

INSTRUCTIONS FOR CACFP - CHILD CARE CENTER REVIEW

Sponsoring organizations use this form, or alternate, to determine if participating sites are in compliance with the Child and Adult Care Food Program (CACFP) regulations. The following areas are reviewed:

- Meal pattern
- Licensing
- Record Keeping
- Training
- Attendance and meal counts
- Enrollment and eligibility
- Civil rights
- Nonprofit food service

All findings will require technical assistance and corrective action. Some findings will result in disallowance and require the sponsoring organization to submit an adjusted claim.

GENERAL INFORMATION

Name of Sponsoring Organization – Enter the name of the sponsoring organization.

CE ID – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS).

Date of Review – Enter the date of review

Time of Arrival – Enter the time of arrival. Be sure to identify a.m. or p.m.

Time of Departure – Enter the time of departure. Be sure to identify a.m. or p.m.

Date of Last Review – Enter the date of the last review.

Site Type – Check the appropriate box.

Type of Review – Indicate if the review is announced (scheduled - site notified in advance) or unannounced (site was not informed of the review in advance).

Monitor Name and Title – Enter the name and title of the monitor that conducted the review. The monitor must be a member of the sponsor's administrative staff and must show photo identification. See CACFP CCC Handbook for contracting exceptions.

Site Name – Enter the name of the site.

Site ID – Enter the four-digit Site ID that has been assigned to this site by the Texas Unified Nutrition Programs System (TX-UNPS).

Site Address – Enter the complete address of the site, including State and zip code.

Person Interviewed at Site – Enter the name of the person interviewed during the review.

Title of Person Interviewed – Enter the title of the person interviewed during the review.

A. MEAL SERVICE

1. **Beginning and ending times of meal service** — for the meal being observed enter the time the meal service began and the time the meal service ended.

Number of meals prepared — enter the number of meals prepared for the meal you observed.

Numbers of meals served — enter the number of meals you observed served to children, infants, program adults, and non-program adults. Indicate the number of any second meals served.

2. Review the month's menu and compare it to the production record for the meal being observed. If there were substitutions were they consistent with USDA requirements and were they documented correctly on the meal production record?
3. Examine the *Daily Meal Production Record* (H1530) and *Daily Meal Production Record for Infants* (H1530-A) or alternates for the month being reviewed. Are they completed on a daily basis?
4. The start and end time for the meal observed, as entered in #1 above, should fall within the time range provided on the *Site Application*.
5. Review the *Daily Meal Count and Attendance Record* (H1535) or alternate for the month being reviewed to determine if the correct number of meals/snacks is claimed per infant/child.
6. Refer to the CACFP CCC Handbook for guidance on what parents/guardians may provide. Ensure the site is in compliance, document parent/guardian provided components under "explain." Request to see parent preference documentation for all enrolled infants.
7. Request to see any medical statements on file and compare to the *Daily Meal Production Record* (H1530) and *Daily Meal Production Record for Infants* (H1530-A) or alternates to ensure the site is serving the required diet to the infants/children.
8. Are variations in meal patterns documented and approved by the sponsor? See CACFP CCC Handbook for further information and guidance.

B. MEALS ANALYSIS

1. Complete the meal analysis based on the CACFP meal patterns. Use the *Daily Meal Production Record*, (H1530) and *Daily Meal Production Record for Infants* (H1530-A) or alternates as needed, to obtain the information.
2. Is the quantity sufficient to meet the meal pattern requirements for the number of infants/children served?
3. Observe the type of meal service implemented. Refer to CACFP CCC Handbook for more information on meal service styles.
4. Self-explanatory.
5. If you observe an uncommon amount of plate waste, determine the cause. The site may need technical assistance in developing menus that are more appealing to participants.

C. CIVIL RIGHTS

Complete the chart by entering the ethnic and racial categories of infants/children based on current enrollment and actual participation. Infants/children of multiple racial categories can be categorized in more than one racial group.

Observe the practices of the staff during the review. Is there evidence that infants/children are being discriminated against?

D. RECORD KEEPING

1. Self-explanatory.
2. Review enrollment forms or enrollment documentation to determine if they contain the following elements:
 - Child's/infant's name
 - Child's/infant's date of birth

- Meals/snacks normally served to the infant/child while in care
- Days and hours the infant/child is normally in care
- Enrollment and withdrawal dates
- Parent's or guardian's signature
- Date of signature

Enrollment forms must contain, at minimum, all elements above (except withdrawal date if infant/child is still enrolled) for the Site to claim meals for participants.

Meals must be disallowed if any elements are missing. Site cannot submit claims for meals served to infants/children without enrollment forms or with incomplete enrollment forms until a complete enrollment form is received.

3. Review each *Daily Meal Count and Attendance Record* (H1535), or alternate including the record for the date of review, to determine if attendance is taken daily.
4. Review each *Daily Meal Count and Attendance Record* (H1535), or alternate including the record for the date of review, to determine if meal counts are recorded daily. Observe during the meal service how the meal count is taken. It must be a point-of-service count. A point-of-service count enables the staff taking the meal count to visually see that a reimbursable meal is served to each participant claimed. Unacceptable meal counts include tray count, attendance count, head count, amount of meals remaining unserved, etc.

Meals must be disallowed if meal count and attendance including a point-of-service meal count is not taken daily.

5. Eligibility:
 - a. Ensure a current CACFP Meal Benefit Income Eligibility Form, early head start, head start or even start documentation (completed within the last 12 months) is on file for infants/children claimed in the free or reduced-price categories.
 - b. Verify that the eligibility determination made by the site is correct.
 - c. Validate the documentation provided by the for-profit site to verify the site is eligible to claim, if applicable
 - d. Ensure meal service and meal count methods and records do not allow children, staff or guests to identify children's/infant's eligibility categories.
6. Review documentation from previous reviews. If non-compliances were identified, have they been corrected?
7. Is the site retaining documents for three years from the end of the program year? **Exception:** If audit findings, claims, or litigation has not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

E. TRAINING

Refer to CACFP CCC Handbook for training requirements.

F. FIVE-DAY RECONCILIATION

Refer to your CACFP CCC Handbook for information on the Five-Day reconciliation process and procedures.

1. Use the information obtained from the meal count, attendance and enrollment records to complete the chart.

2. Use the chart in #1 to obtain the necessary information to answer this question.
3. See Item 2 above.

G. NONPROFIT FOOD SERVICE

1. **Cost** – review the Site’s bank statements, invoices, receipts, cancelled checks, payroll records, etc. (Refer to CACFP CCC Handbook for a list documentation requirements)
 - a. Are all Program costs being recorded?
 - Does the Site track Program spending to ensure nonprofit food service?
 - b. Are costs allowable?
 - Verify Program funds are being used on allowable costs, implement corrective action if not. Indicate how the site plans to cover costs that are determined unallowable.
 - c. Were goods and services properly procured?
 - Ensure Site is following proper procurement. If not, implement corrective action, including submission of a procurement plan.
 - d. Is documentation of file?
 - Ensure Site is maintaining all required documentation to support the claims.
 - e. Total costs for review period. Enter the total amount of costs based on records provided by the Site. Exclude unallowable costs. The review period must cover the time from the last review conducted to the current review being conducted.
2. **Program funds** – determine all income to the Program and reimbursement received.
 - a. Are claims being submitted according to the sponsor/site agreement? Require corrective action if Site is not submitting timely claims.
 - b. Amount of reimbursement for the review period. Indicate the amount of reimbursement received by the Site and the month(s) for which the reimbursement applies for the review period.
 - c. Other income to the Program. Indicate other income restricted for use in the Program, such as donations or funds designated by the Site to cover costs.
 - d. Totals. Enter total cost and total Program funds, subtract and enter the difference.
3. **Nonprofit food service?** If the total cost does not exceed the total income the Site must provide corrective action to spend the difference in the current Program year.

H. FINDINGS, CORRECTIVE ACTIONS AND COMMENDATIONS

1. Findings - List all the findings. Provide technical assistance for each finding. If meals are going to be disallowed document here and inform the site. Reference CACFP CCC Handbook Section 10000, *Serious Deficiency*, if it appears the site is seriously deficiency.
2. Corrective Actions - If there are findings, identify the corrective action required and the due date that it must be satisfactorily completed.
3. Commendations – Document here all areas in which the Site’s operation of the Program is commendable.

I. CERTIFICATION AND SIGNATURE

Upon completion of the review, the monitor must share the review results (findings, corrective actions, and commendations) with the site representative. Both must sign and date to acknowledge completion of review. The sponsor must leave a copy of the signed *Review* document with the site representative.

Name of Sponsoring Organization			CE ID		
Date of Review	Time of Arrival <input type="checkbox"/> AM <input type="checkbox"/> PM	Time of Departure <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Last Review		
Site Type <input type="checkbox"/> Public or Private Non-Profit <input type="checkbox"/> For-Profit		Type of Review <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced			
Monitor Name		Title			
Site Name				Site ID	
Site Address					
Person Interviewed at Site			Title of Person Interviewed at Site		

A. Meal Service

1. Meal Count – Complete the following for the meal observed		Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Beginning Time of Meal Service							
Ending Time of Meal Service							
Number of Meals Prepared							
Number of Meals Served	To Children						
	To Infants						
	As Seconds						
	Prog/Non-Prog adults						

2. Was the menu served the same as posted for today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, were substitutions consistent with USDA requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, were substitutions documented correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are all items on the <i>Daily Meal Production Record</i> (H1530/H1530-A) or alternate completed on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are the times meals are served consistent with the times indicated on the <i>Site Application</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the combination of meals/snacks claimed consistent with CACFP regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does the site supply all meal components?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
7. Are there medical statements on file for infants/children with disabilities and/or medical or special dietary needs?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have variations in meal patterns been approved?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Meal Analysis

1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal pattern requirements.

Enter the number of Program participants that were served:

Infants: 0-5 mos	Infants: 6-11 mos	Children: 1-2 yrs	Children: 3-5 yrs	Children: 6-12 yrs	Children: 13-18 yrs
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<i>Children</i>	Food Items Served		Amount Prepared	No. of Servings per Amount Prepared	Amount Needed	+ OR -
	Milk					
Meat/Meat Alternate						
Vegetables						
Fruits						
Grains						
Other Foods						

<i>Infants</i>	Food Items Served		Amount Prepared		No. of Servings per Amount Prepared		Amount Needed		+ OR -	
	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos
Milk										
Meat/Meat Alternate										
Vegetables										
Fruits										
Grains										
Other Foods										

2. Was a sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Type of meal service: <input type="checkbox"/> Family Style or <input type="checkbox"/> Cafeteria/Pre-plated/Unitized		
4. Were all required components served?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Describe what happens to plate waste and leftovers.		

C. Civil Rights

Complete the chart by entering the ethnic and racial categories of infants/children.

Number of Infants/Children	Ethnic Category		Racial Category				
	Hispanic or Latino	Not Hispanic or Latino	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander
Current Enrollment							
Actual Participation							

Based on your observation, is there any discrimination by race, color, national origin, sex, age or disability? Yes No

D. Record Keeping

1. Licensing			
a. Is the current license/certification posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What is the current licensed capacity?			
c. Does today's attendance exceed the capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:			
d. Is the site subject to licensing standards other than DFPS/HHSC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:			
2. Enrollment – Does each infant/child have a complete and current enrollment form on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Attendance – Is attendance recorded daily on the <i>Daily Meal Count and Attendance Record</i> (H1535) or alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Meal count – is the <i>Daily Meal Count and Attendance Record</i> (H1535) or alternate completed at the point-of-service on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Eligibility			
a. Is there current (within the last 12 months) <i>CACFP Meal Benefit Income Eligibility Form</i> or Early Head Start/Head Start/Even Start documentation for each infant/child claimed in the free and reduced-price categories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are infants/children being claimed in the correct eligibility category (free, reduced-price, or paid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. For profit sites: Is there documentation which demonstrates that at least 25% of the total enrollment or licensed capacity (whichever is less) received Title XX benefits or are eligible for free or reduced-price meals?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. If a pricing program, is there any indication of overt identification?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Previous Reviews			
a. Were non-compliances identified at the last review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. If yes, were they corrected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. If no, explain:			
7. Records Retention – is the site maintaining records per TDA and USDA requirement and regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

E. Training

1. Have site staff that performs key activities received CACFP training for the current Program year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, is documentation on file that contains the required elements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Were all required areas and subtopics covered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If no, when is site training scheduled?		
2. If the site is new this Program Year, did the site staff that performs key activities receive training over the required areas and subtopics before beginning in the Program?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there documentation on file that contains the required elements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Five-Day Reconciliation

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date:	Date:	Date:	Date:	Date:					
Meal Counts									
B		B		B		B		B	
AM		AM		AM		AM		AM	
L		L		L		L		L	
PM		PM		PM		PM		PM	
S		S		S		S		S	
E		E		E		E		E	
Att		Att		Att		Att		Att	
Enr		Enr		Enr		Enr		Enr	

2. Are there any days when meal counts by type exceed attendance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, what is the explanation?		
b. Is the explanation reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If no, do meals need to be disallowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Document by type the number of meals disallowed		

F. Five-Day Reconciliation, continued

3. Are there any days when meal counts by type exceed enrollment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, what is the explanation?		
b. Is the explanation reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If no, do meals need to be disallowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Document by type the number of meals disallowed		

G. Nonprofit Food Service

1. Costs		
a. Are all Program costs being recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are costs allowable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how does the site plan to cover the cost?		
c. Were goods and services procured properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is documentation on file to support all Program costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Total costs for the review period:		
2. Program funds		
a. Are claims being submitted according to the agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Amount of reimbursement:	For which month(s) does this reimbursement apply:	
c. Other income to the Program:		
d. Total costs for the review period (1e): minus Program funds (2b + 2c) =		
3. Nonprofit food service (does cost exceed reimbursement)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, prepare a plan with the site to spend the excess balance on allowable costs		

H. Findings, Corrective Actions, and Commendations

1. Findings – List each noncompliance identified and any disallowances if applicable

2. Corrective Action – Indicate corrective action needed, include expected completion date(s).

3. Commendations – Document areas in which the site is performing well.

I. Certification and Signature

The site representative acknowledges that the monitor has discussed and provided technical assistance for all findings (including any disallowances), corrective actions, and commendations, as applicable. The site representative agrees to implement and adhere to all required corrective actions.

Signature – Monitor

Date

Signature – Site Representative

Date