

INSTRUCTIONS:

CACFP At-Risk Afterschool Meals Program/Outside School Hours Care Program Sponsoring Organization Monitoring Review Form

Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the Program at all At-Risk Childcare facilities under its sponsorship. Sponsors must adhere to the following review schedule:

- Annually review each facility three times per fiscal year – October 1 thru September 30.
- At least two of the reviews must be unannounced.
- At least one unannounced review must include observation of a meal service.
- At least one review must be during each new facility's first four weeks of operation.
- No more than 6 months may elapse between reviews.

Visit preparation:

- Review prior monitoring forms to identify problems.
- Review prior claim for reimbursements to identify problems (over claims, block claiming, etc.).
- Determine if review will be "announced" or "unannounced".
- Determine approved meal types, level of meal service, meal service times, days of operation, and operation hours.
- Determine date of last eligibility determination and the name of school used.

General Information Section:

Enter information in order using information gathered prior to the visit.

Prior Visit:

Document information obtained during visit preparation.

Meal Observation A:

Document the meal type served and the serving sizes on day of visit.

Meal Observation B:

Document how the meal service was conducted to include observation of meal delivery, time of meal service, number of meals served, service to program adults, and meals discarded.

Facility Review Questions:

Check appropriate answer in the following areas:

- Training
- Food Service Space
- Facilities, and Equipment, Sanitation
- Food Safety, Recordkeeping
- Civil Rights

Five-Day Reconciliation:

Complete 5-Day Reconciliation for facility. Follow instructions documented.

Monitoring Visit Summary:

- Document Program Violations.
- Document the Recommended Corrective Action.
- Document Corrective Action taken day of visit.
- Document name and title of person corrective actions were discussed.
- Document date that further action needed.

Civil Rights Ethnic/Racial Data Collection Form:

Use this form to record the ethnicity and racial information for all participants observed at the site/facility. Follow instructions documented. **This data is required to be collected ONCE during the fiscal year.**

Signatures:

Facility representative and monitor sign and date certifying review of monitoring form on day of visit. Sponsor representative must review and certify monitoring form. Sponsor must determine if follow-up visit is needed to correct problems.

**South Carolina Department of Social Services
CACFP At-Risk Afterschool Meals Program/Outside School Hours Care Program
Sponsoring Organization Monitoring Review Form**

Sponsor: _____ Facility Name: _____
 Facility Address: _____ Telephone: _____
 Date of Visit: _____ Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Program Type: [] At-Risk Afterschool Meals Program [] Outside School Hours Care Program
 Date of Last Eligibility Determination: _____ Name of School: _____
 Type of Visit (Check all that apply): [] Announced Review [] Unannounced Review Visit #: _____ of _____
 (Note: Visits must be conducted within the federal fiscal year – October 1 thru September 30.)

Meal Type Reviewed: [] Breakfast [] AM Snack [] Lunch [] PM Snack [] Supper Approved Meal Time: _____
 Days of Operation: [] Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. [] Sun. Operating Hours: _____ to _____
 Approved Level of Meal Service: _____ Today's Attendance: _____

Prior Visit:

- A. If applicable, list any problem areas noted during the last review, and give date of review.

- B. Have these problems been corrected as of today's visit? Yes No
 If no, indicate what follow-up action is necessary and the timeframe required for correction. _____

Meal Observation:

A. Meal Observed	Breakfast	AM Snack	Lunch	PM Snack	Supper	Serving Size
Meat/Meat Alternate						
Vegetable						
Fruit/Vegetable						
Bread/Bread Alternate						
Milk						
Is water made available for meal service? "yes" or "no"						

B. Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# Meals delivered (If applicable) Name of Vendor:					
Time meals delivered (If applicable)					
Time meals served					
# Meals served to children					
# Meals documented by facility staff <i>(If this number is different than meal count documented by Monitor, have staff explain the variance.)</i>					
# Meals served to Program adults <i>(Adult meals cannot be claimed for reimbursement.)</i>					
# Meals discarded (spoiled, incomplete, etc.)					
Note components or insufficient quantities of food observed in today's meal service:					

Facility Review Questions		Yes	No	NA
Training				
1.	Has the facility personnel attended the sponsoring organization's annual training sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Service				
2.	Does the facility have sufficient food service supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the menu posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the previous month menus retained on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are all required components served for each snack/meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the facility personnel demonstrate familiarity with the types and quantities of food required for service of creditable snacks/meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the facility receive a delivery receipt/ticket/invoice with the snack/meal delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Were meals counted/checked before signing delivery receipt/ticket/invoice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If meal served family style, were the appropriate quantities of each food item placed on the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was a Point of Service meal count conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are meals served within the approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are all meals served and consumed on-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Space, Facilities, and Equipment				
13.	If needed, is there adequate space available for dry food items?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Is dining space adequate for the number of children attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	If needed, is a working refrigerator-freezer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is a sink with running hot and cold water available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation				
17.	Are sanitary procedures followed in all aspects of food service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the kitchen area clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	If self-prep, are frozen perishable foods thawed under refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Is there evidence of insect or rodent infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are all insecticides, polishes, and cleaning compounds stored in an area separate from food and in an area that is not accessible to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety				
23.	Are refrigeration units adequate for cold and frozen foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Is the cold storage 40 degrees F or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Is the freezer storage 0 degrees F or below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recordkeeping				
26.	Are daily records kept of the number of snacks/meals served to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are accurate attendance records maintained on children separate from meal count records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Are records given to the sponsoring organization on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Civil Rights				
30.	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Is there a "Building for the Future" poster, provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are meals served to all children regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations when accessing the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Do publications and other forms of communication include the required nondiscrimination statement and procedure for filing a complaint? (NOTE: "This is an equal opportunity program" would be the phrase most often used.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Five (5) Day Reconciliation of Enrollment, Attendance, and Meal Counts Instructions & Worksheet

5-Day Reconciliation:

- Choose five consecutive days prior to the day of review from the Meal Count Record. (If early in the month and necessary, refer to the Meal Count Record from the prior month to get five consecutive days.)
- Identify the number of children in attendance during the five-day period.
- Ensure that meals are only claimed for children during these five days.
- Compare meal counts for each meal type for the five days to ensure that no meal count totals exceed facility’s licensed capacity unless the provider is approved to provide the same meal type(s) during different shifts.

EXAMPLE: Day 1 Enrollment Total: 55

	Breakfast	AM Snack	Lunch	PM Snack	Supper	The highlighted parts are the numbers the monitor should question the facility about and request clarifications. The meal count cannot be more than the attendance and/or enrollment total.
Attendance				40	42	
Total Meal Count				45	55	
Total Program Enrollment				50	50	
Variance				5 over	13 over	

Date of Day #1:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #2:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #3:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #4:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Date of Day #5:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Attendance					
Total Meal Count					
Total Program Enrollment					
Variance					

Based on the Instructions, is follow up necessary for any of these days? Yes ____ No ____; if yes, describe the situation and the results of the follow up:

Monitoring Visit Summary

Program Violation(s)	Recommended Corrective Action	Corrective Action Taken Today?

Corrective action(s) discussed with (Name and Title): _____

Further action needed by (date): _____

Monitor's Additional Comments: _____

I certify that the above information is correct:

Date:	Print Name and Title of Facility Representative	Signature:
Date:	Print Name of Monitor	Signature:
Date:	Print Name and Title of Sponsor Representative	Signature:

Civil Rights Ethnic/Racial Data Form and Instructions

Actual enrollment by ethnic/racial category for all institutions and their facilities must be collected by the institution each fiscal year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participants only after it has been explained and they understand that the collection of this information is strictly for statistical reporting requirements.

Use this form to record the ethnicity and racial information for all participants observed at the site/facility. In Section I, document the grand total number of participants. In Section II, visually determine and document the number of participants in each ethnicity category. In Section III, identify the race category of participants.

For example: If you identify that there is a grand total of 25 participants in attendance. Then you must identify the 25 participants as either Hispanic/Latino or Non-Hispanic/Latino. Then you must identify the race of the 25 participants as American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or White.

Observed Participants' Ethnicity and Racial Data Information

Section I.

Attendance

Grand Total attendance at the site/facility: _____

Section II.

Ethnic Categories

Number Hispanic or Latino: _____

Number **Not** Hispanic or Latino: _____

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Section III.

Racial Categories

Number American Indian or Alaskan
Native: _____

Number Native Hawaiian or Other Pacific
Islander: _____

Number Asian: _____

Number White: _____

Number Black or African American: _____

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Note: The Civil Rights Ethnic/Racial Data must be collected ONCE during the fiscal year.
This form must be retained for three (3) years.**