**NH DOE CHILD AND ADULT CARE FOOD PROGRAM**

**CENTER MONITORING REVIEW FORM**

**Section I**

Sponsor Name                                                          Center Name and Address

CACFP Representative Interviewed Date

Circle each appropriate answer: ADC    OSHC/AT RISK (ages \_\_\_\_\_ - \_\_\_\_\_)    CCC (ages \_\_\_\_\_ - \_\_\_\_\_)

Announced Visit       Date of last review                                         Previous Corrective Action Required    **Y   N**

Unannounced Visit  (List on back all previous CA completed)

**Section II Compliance and Documentation**

|  |  |
| --- | --- |
|   1.  License current/alt approval current | **1.** **List all Recommendation/Corrective Action** |
|   2.  Participants present do not exceed license capacity | * From previous review
 |
|   3.  Number of participants claimed does not exceed enrollment | * Include any CA to current date
 |
|   4.  Enrollment records current, on file | * Identify any progress to goals
 |
|  **ADC**- minimum req.-signed guardian/participant signature of attendance | * Identify any Block Claiming incidents
 |
|  **CC**-must have hours, days, and meals  |  |
|  **OSCH & “At Risk**”- require no enrollment form |  |
|  5. Point of Service meal count  |  |
|  6. Attendance recorded  |   |
|   7.  Menu current, legible, posted |  **2. Are Attendance, Enrollment & Meal Reconciliation** **Records reasonable?** |
|   8.  Special diet needs documented | If necessary, further explain any discrepancies found. |
|  9. Menu contains all required food components |  |
| 10.  Production records reflect required portions and amounts served |  |
| 11.  Food receipts maintained on file |  |
| 12.  Menu/meal claim worksheet submitted to sponsor timely  |   |
| 13. Meal components served meet size, category and age req. |  |
| 14. 5 Day Reconciliation of, Enrollment and/or Attendance and Meal Counts |   |
| 15.  Sanitation adequate for storage areas |  **3. List Recommendations/Corrective Action required from this review**. |
| 16.  Sanitation adequate for facility |   Identify when the CA is due. |
| * Correct temperatures maintained
 |   |
| 17.  Sanitation inspection posted and current18.  Food Handling practices meet state standards |  |
| 19.  Hand washing facilities adequate with children and adults showing evidence of proper use. |  |
| 20.  Applicable Occupancy license posted |  |
| 21.  Civil Rights Documentation/Center Advertisements identify process for filing complaints/ market the meals program . |  |
| **Professional Development** |  |
| 22. Date and topic of Center’s last training for CACFP staff | **4. Did the cook have food safety training? YES NO** |
| 23. Date of most current training attended by CACFP representative  |  If YES, date of training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 24. Identify resource materials in use and any that are needed. |  |

**Section III MEAL EVALUATION - DAY OF REVIEW**

|  |
| --- |
| **Meal reviewed:**        B        amS         L         pmS         Su |
|  **Meals Approved to serve:** B amS L pmS Su |
|  **Type of Service:** Pre-plated      Unitized     Family Style Food Service Management Co. |
|  Number of participants eating (over age 1) \_\_\_\_\_\_\_\_\_\_\_\_ Number of adults/staff eating \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Children 1 - 18** |  |  | **Infant 0-12 months** |
| **Item** | **Food Used** | **Amount** **Prepared** | **Food Used** |  **Amount Prepared** |
| Milk |  |  |  |  |
| Fruit  |  |  |  |  |
| Vegetable |  |  |  |  |
| Bread or Grain |  |  |  |  |
| Meat/Meat Alternate |  |  |  |  |
| Additional Foods |  |  |  |  |

                                                         \_\_\_\_\_\_\_

 Sponsor Monitor Signature/Title                                                       Center CACFP Representative/Executive Director

Page 1 of 4

**REVIEW MONITORING INSTRUCTIONS**

Sponsoring organizations are required to maintain records of monitoring reviews conducted for three years plus the current year and/or for the length of any ongoing audit.  Records to maintain on file include:

 Reviews conducted

 Review findings

 Corrective Action prescribed

* Response to Corrective Action

**Section I**

Supply a response to each blank space with the appropriate answer.

Identify any previous Corrective Actions and the plan to correct.

**Section II**

Carefully analyze each question and respond accordingly. Use the back page to describe each finding. Be sure to identify each negative response.

Corrective Action is required for the following:

 Enrollment documentation that is chronically incorrect

 Previous Corrective Action that has not been permanently corrected

 Attendance Records that are incomplete, not done daily, or represent misinformation of attendance.

 Incomplete end of day worksheets (12- or less children)

 Point of Service Meal count Record (13- or more children)

 5 Day Reconciliation of Attendance, Enrollment, and Meal Counts

 Block Claims that do not meet an acceptable reason for existence.

 Sanitation and Food Handling Issues

Health and Safety of child/ren (minor)
Refer to CACFP Toolkit for criteria that constitute Serious Deficiency.

**Section III**

This section allows the monitor the opportunity to carefully evaluate the menu and the appropriate meal components offered by the facility.

* + Identify the components offered in each category.
	+ Indicate the total amounts prepared by the facility.
		- Indicate in Section II any deficiencies that may have been found.
	+ Where appropriate, indicate the same information as above, for all infants that are feed.

**Section IV**

This section is an opportunity to identify quality program elements.

* Identify any requests for training/materials.
* Follow through you or the facility member would like assistance with but does not constitute a finding.
* Signature of Center authority and Sponsor monitor.

**(Use the bottom of these instructions to elaborate on any issue within the review.)**

BRING THIS FORM BACK TO OFFICE WITH SIGNATURE, MAKE A COPY AND RETURN A COPY TO THE EXECUTIVE DIRECTOR OF THE CENTER.

Page 2 of 4

 **CACFP MONITORING REVIEW REQUIREMENTS**

**Sponsoring Organizations – Centers**

Organizations that sponsor Child Care Centers, Adult Day Care Centers, OSHCC’s, and At-Risk Centers must meet the following minimum monitoring review requirements.

* Review each site/program a minimum of three (3) times annually.
* At least two of the three reviews must be unannounced.
* At least one unannounced review must include observation of a meal service.
* Not more than six (6) months can elapse between reviews.
* Conduct a pre-approval visit for new sites/programs.
* Review new sites/programs within first six (4) weeks of operation.
* Perform Block Claim review during each month

**Sponsoring Organizations – Family Day Care Providers**

Organizations that sponsor Family Day Care Providers must meet the following minimum monitoring review
 requirements.

* Review each home a minimum of three (3) times annually.
* At least two of the three reviews must be unannounced.
* At least one unannounced review must include observation of a meal service.
* Not more than six (6) months can elapse between reviews.
* Conduct a pre-approval visit for new home providers.
* Review new homes within the first four (4) weeks of operation.
* Perform Block Claim review during each month

**Independent Centers**

Independent day care centers are not required by regulation to perform self-monitoring. However, self-monitoring at regular intervals is strongly encouraged by the state agency as a means to identify and correct problems and strengthen the program.

**REVIEW MONITORING RECORD MAINTENANCE**

Sponsoring organizations are required to maintain records of monitoring reviews conducted for four (4) years or length of time of any current audit. Records to maintain on file include:

* Reviews conducted.
* Review findings
* Block Claim findings
* Corrective Action prescribed.
* Response to Corrective Action

Page 3 of 4

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Center Monitoring Review Form

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Page 4 of 4