Name of Sponsoring Organization		CE ID

Date of Review	Time of Arrival ☐ AM ☐ PM	Time of Departure ☐ AM ☐ PM	Date of Last Review

Site Type

☐ **Public or Private Non-Profit**   ☐ **For-Profit (Title XIX/XX)**

Type of Review

☐ **Announced**   ☐ **Unannounced**

Monitor Name	Title

Site Name

Site Address

Person Interviewed at Site	Title of Person Interviewed

A. Meal Service

1. Meal Count – Complete the following for the meal observed:

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Beginning Time of Meal Service						
Ending Time of Meal Service						
Number of Meals Prepared						
Number of Meals Served — To Enrolled Adults						
As Seconds						
To Program Adults						
Non-program						

2. Was the menu served the same as posted for today?... ☐ **Yes** ☐ **No**

   If not, were substitutions consistent with USDA requirements? .... ☐ **Yes** ☐ **No**

3. Are all items on Form H1654 completed on a daily basis? .... ☐ **Yes** ☐ **No**

4. Are menu substitutions correctly documented? .... ☐ **Yes** ☐ **No**

5. Are the times meals are served consistent with the times indicated on *Site Application - Centers*? .... ☐ **Yes** ☐ **No**

6. Is the combination of meals/snacks claimed consistent with CACFP regulations? .... ☐ **Yes** ☐ **No**

7. Does the site supply all meal components? .... ☐ **Yes** ☐ **No**

   If no, explain _____

8. Are there doctors' statements on file for participants with disabilities and/or medical or special dietary needs? .... ☐ **N/A** ☐ **Yes** ☐ **No**

9. Have variations in meal patterns been approved? .... ☐ **N/A** ☐ **Yes** ☐ **No**

B. Civil Rights

Complete the chart by inserting the ethnic and racial categories of CACFP participants

Number of Participants	Ethnic Category		Racial Category				
	Hispanic or Latino	Not Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
Current Enrollment							
Actual Participation							

1. Based on your observation, is there any discrimination by race, color, national origin, sex, age or disability?............. ☐ **Yes** ☐ **No**

C. Meal Analysis

1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal patterns.

	Food Items Served	Amount Prepared	No. of Servings per Amount Prepared	Amount Needed	+ OR -
Milk					
Meat or Meat Alternative					
Vegetables and/or Fruit (two or more)					
Whole Grain or Enriched Bread or Bread Alternative					
Other Foods					

2. Was a sufficient quantity of each component prepared to meet meal pattern requirements for the number of participants? .... ☐ **Yes** ☐ **No**

3. Type of meal service: ☐ **Family Style** ☐ **Unit (Cafeteria Style)** ☐ **Offer vs. Serve**

4. Were all required components served? .... ☐ **Yes** ☐ **No**

5. Describe what happens to plate waste and leftovers.

D. Record Keeping

1. Licensing

   a. Is the current license/certification posted?... ☐ **Yes** ☐ **No**

   b. What is the current licensed capacity? ....

   c. Does today's attendance exceed the capacity? .... ☐ **Yes** ☐ **No**

   If yes, explain.

   d. Is the site subject to licensing standards other than DADS? .... ☐ **Yes** ☐ **No**

2. Enrollment – Does each participant have an enrollment form on file? .... ☐ **Yes** ☐ **No**

3. Attendance – Is attendance recorded daily on Form H1535 (Daily Meal Count and Attendance Record)?.................. ☐ **Yes** ☐ **No**

4. Meal Count

   a. Is Form H1535 (Daily Meal Count and Attendance Record) completed at the time of meal services on a daily basis?.. ☐ **Yes** ☐ **No**

   b. Is the monthly meal count being recorded on Form H4502? .... ☐ **Yes** ☐ **No**

5. Eligibility

   a. Is there a current (completed within the last 12 months) *CACFP Meal Benefit Income Eligibility Form (Adult Care Form)* for each participant claimed in free and reduced-price meal category? .... ☐ **Yes** ☐ **No**

   b. Are the participants being claimed in the correct eligibility category (free, reduced-price, or paid), including full-time, part-time, and drop-in participants? .... ☐ **Yes** ☐ **No**

   c. Is there adequate documentation to ensure that at least 25% of the total enrollment or licensed capacity received Title XIX/XX benefits? (for-profit facilities only) .... ☐ **Yes** ☐ **No**

   d. If a pricing program, is there any indication of overt identification? .... ☐ **Yes** ☐ **No**

6. Previous Monitoring Reviews

   a. Were problems identified at the last monitoring review? .... ☐ **N/A** ☐ **Yes** ☐ **No**

   b. If yes, were they corrected? .... ☐ **Yes** ☐ **No**

   c. If no, why not?

>

7. Records Retention – Is the site maintaining records per TDA requirements/regulations? .... ☐ **Yes** ☐ **No**

E. Training

1. Have site staff that perform key activities received CACFP training for the current Program Year?............................ ☐ **Yes** ☐ **No**

   a. If yes, is documentation on file that contains the required components?... ☐ **Yes** ☐ **No**

   b. Were all required areas covered?.. ☐ **Yes** ☐ **No**

   c. If no, when is the site training scheduled?   _____

2. If the site is new this Program Year, did the site staff that perform key activities receive
training over the required areas and subtopics before beginning the program? .... ☐ **Yes** ☐ **No**

   Is there documentation of file that contains the required components? .... ☐ **Yes** ☐ **No**

F. Five-Day Reconciliation

1.

Compare Meal Counts to Attendance and Enrollment				
Date:	Date:	Date:	Date:	Date:
B Meal Count =	B Meal Count =	B Meal Count =	B Meal Count =	B Meal Count =
AM Meal Count =	AM Meal Count =	AM Meal Count =	AM Meal Count =	AM Meal Count =
L Meal Count =	L Meal Count =	L Meal Count =	L Meal Count =	L Meal Count =
PM Meal Count =	PM Meal Count =	PM Meal Count =	PM Meal Count =	PM Meal Count =
S Meal Count =	S Meal Count =	S Meal Count =	S Meal Count =	S Meal Count =
E Meal Count =	E Meal Count =	E Meal Count =	E Meal Count =	E Meal Count =
Attendance =	Attendance =	Attendance =	Attendance =	Attendance =
Enrollment =	Enrollment =	Enrollment =	Enrollment =	Enrollment =

F. Five-Day Reconciliation, continued

2. Are there any days when meal counts by type exceed attendance? .... ☐ **Yes** ☐ **No**

   a. If yes, what is the explanation?

   [ ]

   b. Is the explanation reasonable? .... ☐ **Yes** ☐ **No**

   i. If no, do meals need to be disallowed? .... ☐ **Yes** ☐ **No**

   ii. Document by type the number of meals disallowed.

   [ ]

3. Are there any days when meal counts by type exceed enrollment? .... ☐ **Yes** ☐ **No**

   a. If yes, what is the explanation?

   [ ]

   b. Is the explanation reasonable? .... ☐ **Yes** ☐ **No**

   i. If no, do meals need to be disallowed? .... ☐ **Yes** ☐ **No**

   ii. Document by type the number of meals disallowed.

   [ ]

G. Findings, Recommendations and Commendations

1. List problems identified. Document areas in which the site is performing well.

   [ ]

2. Recommendation – Indicate corrective action needed:

   [ ]

H. Signature

_____   _____   _____   _____
Signature – Monitor   Date   Signature – Site Representative   Date