

Test Month/Year:

Sponsored Facility Name:

Agreement #:

GENERAL					
The test month must be a complete month in which the Facility has submitted documentation to file a claim.					
Date of Review			Arrival Time		
Type of Visit		Monitoring		Unannounced	Follow Up
		Announced		Training / Technical Assistance	First 4-week review
Last Monitoring Visit			Name of Monitor		
Name of Sponsor					
Sponsored Facility's Address					
Sponsored Facility's Telephone #					
Person(s) Interviewed					
Approved Days of Care		Sunday		Wednesday	Saturday
		Monday		Thursday	
		Tuesday		Friday	

ELIGIBILITY			
1	Total attendance on the day of review		
		Yes	No
		N/A	
2	Documentation of "area eligibility" is on file and available for inspection?		
	(a) Percent of children in the area school that qualify for free and reduced lunch:		
3	The Facility is at/within age limits at the time of review (school age up to 18 yrs.).		
4	Building Capacity (if applicable)		
5	Room Capacity (if applicable)		
6	Does the At-Risk Facility offer an enrichment or educational program?		
	(a) Document the activities being conducted during the review:		

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REVIEW OF RECORDS AND DOCUMENTATION						
RECORDKEEPING						
				Yes	No	N/A
1	Annual Information Certification for Facilities					
2	Copies of Food Service Management Contracts (FSMC) with Attachments (A, B)					
3	Does the Facility have an FSMC with a total value greater than \$250,000?					
4	If "Yes" to question 3, is the copy of the bid for the FSMC on file?					
5	Has the local sanitation agency made a recent inspection?	Date:				
6	Has the local fire department made a recent inspection?	Date:				
MONITORING						
1	Is the Facility new to CACFP?					
	(a) If "Yes" to question 1, provide the date that the Facility was approved to participate with the CACFP.					
	(b) If "Yes" to question 1, was the first monitoring visit conducted within the first 4 weeks of program participation?					
	(c) If "Yes" to question 1, provide the date of the first monitoring visit conducted.					
2	Does Facility have documentation of the Sponsor monitoring conducted in the past 12 months on file?					
3	List the dates of the Sponsor monitoring visits conducted in the past 12 months:					
4	Were any program violations identified during the last Sponsor conducted monitoring?					
5	If "Yes" to question 4, have all corrective actions been implemented?					

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CIVIL RIGHTS				
		Yes	No	N/A
1	Is an approved and up-to-date civil rights "And Justice for All" poster posted and prominently displayed?			
2	Are all services, facilities, and program benefits used routinely by all persons without regard to race, color, national origin, sex (including gender identity and sexual orientation), disability, or age? (e.g., social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)			
3	Is there a need for bilingual materials?			
(a) If "Yes" to question 3, how is this addressed?				
4	Does the Facility make information regarding CACFP available to the public upon request?			
5	Does the Facility make available to the public the CACFP nondiscrimination statement and the CACFP procedure for filing a complaint?			
6	Are the non-discrimination statement and complaint procedures included in Facility advertisements when referencing admissions and/or the CACFP?			

ANNUAL REQUIREMENTS			
Current Review Date		Previous Review Date	

**\*If completed during a previous review, SKIP ANNUAL REQUIREMENTS SECTION**

CIVIL RIGHTS				
		Yes	No	N/A
1	Has the Facility maintained the ethnic and racial data form for the current year?			
2	Ethnic Categories:			
	(a) Hispanic or Latino			
	(b) Not Hispanic or Latino			
	(c) Total Ethnicity			
3	Race Categories:			
	(a) American Indian or Alaskan Native			
	(b) Asian			
	(c) Black or African American			
	(d) Native Hawaiian or Other Pacific Islander			
	(e) White			
	(f) Total Race			

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Department of Health and Human Services  
 Division of Child and Family Well-Being, Community Nutrition Services Section  
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**School Food Authority Monitoring Tool for At-Risk Afterschool Meals Programs**

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		Yes	No	N/A
4	Is the Facility's current participation representative of more than one racial group?			
	(a) If "No" to question 4, provide a statement indicating the general racial composition of the area the Facility serves.			
5	Is the Facility using visual observation to document racial and ethnic information?			
6	Is the ethnic and racial data collected and maintained for the three preceding fiscal years?			
7	Does the Facility have procedures on file for maintaining the confidentiality of beneficiary data collected on individuals and households?			
<b>TRAINING</b>				
		Yes	No	N/A
1	Date of the last CACFP programmatic training session the Facility attended:			
2	Does the Facility have documentation of the CACFP programmatic training on file?			
3	List the date of the last CACFP civil rights training session the Facility attended:			
4	Does the Facility have documentation of the CACFP civil rights training on file?			

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DOCUMENTS TO ASSESS ON THE DAY OF THE REVIEW						
MEAL SERVICE TIMES						
	Yes	No	Approved Serving Times	Start Time	End Time	
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Night Snack						
					Yes	No
1	Are serving schedules in accordance with those on the Facility application in NC CARES?					
2	Is the Facility only claiming meal service(s) which were approved on their application?					
3	Are the meals claimed served to participants who are within regulatory age limits?					
MEAL QUESTIONS						
					Yes	No
4	Does the Facility charge separately for meals?					
5	Were meal counts documented at the point of service?					
	(a) If "No" to question 5, document the last day recorded:					
6	Was daily attendance documented on the day of the monitoring visit?					
	(a) If "No" to question 6, document the last day attendance was recorded:					
7	Document attendance and meals recorded for the past consecutive five days:					
Date	Attendance	Recorded Meal Counts				
					Yes	No
	(a) Do the attendance and meal counts appear reasonable when compared to today's count?					

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MEAL OBSERVATION ON THE DAY OF THE REVIEW (AS APPLICABLE)						
<b>No Meal Observed Check Box (SKIP to Meal Count Section)</b>						
	Type of Meal Observed					
	Time Served FROM		AM		PM	
	Time Served TO		AM		PM	
MEAL OBSERVATION						
		# Served		# Non-Dairy		
	3-5 years					
	6-12 years					
	13-18 years					
	Non-program Adults					
Food Component		Amount prepared for meal service	Amount to be adequate	Adequate		
				Yes	No	
	Meat/Meat Alternate Component (ounces/cups)					
	Vegetable Component (cups)					
	Fruit/Vegetable Component (cups)					
	Grain Component (oz eq)					
	Whole Milk Component (fluid ounces)					
	Low-Fat/Skim Milk Component (fluid ounces)					
	Non-Dairy Beverage Component (fluid ounces)					
				Yes	No	N/A
1	Did the observed meal meet the meal pattern requirements?					
2	Were all meal components served at the same time?					
3	Does the Facility provide all or all except one of the required components for the child meal pattern?					
4	Are all participants served fat-free/low-fat milk during the meal service?					
5	Does the Facility make meal modifications for enrolled participants with medical conditions (i.e., physical or mental impairments)?					
	(a) If "Yes" to question 5, is a signed medical statement or comparable documentation describing the medical condition available for review?					
	(b) Are meal modifications documented on the menu?					

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		Yes	No	N/A
6	Were non-dairy beverages served in lieu of fluid milk?			
	(a) If "Yes" to question 6, are the non-dairy beverages nutritionally equivalent to fluid milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk, as outlined in the Child and Adult Care Food Program (CACFP) regulations at 7 CFR section 226.20(g)(3)?			
7	Is water made available to drink during meal service and throughout the day?			

MEAL COUNTS						
Total # days food service was provided		Average Daily Attendance				
Meals Served	Facility Reported	School Food Authority Verified	Outcome Review of Records			
Breakfast						
AM Snack						
Lunch						
PM Snack						
Supper						
Night Snack						
Totals						
Outcome reasons: C = correctly stated, O = overstated, U = understated						
				Yes	No	N/A
1	Are there daily records of meal counts by type (breakfast, lunch, supper, and snacks) served to enrolled participants?					
2	Did the Facility report more meals than participants in attendance?					
3	Did the Facility report meals on days when they were closed (i.e., holidays, vacations)?					
4	Did the Facility report more than one snack and one meal per day per child?					
5	Are there daily records of the point-of-service meal counts by type (breakfast, lunch, supper, and snacks) served to adults performing labor necessary to the food service?					

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MENU REVIEW							
		Number of Meals Disallowed	Reason Codes				
Breakfast			A	Missing milk component	G Juice served more than once per day		
AM Snack			B	Missing whole grain-rich once per day	H Missing meat/meat alternate component		
Lunch			C	Grain-based dessert served	I Yogurt exceeds sugar limit		
PM Snack			D	Cereal exceeds sugar limit	J Missing 2 <sup>nd</sup> creditable component at snack		
Supper			E	Missing grain component	K Deep-fat frying on site/in satellite kitchen		
Night Snack			F	Missing vegetable or fruit component	L Missing menu		
		* Missing supporting documentation					
				Yes	No	N/A	
1	Is the type of milk recorded on the menu, including flavored or unflavored and fat content?						
2	Is a fruit and vegetable or two vegetable components provided daily at lunch and/or supper?						
3	Is 100% juice offered more than once per day?						
4	Was at least one serving of whole grains identified on the menu each day?						
5	Are all grains either whole grain or enriched?						
6	Are all breakfast cereals six grams of sugar or less per dry ounce?						
7	Is the type of cereal identified on the menu?						
8	Are grain-based desserts counted towards the grain component?						
9	If served at breakfast, are meat/meat alternates served in place of grains no more than three times per week?						
10	Is deep-fat frying used as a cooking method?						
11	Is unflavored milk provided to participants from one to five years of age?						
12	If served, is flavored milk fat-free/1% for participants ages six and up?						
13	For all combination foods, does the Facility have on file and utilize CN labels, product formulation statements, or standardized recipes?						



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**SUMMARY – NO CORRECTIVE ACTION REQUIRED**

	NO CORRECTIVE ACTION REQUIRED	
	CONSIDER THIS REVIEW CLOSED	

I verify that this Facility was reviewed on this date and was found to be in compliance with CACFP requirements for the program areas reviewed, as specified in this report. The findings in this report have been discussed with the Facility's authorized representative.

<b>Facility's Authorized Representative</b>	
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<b>Facility's Authorized Representative Title</b>	<b>Date:</b>	
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<b>School Food Authority Representative</b>	
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<b>School Food Authority Representative Title</b>	
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<b>Departure Time</b>	<b>Date:</b>	
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**SUMMARY – CORRECTIVE ACTION REQUIRED**

I, the Facility's authorized representative, verified that this Facility was reviewed on this date and that the School Food Authority Representative discussed the findings in this report with me prior to my signing it. I understand that the School Food Authority Representative determined that this Facility is not in compliance with certain CACFP requirements; that this report serves as a warning regarding non-compliance with those requirements; that I am required to implement the corrective action stated in this report within the timeframe(s) stated to bring this Facility into compliance with CACFP requirements; and that failure to implement the corrective action within the timeframe(s) stated could result in termination of this Facility from participation in the CACFP. I understand that all corrective actions must be implemented fully and permanently. I further understand that this Facility owes the estimated amount of monies listed below due to rate changes and/or disallowances.

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<b>Facility's Authorized Representative</b>		
<b>Facility's Authorized Representative Title</b>		<b>Date:</b>

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<b>Circle One:</b>		
<b>Total Estimated Amount Due / Or Disallowances Previously Deducted:</b>	\$	

I, the School Food Authority Representative, verify that I reviewed this Facility's operation and records on this date and determined that the Facility was not in compliance with certain CACFP requirements, as specified in this report; discussed the findings in this report with the Facility's authorized representative; and explained that failure to implement the corrective action required within the timeframe(s) stated could result in termination of the Facility from participation in the CACFP program.

Timeframe(s) for implementing the corrective action(s) begin(s) on the date signed above by the Facility's authorized representative.

Due date(s) for completion of corrective action(s) is/are stated below and on the attached Summary of Findings.

	Technical Assistance Provided
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**Follow-Up Required:**

	Unannounced on-site visit by School Food Authority Representative
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	Written response to School Food Authority reviewer by Facility on/before:	
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	Send written response to:	
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<b>School Food Authority Representative</b>	
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<b>School Food Authority Representative Title</b>	
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<b>Departure Time</b>		<b>Date:</b>
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SUMMARY – CORRECTIVE ACTION DOCUMENT (CAD)						
Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No

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Page / Item Number	Brief Description of Program Violation(s)	Repeat Finding?	Corrective Action Document (CAD) Needed	CAD Due Date	On-site Follow-up	
					Yes	No