

Test Month/Year:

SPONSORING ORGANIZATION FACILITY MONITORING TOOL

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	

LICENSING AND ELIGIBILITY					
Facility Type		Child Care Facility – Non-Profit			Child Care Facility – For-Profit
		At-Risk			Outside-School Hours Care
		Head Start			Emergency Shelter
		Adult Day Care Facility – Non-Profit			Adult Day Care Facility – For-Profit
License Number			Effective Date		
License Capacity	1 st		2 nd		3 rd
1	Total attendance on the day of review				
2	Enrollment total of the Facility				
				Yes	No
3	The Facility has a current DHHS/State License/Military.				
4	The Facility is at/within license capacity at the time of review.				
5	The Facility is at/within age limits at the time of review.				
6	The Facility is at/within Facility/child ratios at the time of review.				
At-Risk Facility/Emergency Shelter ONLY					
7	Building Capacity (if applicable)				
8	Room Capacity (if applicable)				
9	Does the At-Risk Facility offer an enrichment or educational program?				

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a	Document the activities being conducted during the review:

REVIEW OF RECORDS AND DOCUMENTATION

RECORDKEEPING

		Yes	No	N/A
Affiliated Facility Check Box (skip to #10)				
1	Sponsor/Facility Agreement (Unaffiliated Facilities only)			
2	Attachment A - General Terms and Conditions			
3	Attachment B - Certifications			
4	Attachment D - State Grant Certification, No Overdue Tax Debts OR State Grant Certification - For Individual Sub Grantees			
5	Attachment E - Conflict of Interest with Conflict of Interest Policy			
6	Attachment F - Contractor's Certification			
7	Certification of Single Exclusive CACFP Agreement - Facility			
8	Information on Owners/Principals - Facility			
9	CAC 9 A Sponsored Facility Budget			

All Facilities (Affiliated and Unaffiliated questions 10-16)

10	Annual Information Certification for Facilities			
11	Copies of Food Service Management Contracts (FSMC) with attachments (A, B)			
12	Does the Facility have an FSMC with a total value greater than \$250,000?			
13	If the answer to #12 is "Yes," is the copy of the bid for the FSMC on file?			
14	The Facility has made information about WIC available to parents/guardians of children enrolled in the CACFP.			
15	Has the local sanitation agency made a recent inspection?	Date:		
16	Has the local fire department made a recent inspection?	Date:		

MONITORING

1	Is the Facility new to CACFP?			
a	If "Yes" to #1, provide the date that the Facility was approved to participate with the CACFP.			
b	If "Yes" to #1, was the first monitoring visit conducted within the first 4 weeks of program participation?			
c	If "Yes" to #1, provide the date of the first monitoring visit conducted.			

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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?			

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, age, sex, or disability? (e.g. social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)			
3	Is there a need for bilingual materials? If "Yes," how is this addressed?			
a				
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 there any requirements or procedures which restrict or deny enrollment on the basis of race, color, national origin, age, sex, or disability?			
7	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	
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***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			

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d	Native Hawaiian or Other Pacific Islander			
e	White			
f	Total Race			
		Yes	No	N/A
4	Is the Facility's current participation representative of more than one racial group?			
a	If "No," 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?			
TRAINING				
		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?			
PROPERTY STANDARDS				
		Yes	No	N/A
1	Did the Facility purchase equipment (purchase price > \$5,000) in whole or in part using CACFP funds?			
2	Are there written procedures for the management of equipment, whether acquired in whole or in part with CACFP funds, until disposition takes place?			
3	Does the Facility have and maintain property records for all equipment acquired in whole or in part with CACFP funds?			
4	Does the Facility have records of a complete physical inventory updated at least once every two years, for all equipment acquired in whole or in part with CACFP funds?			
5	Does the Facility have a control system in place which:			
a	Ensures the equipment is only used for authorized purposes?			
b	Includes adequate loss, damage, or theft prevention measures?			
c	Includes a process for investigating any loss, damage, or theft of equipment?			
d	Includes equivalent insurance coverage for property owned by the Facility?			
6	Does the Facility maintain procedures to keep the property in good condition?			

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						Yes	No	
2	Are infants currently enrolled with the Facility? [If "No," skip to section Meal Observation on the Day of Review (As Applicable)]							
3	Does the Facility offer the infant meal pattern to currently enrolled infants?							
	If "No," list participants for whom the Facility lacks the documentation that the infant meal pattern is offered, including Infant Feeding Consent Form:							
4	List the type of infant formula the Facility provides:							
5	Is the formula offered by the Facility in stock?							
6	Provide the expiration date of the formula in stock:							
7	Are solid foods provided?							
8	Does the Facility provide all or all except one of the required components of the infant meal pattern?							
a	If "No," does the parent provide no more than one component of the infant meal for meals claimed?							
MEAL OBSERVATION ON THE DAY OF THE REVIEW (AS APPLICABLE)								
No Meal Observed Check Box (SKIP to Meal Count Section)								
	Type of Meal Observed							
	Time Served FROM		AM		PM			
	Time Served TO		AM		PM			
A. INFANT MEAL OBSERVATION								
Check the appropriate box below:								
	No infants were in attendance during meal observation (skip to section B)							
	No infants were being fed during meal observation – fed on demand (skip to section B)							
	Number of infants in attendance but not served during meal observation:							
	Number served for each age group:		Birth – 5 months					
			6 – 11 months					
Food Component (Infants)			Amount prepared for meal service	Amount to be adequate	Adequate			
					Yes	No		
Meat/Meat Alternate Component (Tbsp. or Oz.)								
Vegetable/Fruit Component (Tbsp.)								
Iron-Fortified Infant Cereal/Grain Component (Oz. eq.)								
Breastmilk/Iron-Fortified Formula Component (Fl. oz.)								

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B. CHILD/ADULT MEAL OBSERVATION

	# Served	# Non-Dairy			
1 year					
2 years					
3-5 years					
6-12 years					
13-18 years					
Program Adults					
Non-program Adults					
Food Component (Children/Adults)		Amount prepared for meal service	Amount to be adequate	Adequate	
				Yes	No
Meat/Meat Alternate Component (Oz./lbs./etc.)					
Fruit Component (Cups)					
Vegetable/Vegetable Component (Cups)					
Grain Component (Oz. eq.)					
Whole Milk Component (Fl. oz./cups/gal.)					
Low-Fat/Skim Milk Component (Fl. oz./cups/gal.)					
Non-Dairy Beverage Component (Fl. oz./cups/gal.)					
			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 over 2 years of age 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," is a signed medical statement or comparable documentation describing the medical condition available for review?				

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b	Are meal modifications documented on the menu?			
6	Were non-dairy beverages served in lieu of fluid milk?			
a	If "Yes," 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 National School Lunch Program (NSLP) regulations at 7 CFR section 210.10 (m)(3)?			
7	Is water made available to drink during meal service and throughout the day?			
8	If family style dining is used, answer the following questions:			
a	Is each participant offered all components?			
b	Is enough food available to provide the minimum servings of all required components for all participants?			

ASSESSMENT OF DOCUMENTATION FOR THE TEST MONTH

IEAs AND ENROLLMENT

Verification of Income Eligibility Applications

N/A – This is an At-Risk Facility – SKIP THIS SECTION

Facility Reported		Sponsor Verified (IEAs)		Sponsor Verified Enrollment	
Free		Free		Free	
Reduced		Reduced		Reduced	
Denied		Denied		Denied	
Total		Total		Total	

		Yes	No	N/A
1	Has the Facility distributed income eligibility applications for free and reduced-price meals to the families of participants enrolled in the Facility? Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters			
2	Does the Facility use the current income eligibility application and parent/guardian letter approved by the State agency? Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters			
3	Are income eligibility applications on file at the Facility? Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters			
4	Are income eligibility applications correctly classified for all participants classified as eligible for free, reduced-price, and denied meals? Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters			
5	Has the Facility accurately submitted the number of enrolled participants classified as free, reduced-price, and denied for the test month(s) reviewed?			

ADULT DAY CARE ONLY

		Yes	No	N/A
1	Does the Facility have enrollment records indicating the age of each adult?			
2	Does the Facility have records indicating the living arrangements of adults?			

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		Yes	No	N/A
3	Does the Facility provide care for functionally impaired adults?			
4	Are records available to indicate that each adult between the ages of 18-60 years of age meets the functionally impaired criteria?			
5	Are those adults who are not functionally impaired 60 years of age or older?			
6	Does the Facility have individual care plans for all enrolled functionally impaired adults?			

FOR-PROFIT VERIFICATION

N/A – this is a Non-Profit Facility – **SKIP THIS SECTION**

FOR-PROFIT VERIFICATION

1	Check method used
	Official DSS Title XIX and/or XX OR F/R Documentation

Proprietary For-Profit Facilities

Month / Year	Licensed Capacity	Total Enrollment	# Receiving Title XIX or XX or F/R Benefits	Percentage Receiving Benefits

FISCAL INTEGRITY (UNAFFILIATED FACILITIES ONLY)

AFFILIATED FACILITIES SKIP TO MEAL COUNT SECTION

CACFP Administrative Expenses

Budgeted	Budgeted Annual	Facility Reported	Sponsor Verified
Administrative Labor			
Administrative Benefits			
Administrative Equipment (Direct Expense)			
Administrative Equipment (Depreciation)			
General Office Supplies			
Administrative Travel			
Administrative Training			
Contracted Services			
Communications			
Indirect Costs			
Other Administrative Expenses			
Total Administrative Expenses			

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CACFP Operating Expenses					
Budgeted	Budgeted Annual	Facility Reported	Sponsor Verified		
Non-Food Supplies (for food service)					
Operating Labor					
Operating Fringe Benefit					
Rent					
Utilities					
Contracted Services					
Food					
Food Service Management Company / School Food Authority					
Operating Travel					
Operating Equipment (Direct Expense)					
Operating Equipment (Depreciation)					
Other Operating Expenses					
Total Operating Expenses					
	N/A – this is an Affiliated Facility – SKIP THIS SECTION		Yes	No	N/A
1	Does the Facility utilize a General Ledger (GL) or other comprehensive record management system that captures all financial transactions and/or activities conducted for the Facility's food service program?				
2	Does the Facility have invoices/receipts to support all financial transactions captured in the GL or record management system that established what was purchased and proof it was actually paid?				
3	Are all reported receipts and disbursements line items on the approved Annual Budget?				
4	Does the Facility have full oversight over the accountability for all program assets as evidenced by periodic bank reconciliations?				
5	Do the Facility's bank statements reconcile with the receipts and invoices reported on the claim for reimbursement?				
6	Are CACFP costs that are paid with CACFP reimbursement allowable?				
7	Were all expenses reported?				
8	Does the Facility track expenses based on the approved budget?				
9	Does the Facility operate a non-profit food service operation?				
10	Does the Facility have an excess balance?				
11	Does the Facility maintain accurate and complete time and attendance records that support labor costs charged to the CACFP?				
12	Did the Facility obtain State agency approval, or if necessary, prior approval, specific prior written approval, or FNS approval for all expenses utilizing program funds?				

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13	Does the Facility claim less-than-arms-length transaction expenses on the CACFP?			
a	If "Yes," was specific written approval obtained by the State agency?			
14	Is there documentation on file to support contract work?			
a	If "Yes," do invoices coincide with payments made to the contractor?			
15	Are shared costs prorated appropriately so that the CACFP is charged only for the portion used?			
16	Does the Facility accept any donated foods?			
a	If "Yes," does the Facility properly track its received donations?			
17	Do catered meal delivery tickets support the number of meals claimed?			
18	Did the Facility depreciate equipment in the current fiscal year?			
19	If depreciation is charged for a given month, is the depreciation expense calculated correctly?			

MEAL COUNTS

Total # days food service was provided		Average Daily Attendance	
Meals Served	Facility Reported	Sponsor 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 meal and two snacks or two meals and one snack per participant (Exemption: Emergency Shelters & At-Risk Afterschool)?			
5	At-Risk Afterschool Only: Did the Facility report more than one snack and one meal per day per child?			
6	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 infant formula/breastmilk	I	Missing grain component		
AM Snack			B	Juice served to infants	J	Missing vegetable or fruit component		
Lunch			C	Missing creditable grain for infants at snack	K	Juice served more than once per day		
PM Snack			D	Missing meat/meat alternate/iron-fortified infant cereal	L	Missing meat/meat alternate component		
Supper			E	Missing milk component	M	Yogurt exceeds sugar limit		
Night Snack			F	Missing whole grain-rich once per day (child and adult menus only)	N	Missing 2 nd creditable component at snack (child and adult menus only)		
			G	Grain-based dessert served	O	Deep-fat frying on site/in satellite kitchen		
			H	Cereal exceeds sugar limit	P	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	Is juice offered to infants?							
5	Was at least one serving of whole grains identified on the menu each day?							
6	Are all grains either whole grain or enriched?							
7	Are all breakfast cereals six grams of sugar or less per dry ounce?							
8	Is the type of cereal identified on the menu?							
9	Are grain-based desserts counted towards the grain component?							
10	If served at breakfast, are meat/meat alternates served in place of grains no more than three times per week?							
11	Is deep-fat frying used as a cooking method?							
12	Is unflavored milk provided to participants from one to five years of age?							
13	If served, is flavored milk fat-free/1% for participants ages six and up?							
14	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.			
Facility's Authorized Representative			
Facility's Authorized Representative Title		Date:	
Sponsoring Organization Representative			
Sponsoring Organization Representative Title			
Departure Time		Date:	

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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 Sponsoring Organization Representative discussed the findings in this report with me prior to my signing it. I understand that the Sponsoring Organization 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.

Facility's Authorized Representative			
--------------------------------------	--	--	--

Facility's Authorized Representative Title		Date:	
--	--	-------	--

Circle One: Total Estimated Amount Due / Or Disallowances Previously Deducted:	\$	
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I, the Sponsoring Organization 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 Sponsoring Organization Representative
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	Written response to Sponsoring Organization reviewer by Facility on/before:	
--	---	--

	Send written response to:	
--	---------------------------	--

Sponsoring Organization Representative			
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Sponsoring Organization Representative Title			
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Departure Time		Date:	
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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