INSTRUCTIONS:

CACFP At-Risk Afterschool Meals Program/Outside School Hours Care Program
Sponsoring Organization Monitoring Review Form

Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the Program at all At-Risk Childcare facilities under its sponsorship. Sponsors must adhere to the following review schedule:

- Annually review each facility three times per fiscal year – October 1 thru September 30.
- At least two of the reviews must be unannounced.
- At least one unannounced review must include observation of a meal service.
- At least one review must be during each new facility's first four weeks of operation.
- No more than 6 months may elapse between reviews.

Visit preparation:
- Review prior monitoring forms to identify problems.
- Review prior claim for reimbursements to identify problems (over claims, block claiming, etc.).
- Determine if review will be "announced" or "unannounced".
- Determine approved meal types, level of meal service, meal service times, days of operation, and operation hours.
- Determine date of last eligibility determination and the name of school used.

General Information Section:
Enter information in order using information gathered prior to the visit.

Prior Visit:
Document information obtained during visit preparation.

Meal Observation A.:
Document the meal type served and the serving sizes on day of visit.

Meal Observation B.:
Document how the meal service was conducted to include observation of meal delivery, time of meal service, number of meals served, service to program adults, and meals discarded.

Facility Review Questions:
Check appropriate answer in the following areas:
- Training
- Food Service Space
- Facilities, and Equipment, Sanitation
- Food Safety, Recordkeeping
- Civil Rights

Five-Day Reconciliation:
Complete 5-Day Reconciliation for facility. Follow instructions documented.

Monitoring Visit Summary:
- Document Program Violations.
- Document the Recommended Corrective Action.
- Document Corrective Action taken day of visit.
- Document name and title of person corrective actions were discussed.
- Document date that further action needed.

Signatures:
Facility representative and monitor sign and date certifying review of monitoring form on day of visit. Sponsor representative must review and certify monitoring form. Sponsor must determine if follow-up visit is needed to correct problems.

South Carolina Department of Social Services
CACFP At-Risk Afterschool Meals Program/Outside School Hours Care Program
Sponsoring Organization Monitoring Review Form

Sponsor: _____Facility Name: _____

Facility Address: _____Telephone: _____

Date of Visit: _____ Monitor's Arrival Time: _____Monitor's Departure Time: _____

Program Type: [ ] At-Risk Afterschool Meals Program [ ] Outside School Hours Care Program

Date of Last Eligibility Determination: _____ Name of School: _____

Type of Visit (Check all that apply): [ ] Announced Review [ ] Unannounced Review Visit #: _____ of _____

(Note: Visits must be conducted within the federal fiscal year – October 1 thru September 30.)

Meal Type Reviewed: [ ] Breakfast [ ] AM Snack [ ] Lunch [ ] PM Snack [ ] Supper Approved Meal Time: _____

Days of Operation: [] Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. [] Sun. Operating Hours: _____ to _____

Approved Level of Meal Service: _____ Today's Attendance: _____

Prior Visit:

A. If applicable, list any problem areas noted during the last review, and give date of review.
_____

B. Have these problems been corrected as of today's visit? Yes ❒ No ❑
If no, indicate what follow-up action is necessary and the timeframe required for correction. _____
_____

Meal Observation:

A. Meal Observed	Breakfast	AM Snack	Lunch	PM Snack	Supper	Serving Size
Meat/Meat Alternate						
Vegetable						
Fruit/Vegetable						
Bread/Bread Alternate						
Milk						
Is water made available for meal service? "yes" or "no"						

B. Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# Meals delivered (If applicable) Name of Vendor:_____					
Time meals delivered (If applicable)					
Time meals served					
# Meals served to children					
# Meals documented by facility staff *(If this number is different than meal count documented by Monitor, have staff explain the variance.)*					
# Meals served to Program adults *(Adult meals cannot be claimed for reimbursement.)*					
# Meals discarded (spoiled, incomplete, etc.)					
Note components or insufficient quantities of food observed in today's meal service:					

	Facility Review Questions	Yes	No	NA
Training				
1.	Has the facility personnel attended the sponsoring organization's annual training sessions?	☐	☐	☐
Food Service				
2.	Does the facility have sufficient food service supervision?	☐	☐	☐
3.	Is the menu posted?	☐	☐	☐
4.	Are the previous month menus retained on file?	☐	☐	☐
5.	Are all required components served for each snack/meal?	☐	☐	☐
6.	Does the facility personnel demonstrate familiarity with the types and quantities of food required for service of creditable snacks/meals?	☐	☐	☐
7.	Did the facility receive a delivery receipt/ticket/invoice with the snack/meal delivery?	☐	☐	☐
8.	Were meals counted/checked before signing delivery receipt/ticket/invoice?	☐	☐	☐
9.	If meal served family style, were the appropriate quantities of each food item placed on the table?	☐	☐	☐
10.	Was a Point of Service meal count conducted?	☐	☐	☐
11.	Are meals served within the approved time frames?	☐	☐	☐
12.	Are all meals served and consumed on-site?	☐	☐	☐
Space, Facilities, and Equipment				
13.	If needed, is there adequate space available for dry food items?	☐	☐	☐
14.	Is dining space adequate for the number of children attending?	☐	☐	☐
15.	If needed, is a working refrigerator-freezer available?	☐	☐	☐
16.	Is a sink with running hot and cold water available?	☐	☐	☐
Sanitation				
17.	Are sanitary procedures followed in all aspects of food service?	☐	☐	☐
18.	Is the kitchen area clean?	☐	☐	☐
20.	If self-prep, are frozen perishable foods thawed under refrigeration?	☐	☐	☐
21.	Is there evidence of insect or rodent infestation?	☐	☐	☐
22.	Are all insecticides, polishes, and cleaning compounds stored in an area separate from food and in an area that is not accessible to children?	☐	☐	☐
Food Safety				
23.	Are refrigeration units adequate for cold and frozen foods?	☐	☐	☐
24.	Is the cold storage 40 degrees F or below?	☐	☐	☐
25.	Is the freezer storage 0 degrees F or below?	☐	☐	☐
Recordkeeping				
26.	Are daily records kept of the number of snacks/meals served to children?	☐	☐	☐
27.	Are accurate attendance records maintained on children separate from meal count records?	☐	☐	☐
28.	Are records given to the sponsoring organization on a regular basis?	☐	☐	☐
29.	Is there documentation of children's income eligibility, if applicable?	☐	☐	☐
Civil Rights				
30.	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	☐	☐	☐
31.	Is there a "Building for the Future" poster, provided by the sponsor, on display in a prominent place?	☐	☐	☐
32.	Are meals served to all children regardless of the child's race, color, national origin, sex, age, or disability?	☐	☐	☐
33.	Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations when accessing the Program?	☐	☐	☐
34.	Do publications and other forms of communication include the required nondiscrimination statement and procedure for filing a complaint? (NOTE*: "This is an equal opportunity program"* would be the phrase most often used.)	☐	☐	☐
35.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?	☐	☐	☐

Five (5) Day Reconciliation of Enrollment, Attendance, and Meal Counts Instructions & Worksheet

5-Day Reconciliation:

- Choose five consecutive days prior to the day of review from the Meal Count Record. (If early in the month and necessary, refer to the Meal Count Record from the prior month to get five consecutive days.)
- Identify the number of children in attendance during the five-day period.
- Ensure that meals are only claimed for children during these five days.
- Compare meal counts for each meal type for the five days to ensure that no meal count totals exceed facility's licensed capacity unless the provider is approved to provide the same meal type(s) during different shifts.

***EXAMPLE:* Day 1 Enrollment Total: 55**

	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance				40	42
Total Meal Count				45	55
Total Program Enrollment				50	50
Variance				5 over	13 over

The highlighted parts are the numbers the monitor should question the facility about and request clarifications. The meal count cannot be more than the attendance and/or enrollment total.

Date of Day #1:	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #2:	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #3:	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #4:	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #5:	**Breakfast**	**AM Snack**	**Lunch**	**PM Snack**	**Supper**
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Based on the Instructions, is follow up necessary for any of these days? Yes _____ No ____; if yes, describe the situation and the results of the follow up:

_____

_____

_____

Monitoring Visit Summary

Program Violation(s)	Recommended Corrective Action	Corrective Action Taken Today?

Corrective action(s) discussed with (Name and Title): _____

Further action needed by (date): _____

Monitor's Additional Comments: _____

_____

_____

_____

I certify that the above information is correct:

Date:	Print Name and Title of Facility Representative	Signature:
Date:	Print Name of Monitor	Signature:
Date:	Print Name and Title of Sponsor Representative	Signature: