

MONITOR REVIEW FORM
Sponsoring Organizations of Affiliated and Unaffiliated Centers
Kentucky Department of Education
Division of School and Community Nutrition
Child and Adult Care Food Program

INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM

For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

SECTION 1: GENERAL

Date of Review: _____	Name of Reviewer: _____
Drop In: _____	Announced: _____ Unannounced: _____

Name of Center: _____

Address: _____

Director: _____

Phone Number: _____

1. Is the center at/within licensed capacity, age limits, and provider/participation ratio at the time of review?
 Yes No

2. If no, explain: _____

3. Total Number of Participants Enrolled: _____

4. Center License Expiration Date: _____

5. Total Number of Operating Weeks Per Year: _____

6. Hours Daily _____ a.m. to _____ p.m.

7. Does the center operate in shifts? Yes No
If yes, list shift times
Shift 1 _____ to _____
Shift 2 _____ to _____
Shift 3 _____ to _____

SECTION 2: MEAL INFORMATION

8. Are meals claimed only for enrolled participants who have a current CACFP enrollment form?

Yes No

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 Mgt. Co.
 Under contract with local school system Combination of above list or Other (explain):

Note: If site is self-prep, go to question 22.

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 KY CACFP Registered Caterer List?

Yes No

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

Yes No

21. Does the site have completed delivery tickets on file?

Yes No

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

5 Day Reconciliation

	Date:	Total Daily Attendance	Breakfast	AM Supplement	Lunch	PM Supplement	Supper	LN Supplement
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
	5 Day Total							
	5 Day Avg.							
Current Day								

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

23. What was the meal count for the meal you observed on the day of the monitor review? _____

24. 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

25. If No, explain: _____

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

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

SECTION 3: OBSERVATION OF MEAL SERVICE

28. 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						

29. Record the Food Items and Serving Sizes 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.

30. 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 4: MONITORING AND TRAINING

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

32. Have these problems been corrected? Yes No

33. If No, explain: _____

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

35. Date(s) of In-Service Training _____

36. What topics were discussed?

SECTION 5: HEALTH/SAFETY/SANITATION

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

38. Food Permit Expiration Date:

39. List the date of the latest health inspection: _____ Rating:

40. Were any deficiencies identified? Yes No Not Applicable

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

42. 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 41 degrees. Freezer unit temperatures must be maintained below 0 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.

43. Was food properly stored in the refrigeration units and in dry storage areas?
 Yes No Not Applicable

44. Are thermometers available in all refrigerator and freezer units?
 Yes No Not Applicable

45. List temperatures for Refrigerators and Freezers: (Refer to Question 42 regarding proper temperatures)

Refrigerators	_____	_____	_____	_____
Freezers	_____	_____	_____	_____

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

47. If yes, what measures are being taken to eliminate this problem?

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

49. List location: _____

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

51. Is kitchen area kept clean at all times? Yes No Not Applicable
52. Did participants and center staff wash their hands before meal service? Yes No
53. Are sanitary procedures followed in all aspects of food service? Yes No
54. Are safety procedures followed when thawing frozen foods? Yes No Not Applicable
55. What method(s) are used to thaw frozen perishable foods? _____

56. Are dishes sanitized? Yes No Not Applicable
57. What method(s) are used to sanitize dishes? _____

SECTION 6: SPACE, FACILITIES AND EQUIPMENT

58. Is the storage adequate for dry food items, refrigerators and freezers?
 Dry Food Items Refrigerators Freezers
 Yes No Yes No Yes No
59. Is dining space adequate for the number of participants enrolled? Yes No
60. Is adequate food preparation and service equipment available? Yes No

SECTION 7: RECORD KEEPING

61. Does the center keep a record of total daily attendance? Yes No
62. Are current fiscal year CACFP enrollment forms maintained on each participant?
 Yes No Not Applicable
63. Does the center keep a daily record of meals served to participants by type of meal service?
 Yes No
64. Is the Record of Meals Served Form (17-9/17-10) current and up-to-date? Yes No
65. Are Income Applications on file? Yes No Not Applicable
66. If Yes, where: _____
67. Do Income Applications **year-to-date** correspond to the Membership 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

If No, explain: _____

70. Name and position of person planning menus:

71. How far in advance are menus planned? _____

72. What problems with required components have been noted on the menus?

73. Are medical statements on file for all substitutions related to medical or special dietary needs?

Yes No Not Applicable

If No, explain: _____

74. Are parent statements on file for all substitutions related to religious beliefs?

Yes No Not Applicable

If No, explain: _____

75. (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

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

Yes No

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

Yes No Not Applicable (ADC only)

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

Yes No

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

Yes No

80. 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.

<http://education.ky.gov/federal/SCN/Pages/CACFP-Resources.aspx>

ETHNICITY		
	Hispanic or Latino	Not Hispanic or Latino
(1)	%	%
(2)	#	#

RACE					
	Black or African American	White	American Indian or Alaskan Native	Native Hawaiian or other Pacific Islander	Asian
(1)	%	%	%	%	%
(2)	#	#	#	#	#

SECTION 9: HOUSEHOLD CONTACTS

81. 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

82. According to the answers above, are household contacts required for this center? Yes No

83. If yes, what method does the sponsor plan to use to conduct the household contacts?
 Mail Survey Yes No
 Telephone Survey Yes No

84. How many household contacts must be conducted? H

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

86. 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.

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