



March 29, 2005

**SUBJECT: Required Review Items for Monitoring Visits**

CACFP – 85  
CACFPDCH – 75

**TO:** Authorized Representatives

**FROM:** Child and Adult Nutrition Services

This information should be shared with any person(s) with monitoring duties in the CACFP and the person(s) who supervise those personnel. The original should be placed in the numbered memo notebook from Child and Adult Nutrition Services. The memo is also available on the Child & Adult Nutrition Services website.

The Interim Rule, implementing legislative reforms to strengthen Program integrity published in the Federal Register on September 1, 2004, requires that all monitoring visits include an examination of the meal counts recorded by the facility for five consecutive days of operation during the current and/or prior claiming period. For each day examined, monitors must use enrollment and/or attendance records to determine the number of children in care during each meal service and attempt to reconcile those numbers to the numbers of breakfasts, lunches, suppers, and/or snacks recorded in the facility's meal count for that day. Based on that comparison, the monitor must determine whether the meal counts were accurate. If there is a discrepancy between the number of children enrolled or in attendance on the day of review and prior meal counting patterns, the monitor must attempt to reconcile the difference and determine whether the establishment of an overclaim is necessary.

Additionally, reviews must:

- assess whether the facility has corrected problems noted on the previous review(s);
- include a reconciliation of the facility's meal counts with enrollment and attendance records for a five-day period; and
- include an assessment of the facility's compliance with the Program requirements pertaining to:
  - a) the meal pattern,
  - b) licensing or approval,
  - c) attendance at training,

- d) meal counts,
- e) menu and meal records, and
- f) the annual updating of enrollment forms (if the facility is required to have enrollment forms on file).

New prototype forms with these requirements included are enclosed for your use or to assist you in developing a new form. Implementation of these new requirements should occur immediately. Compliance with these requirements will be assessed beginning with the 2005-2006 review cycle.

If you would like further guidance or have additional questions related to this matter, please call our office at (605) 773-3413.

# Monitoring Review Form

Date of Review \_\_\_\_\_ Time In: \_\_\_\_ Time Out: \_\_\_\_ Unannounced?  Yes  No

Center Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

## 1. Review of Prior Areas Requiring Improvement

A. If applicable, list any problem areas noted during the most recent prior review and indicate the date of that review. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Have these problems been corrected as of today's visit?  Yes  No

If no, indicate what follow-up action is necessary and the timeframe required for correction. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Licensed capacity \_\_\_\_\_ Expiration date \_\_\_\_\_ Number of infants enrolled \_\_\_\_\_  
Number of children enrolled \_\_\_\_\_ Total infants/children in attendance \_\_\_\_\_

3. Days of operation \_\_\_\_\_ Hours of operation \_\_\_\_\_ AM to \_\_\_\_\_ PM

4. Is care provided in shifts?  Yes  No List hours of shifts: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM  
\_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

5. Number of children served at each meal and time of service:

|           | Number of Meals | Time of Meal Service |
|-----------|-----------------|----------------------|
| Breakfast | _____           | _____                |
| AM Snack  | _____           | _____                |
| Lunch     | _____           | _____                |
| PM Snack  | _____           | _____                |
| Supper    | _____           | _____                |
| EVE Snack | _____           | _____                |

6. Are the meal times consistent with the times listed on the agreement?  Yes  No

7. Have the staff attended the sponsoring organization's or State agency's training sessions?  
Yes    No    When? \_\_\_\_\_ What topics were covered? \_\_\_\_\_  
\_\_\_\_\_

8. Briefly describe the organized activities for the children enrolled at the facility. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Food Service

A. How far in advance are menus planned? \_\_\_\_\_

B. What food service guidance materials are available at the center? \_\_\_\_\_  
\_\_\_\_\_

C. Are the guidance materials adequate? Yes No If no, identify what materials are needed: \_\_\_\_\_

D. Based on the past month's menus:

(1) Are menus retained on file?    No Yes    Where? \_\_\_\_\_

(2) Are all of the required components served for each meal?    Yes No  
If no, describe what components are missing. \_\_\_\_\_  
\_\_\_\_\_

(3) Does the center's staff demonstrate familiarity with the types and quantities of food required for each type of meal service?    Yes No

10. Sanitation

A. Are sanitary procedures followed in all aspects of food service?    Yes No

B. Is the kitchen area kept clean at all times?    Yes No

C. Are the dishes sanitized after washing and rinsing?    Yes No

D. Are refrigeration facilities adequate for cold and frozen foods?    Yes No

E. Is the cold storage 40 degrees F or below?    Yes No

F. Is the freezer storage 0 degrees F or below?    Yes No

G. Is there evidence of insect or rodent infestation?    Yes No

H. Are frozen perishable foods thawed under refrigeration?    Yes No

I. Are all insecticides, polishes, cleaning compounds stored in an area separate from food and in an area that is not accessible to children?    Yes No

11. Space, Facilities, and Equipment

A. Is there adequate dry storage for food items?    Yes No

B. Is dining space adequate for the number of children enrolled?    Yes No

C. Is there working equipment for heating food?    Yes No

D. Is there a working refrigerator-freezer available?    Yes No

E. Is a sink with running hot and cold water available?    Yes No

F. Is the outside play area safe and clean?    Yes No

12. Recordkeeping

- A. Are daily records kept of the number of meals served to children? Yes No
- B. Are accurate attendance records maintained on enrolled children separate from meal count records? Yes No
- C. Are meal counts and attendance records up to date? Yes No
- D. Are current enrollment forms on file for all children? Yes No
- E. Were there any discrepancies when comparing the current enrollment forms against the meals claimed for children during the following 5 day period? If yes, list: -  
 \_\_\_\_\_ Yes No
- F. If there have been any discrepancies in meals claimed, monitor must obtain a copy of the meal counts for the observed meal (or write the names of the children in attendance on a separate page). Has this information been collected? Yes No N/A
- G. Are the income eligibility statements on file? Yes No
- H. Are records given to the sponsoring organization on a regular basis as required by the sponsoring organization? Yes No

13. Meal Service

- A. For the meal service(s) observed, record the types and quantity of food prepared.

| Meal Type                         | Required Components            | Food(s) used                                     | Serving Size(s) | Quantity Prepared |
|-----------------------------------|--------------------------------|--|-----------------|-------------------|
| <b>(circle the observed meal)</b> | Milk                           |  |                 |                   |
|                                   | Breakfast                      | Meat and/or<br>Meat<br>Alternate                 |                 |                   |
|                                   | Lunch                          | Fruit(s) and/or<br>Vegetable(s)<br>(two of more) |                 |                   |
|                                   | Snack                          |  |                 |                   |
| Supper                            | Bread or<br>Bread<br>Alternate |  |                 |                   |

- B. Note if any missing components or insufficient quantities of food are observed in today's meal service. \_\_\_\_\_
- C. If served family style, were the appropriate quantities of each food item placed on the table? Yes No
- D. If served unitized, do all children receive all the full portion of all food items at the same time? Yes No
- E. Number of children served: \_\_\_\_\_ Number of infants served: \_\_\_\_\_
- F. Are by name meal counts taken at the time of the meal service? Yes No
- G. List foods served to infants (if applicable) \_\_\_\_\_

