

CACFP Monitoring Form

For Sponsoring Organizations of
Child Care Centers, OSH Centers, and Emergency Shelters

Agency Name:	Site Name:
Address:	CACFP Site Number:

Review Date:	Arrival Time:	Departure Time:
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<input type="checkbox"/> Unannounced (No prior notification)	<input type="checkbox"/> Announced	Review (circle one):	1	2	3
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Meal Service Observed (circle one):	Bkfst	AM	Lunch	PM	Supper	Eve	No Meal
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Instructions:

1. Review the previous CACFP Monitoring Form for finding(s)
2. Check during this monitoring visit if effective action was achieved for all finding(s) noted during the last visit
3. Answer all questions within each section of this form while onsite. If "No", provide further information in *Comments*.
A "No" response is a finding that requires corrective action. Complete Section 10 on page 4.

"...And Justice For All" poster is posted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building for the Future Flier	<input type="checkbox"/> Posted OR <input type="checkbox"/> Distributed	License is posted and current	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> NA, not licensed
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Section 1: Sanitation and Safety Requirements

	Yes	No	N/A	Comments
1. Refrigerator(s) are clean and maintains temp of 40°F or below				
2. Freezer(s) are clean, defrosted and maintains temp of 0°F or below				
3. Food is stored above floor to allow air circulation and cleaning				
4. All food is labeled and dated				
5. Proper food handling procedures are followed				
6. Delivered meals are received at proper temps (≤40°F and ≥135°F)				
7. Appropriate dishwashing & sanitizing procedures followed				
8. Cleaning supplies/toxic materials are stored away from food and out of reach of participants				

Section 2: Menu and Meal Records: Review all meal documentation for current month (including vended meals)

Menus	Yes	No	NA	Comments
1. Dated menus for all meals served are available onsite				
2. Menu changes are noted on menus				
3. Menus include the following: <ul style="list-style-type: none"> • Milk types (fat content specified by age group) • Whole Grain-Rich (WGR) items • Cereal names (if served) • Specific fruits and vegetables 				

Production Records (or delivery records if meals are purchased from a vendor or delivered from another site)

4. Production records and/or delivery slips provide required meal information and are available onsite				
5. Total quantities of food prepared/delivered are sufficient for meeting minimum serving sizes of each meal component				
6. Number of staff eating meals is recorded on production/delivery records				
7. Product packaging is on file to credit the following food items: <ul style="list-style-type: none"> • Whole Grain-Rich Items • Cereals • Yogurt • Tofu 				
8. Store-bought combination foods have CN label or Product Formulation Statement on-hand and used for serving proper portion sizes to each age				

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Section 3: Meal Pattern Requirements for 1+ Year Olds

Review menus and product labels to answer the following questions	Yes	No	NA	Comments
1. All meals and snacks contain the required meal components				
2. The correct types of milk are served to each age group (whole to 1 year; 1%/skim to 2+ years; flavored milk (if served) only to 6+ years)				
3. Grain Based-Desserts are not served as meal components				
4. At least one Whole Grain-Rich (WGR) item is served per day				
5. Breakfast cereals contain no more than 6g sugar/dry oz.				
6. Yogurts contain no more than 23g sugar/6 oz.				
7. Tofu meets protein requirements				
8. A meat/meat alternate is served no more than 3x/week at breakfast				
9. Juice is served no more than 1x/ day				
10. A vegetable is served at every lunch/supper				
11. Program does not deep-fat fry foods on-site				
12. Water is offered to participants throughout the day, including at meal times				

Section 4: CACFP Infant Requirements (Birth – 12 Months)

N/A - This site is not licensed for infants → skip this section

Notification Requirements	Yes	No	Comments
1. The completed Infant Menu and Infant Meal Pattern are posted in the infant room			
2. To notify families, the completed Infant Menu and Infant Meal Pattern are: <input type="checkbox"/> posted in a visible location (parent board) OR <input type="checkbox"/> distributed to families of infants			
Iron Fortified Infant Formula (IFIF) and Foods: Check formula(s) and foods on-hand, including family-supplied items			
3. List the specific IFIF(s) supplied by the site: (At least one type of IFIF must be supplied by the Program)	_____		
4. Foods in appropriate textures for each infant are supplied by the site (iron fortified infant cereal, baby foods (store-bought or homemade), table foods)			
5. IFIF and foods supplied by the site & families are creditable to the meal pattern			
6. If observing a meal/snack served to infant(s), served items meet the infant meal pattern requirements <input type="checkbox"/> N/A (not observed)			
Claiming Infant Meals: <input type="checkbox"/> N/A - this site does not claim for infant meals → skip this section			
Review the completed Infant Meal Forms and answer questions below			
7. Staff record meal counts when an infant is served all required components of meal			
8. Meals are only claimed when the site supplies all components or all but one component (the family may supply only one component of a claimed meal). <i>Note breastmilk and/or formula is one component.</i>			

Section 5: Special Dietary Needs (SDN) Requests

	Yes	No	NA	Comments
1. Are any participant's meals/snacks different from the regular menu for family request/medical impairments? If yes, answer the questions below.				
2. For a disability: A valid medical statement is on file for each participant Site offers modifications that accommodate each participant's disability				
3. For a non-disability: A written request is on file for each participant The site claims meals for these participants only when substitutions (provided by site or family) are creditable to the meal pattern and the site provides all or all but one component (If no, explain in comments)				
4. A complete <i>CACFP Special Dietary Needs Tracking Form</i> on file for each child with a special dietary need (disability and non-disability)				

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Section 6: Meal Count Records – 5-Day Reconciliation

1. For each classroom, for the current day and 5 preceding days, record the following in the chart below:
 - a. Total meal counts (MC) for 1 meal (*Choose meal observed or the meal closest to the time of the review*)
 - b. Total attendance (Att) from attendance records (*Number of participants signed in/out on the daily attendance records*)

Meal recorded for 5-day rec (circle one):		Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack					
		5 Preceding Days										
Dates→	Today	Day 1	Day 2	Day 3	Day 4	Day 5						
Meal Count (MC) and Attendance (Att) Numbers												
Room(s) ↓	MC	Att	MC	Att	MC	Att	MC	Att	MC	Att	MC	Att
Totals:												

	Yes	No
1. Meal counts have been recorded up through the time of the review. If “No”, these meals cannot be claimed		
2. The meal counts for the prior five days appear reasonable when compared to today’s meal count		
3. Meal counts for today and the prior 5 days appear reasonable when compared to enrollment and attendance		
4. Total attendance each day is equal to or exceeds total meal counts for the meal. If NO, find source of error (e.g. participants not signed in/out, meal counts not properly recorded). Correct errors prior to claim submission		

Comments:

Section 7: Meal Service Observation (for 1+ Year Olds) N/A – A meal was not observed → skip this section

The monitor must observe the meal service in all rooms where meals are served

Observed meal (circle one):		Breakfast	AM Snack	Lunch	PM Snack	Dinner	Eve Snack
Meal Component	Specific Foods Served	Total Quantity Prepared/Delivered or Portion Size Offered					
Milk (<i>Specify types by age group</i>)							
Meat/Meat Alternate							
Vegetable							
Fruit (or 2 nd Vegetable)							
Grain							

	Yes	No	NA	Comments
1. The foods listed on the menu for the meal are the same as the foods served				
2. Creditable foods were served for each required meal component				
3. The quantities of food prepared/delivered was sufficient to provide the minimum serving sizes for the number of participants and staff served				
4. Participants were offered all meal components in accordance with the meal service method being followed (family style, pre-plated, or cafeteria style)				
5. Staff count participants in the time-of-service meal counts only when served meals containing creditable foods for each required meal component				
6. The time-of-service meal count is recorded either during the meal service or immediately following				

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Section 8: CACFP Training Requirements			
	Yes	No	Comments
1. All staff responsible for CACFP tasks at the site received annual training on CACFP requirements applicable to their responsibilities			
2. New staff or staff newly assigned CACFP tasks received training prior to being responsible for these tasks			
3. Based on the outcome of this site review, all staff are sufficiently trained			
Comments:			

Section 9: Child Care Centers and Head Start Sites Only			
<input type="checkbox"/> N/A: This is not a Child Care or Head Start site → skip this section	Yes	No	Comments
<input type="checkbox"/> CACFP Enrollment forms are completed and annually updated <u>OR</u>			
<input type="checkbox"/> Families sign/initial daily in/out attendance times for their children and sign and date DCF enrollment forms annually			
The WIC Fact Sheet is (check one):			
<input type="checkbox"/> Posted in a visible location (parent board) <u>OR</u>			
<input type="checkbox"/> Distributed to families			

Section 10: Findings, Corrective Action, and Follow-Up				
1. Check previous CACFP Monitoring Form for finding(s). Was effective action achieved for all findings noted during last monitoring visit?	<input type="checkbox"/> N/A, no findings cited <input type="checkbox"/> Yes <input type="checkbox"/> No (Check column B, below, for each repeat finding)			
2. Complete columns A-E for finding(s) cited during today's site visit Column A: <u>Finding</u> - list each requirement from today's review with a NO answer Column B: <u>Finding cited during previous monitoring visit</u> - Check box if the finding was previously cited Column C: <u>Required Corrective Action (CA)</u> - List steps required to correct finding (<i>person responsible, training, resources, etc.</i>) Column D: <u>CA Due</u> - List date when CA must be complete Column E: <u>Follow-Up</u> - List how and when monitor verified CA was complete (this will be completed at a later date)				
<input type="checkbox"/> N/A - No findings were identified during today's review				
A. Finding:	B.	C. Required Corrective Action (CA):	D. CA Due	E. Follow-Up
	<input type="checkbox"/>			

Monitor's Signature (Staff person completing the CACFP Monitoring Visit)	Date
Site Staff's Signature (Site staff person present during this visit and responsible for corrections)	Date