



**North Carolina Child and Adult Care Food Program
Sponsoring Organization
Day Care Home Monitoring Tool Instructions**

October 2021



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This manual is comprised of the following sections:	
	General
	Review of Records and Documentation
	Documents to Assess on the Day of the Review
	Assessment of Documentation for the Test Month
	Summary

MONITORING

Monitoring must be done by one of two methods:

1. Sponsoring Organization must review each facility three times each year. In addition:
 - a. At least two of the three reviews must be unannounced;
 - b. At least one unannounced review must include observation of a meal service;
 - c. At least one review must be made during each new facility's first four weeks of Program operations;
and
 - d. Not more than six months may elapse between reviews.

OR

2. Averaging of require reviews. If a Sponsoring Organization conducts one unannounced review of a Facility in a year and finds no serious deficiencies, the Sponsoring Organization may choose not to conduct a third review of the Facility that year, and may make its second review announced, provided that the Sponsoring Organization conducts an average of three reviews of all of its facilities that year, and that it conducts an average of two unannounced reviews of all of its facilities that year. When the Sponsoring Organization uses this averaging provision, and a specific Facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after the previous review.

MONITORING

Sponsoring Organization Review Requirement Variations

Notification was sent concerning monitoring requirements in the Child and Adult Care Food Program (CACFP 04-07, February 27, 2004). This information will provide clarification on monitoring requirements for facilities that participate on an other-than-year-round basis.

Federal regulation 7 CFR §226.16 (d)(4)(iii) requires at least one review must be made during each new facility's first four weeks of program operations. Not more than six months may elapse between reviews. **(NOTE:** A facility is defined by the regulations as a sponsored Facility or a family day care home.)

Some facilities operate less than twelve months per Program year. The following schedule should be followed in monitoring such facilities:

Facility Type	Months In Operation	Reviews Required
Day Care Facilities	1-2	1
	3-6	2
	7-12	3
Outside School Hours	1	1
	2-6	2
	7-12	3
At Risk Facilities	1	1
	2-6	2
	7-12	3
Head Start Facilities	1	1
	2-6	2
	7-12	3
Day Care Homes	1	1
	2-6	2
	7-12	3

In addition, a home or facility that is new to a Sponsoring Organization after the beginning of the Program year should be monitored as follows:

- If Provider joins CACFP from October through March, three visits are required;
- If the Provider joins CACFP from April through end of August, two visits are required; and
- If the Provider joins CACFP during September, one visit is required.

Discovery of errors or problems may necessitate additional monitoring. The next visit following a regular routine review with findings should be unannounced, 7 CFR § 226.16 (d)(4)(iv).

In problem cases, Sponsors are expected to monitor more than the required number of times in order to correct the errors.

GENERAL	
The test month must be a month in which the Provider has submitted documentation to file a claim. The test month must be a complete month.	
DATE OF REVIEW	<i>Policy Memo CACFP 11-14 Varied Timing of Unannounced Reviews in the Child and Adult Care Food Program Sponsors now must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.</i> Record the date the Sponsor representative completed the review tool.
ARRIVAL TIME	Record the arrival time of the Sponsor representative.
TYPE OF VISIT	<i>7 CFR §226.16 (d)(4)(iii)(A) At least two of the three reviews must be unannounced.</i> Check the appropriate type of visit. More than one may apply. NOTE: The first four-week review may not consist of a complete month.
LAST MONITORING VISIT	Record the last monitoring visit date for the Provider.
NAME OF MONITOR	Record the name of the Sponsor representative conducting the monitoring.
NAME OF SPONSOR	Record the Sponsor's official name as recorded on the application.
PROVIDER'S ADDRESS	Record the Provider's physical address.
PROVIDER'S TELEPHONE	Record the Provider's area code and telephone number.
PERSON(S) INTERVIEWED	Record the name(s) of all person(s) interviewed by the Sponsors representative on the day of the review.
APPROVED DAYS OF CARE	Select all days the Provider is open for care as per the application.
TIER INFORMATION	Select the appropriate Tier classification for the Provider.
LICENSING & ELIGIBILITY	
LICENSE NUMBER	<i>7 CFR §226.18(a) Day care homes shall have current Federal, State or local licensing or approval to provide day care services to children.</i> Record the license number from the Provider's license. Record N/A if not applicable. N/A would only be acceptable for Providers who are licensed by a military instillation.
EFFECTIVE DATE	Record the effective date from the Providers license.
LICENSE CAPACITY	Record the capacity from the Provider's license. If no 2nd shift is documented on the license enter 0. If no 3rd shift is documented on the license enter 0.
Q 1	Check the DCDEE website to ensure the Provider's license is current. http://ncchildcaresearch.dhhs.state.nc.us/search.asp . If military, ask for a copy of the most current license as this will not be found in the DCDEE website.
Q 2	<i>7 CFR §226.18(e)...Reimbursement may not be claimed for meals served to children who are not enrolled, or for meals served at any one time to children in excess of the home's authorized capacity or for meals served to provider's children who are not eligible for free or reduced-price meals.</i>

	Per licensing, respond accordingly. Check whether the Provider is within license capacity at the time of the review. Report finding to Division of Child Development Early Education (DCDEE) licensing consultant for the county if the Provider has exceeded the license capacity.
Q 3	Per licensing, respond accordingly. If a child is over the age limit, disallow all meals for participants not eligible to participate due to age. Children means: <ul style="list-style-type: none"> • Persons age 12 and under; • Persons age 15 and under who are children of migrant workers; • Persons with disabilities as defined in the federal regulations; • For emergency shelters, persons age 18 and under; • For at-risk afterschool care facilities, persons age 18 and under at the start of the school year.
REVIEW OF RECORDS AND DOCUMENTATION	
RECORDKEEPING	
RECORDKEEPING	<i>7 CFR §226.10(d) All records to support the claim shall be retained for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain, except that if audit findings have not been resolved, the records shall be retained beyond the end of the three year period as long as may be required for the resolution of the issues raised by the audit.</i> Ask the Provider to see each document listed below (as applicable). Determine if the Provider maintained the following documents on file. Respond accordingly to questions 1-3.
Q 1 a	The Provider agreement is a permanent document. Therefore, if the Provider participates on the program the agreement between the Sponsoring Organization and the Provider must be maintained on file.
Q 1 b	Attachment F must be on file and maintained by the Provider.
Q 1 c	Certification of Single Exclusive CACFP Agreement – Facility must be on file and maintained by the Provider.
Q 1 d	Information on Owners/Principals – Facility must be on file and maintained by the Provider.
Q 1 e	Annual Information Certification for Facilities- must be on file for all renewing Providers. If the Provider is new to the Sponsoring Organization select N/A.
Q 2	<i>7 CFR § 226.6(b)(1)(E) Sponsoring organizations of day care homes must have a description of the system for making tier I day care home determinations, and a description of the system of notifying tier II day care homes of their options for reimbursement.</i> The Provider must have documentation from the Sponsoring Organization of how the tier determination for the Provider was assessed.
Q 3	<i>7 CFR § 226.15(o) Information on WIC. Each institution (other than outside-school-hours care centers, at-risk afterschool care centers, emergency shelters, and adult day care centers) must ensure that parents of enrolled children are provided with current information on the benefits and importance of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the eligibility requirements for WIC participation.</i> Ask the Provider for WIC documentation.
MONITORING	
MONITORING Q 1	Respond accordingly.

MONITORING Q 1 a	If the Provider is new to the CACFP, provide the date the Provider was approved to participate.
MONITORING Q 1 b	<i>7 CFR §226.16((d)(4)(iii)(C) At least one review must be made during each new facility's first four weeks of Program operations.</i> Respond accordingly
MONITORING Q 1 c	If "Yes" to #1, provide the date of the first monitoring for the Provider.
MONITORING Q 2	<i>7 CFR § 226.16(d)(4)(iii) Sponsoring organizations must review each facility three times each year.</i> Ask the Provider for all monitoring visits that were conducted by the Sponsor in the past 12 months.
MONITORING Q 3	Document the dates of the monitoring visits that were conducted in the past 12 months. If the first monitoring visit of the fiscal year is being conducted, document monitoring visits from the previous fiscal year. If monitoring was not conducted, record N/A. If monitoring reports were not maintained on file, write as a finding.
MONITORING Q 4	Review the monitoring forms from the response in Monitoring Q 2. Respond accordingly.
MONITORING Q 5	If the corrective actions have not been implemented by the Provider, write as a finding.

CIVIL RIGHTS	
Q 1	<i>FNS Instruction 113-1 IX.A. 1 Each State agency, local agency, or other subrecipient that distributes program benefits and services must take specific action to inform applicants, participants, and potentially eligible persons of their program rights and responsibilities and the steps necessary for participation.</i> Observe to determine if program benefits and services are made available to the public and all eligible individuals. Does the Provider have the Building for the Future flyer posted and/or available?
Q 2	Observe to determine if the services and program benefits are provided to all participants regardless of race, color, national origin, age, sex, or disability.
Q 3	Ask the provider if he/she has a current need for bilingual material.
Q 3 a	If the answer to question 3 is "Yes", record how the need is being met in the space provided. If the need exists but is not being met by the Provider, write as a program violation.
Q 4	Observed to determine if there are any requirements or procedures that would restrict or deny enrollment of a participant based on race, color, national origin, age, sex, or disability. Respond accordingly.

Q 5	<p><i>FNS Instruction 113-1 IX.A. 3 All information materials and sources, including Websites, used by FNS, State agencies, local agencies, or other subrecipients to inform the public about FNS programs must contain a nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information Web site. At the minimum, the nondiscrimination statement, or a link to it, must be included on the home page of the program information.</i></p> <p>Ask the Provider if she/he advertises. Ask to see a copy of all advertisements. (i.e. flyers, website, etc.)</p> <p>Determine if the advertisements reference admission or the CACFP. If so, review the document to ensure the nondiscrimination statement is on each advertisement. The nondiscrimination statement should read as follows:</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442; or email at program.intake@usda.gov. This institution is an equal opportunity provider.</p> <p>If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text that "This institution is an equal opportunity provider."</p>
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ANNUAL REQUIREMENTS	
Ask the Provider for his/her current ethnic and racial data form. Use the Provider's information to complete the chart. If the provider has not maintained his/her most current ethnic and racial documentation, write as a finding and skip to question 6.	
CURRENT REVIEW DATE	If this section of the review tool is being completed the day of the monitoring visit, document the current date.
PREVIOUS DATE	If this section of the review tool was completed in a previous monitoring visit within the previous 12 months document the date the information was collected.
Q 1	Ask the Provider for his/her current ethnic/racial data. Respond Accordingly.
Q 2	<i>FNS Instruction 113-1 XII.FNS Headquarters and Regional Offices, State agencies, local agencies, and other subrecipients must provide for and maintain a system to collect the racial and ethnic data in accordance with FNP policy These data will be used to determine how effectively FNS programs are reaching potential eligible persons and beneficiaries, identify areas where additional outreach is needed, assist in the selection of locations for compliance reviews, and complete reports as required.</i>
Q 2 a	Using the Providers most recent ethnic/racial data enter the total Hispanic or Latino. If no current information was provided for each category, enter 0. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin regardless of race.
Q 2 b	Using the information provided enter the total Not Hispanic or Latino. If no current information was provided enter 0.
Q 2 c	Add the Hispanic or Latino and Not Hispanic or Latino and enter the total.

Q 3	Using the Providers most recent ethnic/racial data enter the race categories. If no current information was provided for each category enter 0.
Q 3 a	Using the information provided enter the total American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Q 3 b	Using the information provided enter the total Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
Q 3 c	Using the information provided enter the total Black or African American. A person having origins in any of the black racial groups of Africa.
Q 3 d	Using the information provided enter the total Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Q 3 e	Using the information provided enter the total White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Q 3 f	Add each race category and enter the total. NOTE: When assessing the race category, the race totals must be <u>greater</u> than or equal to the total ethnic category.
Q 4	Review and assess the Provider’s racial categories. Respond accordingly.
Q 4 a	If the Provider has only one race enrolled, a statement of the general racial composition of the area that Provider serves is required.
Q 5	<i>Per Policy Memo CACFP 11-2021, issued May 17, 2021, visual observation and identification by CACFP Institutions is no longer an allowable practice for program operators to use during the collection of race or ethnicity data.</i> Respond accordingly. Please note that Institutions and facilities should no longer be collecting ethnic and racial data by observation as of Policy Memo CACFP 11-2021 cited above.
Q 6	<i>FNS Instruction 113-1 XII A.3. Such systems must ensure that data collected about potentially eligible persons, program applications, and participants are: a. Collected and retained by the service delivery point for each program as specified in the program regulations, instructions, policies and guidelines, b. Based on documented records and maintained for 3 years.</i> Ask the provider for his/her ethnic and racial data for the previous three years. If the Provider has not been participating for three years select N/A.
Q 7	<i>FNS Instruction 113-1 XII A.3. Such systems must ensure that data collected about potentially eligible persons, program applications, and participants are: a. Collected and retained by the service delivery point for each program as specified in the program regulations, instructions, policies and guidelines, b. Based on documented records and maintained for 3 years. C. Maintained under safeguards that restrict access of records only to authorized personnel.</i> Ask the Provider for his/her procedures for maintaining the confidentiality of beneficiary data (enrollment data, ethnic and racial data) collected on individuals and households.
TRAINING Q 1	<i>7 CFR §226.16(d)(3) Additional mandatory training sessions for key staff from all sponsored childcare and adult day care facilities not less frequently than annually.</i> Record the last programmatic training date the Provider attended by the Sponsor in the last 12

	months.
TRAINING Q 2	<p>7 CFR §226.16(d)(3) Additional mandatory training sessions for key staff from al sponsored childcare and adult day care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the Program's meal patterns, meal counts, claims submission and review procedures, recordkeeping requirements, and reimbursement system.</p> <p>Ask the Provider for his/her programmatic training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training.</p>
TRAINING Q 3	<p>FNS Instruction 113-1 XI. Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Local agencies are responsible for training their subrecipients, including "frontline staff." "Frontline staff" who interact with program applications or participants, and those persons who supervise "frontline staff," must be provided civil rights training on an annual basis.</p> <p>Record the last civil rights training date by the Sponsor the Provider attended in the last 12 months.</p>
TRAINING Q 4	<p>FNS Instruction 113-1 XI. Specific subject matter must include, but not be limited to: Collection and use of data, effective public notification systems, complaint procedures, compliance review techniques, resolution of noncompliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution, and customer service.</p> <p>Ask the Provider for his/her civil rights training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training.</p>

ATTENDANCE AND ENROLLMENT	
FULL NAME	Document the full name of all children <u>enrolled</u> .
IN ATTENDANCE	Enter a "1" for all enrolled children that are in attendance on the day of the review.
AGE	Enter the age of each enrolled child.
ENROLLMENT FORM	<p>7 CFR §226.18(e) Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal day and hours of care and the meals normally received while in care.</p> <p>Enter a "1" if the enrollment form per child is accurate and correct. If the enrollment is not accurate and correct enter "No".</p>
PROVIDER'S OWN CHILD	<p>7 CFR §226.18(e) Payment may be made for meals served to the provider's own children only when (1) such children are enrolled and participating in the child care program during the time of the meal service, (2) enrolled nonresident children are present and participating in the child care program and (3) provider's children are eligible to receive free or free or reduced-price meals.</p> <p>Put a "1" beside all enrolled children that are the Provider's own children. If the child is not the Provider's own child enter "No".</p>
MEAL PARTICIPANT	Put a "1" beside all enrolled meal participants. If the child did not participate in the meal service enter "No".
CLAIMING MEAL	If a meal is observed put a "1" by all children that the Provider is claiming a meal. If the Provider is not claiming the meal for a child, enter "No".

DOCUMENTS TO ASSESS ON THE DAY OF THE REVIEW	
MEAL SERVICE TIMES	
YES	Per the application check "Yes" for all meal services the Provider is authorized to serve.
NO	Per the application check "No" for all meal services the Provider is not authorized to serve.
START TIME/END TIME	7 CFR §226.18 (d) Each day care home participating in the program shall serve the meal types specified in it approved application in accordance with the meal pattern requirements.

	Per the information in the application, document the start and end times for each approved meal service.
Q 1	Observe to see if the Provider's serving times are in accordance with the approved Provider application.
Q 2	Observe to ensure the Provider is only claiming meals that have been approved on their Provider application.
Q 3	Observe to see that all meals claimed are within regulatory age limits. Children : Persons age 12 and under Children of migrant workers: Persons ages 15 and under Emergency Shelters: Persons age 18 and under At-Risk Afterschool Care Facilities: Persons age 18 and under
MEAL QUESTIONS	
Q 4	<i>7 CFR§ 226.23 (g) Sponsoring organizations for family day care homes shall ensure that no separate charge for food service is imposed on families of children enrolled in participating family day care homes.</i> Ask the Provider if he/she charges separately for meals claimed to the CACFP.
Q 5	Ask the Provider for his/her menus for the current month. If the monitoring visit is being conducted on the first week of a month, ask the Provider for current menus and menus for the previous month.
Q 6	<i>FNS Instruction 796-2 Rev. 4 IX E (1)(a)(3) Homes. Daily records of reimbursable meals served to eligible participants completed, for each meal service, by the end of the day.</i> Ask the Provider for his/her point of service meal counts for the current month. Assess the Provider's point of service meal counts for the current month. Observe to see if meal counts were documented for the previous day.
Q 6 a	If meal counts were not documented on the previous day, document the last day meal counts were documented by the Provider.
Q 7	Ask the Provider for his/her attendance records for the current month.
Q 7 a	Assess the provider's attendance counts for the current month. Observe to see if attendance was documented for the previous day.
Q 7 b	If attendance was not documented on the previous day, document the last day attendance was documented by the Provider.
Q 8	"Red Flag Section" this section allows the monitor to compare current day attendance and meal counts with the previous four-day meal counts and attendance to determine any discrepancies.
DATE	From the day of the monitoring visit, record the last consecutive five days the Provider recorded meal counts.
ENROLLMENT	Ask the Provider what the current enrollment was for each day recorded.
ATTENDANCE	Ask the Provider for all attendance records for each day recorded.
RECORDED MEAL COUNTS	Ask the Provider for all point of service meal count records for each day recorded. Document the total meal counts for the <u>meal observed</u> . Are the meal counts for the days documented consistent with the meal counts from the meal observation? NOTE: If the monitor observed lunch, then lunch meal counts must be documented. If no meal is observed, then meal counts should be documented for the meal that was served or previously served for that day. If the monitor was present during PM snack and PM snack was not observed, meal counts should be documented for lunch.
Q 8 a	After assessing the documentation, respond accordingly.
INFANT QUESTIONS	
A 1	Observe and ask the Provider if the Provider enrolls infants. If "No" skip to Meal observation on the Day of Review (As Applicable).
A 2	Observe and ask the Provider if infants are currently enrolled in the facility. If "No" skip to Meal observation on the Day of Review (As Applicable).
A 3	<i>7 CFR §226.23(b)(2) Breastmilk or iron-fortified infant formula, or portions of both, must be served to infants birth through 11 months of age. An institution or facility must offer at least one type of iron-fortified infant formula. Meals containing breastmilk or iron-fortified infant formula supplied by the institution or facility, or by the parent or guardian, are eligible for reimbursement.</i> <i>7 CFR §226.23(i) A parent or guardian may choose to accept the offered formula or decline the offered formula and supply expressed breastmilk or an iron-fortified infant formula instead. Meals in which a mother directly breastfeeds her child at the child care institution or facility are also eligible for reimbursement. When a parent or guardian chooses to provide breastmilk</i>

	<p>or iron-fortified infant formula and the infants is consuming solid foods, the institution or facility must supply all other required meal components in order for the meal to be reimbursable.</p> <p>Request the Infant Feeding Consent Form for all enrolled infants. Assess the Infant Feeding Consent Form for all enrolled infants to ensure the form are completed accurately.</p>
IF NO	Document the name(s) of all infants that do not have an Infant Feeding Consent Form.
A 4	Document the type of formula that is listed on the Provider's Infant Feeding Consent Form.
A 5	After assessing the Infant Formula Consent Form, ask the Provider to show you at least one can of the formula that was documented on the provider's Infant Feeding Consent Form.
A 6	Document the date of expiration from the can of formula provided by the Provider.
A 7	Ask the Provider if they provide solid foods to infants.
A 8	Ask the Provider if he/she provides all or all except one of the required components of the infant meal pattern.
A 8 a	<p>7 CFR §226.23(i) A parent or guardian may choose to accept the offered formula or decline the offered formula and supply expressed breastmilk or an iron-fortified infant formula instead. Meals in which a mother directly breastfeeds her child at the child care institution or facility are also eligible for reimbursement. When a parent or guardian chooses to provide breastmilk or iron-fortified infant formula and the infants is consuming solid foods, the institution or facility must supply all other required meal components in order for the meal to be reimbursable.</p> <p>Per the federal regulations, the parent should provide no more than one component of the infant meal pattern.</p>

MEAL OBSERVATION THE DAY OF THE REVIEW (AS APPLICABLE)	
NO MEAL OBSERVED	<p>7 CFR §226.16 (d)(4)(iii)(B) At least one unannounced review must include observation of a meal service.</p> <p>If no meal was observed, check the box. (Skip to Meal Count Section)</p> <p>NOTE: Federal regulations states at least one unannounced review must include observation of a meal service.</p>
TYPE OF MEAL OBSERVED	Document the meal service type being observed.
TIME FROM	Document the actual start time of the meal service observed.
TIME TO	Document the actual end time of the meal service being observed.
INFANT MEAL OBSERVATION	
NO INFANTS IN ATTENDANCE	Check the box if no infants were in attendance on the day of the meal service observation. Skip to Section B. Children
NO INFANTS BEING FED	If infants were not observed being fed during the meal observation, check the box. Skip to Section B. Children
INFANTS IN ATTENDANCE	Record the total number of infants in attendance that were not served a meal during the meal observation.
# SERVED B—5 MO	Document the total number of infant's birth to 5 months that were actually observed being fed during the meal observation.
# SERVED 6—11 MO	Document the total number of infants 6 to 11 months that were actually observed being fed during the meal observation.
AMOUNT PREPARED FOR MEAL SERVICE	Ask the Provider or the person that prepared the meal how much of each food component was prepared for the meal service observed. Record the measurable amounts (in the units specified on the monitoring tool) prepared by the Provider for each meal component.
AMOUNT TO BE ADEQUATE	Record the measurable amounts (in units on tool) required for each food component using the Food Buying Guide as well as the minimum serving requirements by age group from the federal regulations.
ADEQUATE YES / NO	Check "Yes" if the amount served was adequate when compared to the required amount. Check "No" if the amount served was inadequate when compared to the required amount.
MEAT/MEAT ALTERNATE	Record the meat/meat alternate component observed being served.
VEGETABLE/FRUIT	Record the vegetable and/or fruit component observed being served.
INFANT CEREAL/GRAIN	Record the iron-fortified infant cereal and/or grain component observed being served.
BREASTMILK/IRON-FORTIFIED FORMULA	Record breastmilk and/or type of Iron-Fortified Formula component observed being served.

B. CHILD MEAL OBSERVATION	
# SERVED	Document the total number participants observed by age group minus the number of participants that received a non-dairy beverage, per age group.
# SERVED NON-DAIRY BEVERAGE	Document the total number of participants observed by age group that received a non-dairy beverage.
AMOUNT PREPARED	Ask the Provider or the person that prepared the meal how much of each food component was prepared for the meal service observed. Record the measurable amounts (in the units specified on the monitoring tool) prepared by the Provider for each meal component.
AMOUNT TO BE ADEQUATE	Record the measurable amounts (in units on tool) required for each food component using the Food Buying Guide as well as the minimum serving requirements by age group from the federal regulations.
ADEQUATE YES/NO	Check "Yes" if the amount served was adequate when compared to the required amount. Check "No" if the amount served was inadequate when compared to the required amount.
MEAT/MEAT ALTERNATE	Record the meat/meat alternate component observed being served.
FRUIT	Record the fruit component observed being served.
VEGETABLE/VEGETABLE	Record the vegetable component, and 2nd vegetable component if applicable, observed being served.
GRAIN	Record the grain component observed being served.
WHOLE MILK	Record the whole milk component observed being served.
LOW-FAT/SKIM MILK	Record the low-fat or skim milk component observed being served.
NON-DAIRY BEVERAGE	Record all non-dairy beverage component(s) observed being served.
B 1	<p>7 CFR § 226.20(a) Except as otherwise provided in this section, each meal served in the Program must contain, at a minimum, the indicated food components....</p> <p>7 CFR §226.20(c) Institutions and facilities must serve the food components and quantities specified in the following meal patterns for children and adult participants in order to qualify for reimbursement.</p> <p>Based on the meal observed, ensure the meal met the CACFP meal pattern requirements. 7 CFR § 226, the Food Buying Guide, and the Creditable Foods Guide can be used to make a determination. The monitor must also ensure that the appropriate amount of each food item per participant per age group was provided for all food items served. NOTE: The New CACFP Meal Pattern is effective October 1, 2019.</p>
B 2	<p>7 CFR §226.20(p) Meals served under this part must contribute to the development and socialization of children. Institutions and facilities must not use foods and beverages as punishments or rewards.</p> <p>Observe to ensure all food components were served at the same time. Milk must be served with the meal.</p>
B 3	<p>7 CFR §226.20 (g)(ii) A parent, guardian adult participant, or a person on behalf of an adult participants may supply one or more components of the reimbursable meal as long as the institution or facility provides at least one required meal component. Per federal regulations, the parent/guardian is permitted to bring one meal component item and the Provider is still be eligible to claim the meal.</p>
B 4	<p>7 CFR §226.23(a)(ii) Children two through five years old must be served either unflavored low-fat (1 percent) or unflavored fat-free (skim) milk.</p> <p>During the meal observation, check to ensure that all the participants ages 2 years and older received fat-free and/or low-fat milk. Meals served to participants 2 years and older that did not include fat-free and/or low-fat milk cannot be claimed for reimbursement unless the participant has a medical condition or disability, or the non-dairy beverage is the nutritional equivalent of cow's milk.</p>
B 5	<p>Policy Memo CACFP 17-09 and CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP</p> <p>7 CFR §226.23(g) Reasonable substitutions must be made on a case-by-case basis for foods and meals described in paragraphs (a), (b), and (c) of this section for individual participants who are considered to have a disability under 7 CFR 16b.3 and whose disability restricts their diet.</p> <p>7 CFR §226.23(g)(2) Substitutions may be made on a case-by-case basis for foods and meals described in paragraphs (a)(b), and (c) of this section for individual participants without disabilities who cannot consume the regular meal because of medical or special dietary needs.</p> <p>During the meal observation, observe to see if any participant received a meal modification. If a meal modification is observed ask the provider for the participant's name(s). If not observed, ask the provider if he/she has any enrolled participants with disabilities or medical conditions.</p>

B 5 a	<p>7 CFR §226.23(g)(i) A written statement must support the need for the substitution. The statement must include recommended alternate foods, unless otherwise exempted by FNS, and must be signed by a licensed physician or licensed health care professional who is authorized by State law to write medical prescriptions.</p> <p>If the Provider has children enrolled that require meal modifications, ask the Provider for medical statements.</p>
B 5 b	Review the Provider's menus to ensure all meal modifications were documented on the menu.
B 6	During the meal observation, look to see if non-dairy beverages were offered to participants. Look in the Provider's refrigerator(s) to see if the Provider has non-dairy beverages.
B 6 a	For all non-dairy beverages, assess the product label, using the Non-Dairy Tool (www.nutritionnc.com). Ensure all non-dairy beverages are nutritionally equivalent to fluid milk and met the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk.
B 7	<p>Refer to policy memo CACFP 11-18</p> <p>Observe to see if water is being made available or participants have access to water throughout the day. If water access or availability is not obvious, ask the Provider how he/she ensures participants have access to water throughout the day.</p>
B 8	<p>7 CFR §226.23 (n) Family style is a type of meal service which allows children and adults to serve themselves from common platters of food with the assistance of supervising adults.</p> <p>7 CFR §226.23 (n)(3) Institutions and facilities which use family style service may not claim second meals for reimbursement.</p>
B 8 a	<p>7 CFR §226.23(n)(1) A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the components, as outline in paragraphs (c)(1) and (2) of this section, for all children or adults at the table and to accommodate supervising adults if they wish to eat with the children and adults.</p> <p>Observe to see if each child is offered all components of the meal pattern.</p>
B 8 b	<p>7 CFR §226.23 (n)(1) A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the components, for all children or adults at the table and to accommodate supervising adults if they wish to eat with the children and adults.</p> <p>7CFR §223.23(n)(2) Children and adults must be allowed to serve the food components themselves, with the exception of fluids(such as milk). During the course of the meal, it is the responsibility of the supervising adults to actively encourage each child and adult to serve themselves the full required portion of each food component of the meal pattern. Supervising adults who choose to serve the fluids directly to the children or adults must serve the required minimum quantity of to each child or adult.</p> <p>Ask the Provider the amounts of each component that was offered to the participants. Ensure that the minimum servings of all required components were offered for all participants.</p>

ASSESSMENT OF DOCUMENTATION FOR THE TEST MONTH

MEAL COUNTS	
TOTAL DAYS OF FOOD SERVICE	Ask the Provider for their point of service meal counts and attendance for the review month. Review the attendance and meal count records to determine the number of days food service was provided for the test month.
AVERAGE DAILY ATTENDANCE	Using the Provider's attendance record, calculate the average daily attendance for the facility for the review month. The average daily attendance is calculated by adding the total attendance and dividing the total attendance by the total number of days food was provided.
PROVIDER REPORTED	Record the total number of meals reported by the Provider each meal service for the test month.
REVIEWER VERIFIED	Compare attendance records to the point of service meal counts for the test month. Meal counts must not exceed attendance. Record the verified meal counts for each meal service claimed.
OUTCOME REVIEW OF RECORDS	For each meal service document the appropriate response: C = correctly stated, O = overstated, U = understated.
Q 1	Has the Provider documented and maintained point of services meal counts by type for all meals served to all enrolled participants? Respond accordingly.
Q 2	Assess and compare the Provider's attendance and meal count records for the test month. Compare the Provider's attendance records against the daily point of service meal count records.
Q 3	Obtain the holiday/vacation schedule for the Provider. Assess the Provider's meal count records to ensure meals were not claimed on the days the Provider was closed for the test month.
Q 4	7 CFR 226.18 (c) Each day care home must serve one or more of the following meal types-breakfast, lunch, supper, and snack.

	<p>Reimbursement may not be claimed for more than two meals and one snack, or one meal and two snacks, provided daily to each child.</p> <p>Assess the Provider's meal count records to determine if more than 2 meals and 1 snack or 2 snacks and 1 meal were claimed for each enrolled child. If "Yes", the meals must be disallowed.</p> <p>NOTE: If the Provider uses an on-line program, all meals served are entered in the program for tax purposes. However, for the purpose of the CACFP, the Provider will only be reimbursed for no more than 2 meals and 1 snack or 2 snacks and 1 meal.</p>				
Q 5	After assessing the Provider's attendance and meal count records, determine if there was evidence of block claiming.				
MENU REVIEW					
# MEALS DISALLOWED	<p>7 CFR §226.18 (d) Each day care home participating in the program shall serve the meal types specified in its approved application in accordance with the meal pattern requirements specified in 226.20. Menu records shall be maintained to document compliance with these requirements.</p> <p>After assessing the Provider's menus for the test month, if meals do not meet the meal pattern requirements, document the number of meals to be disallowed per meal service type and document reason code. Ex. Breakfast- 23-H</p>				
	Number of Meals Disallowed	Reason Codes			
Breakfast	23-H	A	Missing Menu	H	Missing fruit or vegetable component
AM Snack		B	Missing milk component	I	Juice served more than once per day
Lunch		C	Incorrect type of milk	J	Missing meat/meat alternate component
PM Snack		D	Missing grain component	K	Yogurt exceeds sugar limit
Supper		E	Missing whole grain-rich grain once per day	L	Missing 2 nd creditable component
Night Snack		F	Grain-based dessert served as grain component	M	Deep-fat frying on site/in satellite kitchen
Late PM Snack		G	Breakfast cereal exceeds sugar limit	N	Missing Infant Breastmilk/Infant Formula
Enter necessary explanations for "O-Other" reasons below:					
Q 1	Review and assess the Provider's menus for the test month, look to see if the type of milk was recorded on the menu.				
Q 2	Review and assess the Provider's menus for the test month, look to see if a fruit and vegetable or two vegetables was provided daily at lunch and/or supper for children.				
Q 3	<p>7 CFR§ 226.20(A)(2)(i) Pasteurized, full-strength vegetable juice may be used to fulfill the entire requirement. Vegetable juice or fruit juice may only be served at one meal, including snack, per day.</p> <p>Review and assess the Provider's menus for the test month, look to see if 100% juice was offered no more than once per day.</p>				
Q 4	<p>7 CFR §226.20(b)(4)(ii)(A) Breakfast, Lunch, or supper ...Fruit juices and vegetables juices must not be served.</p> <p>7 CFR§ 226.20(b)(4)(ii)(B) Snack.....Fruit juices and vegetables juices must not be served.</p> <p>Review and assess the provider's infant menus for the test month, look to see if juice was offered to infants.</p>				
Q 5	<p>7 CFR§ 226.20(a)(4)(A) At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains in the food are enriched, and must meet the whole grain-rich criteria specified in FNS guidance.</p> <p>Review and assess the Provider's menus for the test month, look to see if at least one serving of whole grain was identified on the menu each day.</p>				

Q 6	<p>7 CFR §226.20(a)(4)(A) At least one serving per day, across all eating occasions of bread, cereals, and grains, must be whole grain-rich. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains in the food are enriched, and must meet the whole grain-rich criteria specified in FNS guidance.</p> <p>Review and assess the Provider’s menus for the test month, look to see if all grains are either whole grain or enriched.</p>
Q 7	<p>7 CFR §226.20(a)(4)(B)(ii) Breakfast cereals are those as defined by the Food and Drug Administration in 21 CFR § 170.3(n)(4) for ready-to-eat and instant and regular hot cereals. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).</p> <p>Review and assess the Provider’s menus for the test month, look to see if all breakfast cereals contains six grams of sugar or less per dry ounce.</p>
Q 8	<p>Review and assess the Provider’s menus for the test month, look to see if the type of cereal is identified on the menu.</p>
Q 9	<p>7 CFR §226.20(a)(4)(B)(iii) Grain-based desserts do not count towards meeting the grains requirement.</p> <p>Review and assess the Provider’s menus for the test month, look to see if grain-based desserts are counted towards the grain component.</p>
Q 10	<p>Review and assess the Provider’s menus for the test month, look to see if meat/meat alternates are served at breakfast, that they are served in place of grains no more than three times per week.</p>
Q 11	<p>7 CFR§ 226.20(d)Deep-fat fried foods that are prepared on-site cannot be part of the reimbursable meal. For this purpose, deep-fat frying means cooking by submerging food in hot oil or other fat. Foods that are pre-fired, flash-fried, or par-fried by a commercial manufacturer may be served but must be reheated by a method other than frying.</p> <p>Review and assess the Provider’s menus for the test month, look to see if deep fat frying is being used as a cooking method.</p>
Q 12	<p>7 CFR §226.20(A)(1)(i) Children one year of age must be served unflavored whole milk.</p> <p>Review and assess the Provider’s menus for the test month, look to see if unflavored milk is being provided to participants from one to five years of age.</p>
Q 13	<p>7 CFR§ 226.20(A)(1)(ii) Children two through five years old must be served wither unflavored low-fat (1 percent) or unflavored fat-free (skim) milk.</p> <p>If flavored milk is being provided look to see if the milk is fat free or 1%. Ensure the flavored milk is only being provided to participants ages 6 and up.</p>
Q 14	<p>If combination foods are noted on the Providers menus, ask the Provider for the CN label, product formulation statement or standardized recipe.</p>
SUMMARY – NO CAD	
SUMMARY	If no program violations were noted in the review, print this page and obtain the required signatures. You are permitted to email a copy of the review to the facility.
PROVIDER’S AUTHORIZED REPRESENTATIVE	The Provider or Provider’s authorized representative must sign his/her name.
PROVIDER’S AUTHORIZED REPRESENTATIVE TITLE	The Provider’s authorized representative must provide his/her title.
DATE	The Provider or Provider’s authorized representative must provide the date he/she signed.
SPONSORING ORGANIZATION’S REPRESENTATIVE	The Sponsoring Organization’s authorized representative must sign his/her name.
SPONSORING ORGANIZATION’S REPRESENTATIVE TITLE	The Sponsoring Organization’s representative must provide his/her title.
DEPARTURE TIME	The Sponsoring Organization’s representative must provide the departure time when the review is completed.
DATE	The Sponsoring Organization’s representative must provide the date he/she signed.

SUMMARY – CAD REQUIRED	
SUMMARY	If program violations were noted in the review this page must be completed. Print this page and obtain the required signatures. You are permitted to email a copy of the review to the Provider.

PROVIDER OR PROVIDER'S AUTHORIZED REPRESENTATIVE	The Provider or Provider's authorized representative must sign his/her name.
PROVIDER REPRESENTATIVE TITLE	The Provider's authorized representative must provide his/her title.
DATE	The Provider or Provider's authorized representative must provide the date he/she signed.
TOTAL ESTIMATED AMOUNT DUE	After assessing all documentation, determine if allowances/disallowances are required. Determine an estimate of monies due or owed to the Provider.
TECHNICAL ASSISTANCE PROVIDED	If program violations were noted, provide technical assistance for all program violations cited.
WRITTEN RESPONSE DATE	Provide the date when the Provider's corrective actions are due. If the Sponsoring Organization's representative will not make an on-site visit, the Provider must mail/fax/email the corrective action document to the Sponsoring Organization's representative.
WRITTEN RESPONSE ADDRESS	Provide the date when the Provider's corrective actions are due. If the Sponsoring Organization's representative will not make an on-site visit the facility must mail/fax/email the corrective action document to the Sponsoring Organization's representative.
SPONSORING ORGANIZATIONS REPRESENTATIVE	The Sponsoring Organizations authorized representative must sign his/her name.
SPONSORING ORGANIZATIONS REPRESENTATIVE TITLE	The Sponsoring Organizations representative must provide his/her title.
DEPARTURE TIME	The Sponsoring Organizations representative must provide the departure time when the review is completed.
DATE	The Sponsoring Organizations representative must provide the date he/she signed.

SUMMARY OF FINDINGS

TAB/ITEM	Provide the tab as well as the item of the finding cited.
BRIEF DESCRIPTION	Write a brief description of each finding from the review next to the appropriate tab and item number.
REPEAT FINDING	If the program violation is a repeat finding, write "Yes" if the program violation is not a repeat finding write "No."
CORRECTIVE ACTION DOCUMENT	Write an appropriate corrective action that the facility needs to complete in order to be in compliance for each finding.
CORRECTIVE ACTION DUE	Provide the date that the corrective action document is due to the Sponsoring Organization.
ON SITE FOLLOW UP	Record "Yes" if the Sponsoring Organization's representative will return to the facility to ensure that the correction action was completed. Record "No", if the Sponsoring Organization's representative will not make an on-site visit.

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