

Child Care Center Monitor Evaluation Form

| | | | | | | | | | | | | | |
|--|--|--|--------------------------------------|--|--|---|--|---|--|--------------------|--|--------------------------------------|--|
| Sponsor Name | | | | | | CTD No. | | | | | | | |
| Date of Visit | | | | | | Time of Arrival | | Time of Departure | | Date of last visit | | | |
| | | | | | | <input type="checkbox"/> am <input type="checkbox"/> pm | | <input type="checkbox"/> am <input type="checkbox"/> pm | | | | | |
| Type of Review | | | | | | | | | | | | | |
| <input type="checkbox"/> Announced | | | <input type="checkbox"/> Unannounced | | | <input type="checkbox"/> Pre-approval/Adding Site | | | <input type="checkbox"/> 28-day/Initial | | | <input type="checkbox"/> Block Claim | |
| It is a requirement that you monitor your sites at least three times per year. Check the number of this visit. | | | | | | | | | | | | | |
| <input type="checkbox"/> First | | | <input type="checkbox"/> Second | | | <input type="checkbox"/> Third | | | <input type="checkbox"/> Fourth (if using averaging) | | | | |
| Monitor Name | | | | | | Title | | | | | | | |
| Site Name | | | | | | | | | | | | | |
| Site Address | | | | | | | | | | | | | |
| Person Interviewed at Site | | | | | | Title of Person Interviewed | | | | | | | |

A. OBSERVED MEAL SERVICE

1. What meal was observed?

- Breakfast** – consists of milk, bread, and fruit/vegetable.
- Snack (am/pm)** – consists of any two of the four food components (milk, bread, fruit/vegetable, meat/meat alternate).
- Lunch/Supper** – consists of milk, bread, meat/meat alternate, and two fruits/vegetables from different sources.

2. Type of meal service: **Family Style** **Traditional** **Other (specify):**

3. Complete the following for the meal observed:

| | BREAKFAST | AM SNACK | LUNCH | PM SNACK | SUPPER |
|---------------------------------------|-----------|----------|-------|----------|--------|
| Beginning Time of Meal Service | | | | | |
| Ending Time of Meal Service | | | | | |

4. List the number of meals served to the following program participants?

| | | | | | | |
|---------------------|---------------------|----------------------|---------------------|---------------------|----------------------|---------------|
| Infants: 0-3 months | Infants: 4-7 months | Infants: 8-11 months | Children: 1-2 years | Children: 3-5 years | Children: 6-13 years | 13 yrs.-Adult |
| | | | | | | |

5. List foods and amounts served to participants:

| | FOOD(S) SERVED | NUMBER OF MEALS PREPARED |
|---|----------------|--------------------------|
| Milk | | |
| Meat or Meat Alternate | | |
| Vegetables and/or Fruit (two or more) | | |
| Whole Grain or Enriched Bread or Bread Alternate | | |
| Other Foods | | |

6. Is the quantity of each component sufficiently prepared to meet requirements for the number of participants? Yes No

7. Was the menu served the same as posted for today? Yes No

If not, were substitutions consistent with USDA requirements? Yes No N/A

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8. Are menu substitutions correctly documented? Yes No N/A
9. Are medical statements on file for participants with special diets? Yes No N/A
10. Are special dietary needs of participants met without additional cost?..... Yes No N/A
11. Were all required components served? Yes No
12. Were all components served at the same time? Yes No
13. Were the quantities of each component sufficiently prepared to meet meal patterns? Yes No N/A
14. Are the combination of meals/snacks claimed consistent with CACFP regulations? Yes No N/A
15. Do infants attend the center?..... Yes No
(If yes, they must be allowed to participate in CACFP)
16. Are infant feeding records up to date? Yes No N/A
17. Do infant feeding records document required amounts of formula/food is being offered?..... Yes No N/A
18. Do the infant feeding records meet CACFP requirements? Yes No N/A
19. Does the center have documentation it is purchasing iron-fortified infant formula/cereal? Yes No N/A
20. Does the center have an infant feeding preference on file for all infants?..... Yes No N/A

B. RECORD KEEPING

1. Licensing
- a. Is the license current? Yes No N/A
- b. What is the current licensed capacity? _____
- c. Is the center within the current licensed capacity? Yes No N/A
- d. Is the facility subject to licensing standards other than DHS? Yes No
2. Enrollment – Are the enrollment forms on file updated at least annually? Yes No
3. Attendance – Are sign in/out sheets completed correctly? Yes No
4. Meal Counts
- a. Are meal counts recorded at the point of service for each meal claimed for reimbursement?..... Yes No
- b. Is the point of service meal count sheet and meal count summary used accordingly?..... Yes No
5. Eligibility
- a. Are all income applications kept in a safe and secured area? Yes No
- b. Is there any indication of overt identification for DES beneficiaries? Yes No N/A
6. Costs
- a. Are all administrative and operating costs being recorded accurately? Yes No N/A
- d. Is documentation on file to support all program costs?..... Yes No N/A
7. Claims
- a. Are claims being processed and payments being received in a timely manner?..... Yes No N/A
- b. On what date did you receive your last payment? _____ For which month was this payment? _____
8. Records Retention
- a. Is the staff aware that CACFP records must be kept on file for five years?..... Yes No

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C. TRAINING

1. Has facility staff attended training sessions conducted by the Sponsor on CACFP?..... Yes No

| DATES | TOPICS |
|-------|--------|
| | |
| | |
| | |

2. Are there sign in sheets for the participants that attended training on file?..... Yes No

3. Was civil rights included as a topic? Yes No

D. SANITATION AND STORAGE

1. Are food temperatures taken and recorded for hot (140° or above) and/or cold (41° or below) foods prior to service? Yes No

2. Are the floor, refrigerator, stove, cabinets, and working area sanitary and in good condition? Yes No

If not, explain: _____

3. Are all foods labeled and dated? Yes No

4. Are there working thermometers in the refrigerator and freezer? Yes No

Record the temperatures: Refrigerator _____ degrees Freezer _____ degrees

5. Are participant's and staff's hands washed before handling food? Yes No

6. Is the required local health inspection documentation available for review?..... Yes No

7. If problems were noted during the last inspection, have they been corrected? Yes No

E. CIVIL RIGHTS

1. Is there any separation by race, color, national origin, sex, or handicapping condition? Yes No

2. Is the staff able to explain the process for making civil rights complaints? Yes No

3. Does the facility have a copy of the Complaints for Discrimination on file? Yes No

4. Give number of participants:

| | White/ Caucasian | Black/ African American | Hispanic/ Latino | American Indian/Alaska Native | Native Hawaiian/ Pacific Islander | Asian | Some Other Race(s) | Total |
|---|---------------------|-------------------------------|---------------------|-------------------------------------|---|-------|--------------------------|-------|
| a. Current Enrollment /Data Collection (by racial/ethnic group) | | | | | | | | |
| b. Actual Number of Participants at Meal Observed (by racial/ethnic group) | | | | | | | | |

5. Is the "And Justice For All" poster displayed in a prominent place? Yes No

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F. FINDINGS AND RECOMMENDATIONS

1. List problems identified during last visit. Have all previous findings been corrected? If not, please explain.

2. List problems identified during the current visit:

3. Recommendation – Indicate corrective action needed:

Proposed date of next review: _____

Signature – Monitor Date Signature – Site Director Date

ADE 5-Day Reconciliation Form
For Multiple Site Sponsors and Multiple Single Center Participants
(Not Applicable for Emergency Shelters)

Site Name: _____

CTD #: ____-____-____

Total Number of Participants **Enrolled** (based on claim): _____

Licensed Capacity: _____

Total Number of Participants **Claimed** (based on meal counts):

| | Meal | 1 Day Before Date: | 2 Days Before Date: | 3 Days Before Date: | 4 Days Before Date: | 5 Days Before Date: |
|--|------------------|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | Breakfast | | | | | |
| | AM Snack | | | | | |
| | Lunch | | | | | |
| | PM Snack | | | | | |
| | Dinner | | | | | |
| | Evening Snack | | | | | |

Total Number of Participants in **Attendance** (based on sign in/out sheets):

| Meal Service Times | Meal | 1 Day Before Date: | 2 Days Before Date: | 3 Days Before Date: | 4 Days Before Date: | 5 Days Before Date: |
|-----------------------|------------------|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| | Breakfast | | | | | |
| | AM Snack | | | | | |
| | Lunch | | | | | |
| | PM Snack | | | | | |
| | Dinner | | | | | |
| | Evening Snack | | | | | |

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes No
 If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:
