

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

Date of Review:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Visit	Unannounced:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Arrival Time:	AM/PM	Departure Time:	AM/PM
Reviewer:			

Sponsoring Org. Name:			
Name of Center:		Licensed Capacity:	
Address:			# Enrolled:
			# Present on date of visit:
County:			Eligibility Method: <input type="checkbox"/> Non-profit <input type="checkbox"/> Profit
Program Type: (Check all applicable)	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> At Risk Afterschool Meals Component	
	<input type="checkbox"/> Head Start	<input type="checkbox"/> Emergency/Homeless or Runaway Shelter	
	<input type="checkbox"/> Outside School Hours Care		
Licensing or Approval Type			
Licensing Type:	<input type="checkbox"/> Bright from the Start (DECAL)	<input type="checkbox"/> Department of Defense (DOD)	
Approval Type:	<input type="checkbox"/> Head Start Performance Standards	<input type="checkbox"/> Other Federal, State, or local authority	
		Indicate approving authority:	
Alternate Licensure:	<input type="checkbox"/> CACFP Child Care Standards (Applicable to child care centers only)	<input type="checkbox"/> Exempt from licensure/approval per CACFP regulations (At-Risk, Outside School Hours, and Emergency/Homeless or Runaway shelters only)	
Meal Types			
Approved Meal Type(s):	<input type="checkbox"/> Breakfast	<input type="checkbox"/> PM Snack	
	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Supper	
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Evening Snack	

License	YES	NO	N/A
1) Is the center at or within licensed capacity at the time of the review?			
2) If a Federal/State/local Authority approved the center, is there verification of the approval on file? (Not applicable to At-Risk, Outside School Hours, or Emergency/Homeless shelters)			
3) If the CACFP Childcare Standards were used to meet the alternate licensure requirements, does the center meet all the standards?			
a) Does the center have a copy of the food permit/food inspection and the certificate of occupancy on file?			
Civil Rights	YES	NO	N/A
4) Is the "And Justice for All" poster on display in a conspicuous location?			
5) Are admission placement procedures nondiscriminatory?			
6) Is there any separation by race, color, national origin, sex, age, or disability?			
7) Is ethnic and racial data collected annually and maintained by the center?			
Participant Information	YES	NO	N/A
8) Is current WIC information distributed to participant households (Not applicable to Adult Day Care, At-Risk, or Outside School Hours) per 7 CFR 226.15(n)?			
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 22616(b)(5)?			
10) Is the site applying the approved free and reduced-price policy statement correctly? (Pricing programs only)			

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

Claim for Reimbursement Verification		YES	NO	N/A
11) Are meals claimed only for enrolled participants?				
12) 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.)				
13) Are meals claimed only for participants who are within regulatory age limits?				
At-Risk Afterschool Care Meal Centers		YES	NO	N/A
14) Are enrichment or educational activities being offered during the At-Risk Program?				
Document the activities being conducted during the visit:				
Recordkeeping		YES	NO	N/A
15) Are annually updated enrollment forms on file for participants per 7 CFR 226.15(e)(2)?				
16) Is the <i>Weekly Menu & Food Service Record</i> form used and up to date for all meals for the current month?				
17) 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)				
18) Does the center maintain all program records for three years after the date of submission of the final claim for reimbursement and for the fiscal year to which they pertain, or if an audit is outstanding, until the audit is closed?				
19) Are receipts and supporting documentation available to support both operating and administrative costs charged to the CACFP?				
20) Do the administrative costs claimed by the facility and the administrative fee charged by the sponsor equal no more than 15% of the facility's monthly reimbursement?				
21) Are all costs charged to the CACFP allowable costs?				
22) Are shared costs prorated appropriately so that CACFP is charged only for the portion used?				
23) Are the following documents available to support labor costs charged to CACFP?				
a) Time and attendance reports for all labor costs charged to the CACFP or combination of forms based on Bright from the Start's Policy 39 – Financial Recordkeeping in the CACFP and SFSP and memo, Labor Cost Documentation, dated 5.23.05?				
b) Time distribution reports for all labor costs charged or combination of forms based on Bright from the Start's Policy 39 – Financial Recordkeeping in the CACFP and SFSP?				
Training		YES	NO	N/A
24) Has key center staff attended the sponsoring organization's CACFP training within the last 12 months?				
25) Has the center implemented ideas/information provided during training?				
Other Requirements		YES	NO	N/A
26) Does the center have program guidance materials issued by the sponsor available for reference? (TA)				
27) Has effective action been achieved for all problem(s) noted during the last review?				
Food Handling/Sanitation and Food Storage		YES	NO	N/A
28) Are disposable items discarded after each use?				
29) Is the food service equipment free of dirt, dust, food, grease deposits and odor?				
30) Is there evidence of good personal hygiene practices?				
31) Is the food safely transferred from the kitchen/cafeteria to the classroom?				
Observations:				
32) Is a thermometer in use in refrigerator and freezer?				
33) Is the refrigeration kept at 41° F degrees or below and the freezer temperature at zero degrees (0° F) or below?				
34) Is potentially hazardous food properly thawed?				
Method used:				
35) Does food appear to be in sound condition with no evidence of spoilage?				
36) Is all food stored at least 6 inches above the floor?				
37) Are storage areas and containers adequate to maintain food in sound condition?				
38) Is food stored separately from cleaning items and other toxic material?				
39) Are uncooked items, which are removed from original labeled package, which are in refrigerator/freezer covered/sealed, labeled and dated?				
40) Are leftovers properly labeled?				
41) Are trash containers covered?				

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

42) Is the kitchen free of obvious fire, health and/or safety hazards?			
43) Is food service conducted in compliance with generally accepted health and sanitation practices (Staff refrains from use of tobacco products and use hair restraints)?			
44) Are dishes sanitized correctly?			
Method used:			
45) Is the center free of rodent or insect infestation?			

OBSERVATION OF MEAL SERVICE

Record the meal type observed, the total number of participants and food items served and the serving sizes for all meals including infant meals, if applicable.							
Indicate Meal Type Observed:			Total Number of Participants Served on Date of Review:		Infants	1-12 Yrs.	At-Risk
Meal Components	Food Item(s)		Serving Size				
			1 yr.	2 yrs.	3-5 yrs.	6-12 yrs.	At-Risk
Fluid Milk							
Meat/Meat Alternatives							
Fruits							
Vegetables							
Grains <small>At least one serving a day must be WGR</small>							
Infants							
Meal Components	Food Item(s)		Serving Size				
			Birth through 5 Months		6 through 11 Months		
Iron-fortified Formula or Breast Milk							
Infant Cereal, Meat, Fish, Poultry, Whole Egg, Dry Beans or Peas, Yogurt, Cottage Cheese Combination of the above.							
Vegetable or Fruit or Combination of Both							
Sliced Bread or Crackers, Infant Cereal, Ready-to-Eat Cereal (Snack Only)							

Meal Service for Date of Review	YES	NO	N/A
46) Does the posted menu correspond to the meal observed? (TA)			
47) Are all meal components served on this date creditable?			
48) Is unflavored low-fat or fat-free milk being served to children 2 through 5 years old; and unflavored low-fat, unflavored fat-free, flavored low-fat , or flavored fat-free milk being served to children 6 years old and older? Children between 1 year and up to age 2 must be served whole milk.			
49) Was today's meal served in appropriate quantities?			
50) Was an accurate meal count taken at the point of service on the date of visit?			
51) Was an accurate meal count taken for program and non-program adults?			
52) Does the observed meal provide a variety of colors, temperatures, textures, shapes, sizes, and flavors? (TA)			
53) Does the meal service occur in a positive/pleasant environment? (TA)			
54) Does the center offer iron-fortified infant formula to applicable program participants?			
55) Are only infant meals claimed that meet the USDA CACFP requirements?			
56) Are medical statements on file for all substitutions that do NOT meet the Program meal pattern requirements?			
57) Is potable drinking water being made available to children?			
58) Is the number of participants in care at the time of the meal service consistent with the number of participants being claimed for the previous five operating days?			
a) If the answer to the previous question is no, can the Center Contact provide a valid and reasonable explanation for the discrepancy? (Household Contacts may be required.)			
b) If the answer to the previous question is yes, please list the explanation.			

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

MEAL COUNT RECONCILIATION

For the current or prior claiming period, for any five consecutive days, determine the number of participants in care according to attendance and enrollment records. For At-Risk, Outside School Hours, and Emergency shelters which are not required to maintain enrollment records, conduct reconciliation using attendance only. Record the facility’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	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

AM Snack Service								
Date	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

Lunch Meal Service								
Date	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

PM Snack Service								
Date	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

Supper Meal Service								
Date	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

Evening Meal Service								
Date	Number according to attendance/enrollment					Meal Counts Documented by Facility		
	1-12 yrs.		Infants		At-Risk	1-12 yrs.	Infants	At-Risk
	Attendance	Enrollment	Attendance	Enrollment	Attendance			

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

Summary of Findings

Center's Name: _____

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

Center Staff Signature: _____

Date: _____

Reviewer Signature: _____

Date: _____