

**North Carolina Child and Adult Care Food Program School Food Authority**

**Monitoring Tool Instructions**

**For At-Risk Afterschool Meals Programs**

**May 2022**

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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 (SFA) must review each facility three times each year. In addition:
   1. At least two of the three reviews must be unannounced;
   2. At least one unannounced review must include observation of a meal service;
   3. At least one review must be made during each new Facility’s first four weeks of Program

operations; and

* 1. Not more than six months may elapse between reviews.

OR

1. Averaging of require reviews. If a Sponsoring Organization (SFA) conducts one unannounced review of a Facility in a year and finds no serious deficiencies, the Sponsoring Organization (SFA) 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(SFA) 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 (SFA)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 revie

**MONITORING**

Sponsoring Organization (SFA) 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:

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

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

* If the Facility joins CACFP from October through March, three visits are required;
* If the Facility joins CACFP from April through end of August, two visits are required; and
* If the Facility 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, Sponsoring Organization (SFA) are expected to monitor more than the required number of times in order to correct the errors.

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| **GENERAL** | |
| The test month must be a month in which the Facility has submitted documentation to file a claim. The test month must be a complete month. | |
| DATE OF REVIEW | *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.*  Record the date the Sponsor representative completed the review tool. |
| ARRIVAL TIME | Record the arrival time of the Sponsor representative. |
| TYPE OF VISIT | *7 CFR §226.16 (d(4)(iii)(A) At least two of the three reviews must be unannounced.*  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 Facility. |
| 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 in NC CARES. |
| FACILTY’S ADDRESS | Record the Facility's physical address. |
| FACILITY’S TELEPHONE | Record the Facility'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 Facility is open for care as per NC CARES. |

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| **ELIGIBILITY** | |
| Q 1 | Record the total number of participants in attendance on the day of the review. |
| Q 2 | Record if documentation of “area eligibility” is on file and available for inspection. |
| Q 2 a | Record the percent of children in the area school that qualify for free and reduced lunch. |
| 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:   * Persons with disabilities as defined in the federal regulations; * Persons age 18 and under at the start of the school year. |
| Q 4 | Record the capacity per the building permit. |
| Q 5 | Record the room capacity per the occupancy permit. |
| Q 6 | Ask the Facility’s representative if they offer enrichment or educational activities. |
| Q 6 a | Record activities observed during the review. If no activities were observed, record a statement from the Facility that lists the activities conducted by the Facility. |

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| **REVIEW OF RECORDS AND DOCUMENTATION** | |
| **RECORDKEEPING** | |
| RECORDKEEPING | *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.*  Ask the Facility’s representative to see each document listed below (as applicable). Determine if the Facility maintained the following documents on file? Respond accordingly to questions 1-6. |
| Q 1 | Annual Information Certification for Facilities- must be on file for all renewing facilities. If the Facility is new to the Sponsoring Organization select N/A. |
| Q 2 | Copies of Food Service Contracts with attachments A & B (As Applicable) If the Facility has a Food Service Contract, the contract and attachments must be on file and maintained by the Facility. |
| Q 3 | If applicable, review the Facility’s food service contract to determine if the contract is equal to or greater than $250,000. Respond accordingly. |
| Q 4 | *Refer to 7 CFR § 226.22-Procurement*  If the Food Service Contract exceeded $250,00, review the BID documentation. |
| Q 5 | Record the date of the most current sanitation inspection. If the inspection is past a year from the date of inspection, write as a finding. Respond accordingly to question. |
| Q 6 | Record the date of the most current fire inspection. If the inspection is past a year from the date of inspection, write as a finding. Respond accordingly to question. |
| **MONITORING** | |
| Q 1 | Respond accordingly. |
| Q 1 a | If the Facility is new to the CACFP, provide the date the Facility was approved to participate. |
| Q 1 b | *7 CFR §226.16((d)(4)(iii)I At least one review must be made during each new Facility’s first four weeks of Program operations.*  Respond accordingly |
| Q 1 c | If “Yes” to #1, provide the date of the first monitoring visit for the Facility. |
| Q 2 | *7 CFR § 226.16(d)(4)(iii) Sponsoring organizations must review each facility three times each year.*  Ask the Facility’s representative for all monitoring visits that were conducted by the Sponsor in the past 12 months. |
| 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. |
| Q 4 | Review the monitoring forms from the response in Monitoring Q 2. Respond accordingly. |
| Q 5 | If the corrective actions have not been implemented by the Facility, write as a finding. |

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| **CIVIL RIGHTS** | |
| Q 1 | *FNS Instruction 113-1IX B. 1 Prominently display the USDA nondiscrimination poster “And Justice for All,” or an FNS approved substitute, except in family day care homes. If a State agency elects for produce its own posters, either due to unavailability from USDA/FNS or State agency preference, the reproduction must be approximately the same size as the applicable “And Justice for All” poster (11” width and 17” height).*  Look for the “And Justice for All” poster displayed. Poster should be displayed in a prominent place for the public to view. The poster should be 11” width and 17” height. |
| Q 2 | *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.*  Observe to determine if the services are provided to all participants regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, or age. |
| Q 3 | Ask Facility’s representative if they have a current need for bilingual material. |
| Q 3 a | If the answer is “Yes,” to question 3, record how the need is being met in the space provided. If the need exists but is not being met by the Facility, write as a  program violation. |
| Q 4 | Observe to determine if program benefits are made available to all individuals (Children and Adults) regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, or age. |
| Q 5 | Observe to determine if procedures for filing a complaint have been posted. (Does the institution have the “And Justice For All” poster posted in a prominent location?) |
| Q 6 | *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.*  Ask the Facility if they advertise. Ask to see a copy of all advertisements. (i.e. flyers, website, etc.) 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:  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,](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.](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.  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”. |

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| **ANNUAL REQUIREMENTS** | |
| Ask the Facility’s representative for their current ethnic and racial data form. Use the Facility’s information to complete the chart. If the Facility has not maintained their 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 within the previous 12 months, document the date the information was collected. |
| **CIVIL RIGHTS** | |
| Q 1 | Ask the Facility’s representative for their current ethnic/racial data. Respond accordingly. |
| Q 2 | *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.* |
| Q 2 a | Using the Facility’s 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 Facility’s 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. |

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| Q 3 f | Add each race category and enter the total.  **NOTE:** When assessing the race category, the race totals must be greater than or equal to the total ethnic category. |
| Q 4 | Review and assess the Facility’s racial categories. Respond accordingly. |
| Q 4 a | If the Facility has only one race enrolled, a statement of the general racial composition of the area that Facility serves is required. |
| Q 5 | *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.*  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 | *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.*  Ask the Facility for their ethnic and racial data for the previous three years. If the Facility has not been participating for three years, select N/A. |
| Q 7 | *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.*  Ask the Facility’s representative for their procedures for maintaining the confidentiality of beneficiary data (enrollment data, ethnic and racial data) collected on individuals and households. |

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| **TRAINING** | |
| Q 1 | *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.*  Record the last programmatic training date the Facility attended by the Sponsor in the last 12 months. |
| Q 2 | *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.*  Ask the Facility’s representative for their programmatic training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training. |
| Q 3 | *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.*  Record the last civil rights training date by the Sponsor the Facility attended in the last 12 months. |
| Q 4 | *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.*  Ask the Facility’s representative for their civil rights training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training. |

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| **DOCUMENTS TO ASSESS ON THE DAY OF THE REVIEW** | |
| **MEAL SERVICE TIMES** | |
| YES | Per NC CARES, check "Yes" for all meal services the Facility is authorized to serve. |
| NO | Per NC CARES, check "No" for all meal services the Facility is not authorized to serve. |
| START TIME/END TIME | Per information in NC CARES, document the start and end times for each approved meal service. |
| Q 1 | Observe to see if the Facility’s serving times are in accordance with the approved Facility application in NC CARES. |
| Q 2 | *7 CFR §226.17(b)(4) Each child care center participating in the Program shall claim only the meal types specified in its approved application in accordance with the meal pattern requirements specified in 226.20.*  Observe to ensure the Facility is only claiming meals that have been approved on their Facility application. |
| Q 3 | Observe to see that all meals claimed are within regulatory age limits.  Children means:   * Persons with disabilities as defined in the federal regulations; * Children: Persons age 18 and under at the start of the school year. |
| **MEAL QUESTIONS** | |
| Q 4 | *7 CFR § 226.23 (b) Institutions that may not serve meals at a separate charge to children (including emergency shelters, at-risk afterschool care centers, and sponsoring organizations of emergency shelters, at-risk afterschool care centers, and day care homes) and other institution that elect to serve meals at no separate charge must develop a policy statement consisting of an assurance to the State agency that all participants are served the same meals at no separate charge, regardless of race, color, national origin, sex, age, or disability and that there is no discrimination in the course of the food service.*  Ask the Facility’s representative if the Facility charges separately for meals claimed to the CACFP. |
| Q 5 | *FNS Instruction 796-2 Rev. 4 IX E (1)(a)(1) Centers. Centers not using family style meal service. Daily counts of the reimbursable meals served to eligible participants taken at the point of service, for each meal service.*  *FNS Instruction 796-2 Rev. 4 IX E (1)(a)(2) Centers. Centers using family style meal service. Daily counts of reimbursable meals served to eligible participants taken by the conclusion of each meal service.*  *FNS Instruction 796-2 Rev. 4 IX E (1)(b)(1) Adult Meals. Program Adults. Institution that claim reimbursement for the costs of meals served to Program adults must maintain daily meal count records to support all Program adult meals whose cost the institution claimed. These daily meal count records must include the name of the adult, the meal(s) received and the Program duties performed.*  Ask the Facility’s representative for their point of service meal counts for the current month. Assess the Facility’s point of service meal counts for the day. Respond accordingly. If breakfast is being  observed look to ensure meal counts were documented for the previous day. |
| Q 5 a | If meal counts were not documented for the current day, document the last day meal counts were documented by the Facility. |
| Q 6 | Ask the Facility’s representative for their attendance records for the current month. |
| Q 6 a | If attendance was not documented for the current day, document the last day attendance was  documented by the Facility. |
| Q 7 | “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, record the last consecutive five days the Facility recorded meal  counts. |
| ENROLLMENT | Ask the Facility’s representative what the current enrollment was for each day recorded. |
| ATTENDANCE | Ask the Facility’s representative for all attendance records for each day recorded. |
| RECORDED MEAL COUNTS | Ask the Facility’s representative for all point of service meal count records for each day recorded. Document the total meal counts for the meal observed. Are the meal counts for the days documented consistent with the meal counts form 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 7 a | After assessing the documentation, respond accordingly |

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| **MEAL OBSERVATION THE DAY OF THE REVIEW (AS APPLICABLE)** | |
| NO MEAL OBSERVED | 7 CFR §226.16 (d(4)(iii)(B) At lease one unannounced review must include observation of a meal service.  If no meal was observed, check the box. (Skip to Assessment of Documentation for the Test Month) NOTE: Federal regulations state at least one unannounced review must include observation of a meal service. |
| TYPE OF MEAL OBSERVED | Document the meal service 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. |
| **CHILD/ADULT 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 Facility’s representative 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 Facility 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. |
| Q 1 | *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….*  *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.*  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. |
| Q 2 | *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.*  Observe to ensure all food components were served at the same time. Milk must be served with the meal. |
| Q 3 | *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 still  be eligible to claim the meal. |
| Q 4 | *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.*  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-diary beverage is the nutritional equivalent of cow's milk |
| Q 5 | *Policy Memo CACFP 17-09 and CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP*  *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.*  *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.*  During the meal observation, observe to see if any participant received a meal modification. If a meal modification is observed ask the Facility for the participant’s name(s). If not observed, ask the  Facility’s representative if they have any enrolled participants with disabilities or medical conditions. |
| Q 5 a | *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.*  If the Facility has children enrolled that require meal modifications, ask the Facility’s representative  for medical statements |
| Q 5 b | Review the Facility’s menus to ensure all meal modifications were documented on the menu. |
| Q 6 | *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 require meal component.*  Respond accordingly. |
| Q 6 a | For all non-dairy beverages, assess the product label, using the Non-Dairy Tool ([www.nutritionnc.com](https://www.nutritionnc.com/snp/meal-patterns.htm)). Ensure all non-dairy beverages are nutritionally equivalent to 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. |
| Q 7 | *Refer to policy memo CACFP 11-18*  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. |

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| **MEAL COUNTS** | |
| *7 CFR § 226.17 (b)(9) Each child care center must maintain daily records of time of service meal counts by type (breakfast, lunch, supper, and snacks) served to enrolled children, and to adult performing labor necessary to the food service.*  *7 CFR § 226.19a(b) (9) Each adult day care must maintain daily records of time of service meal counts by type (breakfast, lunch, supper, and snacks) served to*  *enrolled participants, and to adults performing labor necessary to the food service.* | |
| TOTAL DAYS OF FOOD SERVICE | Ask the Facility’s representative 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 Facility’s representative 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 |
| FACILITY REPORTED | Record the total number of meals reported by the Facility for 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 | Request the daily meal count records for the test month. Determine if meal counts are documented  for all meal types claimed by the Facility. |
| Q 2 | Assess and compare the Facility's attendance and meal count records for the test month. Compare  the facility’s attendance records against the daily point of service meal count records. |
| Q 3 | Obtain the holiday/vacation schedule for the Facility. Assess the Facility's meal count records to  ensure meals were not claimed on the days the Facility was closed for the test month. |
| Q 4 | Assess the Facility's meal count records to determine if more than one snack and one meal were claimed for each participant. If “Yes”, the meals must be disallowed. |
| Q 5 | If adults performing necessary labor are participating in the meal service, review the Facility's meal  count records to ensure the meals are being documented. Additionally, ensure the meals for adults performing necessary labor are not counted in the claim for reimbursement. |

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| **MENU REVIEW** | | | | | |
| # MEALS DISALLOWED | *7 CFR § 226.17 (b) (4) Each child care center participating in the program shall serve only the meal types specified in its approved application in accordance with the meal pattern requirements specified in 7 CFR §226.20. Menu records shall be maintained to document compliance with these requirements.*  After assessing the Facility’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 | | | | |
|  | Number of Meals Disallowed | Reason Codes | | | |
| Breakfast |  | A | Missing milk component | G | Juice served more than once per day |
| AM Snack |  | B | Missing whole grain-rich once per day | H | Missing meat/meat alternate component |
| Lunch |  | C | Grain-based dessert served | I | Yogurt exceeds sugar limit |
| PM Snack |  | D | Cereal exceeds sugar limit | J | Missing 2nd credible component at snack |
| Supper |  | E | Missing grain component | K | Deep-fat frying on site/ in satellite kitchen |
| Night Snack |  | F | Missing vegetable component | L | Missing menu |
| Enter necessary explanations for “O-Other” reasons below: | | | | | |
| Q 1 | Review and assess the Facility’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 Facility’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 | *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.*  Review and assess the Facility’s menus for the test month. Look to see if 100% juice was offered  more than once per day. | | | | |
| Q 4 | *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.*  Review and assess the Facility’s menus for the test month. Look to see if at least one serving of whole grain was identified on the menu each day. | | | | |
| Q 5 | *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.*  Review and assess the Facility’s menus for the test month. Look to see if all grains are either whole grain or enriched. | | | | |
| Q 6 | *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).*  Review and assess the Facility’s menus for the test month. Look to see if all breakfast cereals contains six grams of sugar or less per dry ounce. | | | | |
| Q 7 | Review and assess the Facility’s menus for the test month. Look to see if the type of cereal is  identified on the menu. | | | | |

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| Q 8 | *7 CFR § 226.20(a)(4)(B)(iii) Grain=-based desserts do not count towards meeting the grains requirement.*  Review and assess the Facility’s menus for the test month. Look to see if grain-based desserts are counted towards the grain component. |
| Q 9 | Review and assess the Facility’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. |
| Q 10 | *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.*  Review and assess the Facility’s menus for the test month. Look to see if deep fat frying is being used as a cooking method. |
| Q 11 | *7 CFR §226.20(a)(1)(i) Children one year of age must be served unflavored whole milk.*  Review and assess the Facility’s menus for the test month. Look to see if unflavored milk is being provided to participants from one to five years of age. |
| Q 12 | *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.*  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. |
| Q 13 | If combination foods are noted on the Facility’s menus, ask the Facility for the CN label, product formulation statement or standardized recipe. |

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| 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 Facility or Facility’s authorized representative must sign his/her name. |
| PROVIDER’S AUTHORIZED  PREPRESENTATIVE TITLE | The Facility’s authorized representative must provide his/her title. |
| DATE | The Facility or Facility’s authorized representative must provide the date he/she signed. |
| SPONSORING ORGANIZATION’S (SFA) REPRESENTATIVE | The Sponsoring Organization’s authorized representative must sign his/her name. |
| SPONSORING  ORGANIZATION’S (SFA)  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. |

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| 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 Facility. |
| PROVIDER OR PROVIDER’S AUTHORIZED  REPRESENTATIVE | The Facility or Facility’s authorized representative must sign his/her name. |
| PROVIDER REPRESENTATIVE TITLE | The Facility’s authorized representative must provide his/her title. |
| DATE | The Facility or Facility’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 Facility. |
| TECHNICAL ASSISTANCE PROVIDED | If program violations were noted, provide technical assistance for all program violations cited. |
| WRITTEN RESPONSE DATE | Provide the date when the Facility’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. |
| WRITTEN RESPONSE ADDRESS | Provide the date when the Facility’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 (SFA)  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. |

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| 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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