

**CONNECTICUT STATE DEPARTMENT OF EDUCATION  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**Center Monitoring Review Form – Revised 12/2014**

In accordance with the CACFP regulations [7CFR§226.16(d)(4)(i)(A)-(D)], sponsoring organizations (institutions with more than one site) must review each sponsored facility a minimum of three times each year. At least two of the three reviews must be unannounced; at least one unannounced review must include observation of a meal service; new facilities must be reviewed within the first four weeks of Program operations; no more than six months may elapse between monitoring reviews; and the timing of visits must be varied so that they are unpredictable to the facility's staff.

All questions on this form must be answered completely; indicate "N/A" if something is not applicable. Explain all items that are answered "NO," as well as any required findings, technical assistance and corrective actions taken on page 3.

**CENTER:** \_\_\_\_\_ **CLASSROOM:** \_\_\_\_\_

**ANNOUNCED**     **UNANNOUNCED**     **FOLLOW-UP**    **DATE:** \_\_\_\_\_

<b>Center is licensed/approved</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF "NO," EXPLAIN ON PAGE 3</i>	<b>Capacity</b> _____
<b>Number of participants enrolled</b> _____	<b>Number of participants in attendance</b> _____
<b>Number of participants eating</b> _____	<b>Number of others/staff eating</b> _____

<b>MEAL OBSERVED TODAY:</b> <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> AM SNACK <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> LATE SNACK	
<input type="checkbox"/> AT-RISK SNACK <input type="checkbox"/> AT-RISK SUPPER	
<b>AFTERSCHOOL AT-RISK PROGRAMS <u>ONLY</u>:</b> This center is located in an eligible school or area as approved by the State Department of Education's Child Nutrition Unit: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF "NO," EXPLAIN ON PAGE 3</i>	

<b>RECORD THE FOOD ITEMS AND SERVING SIZES IN THE CHART BELOW</b>		
<b>Meal Components</b>	<b>Food Item</b>	<b>Serving Size</b>
<b>Milk</b> <i>Specify type(s) served</i>		
<b>Meat/Meat Alternate</b>		
<b>Fruit/Vegetable</b>		
<b>Fruit/Vegetable</b>		
<b>Grains/Breads</b>		
<b>Grains/Breads</b>		
<b>Other (non-creditable items)</b>		

- Fluid milk served in the CACFP to participants ages 2 and older **must** be low-fat (1%) or fat-free.
- Lactose-reduced milk (Lactaid®) served to participants ages 2 and older **must** be low-fat (1%) or fat-free.
- Whole milk and reduced-fat (2%) milk cannot be served to children ages 2 and older in the CACFP.
- Whole milk must be served to children younger than 2.
- A list of allowable non-dairy milk substitute products can be found at:  
[http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/special\\_diets/allowable\\_milk\\_substitutions\\_cacfp.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/special_diets/allowable_milk_substitutions_cacfp.pdf)

## FIVE-DAY RECONCILIATION

CACFP regulations require a five-day reconciliation of enrollment, attendance and meal count records to be conducted as part of **each** monitoring visit. The purpose is to determine meal count accuracy and reasonability, as well as to ensure that meal counts do not exceed the center's licensed capacity, enrollment or attendance on any day. If discrepancies are noted, meal disallowances and/or other actions including technical assistance, training and corrective action measures must be implemented.

- Evaluate enrollment and attendance records to ensure that they are current and accurate.
- In the chart below, write the dates for each of the five **prior operating days** (*days that the center was open*), going backwards (in reverse chronological order). **Do NOT use the test day as one of the five days.** Example: If today is Tuesday and the center is normally open Monday through Friday, then information for Monday (yesterday) and Friday, Thursday, Wednesday and Tuesday of last week should be listed.

**Note: The five-day reconciliation MUST include information for five full days.** If the center was closed during any of the five days immediately prior to the monitoring visit because of a weekend, holiday, weather event or other closure, then you must use information from an earlier week or month in order to capture a full five day period, even if this means going to the main office to obtain the information. *It is not acceptable to leave information for any days blank.*

- For each of the five operating days prior to the day of the monitoring visit, list total enrollment, total attendance and meal counts for ALL meals and snacks claimed for reimbursement.
- Compare total meal counts to the licensed capacity; meal counts cannot exceed licensed capacity for any day unless the center is approved for double sessions (multiple shifts).
- Compare the total enrollment to total daily attendance to ensure that the number of participants in attendance does not exceed the number of enrolled participants. If attendance exceeds enrollment for any day or for any session (shift), determine the source of the error and amount of the overclaim, if any. *Enrollment records are N/A for emergency shelters and afterschool at-risk centers.*
- All discrepancies must be explained and followed up on by appropriate corrective action(s).

PRIOR 5 OPERATING DAYS: LIST DATES >	<u>DAY #1</u>	<u>DAY #2</u>	<u>DAY #3</u>	<u>DAY #4</u>	<u>DAY #5</u>
TOTAL ENROLLMENT					
TOTAL ATTENDANCE					
BREAKFAST COUNT					
LUNCH COUNT					
PM SNACK COUNT					
AM SNACK COUNT					
AT-RISK SNACK COUNT					
AT-RISK SUPPER COUNT					
OTHER MEAL/ SNACK (INDICATE): _____					

✓	ANSWER ALL QUESTIONS IN THE CHART BELOW. ALL ITEMS ANSWERED 'NO' MUST BE EXPLAINED.	YES	NO	N/A
1.	An Income Eligibility Application or alternate enrollment form (for <i>over income</i> participants) is collected annually and maintained on file for each enrolled participant at this center <i>(N/A for emergency shelters and afterschool at-risk centers)</i>			
2.	The <i>And Justice for All</i> poster is displayed in a prominent (central) location			
3.	The blue <i>Building for the Future</i> poster (Form FNS-317) is displayed in a prominent (central) location <i>(N/A for adult day care centers)</i>			
4.	Information about the WIC Program and its benefits has been distributed to parents of enrolled children <i>(N/A for adult day care centers and afterschool at-risk centers)</i>			
5.	Daily menus, meal counts, enrollment and attendance records are maintained and up to date			
6.	Meal counts are recorded at the point of service - <i>as participants are seated and eating</i>			
7.	Meal counts of others/staff who are eating are kept separately			
8.	The meal counts, enrollment and attendance records for the previous five days appear reasonable when compared to today's observation			
9.	The observed meal/snack meets applicable meal pattern requirements			
10.	The menu was served as written If no, list any menu substitutions: _____			
11.	Menu substitutions are noted on the menu and retained on file			
12.	Quantities of each component are sufficient to meet meal pattern requirements			
13.	All applicable health, safety and sanitation standards are being followed			
14.	Are meals delivered? If yes, complete the information below; otherwise, 'N/A.' Number ordered _____ Number sent _____ Time delivered _____			
15.	Staff at this site have been trained in all applicable CACFP and Civil Rights requirements and procedures by the institution within the past 12 months			
16.	This center has corrected all problems noted on previous monitoring reviews			

Item or Page #	Summary of Findings Noted	Corrective Action(s) Required

<b>Signature of Center Representative</b>  _____ Signature                                  Date	<b>Signature of Monitor</b>  _____ Signature                                  Date
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