



9. Approved Meal Types:

- Breakfast    A.M. Snack    Lunch    P.M. Snack    Supper    Late Night Snack

10. Record the following information on **approved** meals and record applicable meal times:

Meals to be Served Daily	Time Meal Service Begins	Estimate Number Served Daily	Check Meal Observed Today
Breakfast			
AM Snack			
Lunch			
PM Snack			
Supper			
At-Risk Snack			
Late Night Snack			

11. Are meals no less than two hours but no more than three hours apart?    Yes    No

12. If claiming a fourth meal, is there a system in place to ensure that center does not claim more than two meals and one snack OR two snacks and one meal per day per participant? [The State Agency 17-10 Form **must** be completed at the conclusion of each meal service, and then meal counts consolidated on the Record of Meals Served Form (17-9)]    Yes    No

13. Describe how the center obtains daily meal counts for meals served:

\_\_\_\_\_

\_\_\_\_\_

14. Is an adequate supply of food available?    Yes    No

15. List stores and food vendors from which site purchases food: \_\_\_\_\_

16. Check the method by which meals are prepared:

- Preparation at meal service site    Prepared central kitchen    Food Service Mgmt Co.  
 Under contract with local school system    Combination of above list or Other (explain):

**Note: If site is self-prep, go to question 21.**

17. Has the site conducted the appropriate procurement for obtaining a Food Service Management Company?

- Yes    No

18. Does the site have a current contract with the Food Service Management Company who was awarded the procurement bid?    Yes    No

19. Is the Food Service Management Company on the CACFP KY Registered Caterer List?

- Yes    No

20. Is the Food Service Management Company in compliance with the signed contract?

- Yes    No

21. List the meal counts for each of the preceding five serving days for the meal types for which you are **approved**:

Verified Enrollment:

License Capacity:

Meal Services	Date:		Total 5 Day Meal Ct	Date:									
	TDA	Meal Count		Avg 5 Day Meal Ct	Current Day								
Breakfast													
AM Snack													
Lunch													
PM Snack													
Supper													
LN Snack													

**Note:** To determine the average, total each meal type column and divide by 5, then round up.

22. What was the meal count for the meal you **observed** on the day of the monitor review? \_\_\_\_\_

23. Do the meal counts for the prior five days for all meals claimed appear reasonable when compared to each approved meal service's averages?  Yes  No

24. If No, explain: \_\_\_\_\_

25. Does the director or program contact demonstrate familiarity with the types and quantities of food required for each type of meal service?  Yes  No

26. Does the cook demonstrate familiarity with the types and quantities of food required for each type of meal service?  Yes  No

**SECTION 4 OBSERVATION OF MEAL SERVICE**

27. Circle **meal observed** and record applicable meal times:

	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	L. N. Snack
Scheduled Meal Service Time						
Meal Service Time Observed						

28. Record the Food Items, Serving Sizes, and Amounts Prepared for the Meal Observed:

Meal Components	Food Item	Serving Size
Milk		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Bread/Bread Alternate		
Bread/Bread Alternate		
Other		

**Note:** The Adult Day Care Meal Pattern requires two bread servings at breakfast, lunch, and supper.

29. Record the food items served for infant meals:

## Infants

### List Food Items Served (Be Specific)

Meal Components	Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
Iron-Fortified Formula/Breast Milk/Whole Milk			
Infant Cereal			
Fruit/Vegetable			
Fruit/Vegetable			
Meat/Meat Alternate			
Bread Component			

**Note: If infant participates in meal served from the kitchen (table food), please include the foods served.**

### SECTION 5 MONITORING AND TRAINING

30. List date and any problems from last Monitor Review conducted:

\_\_\_\_\_

\_\_\_\_\_

31. Have these problems been corrected?       Yes       No

32. If No, explain: \_\_\_\_\_

\_\_\_\_\_

33. Have all center personnel been trained in CACFP regulations each year?       Yes       No

34. Date(s) of In-Service Training \_\_\_\_\_

35. What topics were discussed?

\_\_\_\_\_

\_\_\_\_\_

### SECTION 6 HEALTH/SAFETY/SANITATION

36. Was the food permit posted?       Yes       No       Not Applicable

37. Food Permit Expiration Date: \_\_\_\_\_

38. List the date of the latest health inspection: \_\_\_\_\_ Rating: \_\_\_\_\_

39. Were any deficiencies identified?       Yes       No       Not Applicable

40. Have identified deficiencies been corrected?       Yes       No       Not Applicable

41. Were the refrigeration units and freezers clean and maintained at required temperatures?

Yes       No       Not Applicable

**Note: Refrigerator temperatures must be maintained between 33 and 38 degrees. Freezer unit temperatures must be maintained between 0 and -10 degrees. Temperatures listed are per the Food Code, published by the Food and Drug Administration. If the temperatures are not within these ranges, then the answer should be NO and adjustments should be made.**

42. Was food properly stored in the refrigeration units and in dry storage areas?

Yes       No       Not Applicable

43. Are thermometers available in all refrigerator and freezer units?

- Yes     No     Not Applicable

44. List temperatures for Refrigerators and Freezers: (Refer to Question 45 regarding proper temperatures)

Refrigerators    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
Freezers    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

45. Is there evidence of rodent or insect infestation?     Yes     No

46. If Yes, what measures are being taken to eliminate this problem?  
\_\_\_\_\_

47. Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food?     Yes     No     Not Applicable

48. List location: \_\_\_\_\_

49. Did participants and center staff wash their hands before meal service?     Yes     No

50. Were tables/high chairs sanitized?     Yes     No     Not Applicable

51. Is kitchen area kept clean at all times?     Yes     No     Not Applicable

52. Are sanitary procedures followed in all aspects of food service?     Yes     No

53. Are safety procedures followed when thawing frozen foods?

- Yes     No     Not Applicable

54. What method(s) are used to thaw frozen perishable foods? \_\_\_\_\_  
\_\_\_\_\_

55. Are dishes sanitized?     Yes     No     Not Applicable

56. What method(s) are used to sanitize dishes? \_\_\_\_\_  
\_\_\_\_\_

### **SECTION 7 SPACE, FACILITIES AND EQUIPMENT**

57. Is the storage adequate for dry food items, refrigerators and freezers?

- Dry Food Items     Refrigerators     Freezers  
 Yes     No     Yes     No     Yes     No

58. Is dining space adequate for the number of participants enrolled?     Yes     No

59. Is adequate food preparation and service equipment available?     Yes     No

### **SECTION 8 RECORD KEEPING**

60. Does the center keep a record of total daily attendance?     Yes     No

61. Are current fiscal year CACFP enrollment forms maintained on each participant?  
 Yes     No    Not Applicable
62. Does the center keep a daily record of meals served to participants by type of meal service?  
 Yes     No
63. Is the Record of Meals Served Form (17-9/17-10) current and up-to-date?     Yes     No
64. Are free and reduced price applications on file?  Yes     No    Not Applicable
65. If Yes, where: \_\_\_\_\_
66. Do free and reduced price applications **year-to-date** correspond to the master roster?  
 Yes     No    Not Applicable
67. No. of Free \_\_\_\_\_ No. of Reduced \_\_\_\_\_ No. of Paid \_\_\_\_\_ Total \_\_\_\_\_  
**(For the latest claim submitted)**
68. Are appropriate records kept to document all costs?  Yes     No
69. Are daily Menu Records available and up-to-date at the center for all approved meals claimed for the current month?  Yes     No
70. If No, explain: \_\_\_\_\_
71. Name and position of person planning menus:  
 \_\_\_\_\_
72. How far in advance are menus planned? \_\_\_\_\_
73. What problems with required components have been noted on the menus?  
 \_\_\_\_\_  
 \_\_\_\_\_
74. Are medical statements on file for all substitutions related to medical or special dietary needs?  Yes     No     Not Applicable  
 If No, explain: \_\_\_\_\_  
 \_\_\_\_\_
75. Are parent statements on file for all substitutions related to religious beliefs?  
 Yes     No     Not Applicable  
 If No, explain: \_\_\_\_\_  
 \_\_\_\_\_
76. (Unaffiliated Centers Only) Does the center keep at least twelve months of supporting documentation for claims submitted?  Yes     No  
 Where is this documentation being held? \_\_\_\_\_

**SECTION 8 CIVIL RIGHTS COMPLIANCE**

77. Was the "...And Justice for All" poster visibly displayed to the general public?

- Yes       No

78. Was the "Building for the Future" poster visibly displayed to the general public?

- Yes       No       Not Applicable (ADC only)

79. Is the Civil Right Grievance Report Form available to staff at all time?

- Yes       No

80. Does the training documentation form list "Civil Rights" as a training topic?

- Yes       No

81. Has Civil Rights Data been collected on this site during the past year?

- Yes       No

If "NO" complete the Data Collection Chart Below:

\*Line one is percentage data collected from the Ethnic/Racial Profile of the Area the Center is located.

\*Line two is the actual number collected from the participants in the Center.

	Ethnicity		Race			
	Hispanic	Not Hispanic	Black or African American	White	American Indian or Alaskan Native	Asian Or Pacific Islander
1.	%	%	%	%	%	%
2.	#	#	#	#	#	#

**SECTION 9 HOUSEHOLD CONTACTS**

82. In the review of documentation and/or this monitor review, have any of the following occurred:

A. Do inconsistencies exist between attendance records and meal count records for which there is no reasonable explanation?  Yes       No

B. Have there been recent unsuccessful monitor review attempts for this center?

- Yes       No

C. Do income applications (if applicable) and enrollment forms for participants appear to have been altered in writing, with white out, or with correction tape?  Yes       No

83. According to the answers above, are household contacts required for this center?

- Yes       No

84. If Yes, what method does the sponsor plan to use to conduct the household contacts?

Mail Survey?       Yes       No

Telephone Survey?  Yes       No

85. How many household contacts must be conducted? \_\_\_\_\_

86. Was corrective action necessary as a result of household contacts?  Yes  No

87. If Yes, what form of corrective action was taken?

- Follow-Up Review  Yes  No
- Sponsor provided technical assistance  Yes  No
- Site was termed seriously deficient  Yes  No
- Suspended  Yes  No
- Propose to Terminate and Disqualify  Yes  No

**SECTION 10 SUMMARY OF FINDINGS**

Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form. **Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

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SUMMARY OF FINDINGS			
Review Item #	Corrective Action (CA) Needed	C.A. Due Date	Follow-up Visit Due Date

Signature and Title of Reviewer	Date
Signature of Center Director/Supervisor	Date
Signature of Sponsoring Organization Representative	Date

**Note: All other monitor review forms obsolete.**