



At-Risk Afterschool Programs Monitoring Visit Form

Site Name: _____

Date of Review: _____

Unannounced Review: ☐ Y ☐ N | Follow-up Review: ☐ Y ☐ N

Licensing Requirements

Is the licensing or alternate approval for the site current?

☐ DHS License expiration: ☐ Child Care Standards Date: ☐ N/A (NSLP-participating school)

Observed Meal

Meal Service Type: ☐ Offer vs. Serve ☐ Pre-Plated Meal type: ☐ Snack ☐ Supper

Meal Service Start Time: Meal Service End Time:

Meal Component	Food Item(s) Served	Posted Menu
Milk		
Meat or Meat Alternate		
Vegetable		
Fruit or Vegetable		
Grains		
Extra(s)		

CACFP Meal Requirements: Meals must be disallowed when not in compliance.	Yes	No	N/A
Does the time of the meal/snack correspond with the approved meal time on the CACFP Site Application?			
Is the menu posted in view of participants?			
Are menu substitutions noted?			
Are meal delivery receipts signed and dated?			
Do the food items served match what is listed on the posted menu?			
Did participants wash their hands prior to the meal service?			
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?			
Approved non-dairy milk substitutions are served to children needing the substitute.			
Does the observed meal meet the meal pattern? If no, the meal cannot be claimed.			
Flavored milk is served to children ages 6 and older ONLY. If no, then meals for ages 5 and under must be disallowed.			
If meals are prepared on-site, is there any deep-fat frying? If yes, then meals must be disallowed.			
Yogurt served has 23 g of sugar or less per 6 oz. If no, then meals must be disallowed.			
Cereal served has 6 g of sugar or less per dry oz. If no, then meals must be disallowed.			
Is at least one of the grains served today whole grain-rich?			
Is juice served 100% juice and only served once per day?			
CN labels or product formulation statements are on file for foods requiring this documentation.			

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Nutrition Facts labels, product labels, and/or ingredients lists are on file for yogurts, cereals, and whole grain-rich foods.			
Is appropriate documentation on file for participants that require menu modifications?			
If offer vs. serve is used, is it being implemented correctly (i.e. lunch/supper only, child must take at least 3 of the 5 components offered). If no, then meals must be disallowed.			

Meal Counts	Yes	No	N/A
Meal counts are taken at the time the meal was served.			
Meal counts are based on attendance.			

Civil Rights Data Collection									
	Ethnic Categories		Racial Categories						
	Hispanic/Latino	Non-Hispanic / Non-Latino	White/Caucasian	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian / Other Pacific Islander	Some Other Race	Two or More Races
Racial/Ethnic data from # of Participants at <u>Meal Observed</u>									
Current Enrollment Ethnic/Racial data from <u>Approved Mgt Plan</u>									

Civil Rights	Yes	No	N/A
The 'And Justice for All' poster is on display.			
Is there any separation by race, color, national origin, sex, or disability?			
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 Procedure for 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.			
Based on the Civil Rights Data Collection conducted during the meal service, does the enrollment reflect the population statistics for the area?			

Training	Yes	No	N/A
Staff has attended CACFP training within the past year.			
Staff has attended Civil Rights training within the past year.			

5-Day Meal Count Reconciliation:
Choose 5 consecutive operating days from the current or previous month.

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Date	Meal/Snack Counts	Attendance Total
<p>The number of meals served during the meal observation is reflective of the meal counts for the five preceding serving days. If no, document the reason: <input type="checkbox"/> Y <input type="checkbox"/> N</p>		
<p>The meal counts for one or more of the days exceeds the number of children in attendance during one or more of the five preceding serving days. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</p>		

Safety, Sanitation, and Food Storage	Yes	No	N/A
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?			
Is there an imminent threat to health or safety? (If yes, notify Sponsor and State Agency immediately.)			

Technical Assistance (attach additional sheets if necessary)	Yes	No	N/A
Technical assistance was provided for:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Corrective Action (attach additional sheets if necessary)	Yes	No	N/A
Prior review findings were corrected. If no, list the follow-up that is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a follow-up review required to ensure findings are corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective action is required. If yes, list as follows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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