

**INSTRUCTIONS:**  
**Child and Adult Care Food Program**  
Sponsoring Organization Monitoring Review Form (COVID 19 Mod 062020)

Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the CACFP at all 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 claims for reimbursement to identify problems (over claims, significant increases or decreases in meals, etc.).
- Determine if review will be "announced" or "unannounced".
- Determine approved meal types, level of meal service, meal service times, days of operation, and operating hours.

**General Information Section:**

Enter information in order using information gathered prior to the visit.

**Prior Visit:**

Document information obtained during visit preparation.

**Facility Review Questions:**

Provide answers in the following areas:

- Application Approval/Meal Counts
- Additional Requirements
- Food Service Planning
- Space, Facilities, and Equipment, Sanitation
- Training/Program Resources
- Meal Observation: (Ages 1-12, Adults and Infants)

Document the meal type served, what is planned to be served and the serving sizes on day of visit, 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.

- Meal Services and Menus
- 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.

**Civil Rights Ethnic/Racial Data Collection Form:**

Use this form to record the ethnicity and racial information for all participants observed at the facility. Follow instructions documented. **This data is required to be collected ONCE during the fiscal year.**

**Signatures:**

Monitor must 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.

A copy of the Summary page must be sent to the facility.

**South Carolina Department of Social Services  
Child and Adult Care Food Program  
MONITOR REVIEW FORM – CENTERS**

**GENERAL INFORMATION**

|  |   |  |  |  |
|--|---|--|--|--|
| <b>Date of Review</b> (1)  | <b>Arrival Time</b><br>(2) Phone call start time  | <b>Departure Time</b><br>(3) Phone call end time               | <b>NAME OF MONITOR</b><br>(4)  |  |
| <b>TYPE OF REVIEW (CHECK (✓) ALL THAT APPLY)</b> (5)   |   |  |  |  |
| <input type="checkbox"/> Announced Review  |   | <input type="checkbox"/> Unannounced Review                    |  | <input type="checkbox"/> Meal Service Observed   |
| <input type="checkbox"/> 1 <sup>st</sup> Four Week Review of New Facility  |   | <input type="checkbox"/> Follow-Up Review                      |  |  |
| <input type="checkbox"/> Training /Technical Assistance  |   | <input type="checkbox"/> Other _____                           |  |  |
| <b>Name and Address of Facility</b> (6)  |   |  |  |  |
| <b>FACILITY DIRECTOR</b> (7)   |   |  | <b>FACILITY EMAIL ADDRESS:</b> (8)   |  |
| <b>TELEPHONE NUMBER</b> (9)  |   | <b>FAX NUMBER</b> (10)   |  |  |
| <b>Type of Facility</b> (11)   |   |  |  |  |
| <input type="checkbox"/> Child Care Center   |   | <input type="checkbox"/> Head Start Center                     |  | <input type="checkbox"/> Early Head Start Center |
| <input type="checkbox"/> Adult Care Center   |   | <input type="checkbox"/> Outside School Hours Program          |  |  |
| <b>Total Operating Weeks per year:</b> (12) (from sponsor file)  | <b>Hours of Operation Daily:</b> (13) (from sponsor file)<br>_____ a.m. to<br>_____ p.m.  | <b>Total Operating Days per week:</b> (14) (from sponsor file) | <b>The facility is:</b> (15) (from sponsor file)                                     |  |
|  |   |  | <input type="checkbox"/> Self-prep<br><input type="checkbox"/> Receives Vended Meals |  |
| <b>TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE</b><br>(Allowed to claim three meal services per participant per day) (16) (from sponsor file and confirm during telephone call) |   |  | <b>ATTENDANCE</b> (17) (section answered per phone call)                             |  |
| <b>Mark box for meal service observed</b>  | <b>From</b>   | <b>To</b>  | <b>Approved Meal Time</b>  | Age Range of Participants _____                  |
| <input type="checkbox"/> Breakfast   | _____   | _____  | _____  | Number of Participants Enrolled _____            |
| <input type="checkbox"/> AM Snack  | _____   | _____  | _____  | DSS LICENSE INFORMATION                          |
| <input type="checkbox"/> Lunch   | _____   | _____  | _____  | License Capacity _____                           |
| <input type="checkbox"/> PM Snack  | _____   | _____  | _____  | License Expiration Date _____                    |
| <input type="checkbox"/> Supper  | _____   | _____  | _____  |  |
| <input type="checkbox"/> Evening Snack   | _____   | _____  | _____  |  |
| <b>PRIOR VISIT</b>   |   |  | <b>YES</b>   | <b>NO</b>  |
| 1,   | If applicable, list any problem areas noted during the last review, and give date of review.<br>(18) (from sponsor file)  |  |  | N/A  |
| 2.   | Have these problems been corrected as of today's visit?<br>If no, indicate what follow-up action is necessary and the timeframe required for correction.<br>(19) answer after concluding the monitoring review) |  |  | N/A  |

| Facility Review Questions   |  | Yes  | No   | NA   |
|---|--|--|--|--|
| <b>Application Approval/Meal Counts</b>                                   |  |  |  |  |
| 3.  | Does the facility keep a daily Meal Count Record (DSS Form 1644 to 1642)? (20) (monitor assessment)  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 4.  | Does the facility keep a separate daily Attendance Record? (21) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 5.  | Are current Free and Reduced Meal Application (FRPMA) on file? (22) (monitor assessment)<br>• Where are the FRPMA located? _____   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 6.  | Are the current Free and Reduced Meal Application on file approved in the correct categories? (23) (monitor assessment)<br>• Number of applications on file: Free _____ Reduced _____ Paid _____ | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 7.  | Do they correspond with the Master Roster (DSS Form 1646)? (24) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 8.  | Are attendance records up-to-date as of the time of the visit? (25) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 9.  | Are current enrollment forms maintained on each participant? (26) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 10.   | Is there a copy of the Agreement between the facility and the sponsoring organization on file? (27) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 11.   | Do enrollment packets contain WIC Fact Sheet, Building for the Future flyer, Free and Reduced-Price Meal Applications and Parent/Participant letter? (28) (monitor assessment)                   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <b>Additional Requirements</b>  |  |  |  |  |
| 12.   | Is the Building for the Future flyer made available to parents/guardians at enrollment?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 13.   | Is the Women, Infants, and Children (WIC) information made available to parents/ guardians at enrollment?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| <b>Food Service Planning</b>  |  |  |  |  |
| 14.   | Are menus posted? If yes, where? _____ (29) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 15.   | List vendors from which facility procures food: _____ (30) (sponsor file)  |  |  |  |
| 16.   | Name and Position of person planning menus: _____ (31) (phone call)  |  |  |  |
| 17.   | Does the facility personnel demonstrate familiarity with the types and quantities of food required for service of creditable meals and snacks?   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <b>Space, Facilities and Equipment</b>                                    |  |  |  |  |
| 18.   | Is there adequate storage for:<br>• Dry food items?<br>• Refrigerator?<br>• Freezer?   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 19.   | Is dining space adequate for the number of participants enrolled?  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 20.   | Is adequate food preparation and service equipment available?  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| <b>Sanitation (response should be based on the monitor's observation)</b> |  |  |  |  |
| 21.   | Are sanitary procedures followed in all aspects of food service?*  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 22.   | Did participants wash hands before meal service?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 23.   | Were tables/high chairs sanitized?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 24.   | Is the kitchen area clean?   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 25.   | Are dishes sanitized after rinsing?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 26.   | Are thermometers available in all refrigerator and freezer units?  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 27.   | What is the temperature of the refrigerator units? (maintain at 40 degrees F or lower) _____   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 28.   | What is the temperature of the freezer units? (maintain at 0 degreesF) _____   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 29.   | Is there evidence of insect or rodent infestation?<br>If yes, what measures are being taken to eliminate this problem? _____   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 30.   | If self-prep, are frozen perishable foods thawed under refrigeration?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>   |
| 31.   | Are all insecticides, polishes and cleaning compound stored in an area separate from food in an area which is not accessible to participants?  | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 32.   | Is prepared food served outside the temperature danger zone?   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |
| 33.   | Describe procedures for handling leftovers: (32) (phone call) _____  |  |  |  |
| 34.   | Is this practice in line with sponsor's policies (33) (monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   |  |

| Facility Review Questions |  | Yes | No | NA |
|---------------------------|--|-----|----|----|
|---------------------------|--|-----|----|----|

**Financials**

|     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| 35. | Is the facility maintaining a nonprofit status?<br>Is 50% of monthly reimbursement spend on food cost?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. | Are receipts/invoices on file to support food purchases?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. | Are proper time/attendance sheets on file for staff?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 38. | Does the facility maintain the Summary of Expenses form or other documentation to summarize the use of CACFP Funds? | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**Training/Program Resources**

|     |  |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|
| 39. | Has the facility personnel attended the sponsoring organization's annual training sessions? (34) (sponsor file)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. | The facility staff has access to the following reference aides available at their location: (35) (telephone call)<br><ul style="list-style-type: none"> <li>• Food Buying Guide</li> <li>• Crediting Guide</li> <li>• Child Care Recipes</li> <li>• Records Handbook</li> <li>• SC Menu Planning Guidelines</li> <li>• Other: _____</li> <li>• Other: _____</li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**41. Meal Observation:** (36) (Section answered per phone call)

Check the meal service observed. Record the type and quantity of food prepared or delivered

- Breakfast     AM Supplement     Lunch     PM Supplement     Supper     Evening Supplement

**Ages 1-12 Years Old and Adult Participants**

| Items   | Posted Menu | Food Served | Portion Size | Amount Prepared |
|---|-------------|-------------|--------------|-----------------|
| Fluid Milk  |             |             |              |                 |
| Fruit/Vegetable   |             |             |              |                 |
| Vegetable<br>(Lunch/Supper)                                   |             |             |              |                 |
| Grain   |             |             |              |                 |
| Meat or Meat Alternate  |             |             |              |                 |
| Is water made available<br>for meal service?<br>"yes" or "no" |             |             |              |                 |

**Infants**

| Meal Components  | Food Items       |               |
|--|------------------|---------------|
|  | Birth – 5 Months | 6 – 11 Months |
| Breast Milk or Formula   |                  |               |
| Infant Cereal/Meat/Meat Alternate                              |                  |               |
| Fruit/Vegetable  |                  |               |
| Bread Slice/Crackers/Infant Cereal/Ready to Eat Cereal (Snack) |                  |               |

| Day of Visit  | Breakfast | AM Snack | Lunch | PM Snack | Supper |
|---|-----------|----------|-------|----------|--------|
| # Meals delivered (If applicable)<br>Name of Vendor: _____  |           |          |       |          |        |
| Time meals delivered (If applicable)  |           |          |       |          |        |
| Time meals served   |           |          |       |          |        |
| # Meals served to children or adult (only enrolled Adults)  |           |          |       |          |        |
| # Meals documented by facility staff<br>(If this number is different than meal count documented by Monitor, have staff explain the variance.) |           |          |       |          |        |
| # Meals served to Program adults<br>(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 |
|---------------------------|-----|----|----|
|---------------------------|-----|----|----|

**Meal Services and Menus**

|     |   |  |  |                          |
|-----|---|--|--|--------------------------|
| 42. | Are the types of meals reported to sponsor for last month the same as those approved on the facility application? (37)  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 43. | Are the meal counts accurately recorded at the time of the meal?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 44. | Is the number of meals/snacks served and recorded during the observation similar to the number recorded during previous months?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 45. | Did the meal/snack observed meet the meal pattern for that particular meal services? (38)(monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 46. | Did the facility receive a delivery receipt/ticket/invoice with the snack/meal delivery? (39)(monitor assessment)   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 47. | Did the delivered meal agree with the items listed on the menu?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 48. | If the delivered meal does not agree with the menu, did staff make the change to the posted menu?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 49. | Were meals counted/checked before signing delivery receipt/ticket/invoice?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 50. | If meal is served family style, were the appropriate quantities of each food item placed on the table? <ul style="list-style-type: none"> <li>Is each child offered all components?</li> <li>Are children encouraged to take the minimum serving size of each component?</li> </ul> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> |
| 51. | Was a Point of Service meal count conducted?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 52. | Are meals served within the approved time frames?   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |
| 53. | Are all meals served and consumed on-site?  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |

**Recordkeeping**

|     |  |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|
| 54. | Are daily records kept of the number of snacks/meals served to children?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. | Are accurate attendance records maintained on children separate from meal count records?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. | Are records given to the sponsoring organization on a regular basis? (40) (monitor assessment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Civil Rights (41-43) (monitor assessment)**

|     |   |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|
| 57. | Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place? (41)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. | Is there a "Building for the Future" poster, provided by the sponsor, on display in a prominent place? (42)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. | Are meals served to all participants regardless of the race, color, national origin, sex, age, or disability? (43)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. | Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations when accessing the Program?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. | 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. | Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

### **5-Day Reconciliation:** (44) (all areas of 5-Day Reconciliation) (using information from sponsor files)

Since reconciliation by child or adult participant is usually not possible when the facility is reimbursed on a blended rate or a claiming percentage, the aggregate daily meal count for each meal type must be compared to attendance and enrollment records. The monitor would:

- Choose five consecutive operating days from the meal count record.
- For this five-day period, gather together:
  - Licensed capacity,
  - Meal counts,
  - Current enrollment forms, and
  - Attendance.
- Identify the number of children or adult participants in attendance during the five-day period.
- Compare total meal counts to the facility's licensed capacity to ensure that, for each meal type, total meal counts did not exceed the licensed capacity for any day, unless the facility was approved to serve the same types of meals during different shifts.
- Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of children or adult participants in attendance on any day.
- Compare total enrollment, in facilities where enrollment forms are required, to daily attendance to ensure that the number of children or adult participants in attendance did not exceed the number who were enrolled.
- If meal counts cannot be reconciled with licensed capacity, enrollment, or attendance data, determine the source of the error and appropriate corrective action.
- If necessary, take additional steps, such as expanding the reconciliation beyond five days or initiating a household contact or an additional unannounced visit, to determine whether corrective action and disallowance of meals or establishment of an overclaim are warranted.

**EXAMPLE: Day 1 Enrollment Total: 55 Licensed Capacity: 60**

|                                 | Breakfast | AM Snack | Lunch | PM Snack          | Supper             |   |
|---------------------------------|-----------|----------|-------|-------------------|--------------------|---|
| <b>Attendance</b>               |           |          |       | 40                | 42                 | 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. |
| <b>Total Meal Count</b>         |           |          |       | 45                | 55                 |   |
| <b>Total Program Enrollment</b> |           |          |       | 50                | 50                 |   |
| <b>Variance</b>                 |           |          |       | 5 over attendance | 13 over attendance |   |

Facility's License Capacity: \_\_\_\_\_

| 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 information identified for each of the 5 days respond to the following questions.

(45) (all items in this section from monitor's assessment of 5 day reconciliation)

|    |   | Yes                      | No                       | N/A                      |
|----|---|--------------------------|--------------------------|--------------------------|
| 1. | For each meal type, did the total meal counts exceed the licensed capacity for any day?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | If the response to item 1 is yes, was the facility approved to serve the same types of meals during different shifts?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Did the meal count for each approved meal type exceed the number of children or adult participants in attendance on any day?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3. | In facilities where enrollment forms are required, did the number of children or adult participants in attendance exceed the number who were enrolled?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | If meal counts cannot be reconciled with the licensed capacity, enrollment or attendance data, determine the sources of the error and the appropriate corrective action.  |                          |                          | <input type="checkbox"/> |
| 5. | Based on the review of the initial 5 days, is it necessary to expand the reconciliation beyond five days or initiate household contacts (for child care facilities)?  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 6. | Based on the review of the initial 5 days, is another unannounced visit recommended to determine whether corrective action and disallowance of meals or establishment of an overclaim are warranted?<br><br>Comments: | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**Monitoring Visit Summary (46) (sponsor should provide a written summary of findings to the center)**

| 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: (47) | Print Name of Monitor (47)                          | Signature: (47) |
| Date: (48) | Print Name and Title of Sponsor Representative (48) | Signature: (48) |



**Civil Rights Ethnic/Racial Data Form and Instructions**

Actual enrollment by ethnic/racial category for all institutions and their facilities must be collected by the institution each fiscal year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participants only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Use this form to record the ethnicity and racial information for all participants observed at the facility. In Section I, document the grand total number of participants. In Section II, visually determine and document the number of participants in each ethnicity category. In Section III, identify the race category of participants.

*For example:* If you identify that there is a grand total of 25 participants in attendance. Then you must identify the 25 participants as either Hispanic/Latino or Non-Hispanic/Latino. Then you must identify the race of the 25 participants as American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.

**Observed Participants' Ethnicity and Racial Data Information**

**Section I.**

*Attendance*

Grand Total attendance at the facility: \_\_\_\_\_

**Section II.**

*Ethnic Categories*

Number Hispanic or Latino: \_\_\_\_\_

Number **Not** Hispanic or Latino: \_\_\_\_\_

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

**Section III.**

*Racial Categories*

Number American Indian or Alaskan Native: \_\_\_\_\_

Number Native Hawaiian or Other Pacific Islander: \_\_\_\_\_

Number Asian: \_\_\_\_\_

Number White: \_\_\_\_\_

Number Black or African American: \_\_\_\_\_

**American Indian or Alaska 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 recognition.

**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, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note: The Civil Rights Ethnic/Racial Data must be collected ONCE during the fiscal year.  
This form must be retained for three (3) years.**