



Date of Visit: _____
Date of Previous Visit: _____
Date Full Form Complete: _____

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

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 must be unannounced and one of the unannounced visits must include a meal observation.

To satisfy these requirements, sponsors must complete the full [Monitoring Visit Form](#) for each site at least once each year. ADE highly recommends the use of the extended form for all site visits. This condensed version satisfies the *minimum* monitoring requirement for operators of the CACFP.

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

Type of Monitoring Visit

Announced
 Unannounced
 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 (based on 10% of total enrolled)

	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: Are income applications complete and current for participants claimed in the Free or Reduced categories?			
Centers and Head Starts: 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

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

Observe as many classrooms as possible. Complete the Classroom Meal Count table below during each meal service observation

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

If any discrepancies, specify:

Menu & Meal Service	Yes	No	N/A
Is the observed meal creditable? If no, the meal cannot be claimed.			
Are meal counts recorded at the point of service?			
Is appropriate documentation on file for participants that require menu modifications?			
Is posted menu dated?			
Do the food items served match what is listed on the posted menu?			
Do menus clearly list all meal components?			
Are component substitutions reflected on menu?			
Do menus meet the meal pattern?			

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?			

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 completed correctly?			
Are infant meals counted separately from children one year and older?			
Are infants 6 months of age or older being offered solid foods as developmentally ready?			
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?			

Safety and Sanitation	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: _____			

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 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 who attended training on file?			

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.

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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