



Arizona Department of Education
Community Nutrition Programs
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? | | |
| <input type="checkbox"/> DHS License expiration: | <input type="checkbox"/> Child Care Standards Date: | <input type="checkbox"/> N/A (NSLP-participating school) |

Observed Meal

| | |
|---|---|
| Meal Service Type: <input type="checkbox"/> Offer vs. Serve <input type="checkbox"/> Pre-Plated | Meal type: <input type="checkbox"/> Snack <input type="checkbox"/> 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. | | | |

| | | | |
|---|--|--|--|
| 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 Meal Observed | | | | | | | | | |
| Current Enrollment Ethnic/Racial data from Approved Mgt Plan | | | | | | | | | |

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.

| Date | Meal/Snack Counts | Attendance Total |
|--|-------------------|--|
| | | |
| | | |
| | | |
| | | |
| 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 |
| 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 |

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"/> |
| | | | |

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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