Monitoring Requirements for Sponsoring Organizations in the Child and Adult Care Food Program (CACFP)



Number of Times a Sponsoring Organization Must Review Each Facility Each Year

- At least two of the three reviews must be unannounced.
- At least one unannounced review must include observation of a meal service.
- At least one review must be made during each new facility's first four weeks of CACFP operations.
- Not more than six months may elapse between reviews.
- Monitors must vary the timing and meal observed of unannounced reviews so they are unpredictable.

Preparing for Monitoring Visits

Procedures

- Review the organization's monitoring procedures.
- Provide each monitor with the sponsoring organization's written monitoring procedures.
- Ensure Sponsoring Organization monitors have annually documented training on monitoring requirements.
- Use monitor tracking log to schedule and document monitoring visits, including determining previous problems and resolutions.

Sponsoring Organizations Monitoring Tracking Log											
Site or Provider Name	Date of Monitoring Visit	Description of Finding	Corrective action (CA) needed	Date CA Due	Date CA received	Date of follow up	Date findings corrected				
ABC Daycare	11/3/2022										
123 Childcare Center	11/4/2022										
Buzzing Bees Daycare	11/10/2022										
Bright Minds Childcare Cent	er 11/15/2022										
						-					
			This institution is a	n causi annor	tunitu neovidor						

What is Required?

- Thoroughly document what was observed on site reviews and in required records.
- Ensure all questions and sections on the monitoring form are completed.
- Review the results of the monitoring review with the facility owner/director or provider and have them sign the form.
- Sign the form prior to the leaving the facility.

								Child and Adult Care Food Program Sponsoring Organization Monitoring Form for Centers										
_	_	_	_	_							k ⊓	Sponsoring	Organizatio	n Monitoring	Form for	Center	rs	
	C-Mea	al Obse	ervation								U							
	Breakt			AM Snack		Lunch	PM Snack Supp	Spor	nsoring Organizatio	r's Name						Date		
				s are for lunc		rying size by age gro												
	If coserve	of creams	at or sheek r	CHEW ISE IN	eal patiern ser		-	Monito	or's Name					Today's Revi	loss Tene			
	Children :		ges 1-2	Ages 3-5			Food Item(s)	_									O Announced O	Unannounced
	Meat/Mea Alternate	st 1	oz. eq	1 1/2 oz. ec	2 oz. eq	2 oz. eq		Center	Name									
								Control	r Director's Name					Date of last	Monitoring vi	61		
	Vegetable			1/4 cup	1/2 cup	1/2 cup		Certe	District 2 House									
	Fruit	1	/8 cup	1/4 cup	1/4 cup	1/4 cup		Street	Address					Arrival Time			Departure Time	
	Grains/Bro	eads 1	/Z az eq	1/2 oz eq	1 oz eq	1 oz eq			M. D. M. M.							_		
	Mk	19	oup	3/4 cup	1 cup	1 cup		Chylst	tate/ Zip					Did this cent	ter have prob	olens wit	th the last visit? Ones	O _{No}
	Other	-						_								-	corrected? If not, why not?	
		_	_		_			Center	r Phone					ir yes, nave t	these protier	ns been i	corrected? If hat, why not?	
	O No	ONA		Is the o	enter servin	ig meals family	style?	Lipense	ed Capacity		License Expiration	Date						
Oyes		ONA	2.	Does th	e center pr	e-plate the me	als and serve the minimum serving		ca capacity		Die De Capitalia							
Oyes	O No		3.	Is the m	neal served	in a positive an	d pleasant environment?	Please	check all that apply:									
O Yes	O No		4.	. Was an	accurate m	eal count taker	and recorded?		Childcare	4.8	k	Head St	art					
				a Of Me	eals Observe	ed b	# Of Meals Claimed		For-Profit	Adul	Com	_						
O Yes	O No		5.	A			all a death of the section of	4	russia	ACU	uit	Outsid	e School					
OYes	O No		6.		D -Su	mmary												
OYes	O No		7.	A	Item#	Brief Descrip	ation of Findings	C	orrective Ac	tion (CA)	CA Due Da	te	Fo	llow Up Da	te		Date Corrected	
OYes	O No	ONA	8.	. 16				_										
O Yes	O No		9.	. 16	1													
			_	1	2			\pm					_					
				4														
Oyes	O No	ONA	10). A	3													
_			+	8	\Box													
				4	Item #	_				Taskalas	l Assistance	. Demoida				_		
OYes	O No	ONA	+		.cc.iii w					recrimica	i Assistanti	Flovide						
O yes	O No	ONA	11	i. 0	1													
O yes	O No	-	13	2. A														
-	-		+	E	2													
				1	3													
				4														
OYes	O No	\vdash	13	3. V	1	f. shee she					ad a material of							$\overline{}$
OYes		\vdash		L	ı certit	ry that this co	ompleted document was rev	ewed v	with the cent	er director, a	nd a printed	or electro	nic copy w	ras provide	a.			
	O No	-		5. 0														
O yes		-		5. V		Signature of	Review Monitor					Date						1
- 165	- "			-	L													
				-1		Signature of	Center Director					Date						
				-1	L													
_				4														







On-Site Responsibilities

Records that must be reviewed include:

Meal Service Records

- Meal Pattern
- Meal Counts
- Daily Detailed Menus and Menu Records
- Meal Serving
 Times and Type of
 Meal Service
- Product Nutrition Fact Labels with Ingredient List
- CN Labels and Product Formulation Statements (PFS)
- Standardized Recipes

Participant Records

- Enrollment Records
- Attendance
 Records per
 participant completed daily
- Meal Benefit Income Records
- Infant Meals and Records-if in care
- Medical Statement forms for substitutions
- Parent written requests-if applicable

Program Records

- Civil Rights Requirements
- Attendance at Training
- Licensing/Current Health/Safety Inspections

Meal Observation

- Remain on site during entire State Agency approved meal service time.
- Monitor meal service and verify start and end times are within the approved meal service times.
- Verify all reimbursable meals observed are recorded accurately on meal count records.



	Insi			AM Stack		Lunch	PMStack	Suppe		Late Shad		No muli observed
				ors are for lare		red otto by her d						
	Political	of pass	Mari or Grand	seden De to	of patients only	nd one pt yde B	100					
	Orldren		Ages 1-2	April 3-5	April 5-12		Food Rem(s)			- 6irth-11 mon	Foe	d temp)
	Mest Me Absolute		100.eq	11/200 eq	Zoneq	206.00			Mest) Mest	Sterute	Т	
	Yeprabi		1/8 cup	1/4 oup	1/2 oup	1/2 cup			Yegel	iddes		
	fruit		1/4 cup	1/4 oup	1/4 oup	Mag			Prut			
	Oneiro/En	ceeb	1/2 er es	1/2 or eq	leres	100 eq				Coreal artifact Engrada		
	Mik		Noup	Many	1 mp	1049			Breek			
	Other								Cther			
D tes	O No.	0	A .	L. It the or	nter service	meats famile	Selvice	_				
O Nos	On	ON	A .	t. Does th	center pro	plate the m	sals and serve the minir	num serving (portion t	y age group?		
Otes	O No	Ė		l. bthem	eal served i	n a positive a	nd pleasant environmen	67				
One	O no	Was an accurate meal count taken and recorded?										
				# Of Me	ib Observer		# Of Meals Claime	1	(Co	mplete when ser	Bying or	onthly dains)
O Nos	O No			. Are med	ial states	ents on file fo	r all substitutions relate	d te medical	needs?			
O Nos	O No			S. Are the	number of o	hildren in att	endance within license	specity?				
Otes	O No			F. Are men	la contracto	d from an ou	tside seurce?					
O ses	O No	0.	A 1	5. If meeb	are contrac	ted-Were ter	spenetures recorded wi	nen mesis wer	e deliver	ed? A	Seeth re	rviewed
O Nos	O no			i. If meak	are contrac	ted - Describe	the method for orders	g meals:				
Oss	O ne	Os		D. S. Door	The resident	anna da vital da	are for infants?					
- 40	- 11	5	-		what is the					C. Darreton D.		
					ormula"?							
One	On:	01	A	D. Does	the center I	lave a CACFF	wfast reeding Benefit !	nethorner ar	d Admin	Wedgement form	n en fée	for all referts in core?
O see	Ow	On		II. Did the	neal observ	ed meet the	neal pattern?					
O tes	O No			12. Ate med	Counts rec	orded at the	Time of Service?					
				Esplain	he center's	edit checks i	and how they help prev	ent over-clain	sing and	provide an accur	ste re	of count
ONS	O No	Н	-	I3. Was the	observed n	neal served w	ithan the State agency a	pproved meal	times?			
O Yes	O _{No}			LL AVE CN	abels or Pro	iduct Perreut	itan Statements mainta	med for core	nersally	prepared pradu	Is used	
	ON:			is. Did the	seasor use o	tandardoed i	sopes for the menu be	ns prepared t	y the ce	ster er foedoerse	oe consi	actor?
	ON:						and offered to the part		- Consul			

Five Day Reconciliation



- Are enrollment information and attendance records current and accurate?
- Compare daily enrollment and attendance to meal counts for all meal types for the selected five-day operating period.

B – 5 Day Mea	l Count Recon	ciliation	70	20	57	20	78	15
Day 1 - 5	Enrollment	Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Snack
Date (mm-dd-yy)				-			1	
				-			-	
			-			7		
Instructions for 6		ion linearend		nto for five (E) as		uring the current an	d/as asias stainsi	
						and corrective acti		ng
OYes O No			ce number is great				on.	
OYes ONo	2. Eac	h day's enrollmer	nt number is great	er than or equal	to claimed meal?			
		2		•				-

Post Visit Requirements

- Update tracking log to report instances of noncompliance, document technical assistance or corrective action and follow up reviews.
- Verify meal counts when the facility submits their claim to the sponsoring organization to ensure the number of meals observed match the number of meals claimed by the facility.
- If needed, a follow up date must be recorded on the original monitoring form and tracking log, and the follow-up visit must be conducted and documented with resolutions noted.

Sponsoring Organizations Monitoring Tracking Log											
Site or Provider Name	Date of Monitoring Visit	Description of Finding	Corrective action (CA) needed	Date CA Due	Date CA received	Date of follow up	Date findings corrected				
ABC Daycare	11/3/2022	Meal Count Records	Training on T.O.S	11/7/2022	11/7/2022	11/17/2022	11/17/2022				
123 Childcare Center	11/4/2022	Menu Records-WGR	WGR Training	11/7/2022	11/7/2022	11/11/2022	11/11/2022				
Buzzing Bees Daycare	11/10/2022										
Bright Minds Childcare Cen	ter 11/15/2022										
						1					
						-					
	+										
	1										
	1					 					
						-					
	 					+					
			This institution is a	n equal oppor	tunity provider						

Provide adequate supervisory and operational personnel to effectively monitor each facility; and conduct all required facility reviews according to program regulations 7 CFR 226.16.