the facility's participation in the CACFP per 7 CFR 226.16(b)(5)?			
10) Is the site applying the approved free and reduced-price policy statement correctly (Pricing programs only)?			
11) Does the center have enrollment records indicating the age of each adult?			
12) Does the center offer services to functionally impaired adults?			
13) Are the functionally impaired adults age 18 years or older?			
14) Are those adults who are not functionally impaired, age 60 or older?			
15) Is there an Individual Plan of Care on file for adults determined functionally impaired?			
16) Does the center have records that indicate that adult participants reside in their own home or group living arrangements (in group living arrangements they must be primarily responsible for themselves)?			

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17) Does the center provide care for participants less than 24 hours?			
18) Does the center have documentation that support that it provides a comprehensive program that offers a variety of health, social and related support services to enrolled adults?			
19) If the center operates multiple programs for which participants are not eligible for CACFP meals, does the center have a process in place to determine which meal recipients are CACFP eligible and that meals are claimed for only eligible participants' meals?			
Claim for Reimbursement Verification	YES	NO	N/A
20) Are meals claimed only for enrolled participants?			
21) Is the number of participants in care according to attendance and enrollment records for the five [5] days reviewed comparable to the number of meals claimed? (Use the Meal Count Reconciliation Page to document the number of participants in care according to attendance records)			
22) Are meals claimed only for participants who are within regulatory age limits?			
23) Are meals claimed only for those eligible adults that are enrolled for comprehensive care?			
Recordkeeping	YES	NO	N/A
24) Is the <i>Weekly Menu & Food Service Record Form</i> used and up to date for all meals for the current month?			
25) Are records given to the sponsoring organization on a regular basis as provided for in the agreement between the sponsoring organization and the center? (TA)			
26) Does the center maintain all program records for three [3] years after the date of submission of the final claim for reimbursement for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed?			
Fiscal Recordkeeping	YES	NO	N/A
27) Does the center utilize a financial management system or a comprehensive record that captures all financial activities for the food service program? The center must utilize one [1] of the three [3] methods below: a) Manual tracking, this system must identify the source and application of funds, b) Separate CACFP bank account, c) A comingled account with a chart of accounts and general ledger (accounting code/program identifier).			
28) Indicate which financial management system the center utilizes:			
29) Does the center track program funds that adequately and clearly identify the receipt and distribution of program funds?			
30) Is financial documentation available to support both operating and administrative costs charged to the CACFP (invoices; receipts; bank statements)?			
31) Did the center provide a complete and accurate <i>Monthly Record of Cost Form</i> ?			
32) Are all costs charged to the CACFP allowable costs?			
33) Are shared costs prorated appropriately so that CACFP is charged only for the portion used?			
34) Are the following documents available, accurate and complete to support labor costs charged to CACFP in accordance with DECAL's Policy 39 – <i>Financial Recordkeeping in the CACFP and SFSP</i> and memo, <i>Labor Cost Documentation, dated 5.23.05</i> ?			
a) Time and attendance reports for all labor costs charged to the CACFP (always required)?			
b) Time distribution reports for all labor costs charged to the CACFP (if applicable)?			
Non-profit Food Service	YES	NO	N/A

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<p>35) Is the center operating a non-profit food service per DECAL memo?</p> <ul style="list-style-type: none"> • Refer to the instructions to calculate an acceptable non-profit food service balance. • Complete the table below to calculate the CACFP fund balance compared to the average three [3] months threshold that should not be exceeded. • Attach copies of the applicable financial documents reviewed to the monitoring review form (i.e., <i>Monthly Record of Cost</i>, invoices and receipts, bank statements and/general ledger). 							
Sponsored centers that have operated under the sponsor in the prior federal fiscal year and/or twelve [12] months or greater.							
Total Monthly Expenses from prior federal year. (Total 12 months MROC).	Divide by 12	Equals the Average Monthly Expenses	Then multiple the average by three [3]. The CACFP fund balance should not exceed this amount.	Enter the CACFP fund balance from the most recent financial statement (i.e., bank statement, General Ledger, etc.)			
Sponsored centers that are new and/or have only operated under the sponsor in the current federal fiscal year and/or less than twelve [12] months.							
Total Monthly Expenses from current federal year. (Total # of months MROC).	Divide by # of months	Equals the Average Monthly Expenses	Then multiple the average by three [3]. The CACFP fund balance should not exceed this amount.	Enter the CACFP fund balance from the most recent financial statement (i.e., bank statement, General Ledger, etc.)			
Procurement Procedures				YES	NO	N/A	
<p>The sponsor may utilize DECAL's Procurement Review Workbook template in place of answering the following questions. The workbook is located on DECAL's website under the Procurement section and CACFP Forms.</p>							
36) Does the center have written procurement procedures?							
37) Is the center using DECAL's Procurement and Purchasing Policy Template or does the center have its own written procedures that include procurement policy language noted in the policy memo, <i>Monitoring Requirements – Monitoring Sponsored Centers Non-profit Food Service and Procurement Procedures</i> and do the procedures meet federal and state requirements?							
38) Does the center's written procedures include the following requirements?							
a) Written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts?							
b) Indicate no employee, officer, or agent of affiliated or unaffiliated sites, participates in the selection, award, or administration of a contract or purchasing agreement supported by a Federal award if he or she has a real or apparent conflict of interest?							
c) Indicate that officers, employees, and agents of sponsored centers may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts?							
d) Provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity?							
Procurement Assessment				YES	NO	N/A	
39) Did the center complete the Suspension and Debarment Certification using one [1] of the three [3] USDA recommended methods below?							
a) Checking the System for Award Management (SAM) or the Excluded Parties List System (EPLS)							
b) Collecting a certification from that person (DECAL has a published template, Suspension and Debarment Certification Form)							
c) Adding a clause or condition to the covered transaction with that person							
40) Did the center conduct and follow procurement procedures for all purchases? (If no procurement was conducted, refer to the review instructions and access based on micro purchase).							
41) Is the center implementing required procurement procedures for micro purchases?							
a) Were transactions \$10,000 or less?							
b) Were purchase prices reasonable?							

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c) Did the Institution use multiple vendors and were the costs equally distributed?			
42) Is the center implementing required procurement procedures for small purchases?			
a) Was the aggregate cost associated with this procurement under the small purchase threshold?			
b) Did the center document quotes received on the DECAL <i>Small Purchase Procurement Form</i> ?			
c) Were price or rate quotations obtained from an adequate number (2 or more) of qualified sources?			
d) Did the center restrict competition by placing unreasonable requirements on firms to qualify for business?			
e) Did the center restrict competition by requiring unnecessary experience or excessive bonding?			
f) Did the center restrict competition by specifying a "brand name" product or not allowing "an equal" product to be offered?			
g) Were clear and accurate descriptions of the technical requirements provided for the product or service being procured?			
h) Did the center evaluate and award the bid/offers accurately?			
43) Is the center implementing required procurement procedures for formal purchases?			
a) Did the center notify the sponsoring organization and DECAL before posting the competitive procurement?			
b) Did the center notify the sponsoring organization and DECAL before awarding the contract?			
Training	YES	NO	N/A
44) Has key center staff attended the sponsoring organization's CACFP training within the last twelve [12] months?			
45) Has the center implemented ideas/information provided during training?			
Other Requirements	YES	NO	N/A
46) Does the center have program guidance materials issued by the sponsor available for reference? (TA)			
47) Has effective action been achieved for all problem(s) noted during the last review?			
Food Handling/Sanitation and Food Storage	YES	NO	N/A
48) Are disposable items discarded after each use?			
49) Is the food service equipment free of dirt, dust, food, grease deposits and odor?			
50) Is there evidence of good personal hygiene practices?			
51) Is the food safely transferred from the kitchen/cafeteria to the classroom?			
Observations:			
52) Is a thermometer in use in refrigerator and freezer?			
53) Is the refrigeration kept at 40 ⁰ degrees or below and the freezer temperature at zero [0 ⁰] degrees or below?			
54) Is potentially hazardous food properly thawed?			
Method used:			
55) Does food appear to be in sound condition with no evidence of spoilage?			
56) Is all food stored at least six [6] inches above the floor?			
57) Are storage areas and containers adequate to maintain food in sound condition?			
58) Is food stored separately from cleaning items and other toxic material?			

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59) Are uncooked items, which are removed from original labeled package, which are in refrigerator/freezer covered/sealed, labeled, and dated?			
60) Are leftovers properly labeled?			
61) Are trash containers covered?			
62) Is the kitchen free of obvious fire, health and/or safety hazards?			
63) Is food service conducted in compliance with generally accepted health and sanitation practices (Staff refrains from use of tobacco products and use hair restraints)?			
64) Are dishes sanitized correctly?			
Method used:			
65) Is the center free of rodent or insect infestation?			

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Observation of Meal Service					
Record the food items served and serving sizes for all meals applicable.					
Indicate the Meal Type Observed:					
Indicate the Number of Participants Served:					
Meal Components	Food Item(s)	Serving Size			
Fluid Milk ¹					
Meat/Meat Alternates					
Fruits ²					
Vegetables					
Grains ³ At least one serving a day must be whole grain rich (WGR)					
<p>¹Fluid milk may be unflavored low-fat or fat-free or flavored fat-free. Fluid milk is optional for supper. Yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.</p> <p>²Fruit juice is limited to once per day.</p> <p>³Grain-based desserts no longer count towards the grain component.</p>					
Meal Service for Date of Review			YES	NO	N/A
66) Does the posted menu correspond to the meal observed? (TA)					
67) Are all components of the meal served on this date creditable?					
68) Was today's meal served in appropriate quantities?					
69) Was an accurate meal count taken at the point of service on the date of visit?					
70) Was an accurate, daily meal count taken for program and non-program adults?					
71) Does the observed meal provide a variety of colors, temperatures, textures, shapes, sizes, and					
72) Does the meal service occur in a positive/pleasant environment? (TA)					
73) Are medical statements on file for all substitutions that do not meet the Program meal pattern					
74) If implementing offer versus serve (OVS), is the center accurately applying this option?					
75) Is the number of participants in care at the time of the meal service consistent with the					
a) If the answer to the previous question is no, can the Center Contact provide a valid					
b) If the answer to the previous question is yes, please list the explanation.					
Explanation:					

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MEAL COUNT RECONCILIATION

For the current or prior claiming period, for any five [5] consecutive days, determine the number of participants in care according to attendance and enrollment records. Record the center’s meal counts documented on the *Weekly Menu and Food Service Record*. Attach the *Weekly Menu and Food Service Records* and the attendance records for the five days reviewed to this form.

Check box if an automated system was used to satisfy the 5-day meal count reconciliation requirement.

Breakfast Meal Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility
AM Snack Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility
Lunch Snack Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility
PM Snack Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility
Supper Meal Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility
Evening Meal Service			
Date	Attendance	Enrollment	Meal Counts Documented by Facility

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Summary of Findings

Center's Name: _____

Review Item #	Brief Description of Finding(s)	Corrective Action Plan (CAP) Needed	Corrected Onsite?	CAP. Due Date	Follow-up Visit Date	Date Corrected

Center Staff Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____