

**MONITOR REVIEW FOR AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM**  
 Child and Adult Care Food Program

**Monitoring Requirements** – All organizations operating more than one Child and Adult Care Food Program (CACFP) site must conduct their own monitoring of the sites, including a pre-approval review of any new site prior to operating CACFP, a review of the new site within the first four weeks of operating CACFP, and two more reviews for a total of three reviews. At least two of the three reviews must be unannounced. At least one unannounced review must include a meal observation. No more than six months may elapse between reviews.

SITE NAME AND ADDRESS MONITORED				DATE	ARRIVAL TIME	DEPARTURE TIME
				NAME OF REVIEWER		
				CHECK (✓) ONE <input type="checkbox"/> Announced Visit <input type="checkbox"/> Unannounced Visit		
				AGE RANGE OF CHILDREN		
DCFS LICENSE INFORMATION (if applicable) →	LICENSE NUMBER	EXPIRATION DATE	CAPACITY	Is attendance within license capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**YES    NO    N/A    MEAL SERVICE AND MEAL COUNTS**

1. Meal Observed  
 Snack    Supper    No Meal Service Observed
2. Menu for observed snack/supper:
3. Was the written menu and the food offered to the children the same?
4. Did the snack/supper offered meet the meal pattern?
5. Were the children served the correct portions for their age group?
6. Are menu substitutions recorded?
7. Are the date menus on file for every meal served?
8. Are menus in compliance with meal patterns?
9. Are meals appealing in color, texture and flavor?
10. Are meal counts accurately recorded at the time of the snack/supper?
11. How many complete reimbursable snacks/suppers were served to children?
12. How many children are in attendance?
13. Is the number of snacks/suppers served and recorded during the observation similar to those recorded during previous months?

**FIVE DAY RECONCILIATION FOR AT-RISK AFTER-SCHOOL SNACK/SUPPER PROGRAM**

14. Insert the days of the week, corresponding dates, number of school-age children in attendance those days, and the number of snacks and/or suppers served on those particular days.

	Day of Week	Date	# in Attendance	# of Snacks	# of Suppers
Day 1	_____	_____	_____	_____	_____
Day 2	_____	_____	_____	_____	_____
Day 3	_____	_____	_____	_____	_____
Day 4	_____	_____	_____	_____	_____
Day 5	_____	_____	_____	_____	_____

- A. Compare the snack and/or supper daily totals for the five-day period to the attendance records for the same five days. Based on this comparison, do attendance totals meet or exceed the number of snack and/or suppers served daily?
- B. If no, will the sponsor use this information as a tool to evaluate further whether the facility has a problem with its meal counting and claiming procedures?

- | YES                      | NO                       | N/A                      | VENDED MEALS  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Was an adequate quality of food delivered for the number of children served snacks/suppers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Was the temperature of the food appropriate, cold food cold and hot food hot?               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Does the receipt show the number of snacks/suppers delivered?                               |

**TEACHER/STAFF MEALS PROVIDED**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Are the number of program and non-program adult snacks/suppers recorded? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have adult snacks/suppers not been claimed for reimbursement?            |

**EXPENSES**

- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Are monthly itemized food, milk and supply invoices/receipts on file?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are non-food supplies separated from food costs?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Are labor time sheets maintained for staff with CACFP responsibilities? |

**SANITATION**

- |                          |                          |  |  |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> |  | 23. Is there an employee or staff with a valid food service sanitation certificate when food is prepared on-site or served from bulk containers? |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 24. Is the equipment clean and in working condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> |  | 25. Are food and cleaning supplies stored in separate areas?   |

**STAFF TRAINING**

- |                          |                          |  |  |
|--------------------------|--------------------------|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> |  | 26. Are records available to show training was conducted for key staff on the At-Risk After-School Snack/Supper Program within the last fiscal year? |
|--------------------------|--------------------------|--|--|

What is the date of the last training session?

**PRIOR PROBLEMS**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Were all problems identified at the last review corrected prior to today's review? |
|--------------------------|--------------------------|--------------------------|--|

- FINDINGS:**
- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | No Problems found or problems resolved during visit.  |
| <input type="checkbox"/> | Problems were observed during this visit. (Boxes above marked "No" show problem areas). Corrections need to be made to resolve these issues. A return visit will be scheduled: <input type="text"/> |

**CORRECTIVE ACTION:**

I certify the above information is correct. The monitor discussed the contents of this report with the site director.

Date	Signature of Sponsor's Monitor	Date	Signature of Site Director