



**North Carolina Child and Adult Care Food Program**  
**Sponsoring Organization**  
**Facility Monitoring Tool Instructions**

**October 2021**



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This manual is comprised of the following sections:	
	General
	Review of Records and Documentation
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	Summary

## MONITORING

Monitoring must be done by one of two methods:

1. Sponsoring Organization must review each facility three times each year. In addition:
  - a. At least two of the three reviews must be unannounced;
  - b. At least one unannounced review must include observation of a meal service;
  - c. At least one review must be made during each new Facility's first four weeks of Program operations;  
and
  - d. Not more than six months may elapse between reviews.

OR

2. Averaging of require reviews. If a Sponsoring Organization conducts one unannounced review of a Facility in a year and finds no serious deficiencies, the Sponsoring Organization 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 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 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 review.

## MONITORING

### Sponsoring Organization 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:

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

In addition, a home or facility that is new to a Sponsoring Organization 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, Sponsors are expected to monitor more than the required number of times in order to correct the errors.

<b>GENERAL</b>	
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	<i>Policy Memo CACFP 11-14 Varied Timing of Unannounced Reviews in the Child and Adult Care Food Program</i> 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	<i>7 CFR §226.16 (d(4)(iii)(A) At least two of the three reviews must be unannounced.</i> 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.
FACILITY'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 the application.

<b>LICENSING &amp; ELIGIBILITY</b>	
FACILITY TYPE	Select One. Select the appropriate facility type.
LICENSE NUMBER	<i>7 CFR § 226.17(a) 91) Child care centers must have Federal, State or local licensing or approval to provide day care services to children.</i> <i>7 CFR §226.19a(b)(3) Adult day care centers shall have Federal, State or local licensing or approval to provide day care services to functionally impaired adults or individuals 60 years of age or older in a group setting outside their home or a group living arrangement on a less than 24-hours basis.</i> Check the DCDEE website to ensure the provider's license is current. <a href="http://ncchildcaresearch.dhhs.state.nc.us/search.asp">http://ncchildcaresearch.dhhs.state.nc.us/search.asp</a> . Record the license number from the Facility's license. Record N/A if not applicable.
EFFECTIVE DATE	Record the effective date from the Facility's license. Record N/A if not applicable.

LICENSE CAPACITY	Record the capacity from the Facility's license. If no 2nd shift is documented on the license enter 0. If no 3rd shift is documented on the license enter 0. Record N/A if not applicable.
Q 1	Record the total number of participants in attendance on the day of the review.
Q 2	Per the Facility's representative record, the total enrollment for the Facility on the day of the review.
Q 3	Ask the Facility to see a copy of their most current license.
Q 4	Per licensing, respond accordingly. Check whether the Facility is within license capacity at the time of the review. Report finding to Division of Child Development Early Education (DCDEE) licensing consultant for the county if the facility has exceeded the license capacity.
Q 5	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: <ul style="list-style-type: none"> <li>• Persons age 12 and under;</li> <li>• Persons age 15 and under who are children of migrant workers;</li> <li>• Persons with disabilities as defined in the federal regulations;</li> <li>• For emergency shelters, persons age 18 and under; and</li> <li>• For at-risk afterschool care centers, persons age 18 and under at the start of the school year.</li> </ul>
Q 6	Per licensing, respond accordingly. Check whether each classroom is within the documented teacher/child ratio at the time of the review. If the teacher/child ratio is not in compliance with licensing report finding to Division of Child Development Early Education (DCDEE) licensing consultant for the county if the Facility has exceeded the license capacity. <a href="https://ncchildcaresearch.dhhs.stat.nc.us/reqcomp.htm">https://ncchildcaresearch.dhhs.stat.nc.us/reqcomp.htm</a>
Q 7	If the Facility is an At-Risk or Emergency Shelter record the capacity per the occupancy/building permit. If not applicable record N/A.
Q 8	If the Facility is an At-Risk or Emergency Shelter record the room capacity per the occupancy/building permit. If not applicable record N/A.
Q 9	If the Facility is an At-Risk or Emergency Shelter ask the Facility's representative if they offer enrichment or educational activities.
Q 9 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.

<b>REVIEW OF RECORDS AND DOCUMENTATION</b>	
<b>RECORDKEEPING</b>	
	Affiliated Facilities check the box and skip to #10

RECORDKEEPING	<p>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 1-16.</p>
Q 1	The Facility agreement is a permanent document. Therefore, if the Facility participates on the program the agreement between the Sponsoring Organization and the Facility must be maintained on file.
Q 2	Attachment A-General Terms and Conditions must be on file and maintained by the Facility.
Q 3	Attachment B-Certification must be on file and maintained by the Facility.
Q 4	Attachment D-State Grant Certification, No Overdue Tax Debts <u>OR</u> State Grant Certification-For Individual Sub Grantees must be on file and maintained by the Facility.
Q 5	Attachment E-Conflict of Interest <u>and</u> the Conflict of Interest Policy Certification must be on file and maintained by the Facility.
Q 6	Attachment F-Contractor’s Certification must be on file and maintained by the Facility.
Q 7	Certification of Single Exclusive CACFP Agreement – Facility must be on file and maintained by the Facility.
Q 8	Information on Owners/Principals-Facility must be on file and maintained by the Facility.
Q 9	Sponsored Facility Budget must be on file and maintained by the Facility.
Q 10	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 11	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 12	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 13	<p>Refer to 7 CFR § 226.22-Procurement</p> <p>If the Food Service Contract exceeded \$250,00, review the BID documentation.</p>
Q 14	<p>7 CFR §226.15(o) Information on WIC. Each institution (other than outside-school-hours care centers, at-risk afterschool care centers, emergency shelters, and adult day care centers) must ensure that parents of enrolled children are provided with current information on the benefits and importance of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the eligibility requirements for WIC participation.</p> <p>Ask the Facility for WIC documentation.</p>
Q 15	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 16	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.

<b>MONITORING</b>	
MONITORING Q 1	Respond accordingly.
MONITORING Q 1 a	If the Facility is new to the CACFP, provide the date the Facility was approved to participate.
MONITORING Q 1 b	<i>7 CFR §226.16((d)(4)(iii) At least one review must be made during each new Facility's first four weeks of Program operations.</i> Respond accordingly
MONITORING Q 1 c	If "Yes" to #1, provide the date of the first monitoring visit for the Facility.
MONITORING Q 2	<i>7 CFR § 226.16(d)(4)(iii) Sponsoring organizations must review each facility three times each year.</i> Ask the Facility's representative for all monitoring visits that were conducted by the Sponsor in the past 12 months.
MONITORING 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.
MONITORING Q 4	Review the monitoring forms from the response in Monitoring Q 2. Respond accordingly.
MONITORING Q 5	If the corrective actions have not been implemented by the Facility, write as a finding.

<b>CIVIL RIGHTS</b>	
Q 1	<i>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).</i> 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	<i>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.</i> Observe to determine if the services are provided to all participants regardless of race, color, national origin, age, sex or disability.
Q 3	Ask Facility's representative if they have a current need for bilingual material. If the answer is "Yes," 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, age, sex, or disability.
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	Observed to determine if there are any requirements or procedures that would restrict or deny enrollment of a participant based on race, color, national origin., sex, age, or disability. Respond accordingly.

Q 7	<p><i>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.</i></p> <p>Ask the Facility if they advertise. Ask to see a copy of all advertisements. (i.e. flyers, website, etc.)</p> <p>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:</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a>, 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 <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. This institution is an equal opportunity provider.</p> <p>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”.</p>
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<b>ANNUAL REQUIREMENTS</b>	
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 finds 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.
Q 1	Ask the Facility’s representative for their current ethnic/racial data. Respond accordingly.
Q 2	<i>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.</i>
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.
Q 3 f	Add each race category and enter the total. <b>NOTE:</b> When assessing the race category, the race totals must be <u>greater</u> 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	<i>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.</i> 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	<i>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.</i> 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	<i>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.</i> 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.

TRAINING Q 1	<p>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.</p> <p>Record the last programmatic training date the Facility attended by the Sponsor in the last 12 months.</p>
TRAINING Q 2	<p>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. 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.</p> <p>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.</p>
TRAINING Q 3	<p>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.</p> <p>Record the last civil rights training date by the Sponsor the Facility attended in the last 12 months.</p>
TRAINING Q 4	<p>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.</p> <p>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.</p>
<b>PROPERTY STANDARDS</b>	
Q 1	Review and assess the Facility expenses for the test month. In addition, ask the Facility's representative if the Facility has purchased equipment (purchase price > \$5,000) with CACFP funds.
Q 2	Ask the Facility's representative for a copy of their written procedures for the management of equipment. NOTE: This is a business. All businesses should have procedures for the management of equipment whether purchased in whole or in part with CACFP funds.
Q 3	If the Facility has acquired equipment in whole or in part with CACFP funds, ask the Facility's representative for property records.
Q 4	Review the Facility's records to determine if the records have been updated at least once every two years for all equipment acquired in whole or in part with CACFP Funds.
Q 5	Review the Facility's control system.
Q 5 a	Review the policy to ensure the equipment is only used for authorized purposes.
Q 5 b	Review the policy to ensure the equipment includes adequate loss, damage, or theft prevention measures.
Q 5 c	Review the policy to ensure it includes a process for investigating any loss, damage or theft of equipment.
Q 5 d	Review the policy to ensure it includes equivalent insurance coverage for property owned by the Facility.

6	Ask the Facility's representative for their policy and procedures for keeping property in good condition.
<b>DOCUMENTS TO ASSESS ON THE DAY OF THE REVIEW</b>	
<b>MEAL SERVICE TIMES</b>	
YES	Per the application, check "Yes" for all meal services the Facility is authorized to serve.
NO	Per the application, check "No" for all meal services the Facility is not authorized to serve.
START TIME/END TIME	Per information in the application, 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.
Q 2	<i>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.</i> 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: Persons age 12 and under Children of migrant workers: Persons ages 15 and under Emergency Shelters: Persons age 18 and under At-Risk Afterschool Care Facilities: Persons age 18 and under
<b>MEAL QUESTIONS</b>	
Q 4	<i>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.</i> Ask the Facility's representative if the Facility charges separately for meals claimed to the CACFP.
Q 5	<i>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.</i> <i>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.</i> <i>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.</i> 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 <u>meal observed</u> . Are the meal counts for the days documented consistent with the meal counts from 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.
<b>INFANT QUESTIONS</b>	
A 1	Observe and ask the Facility's representative if the Facility enrolls infants. If "No" skip to section Meal Observation on the Day of Review (As Applicable).
A 2	Observe and ask the Facility's representative if infants are currently enrolled in the Facility. If "No" skip to section Meal Observation on the Day of Review (As Applicable).
A 3	<i>7 CFR § 226.23(b)(2) Breastmilk or iron-fortified infant formula, or portions of both, must be served to infants birth through 11 months of age. An institution or facility must offer at least one type of iron-fortified infant formula. Meals containing breastmilk or iron-fortified infant formula supplied by the institution or facility, or by the parent or guardian, are eligible for reimbursement.</i> <i>7 CFR §226.23(i) A parent or guardian may choose to accept the offered formula or decline the offered formula and supply expressed breastmilk or an iron-fortified infant formula instead. Meals in which a mother directly breastfeeds her child at the child care institution or facility are also eligible for reimbursement. When a parent or guardian chooses to provide breastmilk or iron-fortified infant formula and the infants is consuming solid foods, the institution or facility must supply all other required meal components in order for the meal to be reimbursable.</i> Request the Infant Feeding Consent Form for all enrolled infants. Assess the Infant Feeding Consent Form for all enrolled infants to ensure the form is completed accurately.
IF NO	Document the name(s) of all infants that do not have an Infant Feeding Consent Form.
A 4	Document the type of formula that is listed on the Facility's Infant Feeding Consent Form.
A 5	After assessing the Infant Formula Consent Form, ask the Facility's representative to show you at least one can of the formula that was documented on the Facility's Infant Feeding Consent Form.
A 6	Document the date of expiration from the can of formula provided by the Facility's representative.
A 7	Ask the Facility's representative if they provide solid foods to infants.
A 8	Ask the Facility's representative if they provide all or all except one of the required components of the infant meal pattern.
A 8 a	<i>7 CFR §226.23(i) A parent or guardian may choose to accept the offered formula or decline the offered formula and supply expressed breastmilk or an iron-fortified infant formula instead. Meals in which a mother directly breastfeeds her child at the child care institution or facility are also eligible for reimbursement. When a parent or guardian chooses to provide breastmilk or iron-fortified infant formula and the infants is consuming solid foods, the institution or facility must supply all other required meal components in order for the meal to be reimbursable.</i> Per the Federal regulations, the parent should provide no more than one component of the infant meal pattern.

<b>MEAL OBSERVATION THE DAY OF THE REVIEW (AS APPLICABLE)</b>	
NO MEAL OBSERVED	<i>7 CFR §226.16 (d(4)(iii)(B) At least one unannounced review must include observation of a meal service.</i> 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 type 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.
<b>INFANT MEAL OBSERVATION</b>	
NO INFANTS IN ATTENDANCE	Check the box if no infants were in attendance on the day of the meal service observation. Skip to Section B. Children
NO INFANTS BEING FED	If infants were not observed being fed during the meal observation, check the box. Skip to Section B. Children
INFANTS IN ATTENDANCE	Record the total number of infants in attendance that were not served a meal during the meal observation.
# SERVED B—5 MO	Document the total number of infant's birth to 5 months that were actually observed being fed during the meal observation.

# SERVED 6—11 MO	Document the total number of infants 6 to 11 months that were actually observed being fed during the meal observation.
AMOUNT PREPARED FOR MEAL SERVICE	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.
VEGETABLE/FRUIT	Record the fruit and/or vegetable component observed being served.
INFANT CEREAL/GRAIN	Record the iron-fortified infant cereal and/or grain component observed being served.
BREASTMILK/IRON FORTIFIED FORMULA	Record breastmilk and/or type of iron-fortified formula component observed being served.
<b>B. CHILD/ADULT MEAL OBSERVATION</b>	
# 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.
B 1	<p>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....</p> <p>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.</p> <p>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. <b>NOTE:</b> The New CACFP Meal Pattern is effective October 1, 2019.</p>
B 2	<p>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.</p> <p>Observe to ensure all food components were served at the same time. Milk must be served with the meal.</p>
B 3	<p>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.</p>
B 4	<p>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.</p>

	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-dairy beverage is the nutritional equivalent of cow's milk.
B 5	<p><i>Policy Memo CACFP 17-09 and CACFP 17-09(a) Modifications to Accommodate Disabilities in the CACFP</i>  <i>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.</i>  <i>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.</i></p> <p>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.</p>
B 5 a	<p><i>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.</i></p> <p>If the Facility has children enrolled that require meal modifications, ask the Facility's representative for medical statements.</p>
B 5 b	Review the Facility's menus to ensure all meal modifications were documented on the menu.
B 6	<p><i>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.</i></p> <p>Respond accordingly.</p>
B 6 a	For all non-dairy beverages, assess the product label, using the Non-Dairy Tool ( <a href="http://www.nutritionnc.com">www.nutritionnc.com</a> ). 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.
B 7	<p><i>Refer to policy memo CACFP 11-18</i></p> <p>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.</p>
B 8	<p><i>7 CFR § 226.23 (n) Family style is a type of meal service which allows children and adults to serve themselves from common platters of food with the assistance of supervising adults.</i>  <i>CFR 226.23 (n)(3) Institutions and facilities which use family style service may not claim second meals for reimbursement.</i></p>
B 8 a	<p><i>7 CFR §226.23(n)(1) A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the components, as outline in paragraphs (c)(1) and (2) of this section, for all children or adults at the table and to accommodate supervising adults if they wish to eat with the children and adults.</i></p> <p>Observe to see if each child is offered all components of the meal pattern.</p>
B 8 b	<p><i>7 CFR §226.23 (n)(1) A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the components, for all children or adults at the table and to accommodate supervising adults if they wish to eat with the children and adults.</i>  <i>7 CFR §226.23(n)(2) Children and adults must be allowed to serve the food components themselves, with the exception of fluids(such as milk). During the course of the meal, it is the responsibility of the supervising adults to actively encourage each child and adult to serve themselves the full required portion of each food component of the meal pattern. Supervising adults who choose to serve the fluids directly to the children or adults must serve the required minimum quantity of to each child or adult.</i></p> <p>Ask the Facility's representative the amounts of each component that was offered to the participants. Ensure that the minimum servings of all required components were offered for all participants.</p>
<b>ASSESSMENT OF DOCUMENTATION FOR THE TEST MONTH</b>	
<b>IEAs AND ENROLLMENT</b>	
At-Risk Facility, skip this section	
FACILITY REPORTED: FREE	Record the total free income eligibility applications submitted to the Sponsor for the test month.

FACILITY REPORTED: REDUCED	Record the total reduced income eligibility applications submitted to the Sponsor for the test month.
FACILITY REPORTED: DENIED	Record the total denied/or no income eligibility applications submitted to the Sponsor for the test month.
FACILITY REPORTED: TOTAL	Add the total number of reported free, reduced, and denied/no applications and record the total. If using the Excel workbook, this figure will auto populate.
SO VERIFIED IEAS: FREE	Assess and verify all free income eligibility applications reported by the Facility for the test month. Record the total free income eligibility applications for the test month.
SO VERIFIED IEAS: REDUCED	Assess and verify all reduced income eligibility applications reported by the Facility for the test month. Record the total reduced income eligibility applications for the test month.
SO VERIFIED IEAS: DENIED	Assess and verify all denied/no income eligibility applications reported by the Facility for the test month. Record the total denied/no income eligibility applications for the test month.
SO VERIFIED IEAS: TOTAL	Add the total number of reported free, reduced, and denied/no applications and record the total. If using the Excel workbook, this figure will auto populate.
SO VERIFIED ENROLLMENT: FREE	Assess and verify all enrollment forms/documentation reported by the Facility for the test month. Enrollment Documentation: For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care. For Adults: enrollment documentation does not have to be updated annually. Using the Sponsor Verified free income eligibility applications, subtract all free income eligibility applications that do not have appropriate enrollment documentation. Ex: If the Sponsor verified 10 free IEA's and two enrollment forms were not adequate, the verified Free enrollment should be 8.
SO VERIFIED ENROLLMENT: REDUCED	Assess and verify all enrollment forms/documentation reported by the facility for the test month. Enrollment Documentation: For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care. For adults: enrollment documentation does not have to be updated annually. Using the Sponsor Verified reduced income eligibility applications, subtract all reduced income eligibility applications that do not have appropriate enrollment documentation. Ex: If the Sponsor verified 8 free IEA's and one enrollment form was not adequate, the verified free enrollment should be 7.
SO VERIFIED ENROLLMENT DENIED	Assess and verify all enrollment forms/documentation reported by the facility for the test month. Enrollment Documentation: For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care. For Adults: enrollment documentation does not have to be updated annually. Using the Sponsor Verified denied income eligibility applications, subtract all denied income eligibility applications that do not have appropriate enrollment documentation. Ex: If the Sponsor verified 8 free IEA's and one enrollment forms was not adequate, the verified Denied enrollment should be 7.
SO VERIFIED ENROLLMENT TOTAL	Add the total number of reported free, reduced, and denied/no applications and record the total. If using the Excel workbook, this figure will auto populate.
Q 1	<i>7 CFR §226.23(e)(1)(i) For the purpose of determining eligibility for free and reduced-price meals, institution (other than emergency shelters and at-risk afterschool care centers) shall distribute application for free and reduced-price meals to families of participants enrolled in the institution.</i> After review and assessing income eligibility applications for the test month, respond to the question. Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters.

Q 2	<p>7 CFR §226.23(e)(2) Institutions shall distribute a letter to households or guardians of enrolled participants in order to inform them of the procedures regarding eligibility for free and reduced-price meals. The letter shall accompany the application required under paragraph (e)(1).</p> <p>After review and assessing income eligibility applications for the review month, respond to the question. <b>NOTE:</b> The parent letter does not have to be attached to the income eligibility applications that were assessed. However, the Facility must provide documentation that the letter was provided to the parent/guardians. Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters.</p>
Q 3	<p>After assessing all income eligibility applications determine if the Facility has an income eligibility application on file for all participants classified as free and reduced for the review month? Respond accordingly. Exemptions: Head Start Facilities, At-Risk Facilities and Emergency Shelters.</p>
Q 4	<p>After assessing all income eligibility applications, determine if all income eligibility applications were classified correctly. Respond accordingly. Exemptions: Head Start Facilities, At-Risk Facilities, and Emergency Shelters.</p>
Q 5	<p>7 CFR §226.17(b)(8) Child care centers shall collect and maintain documentation of the enrollment of each child, including information used to determine eligibility for free and reduce price meals. Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days, and hours of care and the meal normally received while in care.</p> <p>7 CFR §226.19(b)(8) Adult day care centers shall collect and maintain documentation of the enrollment of each adult participant</p> <p>Ask the Facility representative for a copy of enrollment documentation for all participants enrolled for the review month. Review and assess all enrollment documentation. Respond accordingly. Exemptions: At-Risk Facilities and Emergency Shelters</p>
Adult Day Care Q 1	<p>7 CFR §226.19a(b)(10) Each adult day care center shall maintain records on the age of each enrolled person.</p> <p>Ask the Facility's representative for documentation on each enrolled participant that provides the participant's age. After assessing the documentation, respond accordingly.</p>
Adult Day Care Q 2	<p>7 CFR § 226.19a(b)(10) ...Finally, each adult day care center shall maintain records which document that qualified adult day care participants reside in their own homes (whether alone or with spouses, children or guardians) or in group living arrangements.</p> <p>Ask the Facility's representative for documentation on each enrolled participant that indicates the living arrangements of each participant. After assessing the documentation, respond accordingly.</p>
Adult Day Care Q 3	<p>7 CFR §226.2 Functionally impaired adult means chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.</p> <p>Observe and ask the Facility's representative if the Facility has enrolled participants that are functionally impaired. Respond accordingly.</p>
Adult Day Care Q 4	<p>7 CFR §226.19a(b)(10) ...In addition, each adult day care center shall maintain records which demonstrate that each enrolled person under the age of 60 meets the functional impairment eligibility requirements established under the definition of "functionally impaired adult".</p> <p>Ask the Facility's representative for documentation for each enrolled adult between the ages of 18 and 59 years of age that indicates they meet the functionally impaired criteria. Review and assess the documentation and respond accordingly.</p>
Adult Day Care Q 5	<p>Observe to see if the adults that are not functionally impaired are 60 years of age or older. Respond accordingly.</p>
Adult Day Care Q 6	<p>For all enrolled participants that are functionally impaired, ask the Facility's representative for a copy of each functionally impaired participants individual care plan.</p>
<b>FOR-PROFIT VERIFICATION</b>	
N/A BOX	<p>Check the box if the facility is non-profit.</p>
Q 1	<p>7 CFR §226.17(b)(4) For-profit child care centers may not claim reimbursement for meals served to children in any month in which less than 25 percent of the children in care (enrolled or licensed capacity, whichever is less) were eligible for free or reduced price meals or were Title XX beneficiaries-</p>

	<p>7 CFR § 226.19a (b)(6) Reimbursement may not be claimed for meals served to persons who are not enrolled, or for meals served to participants at any one time in excess of the center's authorized capacity, or for any meal served at a for-profit center during a calendar month when less than 25 percent of enrolled participants were Title XIX or Title XX beneficiaries.</p> <p>Ask the Facility representative for the CAC-1C for the test month. This form should be completed monthly documenting the Title XX or XIX or Free, Reduced, and Denied numbers being submitted to the Sponsor.</p>
OFFICIAL DSS TITLE XIX/XX OR F/R DOCUMENTATION	Check the appropriate box of the document being assessed by the Sponsor's representative to determine eligibility.
MONTH / YEAR	Record the test month and year. MM/YYYY
LICENSE CAPACITY	Record the license capacity listed on the license. If using the Excel workbook, this cell will auto populate from the information that was entered on the licensing and eligibility tab, License Capacity 1st shift.
ENROLLMENT	Record the current enrollment for the test month. If using the Excel workbook, this cell will auto populate from the information that was entered on the Income-Enrollment Tab-Total Sponsored Verified Enrollment.
# XIX AND XX BENEFITS	Review DSS documentation OR Free/Reduced Price income eligibility applications for the test month. Record the number of Title XIX or XX OR Free/Reduced Price applications. If using the Free/Reduced price applications add the total free and reduced applications that are documented on the Income-Enrollment Tab Sponsor Verified enrollment.
% RECEIVING BENEFITS	<p>Record the percentage by dividing the licensed capacity or total enrollment (the lesser of the two) into the # receiving Title XIX or XX OR Free and Reduced-price applications.</p> <ol style="list-style-type: none"> <li>1. The percentage must be 25% or higher.</li> <li>2. Rounding cannot be used when determining percentage.</li> <li>3. <b>NOTE:</b> On DSS turnaround or Reimbursement summary forms look for Funding Sources of 20 and 25. For Durham, Guilford, and Mecklenburg counties, count all SS or FC participants. All participants that have been paid at least \$1.00. If a participant is listed multiple times count the participant only once.</li> </ol>
<b>FISCAL INTEGRITY (This page is for unaffiliated Facilities only)</b>	
UNAFFILIATED FACILITIES ONLY	This page is for Unaffiliated Facilities only.
BUDGETED (Annual)	Document all approved expenses from the Facility's approved budget.
CACFP ADMINISTRATIVE EXPENSES FACILITY REPORTED	Record the total administrative expenses by line item that the Sponsored Facility reported to the Sponsoring Organization for the test month.
CACFP ADMINISTRATIVE EXPENSES REVIEWER VERIFIED	<p>Ask the Facility's representative for supporting documentation of all administrative expenses reported to the Sponsoring Organization for the test month. Assess the supporting documentation for the following:</p> <ol style="list-style-type: none"> <li>1. Ensure each reported expense was on the approved budget.</li> <li>2. Ensure each line item was reasonable, allowable, and necessary.</li> <li>3. Ensure the supporting documentation is in line with the requirements of the 7 CFR § 226, FNS Instruction 796-2 Revision 4, and CFR Part 200.</li> </ol>
BUDGETED	Document all approved expenses from the Facility's approved budget.
CACFP OPERATING EXPENSES FACILITY REPORTED	Record the total operating expenses by line item that the Sponsored Facility reported to the Sponsoring Organization for the test month.
CACFP OPERATING EXPENSES REVIEWER VERIFIED	<p>Ask the Facility's representative for supporting documentation of all operating expenses reported to the Sponsoring Organization for the test month. Assess the supporting documentation for the following:</p> <ol style="list-style-type: none"> <li>1. Ensure the reported expense was on the approved budget.</li> </ol>

	<p>2. Ensure each line item was reasonable, allowable, and necessary.</p> <p>3. Ensure the supporting documentation is in line with the requirements of the 7 CFR§ 226, FNS Instruction 796-2 Revision 4, and CFR 200.</p>
Q 1	Ask the Facility’s representative for their general ledger for the test month. The general ledger can be any document that captures all food service financial transactions and/or activities conducted by the Facility.
Q 2	<p>Ask the Facility’s representative for all invoices/receipts/contracts to support the financial transactions captured on the General Ledger for the test month. Ensure each expense reported was actually paid by the Facility. Assess the supporting documentation for the following:</p> <ol style="list-style-type: none"> <li>1. Ensure the reported expense was on the approved budget.</li> <li>2. Ensure the reported expense was on the approved budget.</li> <li>3. Ensure each line item was reasonable, allowable, and necessary.</li> <li>4. Ensure the supporting documentation is in line with the requirements of the 7 CFR § 226, FNS Instruction 796-2 Revision 4, and CFR Part 200.</li> </ol>
Q 3	Review the Facility’s approved budget in the application. Assess to assure all line items submitted on the claim for reimbursement were approved on the Facility’s budget. Respond accordingly.
Q 4	After assessing the documentation provided by the Facility’s representative, determine if the Facility has full oversight over the accountability for all program assets. Determine if the Facility conducts periodic bank reconciliations. Respond accordingly.
Q 5	Assess the Facility’s bank statements to determine if the Facility’s receipts and invoices reconcile with the claim for reimbursement for the test month. Respond accordingly.
Q 6	Assess the Facility’s expenses that were claimed for CACFP reimbursement. Were all cost allowable? Respond accordingly.
Q 7	After assessing all invoices, receipts and documentation for the test month, determine if the Facility reported all CACFP expenses. Respond accordingly.
Q 8	After assessing all invoices, receipts and documentation for the review month, determine if the Facility tracks their CACFP expenses based on their approved budget? Respond accordingly.
Q 9	Assess the reimbursement for the year to ensure that the Facility does not have more than a three month operating balance. Respond accordingly.
Q 10	Assess the reimbursement for the year to ensure that the Facility does not have more than a three month operating balance. <b>(NOTE: If the Facility receives \$1000 in reimbursement, they should be spending \$1000 of the reimbursement)</b> Respond accordingly.
Q 11	<p>If the Facility is claiming labor (administrative or operating) to the CACFP, does the Facility have accurate and complete time and attendance records that support labor costs claimed? Respond accordingly.</p> <p>Time and attendance reports for all labor costs (salaries, wages, and benefits) charged to the program for hourly or salaried employees for part-time, full-time, or piece-work. These reports must identify the total time actually worked by the employee, not just the time spent on Program activities.</p> <p>At a minimum, these reports must include:</p> <ol style="list-style-type: none"> <li>1. Start time;</li> <li>2. End time; and</li> <li>3. Absences.</li> </ol> <p>The report must be prepared timely and coincide with the employee’s pay period.</p> <p>In all cases, time and attendance and time distribution reports must be completed by the employee and signed and certified as true and correct by the employee and a responsible supervisory official having firsthand knowledge of the activities performed by the employee during the period covered by the reports.</p> <p>Payroll records. At a minimum, a record for each employee containing:</p>

	<ol style="list-style-type: none"> <li>1. Employee name;</li> <li>2. Employee identification number;</li> <li>3. Rate of pay;</li> <li>4. Hours worked;</li> <li>5. Benefits earned</li> <li>6. Any reductions or increases to the employee’s base compensation, I.E, overtime pay, incentive award, etc.;</li> <li>7. Gross pay;</li> <li>8. Net pay;</li> <li>9. Date of payment to employee;</li> <li>10. Method of payment, i.e., check, cash, EFT; and</li> <li>11. Verification that the employee has been paid, I.e., canceled checks or EFT deposit verification. For cash payments, an original signature certifying receipt of payment is required.</li> </ol>
Q 12	Review and assess the Facility’s budget and line items claimed. Determine if State agency approval, or if necessary, prior approval, specific prior written approval, or FNS approval was given to the Facility.
Q 13	Review and assess to determine if the Facility claims less-than-arms-length transactions. A less-than-arm’s- length transaction is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. See 2 CFR §200.465
Q 13 a	If the reviewer determines the Facility claimed less-than-arms-length transactions, did the Facility obtain specific written approval by the State agency? Respond accordingly.
Q 14	Ask for signed contracts, ensure all receipts and invoices are in line with the contract.
Q 14 a	Review the receipts and invoices, assess and determine if the receipts and invoices are in line with the contract.
Q 15	Review and assess all shared cost and determine if the Facility is claiming shared expenses according to their cost allocation plan. Respond accordingly.
Q 16	Ask the Facility’s representative if they accept donated foods. Respond accordingly.
Q 16 a	If donated foods are accepted, does the Facility have documentation of the donated items. Respond accordingly.
Q 17	If the Facility has a catering contract, assess the delivery tickets to determine if they support the number of meals claimed for the test month.
Q 18	<p>Determine if the Facility has purchased equipment using CACFP funds for the current fiscal year. If equipment was purchased, determine if the Facility depreciated equipment. Depreciation is based on the following factors:</p> <ol style="list-style-type: none"> <li>1. The asset’s acquisition cost.</li> <li>2. The asset’s expected useful life.</li> <li>3. The costs of improvements or alterations that materially increase the asset’s value or prolong its useful life.</li> <li>4. The asset’s depreciable costs is its acquisition cost, as adjusted for the costs of improvements or alterations subsequent to acquisition.</li> </ol>
Q 19	<p>If depreciation was charged for the review month, determine if the depreciation expense was calculated correctly.</p> <p>Depreciation Methods:</p> <ol style="list-style-type: none"> <li>1. Straight Line Method</li> <li>2. Units of Output Method</li> <li>3. Accelerated Depreciation Method</li> </ol>

**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	<p><i>7 CFR §226.17(b)(3) Each child care center participating in the Program must serve one or more of the following meal types-breakfast; lunch; supper; and snack. Reimbursement must not be claimed for more than two meals and one snack or one meal and two snacks provided daily to each child.</i></p> <p><i>7 CFR §226.19a (b)(5) Each adult day care center participating in the program must serve one or more of the following meal types-breakfast, lunch, supper, and snack. Reimbursement may not be claimed for more than two meals and one snack, or one snack and two meals, provided daily to each adult participant.</i></p> <p>Assess the Facility's meal count records to determine if more than 2 meals and 1 snack or 2 snacks and 1 meal were claimed for each participant. If "Yes", the meals must be disallowed.</p>				
Q 5	<b>NOTE:</b> This question pertains to At-Risk Afterschool Facilities only. Assess the Facility's meal count records to determine if more than 1 snack and 1 meal were claimed for each participant. If "Yes", the meals must be disallowed.				
Q 6	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.				
<b>MENU REVIEW</b>					
# MEALS DISALLOWED	<p><i>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.</i></p> <p>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</p>				
	Number of Meals Disallowed	Reason Codes			
Breakfast	23-H	A	Missing Menu	H	Missing fruit or vegetable component
AM Snack		B	Missing milk component	I	Juice served more than once per day
Lunch		C	Incorrect type of milk	J	Missing meat/meat alternate component
PM Snack		D	Missing grain component	K	Yogurt exceeds sugar limit

Supper		E	Missing whole grain-rich grain once per day	L	Missing 2 <sup>nd</sup> creditable component
Night Snack		F	Grain-based dessert served as grain component	M	Deep-fat frying on site/in satellite kitchen
		G	Breakfast cereal exceeds sugar limit	N	Missing Infant Formula/Breastmilk
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	<p><i>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.</i></p> <p>Review and assess the Facility's menus for the test month. Look to see if 100% juice was offered more than once per day.</p>				
Q 4	<p><i>7 CFR §226.20(b)(4)(ii)(A) Breakfast, Lunch, or supper ...Fruit juices and vegetables juices must not be served.</i></p> <p><i>7 CFR §226.20(b)(4)(ii)(B) Snack.....Fruit juices and vegetables juices must not be served.</i></p> <p>Review and assess the Facility's infant menus for the test month. Look to see if juice was offered to infants.</p>				
Q 5	<p><i>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.</i></p> <p>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.</p>				
Q 6	<p><i>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.</i></p> <p>Review and assess the Facility's menus for the test month. Look to see if all grains are either whole grain or enriched.</p>				
Q 7	<p><i>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).</i></p> <p>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.</p>				
Q 8	Review and assess the Facility's menus for the test month. Look to see if the type of cereal is identified on the menu.				
Q 9	<p><i>7 CFR § 226.20(a)(4)(B)(iii) Grain-based desserts do not count towards meeting the grains requirement.</i></p> <p>Review and assess the Facility's menus for the test month. Look to see if grain-based desserts are counted towards the grain component.</p>				
Q 10	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 11	<p><i>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.</i></p> <p>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.</p>				
Q 12	<p><i>7 CFR §226.20(a)(1)(i) Children one year of age must be served unflavored whole milk.</i></p> <p>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.</p>				
Q 13	<p><i>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.</i></p> <p>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.</p>				

Q 14	If combination foods are noted on the Facility's menus, ask the Facility for the CN label, product formulation statement or standardized recipe.
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 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.
SPONSORING ORGANIZATION'S REPRESENTATIVE	The Sponsoring Organization's authorized representative must sign his/her name.
SPONSORING ORGANIZATION'S 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.

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 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.

### 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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