



Date of Visit: _____

Date of Previous Visit: _____

Arizona Department of Education
Child and Adult Care Food Program
Monitoring Visit Form

Sponsoring Organization Name/Address:	Site Name/Address:
CTD #:	Site Telephone #:
Monitor Name:	Job Title:
Person Interviewed at Site:	Job Title:

Type of Monitoring Visit

Multi-Site Sponsors are required to conduct at least three visits every year at each site, with not more than six months elapsing between monitoring visits. At least two of the three visits must be unannounced and one of the unannounced visits must include a meal observation.

Announced
 Unannounced
 Pre-Approval/New Site
 First Week/28-day/Initial Review
 First Visit
 Second Visit
 Third Visit
 Fourth Visit (if using averaging)

Required Postings

<input type="checkbox"/> Facility License Capacity: _____ Exp: _____	<input type="checkbox"/> Current WIC Information N/A for at-risk, emergency shelters & adult day centers	<input type="checkbox"/> Building for the Future with Current CACFP Official Contact Information	<input type="checkbox"/> And Justice for All Must be 11x17 inches	<input type="checkbox"/> Menu	<input type="checkbox"/> Kitchen Permit Exp: _____ <input type="checkbox"/> N/A
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Enrollment

	Yes	No	N/A
Emergency Shelters: Is a list of participants maintained and does it contain the name, date of birth, and dates of residency confirming free eligibility?			
Head Starts: Is a list of participants maintained to confirm free eligibility, based on Head Start or Early Head Start qualifications and does it contain a Head Start official's signature?			
Centers: Based on 10% of enrolled participants, are income applications complete and current for participants claimed in the Free or Reduced-Price categories?			
Centers: Are participants without income eligibility forms or with incomplete income eligibility forms on the paid roster?			
Centers and Head Starts: Based on 10% of enrolled participants, are enrollment forms on file updated at least annually?			

Observed Meal Service

Meal Observed: Breakfast
 AM Snack
 Lunch
 PM Snack
 Supper
 Evening Snack

Meal Service Start Time: _____ End Time: _____

Does the time of the meal or snack correspond with the approved mealtime listed on the CACFP Site Application? Yes No

If observing lunch or supper, is the institution following at least one of the family style meal DHS requirements? Yes No N/A

If yes, which one(s)? Food served from a serving container on table
 Children serve themselves or with help of a staff member
 Children pass serving containers
 Staff member sits and eats lunch and/or dinner with the children

Food Items Served to Participants

	12-23 Months	24 Months and Up	Posted Menu
Milk (Indicate Type)			
Meat/Meat Alternate			
Grain			
Vegetable			
Fruit/Vegetable			
Extra(s)			

Number of Meal Service Participants & Civil Rights Data Collection

Observe as many classrooms as possible. Complete the Classroom Meal Count table below during each meal service observation. Verify that teacher Point of Service Meal Counts match your Point of Service Meal Counts. Specify any discrepancies in the "Notes:" box below. In addition, complete the Racial/Ethnic data for each classroom during the meal service observation. Data for the last line may be retrieved from your approved Management Plan.

	Classroom 1	Classroom 2	Classroom 3	Classroom 4
Monitor Total Meal Counts:				
Classroom Staff Total Meal Counts:				

Does the institution maintain the following required classroom ratios? N/A Yes No
Infants: 1:5 or 2:11 **One Year:** 1:6 or 2:13 **Two Years:** 1:8 **Three Years:** 1:13 **Four Years:** 1:15 **Five Years and up:** 1:20

Notes:

	Yes	No	N/A
Did participants wash their hands prior to the meal service?			
Do the food items served match what is listed on the posted menu?			
Is the observed meal creditable? If no, the meal cannot be claimed.			
Is enough food prepared, available, and offered to meet the required serving size for each component?			
Are all components served at the same time?			
Are meal counts recorded at the point of service?			
Is appropriate documentation on file for participants that require menu modifications?			

Menu and Supporting Documentation

Note! If any response is 'No,' the menu is not in compliance with the CACFP and must be revised.

	Yes	No	N/A
Does the menu have all required disclaimers? (Non-discrimination statement, ID of mixed fruit/vegetables, milk, water, juice, ID of acronyms, etc.) If no, which one(s) missing?			
Do menus clearly list all meal components?			
Are component substitutions reflected on menu?			
Are recipes available for homemade entrees that contribute to multiple components? (Best Practice)			
Are CN Labels or Product Formulation Statements available for all processed/convenience entrees that contribute to the meat/meat alternate component?			
Is one grain serving per day whole grain-rich?			
Is supporting documentation available to validate that at least one grain item per day is whole grain-rich?			
Is the menu free of grain-based dessert products?			
If yogurt is served, is it less than or equal to 23g of sugar per 6 ounces?			
If cereals are served, are they less than or equal to 6g of sugar per dry ounce?			
If served, is supporting documentation available to validate cereal or yogurt are within the sugar limits?			
If meat or meat alternates are ever served in place of a grain at breakfast, is it limited to no more than three times per week?			
If 2 vegetables are ever served to meet the entire fruit requirement, are 2 different kinds of vegetables served?			
If juice is ever served as a vegetable or fruit component, is it limited to not more than once per day?			
Adult day care only: if yogurt is ever served in place of milk, is it limited to no more than once per day?			
Do menus meet the meal pattern?			

Notes:

Civil Rights	Yes	No	N/A
Is there any separation by race, color, national origin, sex, or handicapping condition?			
Are staff able to explain the process for making a civil rights complaint?			
If a civil rights complaint has been made, does the facility have a civil rights complaint log?			
Does the facility have a copy of the Complaints of Discrimination on file?			
Is the nondiscrimination statement on all printed materials available to the public that mention USDA and/or the CACFP, including websites?			
Is the institution capable of reasonably accommodating participants with disabilities? If not, explain why.			
A Civil Rights Data Collection must be conducted at least once every program year. If complete, does the enrollment reflect the population statistics for the area?			

Infants (If infants are not in care, check here <input type="checkbox"/> and skip to next section)	Yes	No	N/A
Are the 0-5 and 6-11-month Infant Point of Service Meal Count Sheets being used?			
Are infant meals counted separately from children one year and older?			
Does the center ensure parents/guardians only provide 1 component of a reimbursable meal? If yes, how.			
Is at least one type of iron fortified formula being offered by the center?			
Does staff communicate with the infant's parents/guardians about when and what solid food should be served to provide meals consistent with the infant's eating habits?			
Are infant feeding preferences being documented? If yes, how. (Note! It's a best practice to use ADE's Infant Feeding Preference Form)			
Are infants 6 months of age or older being offered solid foods as developmentally ready?			
Are those food components which the infant is developmentally ready for being recorded correctly?			
Is staff aware that juice is not creditable for infants and should not be offered?			
If served, do ready-to-eat cereals provided to infants at snack contain no more than 6 grams of sugar per oz.?			
If served, do yogurts contain no more than 23 grams of sugar per 6 oz.?			
Is staff aware that USDA recently issued a detailed Infant Feeding in the CACFP Handbook?			

5-Day Reconciliation

Instructions: To conduct a 5-day reconciliation, you will compare meal counts to attendance to verify are meals are only being claimed for participants signed in based on 10% of total enrolled participants.

1. Collect Point of Service Meal Count Sheets for five consecutive operating days during the current month.
2. Select 10% of total enrolled participants from varying classrooms (i.e. 100 total enrolled, 10% of 100 is 10, select 10 participants).
3. Collect sign-in and out sheets for the selected participants.
4. Input the dates being evaluated and approved meal service times in the chart below.
5. Then, based on participants selected, complete the chart by inputting the total number of participants claimed, or marked on the POS meal count sheet, and the total number of participants signed-in during the approved meal service times each day.
Meals should only be claimed for participants that were present during the approved meal time. Meals should not be claimed if the participant was not signed in during or was signed out less than 10 minutes after the approved meal service start time.

Total Enrolled (based on most recent site claim):

10% of Total Enrolled:

Approved Meal Service Time	Meal	1 Day Before		2 Days Before		3 Days Before		4 Days Before		5 Days Before	
		Date:		Date:		Date:		Date:		Date:	
		Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In	Claimed	Signed-In
	Breakfast										
	AM Snack										
	Lunch										
	PM Snack										
	Dinner										
	Eve Snack										

Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes No If yes, assess sign-in/out and point of service meal count processes. Assign corrective action to resolve the issue.

Safety and Sanitation

	Yes	No	N/A
Is there a private and sanitary place for mothers to breastfeed?			
Is the floor, refrigerator, stove, cabinets, and working areas sanitary and in good condition? If no, explain.			
Is the refrigerator at 41°F or below (as verified by a thermometer)? Record Temperature: _____			
Is the freezer at 0°F or below (as verified by a thermometer)? Record Temperature: _____			
Are stored dry foods, refrigerated foods, and frozen foods labeled and dated?			
Review the most recent health inspection report. If problems were noted, have they been corrected?			
If a county requirement, is there a Food Protection Manager available?			
If a county requirement, do staff handling food have food handler certificates?			
Does staff follow best practices of logging temperatures prior to serving food?			

License Capacity

	Yes	No	N/A
Is the DHS license or alternate approval current?			
Is center within license capacity?			
Is the facility subject to licensing standards other than DHS? If yes, verify compliance.			

Training

	Yes	No	N/A
Has facility staff been provided training on all of the required CACFP and Civil Rights topics this program year? If no, when will training be provided? _____			
Are there sign-in sheets for the participants that attended training on file?			

Cost Reporting & Claims			Yes	No	N/A
Are all administrative and operational costs being reported by the sponsor's deadline?					
Are receipts and invoices on file to support all program costs?					
Additional Recordkeeping Requirements			Yes	No	N/A
Identify who completes the meal count summary sheet. Discuss their process for completing the form. Based on discussion, are point of service meal count sheets and the meal count summary sheet being completed accordingly?					
Is there an edit-check policy in place to verify accuracy of meal counts?					
Are all CACFP records accessible and organized? If not, explain.					
Does the institution keep all Program records on file for five years, at least at the sponsor level?					
Is staff aware that http://www.azed.gov/hns/cacfp/ contains program resources, handbooks, and memos?					
Findings & Recommendations (use additional pages as needed)					
List problems identified during last visit. Have all previous findings been corrected? If not, please explain.					
Summarize the site visit. Include recommendations for improving the food service and feedback from the menu evaluation.					
What action, if any, must be taken?					
Corrective Action Deadline: _____			Proposed date of next monitoring visit: _____		

_____	_____	_____
Monitor's Full Printed Name	Signature	Date
_____	_____	_____
Site Director's Full Printed Name	Signature	Date

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