

**MULTISITED
INSTITUTIONS
ADDITIONAL
REQUIREMENTS AND
ORIGINALS**

**Multisited Institutions Need
to Refer to the Child Care
Record-Keeping Requirements
(Pages 9-278)
for Additional Required Record-
Keeping Forms**

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MULTISITED INSTITUTIONS ADDITIONAL REQUIREMENTS

Institutions with more than one facility are required to maintain additional records. Refer to **page 8** for a list of the additional requirements.

The Oklahoma State Department of Education (the *State Agency*) has supplied sample forms to assist the institution in maintaining the additional records.

As stated in the United States Department of Agriculture (USDA) regulation 7 CFR §226.6(b)(1)(xviii) for new institutions and 7 CFR §226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three performance standards:

- Financial viability and financial management—An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:
 - ♦ A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
 - ♦ Adequate resources for daily operations—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
 - ♦ Audits or financial statements.
- Administrative capability—An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:
 - ♦ The number of staff and type of qualified staff are adequate.
 - ♦ The number of monitoring staff in relation to the number of facilities is adequate.
 - ♦ Written policies and procedures fulfill program responsibilities and civil rights requirements.
- Program accountability—An institution must demonstrate the ability to ensure program accountability through:
 - ♦ Oversight through an operating governing board.
 - ♦ Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
 - ♦ Record-keeping—maintains records of operations in compliance with program regulations.
 - ♦ Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
 - ♦ Meal pattern and meal service requirements, licensure, health inspections, record-keeping, and claiming only for eligible meals served.

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor.
3. In Column 3: Record the number of the check issued. (**NOTE:** Cash payments for labor are not acceptable.)

In Columns 4 through 24: Record the amount of the CACFP sponsor expenditures under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals: Total all expenditures in each column.
27. Net Costs: Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance: Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Maintain with institution records.

Month: February Year: 20YY

		OPERATING AND ADMINISTRATIVE COSTS (\$)											
DATE	ITEMENTRY (Vendor or Personnel, Etc.)	CHECK NO.	(4) Admin Salaries	(5) Admin Benefits	(6) Equipment \$2,500 and Over	(7) Materials and Supplies Durable	(8) Materials and Supplies Expendable	(9) Printing	(10) Postage	(11) Office Space Rental/ Lease	(12) Utilities	(13) Insurance Premiums	(14) Contracted Profes- sional Services
2/1	Director, H Brand	3100	135 00	10 00									
2/1	Director, T Wilks	3101	135 00	10 00									
2/1	A & E Leasing	3102								500 00			
2/1	XYZ Energy	3103									75 00		
2/1	Pete's Printing	3104						10 00					
2/15	Director, H Brand	3120	135 00	10 00									
2/15	Director, T Wilks	3121	135 00	10 00									
(26)	Grand Totals		540 00	40 00				10 00		500 00	75 00		

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

NOTES

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
REGULAR MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled

NOTE: For At-Risk Meals sites, this number should indicate the **MAXIMUM** number of children who would be allowed to be in each of the participating facilities at any given time. Institutions should base this number on the maximum number the fire marshal would allow or the maximum number for which the institution wants to be responsible.

- Number of Title XIX/Title XX or free and reduced-price
- Participation

NOTE: For At-Risk Meals sites, this number should indicate the **highest daily count** of children who participated for the month. This number should never exceed the enrollment number.

— Number Free

— Number Reduced-Price

— Number Not Eligible

— Total

- Number of meals served by shift:

— Breakfasts

— Lunches

— Suppers

— Snacks

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
AT-RISK MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization.

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Number of free participation
- Number of At-Risk meals served to children by shift:
 - At-Risk Breakfasts
 - At-Risk Lunches
 - At-Risk Suppers
 - At-Risk Snacks

CHILD AND ADULT CARE FOOD PROGRAM MULTISITED PREAPPROVAL VISIT FORM INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of Child and Adult Care Food Program (CACFP) operations. These reviews must be documented and kept on file. No meals should be claimed prior to a preapproval visit.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:

Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:

The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:

The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MULTISITED PREAPPROVAL VISIT FORM

Center Name: Blue Center
Center Address: 123 Brick Street

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	X
2. Civil rights compliance (poster, complaint procedure) 2.	X
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form 3.	X
a. Obtained on enrolled children a.	X
b. Approved by institution official b.	X
4. CACFP enrollment form 4.	X
5. Monthly count by category/roster sheet maintained 5.	X
6. Daily attendance records maintained 6.	X
7. Meal Count Worksheet (Meal Counts) 7.	X
8. Itemized receipts/invoices properly maintained 8.	X
a. Food-Purchasing Form a.	X
b. Signature of purchaser b.	X
9. Inventory up-to-date (recommended) 9.	X
10. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 10.	X
11. Meal patterns 11.	X
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	X
b. Meal Limitation/Time Frame b.	X
c. Infant Meal Pattern Requirements c.	X
d. Child Nutrition (CN) Labels/Product Formulation Statement d.	X
e. Special Dietary Needs e.	X
12. Sanitation and safety 12.	X
13. Food preparation area adequate for meals served 13.	X

Comments: The facility's representative requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Nell Carter 9/21/YYY
Center Representative's Signature Date

Ima Fishul 9/21/YYY
Sponsoring Organization Representative's Signature Date

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REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New child care facilities, outside-school hours care centers, and homeless shelters must have a review conducted during the first four weeks of program operations.
2. Each child care facility, outside-school hours care center, and homeless shelter must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - An SO may do *review averaging* by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If *review averaging* is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - c. All reviews shall include, at a minimum:
 - CACFP meal patterns
 - Licensing or approval
 - Participation or attendance at sponsor training
 - Meal counts
 - Menus and meal records
 - Enrollment form requirements
 - Corrected problems from previous reviews
 - Five-day reconciliation
4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A—J Read each statement and answer each item accordingly.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: IMA FISHUL 5. Institution Agreement Number: DC-99-123
 2. Facility: BLUE CENTER 6. Date of Visit: 10/28/YYYY
 3. Facility's Address: 123 BRICK STREET 7. Time of Visit: 10 a.m.
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

	YES/NO/NA		YES/NO/NA
A. License (if applicable)		E. Sanitation and Safety	
1. Current license/permit. <u>35</u>	YES	1. Trash cans covered.	YES
2. Capacity: <u>35</u>	YES	2. Clean kitchen (floors, cupboards, pest-free).	YES
3. Center meets licensing standards.	YES	3. Clean equipment.	YES
B. Record Keeping		4. Dining surfaces and countertops sanitized.	YES
1. Family-Size and Income Application/ Funded Head Start Enrollment Form available on all enrolled children.	YES	5. Proper method of dishwashing.	YES
2. Enrollment form is current on each enrolled child.	YES	6. Effective hair restraint.	YES
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records.	YES	7. Proper handwashing technique.	YES
4. Daily attendance/arrival/departure records up-to-date.	YES	8. Proper grooming and hygiene.	YES
5. Sponsoring organization notified of enrollment changes.	YES	9. Children are in a safe environment and not in imminent danger.	YES
6. Food-Purchasing Form/Itemized Receipts.	YES	10. Food-handling procedures (thawing, time, temperature, transportation).	YES
7. Expenditure/Reimbursement Worksheet.	YES	11. Leftovers properly stored.	YES
8. Distributed <i>Building for the Future</i> fact sheet.	YES	12. Only authorized persons in kitchen area.	YES
9. Posted WIC brochure.	YES	13. Medications properly stored.	YES
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	YES	F. Food Production	
		1. Food Production Records/Menus As Served Book complete and up-to-date.	YES
		2. All components served.	YES
		3. Sufficient quantities served.	YES
		4. Statement from recognized medical authority on file for substitutions due to medical reasons.	YES
		5. Child Nutrition (CN) labels or product formulation statement available.	YES
		6. Procedure used for controlling the ordering and delivery of contract meals.	N/A

DATE	# ENROLL- MENT	# IN ATTEN- DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		YES
10/6	30	30	30		30	30		YES
10/7	30	27	27		27	27		YES
10/8	30	25	25		25	25		YES
10/9	30	28	28		28	28		YES

C. Meal Counts		G. Civil Rights Compliance	
1. Physical point of service count taken.	YES	1. ... <i>And Justice for All</i> Poster.	YES
2. Counts separated by shifts.	YES	2. Complaint-filing procedure.	YES
3. Counts within license capacity.	YES	3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service.	YES
4. Meal service times as approved.	YES	H. Nutrition Education	
5. Meal Count Worksheet maintained.	YES	1. Nutrition education in classroom and/or at mealtime.	YES
D. Storage		I. Training	
1. Adequate space.	YES	1. CACFP training by sponsor for all facility staff.	YES
2. Chemicals and medicines in separate location.	YES	2. CACFP training by sponsor for all parent volunteers.	YES
3. No rusted, dented, or unlabeled containers.	YES	J. Infants	
4. Stored food items off floor and away from walls and children.	YES	1. Offer meals to all enrolled infants.	YES
5. Proper temperature and ventilation.	YES	2. Follow Infant Meal Pattern.	YES
6. Thermometers in freezers and refrigerators. Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	YES	3. Infant Meal Waiver maintained.	YES
7. Refrigerators and freezers defrosted.	YES	4. Infant Meals as Served form up-to-date.	YES
8. Open cardboard boxes discarded.	YES		
9. Commodity foods dated.	YES		
10. Commodity temperature logs maintained.	YES		

Item K.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item L.

Meal Analysis for Aged 1-12

Meal Observed: Circle the appropriate meal which is being observed.

Time Served: Record the time the meal was actually served.

Children Served by Age:

1 through 2 years: Record how many children in this age group participated in the meal service.

3 through 5 years: Record how many children in this age group participated in the meal service.

6 through 12 years: Record how many children in this age group participated in the meal service.

Total Children: Record how many total claimable children participated in the meal service.

Nonclaimable Children Served:

Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

EXAMPLE

K. Food Service/Meal Observation	Yes/No/NA	Yes/No/NA	Yes/No/NA
1. Method of Production <u>SELF-PREP</u>	YES	9. Plates and servings adjusted for age groups.	YES
2. Meal service times as approved.	YES	10. Meal supervision provided.	YES
3. Adequate space for dining.	YES	11. Adequate time for eating.	YES
4. Program adults served the same meal as children.	YES	12. Special dietary needs documentation available.	YES
5. All components served	YES	13. Milk substitute provided.	NA
6. Required quantities served.	YES	14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	NA
7. Proper milk-type served (FF/1%).	YES	15. Current Product Formulation/Child Nutrition (CN) label on file and available at time of the review.	YES
8. Method of production and quality of food.	YES	16. Is further training needed?	YES

L. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: <u>11:30 a.m.</u>					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
0	7	0	7	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK	1/2 GALLON of 1% WHITE = 64 OZ	7 x 6 oz = 42 OZ	64 oz - 42 oz = + 22 oz
Fruit/Vegetable/Juice	GREEN BEANS PEACHES SPAGHETTI SAUCE	1 #300 CAN OF EACH: GREEN BEANS—5 (1/4 CUPS) PEACHES, SLICED—6.3 (1/4-CUPS) SPAGHETTI SAUCE, MEATLESS—6.85 (1/4-CUPS) TOTAL—18.25 (1/4-CUPS)	7 x 2 (1/4 CUPS) = 14 (1/4 CUPS)	18.25 - 14.00 = + 4.25 (1/4 CUPS)
Grains/Breads	SPAGHETTI	SPAGHETTI NOODLES, 1/2# 10.6 (1/2-CUP SERVINGS)	7 x 1 = 7 (1/2 SERVINGS)	10.6 - 7.0 = + 3.6 (1/2 SERVINGS)
Meat/Meat Alternate	GROUND BEEF	1 1/2# GROUND BEEF = 17.7 (1-OZ SERVINGS)	7 x 1.5 OZ = 10.5 OZ	17.7 - 10.5 = + 7.2 OZ

Item M. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 3 months Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

EXAMPLE

M. Infant Meal Analysis

Meal Observed: (Circle One) Breakfast A.M. Snack Lunch . P.M. Snack Supper Late P.M. Snack

Birth - 3 Months	4 - 7 Months	8 - 11 Months
		1

Child's Name: HARRISON BUTLER **Age:** 9 MONTHS

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk	IRON-FORTIFIED INFANT FORMULA	8 OZ	6-8 OZ	+2 OZ
Fruit/Vegetable/Juice	APRICOTS	2 TBSP	1-4 TBSP	+1 TBSP
Infant Cereal/Bread/Crackers	IRON-FORTIFIED INFANT CEREAL	3 TBSP	2-4 TBSP	+1 TBSP
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Item N. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O. Facility Is in Compliance/Noncompliance
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date: The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

EXAMPLE

N. Review Summary

Corrective Action Needed, Recommendations, and Comments:

O. Facility is in compliance. **In noncompliance.**

Were problems noted in previous review corrected? (Circle one) Yes No **N/A**

Is a follow-up review required to view corrective action? (Circle One) Yes **No**

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER

(Facility Representative's Signature)

10/28/YYYY

(Date)

IMA FISHUL

(Sponsoring Organization Monitor's Signature)

10/28/YYYY

(Date)

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and their response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least *two negative* responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.

EXAMPLE

HOUSEHOLD CONTACT DOCUMENTATION

The COLORS CAP is conducting a review of BLUE CENTER.
Please complete the information, and return this form in the envelope provided. Please call 444-5555
if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: HARRISON BUTLER Birth Date: 1/6/2012

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar
Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care.

Monday: 7:00 to 5:00 Thursday: 7:00 to 5:00
Tuesday: 7:00 to 5:00 Friday: 7:00 to 5:00
Wednesday: 7:00 to 5:00 Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper
A.M. Snack P.M. Snack Evening Snack

5. Do you supply any food? Yes No

If Yes, please explain: BREAST MILK

6. If your child/adult is no longer in care, what was his or her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

SHEILA BUTLER
Parent/Guardian Signature
673-1234
Telephone Number

10/3/4444
Date

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EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor.
3. In Column 3: Record the number of the check issued. (***NOTE:*** Cash payments for labor are not acceptable.)

In Columns 4 through 24: Record the amount of the CACFP sponsor expenditure under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals: Total all expenditures in each column.
27. Net Costs: Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance: Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

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REGULAR MEALS ONLY
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION
INSTRUCTIONS

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Participation
 - Number Free
 - Number Reduced-Price
 - Number Not Eligible
 - Total
- Number of regular meals served by shift:
 - Regular Breakfasts
 - Regular Lunches
 - Regular Suppers
 - Regular Snacks

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
AT-RISK MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Number of free participation
- Number of At-Risk meals served to children by shift:
 - At-Risk Breakfasts
 - At-Risk Lunches
 - At-Risk Suppers
 - At-Risk Snacks

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MULTISITED PREAPPROVAL VISIT FORM**

Center Name: _____
Center Address: _____

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	
2. Civil rights compliance (poster, complaint procedure) 2.	
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form 3.	
a. Obtained on enrolled children a.	
b. Approved by institution official b.	
4. CACFP enrollment form 4.	
5. Monthly count by category/roster sheet maintained 5.	
6. Daily attendance records maintained 6.	
7. Meal Count Worksheet (Meal Counts) 7.	
8. Itemized receipts/invoices properly maintained 8.	
a. Food-Purchasing Form a.	
b. Signature of purchaser b.	
9. Inventory up-to-date (recommended) 9.	
10. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 10.	
11. Meal patterns 11.	
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	
b. Meal Limitation/Time Frame b.	
c. Infant Meal Pattern Requirements c.	
d. Child Nutrition (CN) Labels/Product Formulation Statement d.	
e. Special Dietary Needs e.	
12. Sanitation and safety 12.	
13. Food preparation area adequate for meals served 13.	

Comments: _____

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature Date

Sponsoring Organization Representative's Signature Date

**CHILD AND ADULT CARE FOOD PROGRAM
MULTISITED PREAPPROVAL VISIT FORM
INSTRUCTIONS**

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:
Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____ 5. Institution Agreement Number: _____
 2. Facility: _____ 6. Date of Visit: _____
 3. Facility's Address: _____ 7. Time of Visit _____
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

	YES/NO/NA		YES/NO/NA
A. License (if applicable)		E. Sanitation and Safety	
1. Current license/permit.	1. <input type="checkbox"/>	1. Trash cans covered.	1. <input type="checkbox"/>
2. Capacity: _____	2. <input type="checkbox"/>	2. Clean kitchen (floors, cupboards, pest-free).	2. <input type="checkbox"/>
3. Center meets licensing standards.	3. <input type="checkbox"/>	3. Clean equipment.	3. <input type="checkbox"/>
B. Record Keeping		4. Dining surfaces and countertops sanitized.	4. <input type="checkbox"/>
1. Family-Size and Income Application/ Funded Head Start Enrollment Form available on all enrolled children.	1. <input type="checkbox"/>	5. Proper method of dishwashing.	5. <input type="checkbox"/>
2. Enrollment form is current on each enrolled child.	2. <input type="checkbox"/>	6. Effective hair restraint.	6. <input type="checkbox"/>
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records.	3. <input type="checkbox"/>	7. Proper handwashing technique.	7. <input type="checkbox"/>
4. Daily attendance/arrival/departure records up-to-date.	4. <input type="checkbox"/>	8. Proper grooming and hygiene.	8. <input type="checkbox"/>
5. Sponsoring organization notified of enrollment changes.	5. <input type="checkbox"/>	9. Children are in a safe environment and not in imminent danger.	9. <input type="checkbox"/>
6. Food-Purchasing Form/Itemized Receipts.	6. <input type="checkbox"/>	10. Food-handling procedures (thawing, time, temperature, transportation).	10. <input type="checkbox"/>
7. Expenditure/Reimbursement Worksheet.	7. <input type="checkbox"/>	11. Leftovers properly stored.	11. <input type="checkbox"/>
8. Distributed <i>Building for the Future</i> fact sheet.	8. <input type="checkbox"/>	12. Only authorized persons in kitchen area.	12. <input type="checkbox"/>
9. Posted WIC brochure.	9. <input type="checkbox"/>	13. Medications properly stored.	13. <input type="checkbox"/>
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10. <input type="checkbox"/>	F. Food Production	
		1. Food Production Records/Menus As Served Book complete and up-to-date.	1. <input type="checkbox"/>
		2. All components served.	2. <input type="checkbox"/>
		3. Sufficient quantities served.	3. <input type="checkbox"/>
		4. Statement from recognized medical authority on file for substitutions due to medical reasons.	4. <input type="checkbox"/>
		5. Child Nutrition (CN) labels or product formulation statement available.	5. <input type="checkbox"/>
		6. Procedure used for controlling the ordering and delivery of contract meals.	6. <input type="checkbox"/>

DATE	#ENROLL- MENT	# IN ATTEN- DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

C. Meal Counts 1. Physical point of service count taken. 1. <input type="checkbox"/> 2. Counts separated by shifts. 2. <input type="checkbox"/> 3. Counts within license capacity. 3. <input type="checkbox"/> 4. Meal service times as approved. 4. <input type="checkbox"/> 5. Meal Count Worksheet maintained. 5. <input type="checkbox"/> D. Storage 1. Adequate space. 1. <input type="checkbox"/> 2. Chemicals and medicines in separate location. 2. <input type="checkbox"/> 3. No rusted, dented, or unlabeled containers. 3. <input type="checkbox"/> 4. Stored food items off floor and away from walls and children. 4. <input type="checkbox"/> 5. Proper temperature and ventilation. 5. <input type="checkbox"/> 6. Thermometers in freezers and refrigerators. Refrigerator temperature: _____ Freezer temperature: _____ 6. <input type="checkbox"/> 7. Refrigerators and freezers defrosted. 7. <input type="checkbox"/> 8. Open cardboard boxes discarded. 8. <input type="checkbox"/> 9. Commodity foods dated. 9. <input type="checkbox"/> 10. Commodity temperature logs maintained. 10. <input type="checkbox"/>	G. Civil Rights Compliance 1. ... <i>And Justice for All</i> Poster. 1. <input type="checkbox"/> 2. Complaint-filing procedure. 2. <input type="checkbox"/> 3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. 3. <input type="checkbox"/> H. Nutrition Education 1. Nutrition education in classroom and/or at mealtime. 1. <input type="checkbox"/> I. Training 1. CACFP training by sponsor for all facility staff. 1. <input type="checkbox"/> 2. CACFP training by sponsor for all parent volunteers. 2. <input type="checkbox"/> J. Infants 1. Offer meals to all enrolled infants. 1. <input type="checkbox"/> 2. Follow Infant Meal Pattern. 2. <input type="checkbox"/> 3. Infant Meal Waiver maintained. 3. <input type="checkbox"/> 4. Infant Meals as Served form up-to-date. 4. <input type="checkbox"/>
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ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A—J Read each statement and answer each item accordingly.

K. Food Service/Meal Observation		Yes/No/NA			Yes/No/NA
1.	Method of Production _____	<input type="checkbox"/>	9.	Plates and servings adjusted for age groups.	9. <input type="checkbox"/>
2.	Meal service times as approved.	2. <input type="checkbox"/>	10.	Meal supervision provided.	10. <input type="checkbox"/>
3.	Adequate space for dining.	3. <input type="checkbox"/>	11.	Adequate time for eating.	11. <input type="checkbox"/>
4.	Program adults served the same meal as children.	4. <input type="checkbox"/>	12.	Special dietary needs documentation available.	12. <input type="checkbox"/>
5.	All components served	5. <input type="checkbox"/>	13.	Milk substitute provided.	13. <input type="checkbox"/>
6.	Required quantities served.	6. <input type="checkbox"/>	14.	If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14. <input type="checkbox"/>
7.	Proper milk-type served (FF/1%).	7. <input type="checkbox"/>	15.	Current Product Formulation/Child Nutrition (CN) label on file and available at time of the review.	15. <input type="checkbox"/>
8.	Method of production and quality of food.	8. <input type="checkbox"/>	16.	Is further training needed?	16. <input type="checkbox"/>

L. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: _____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Fruit/Vegetable/Juice				
Grains/Breads				
Meat/Meat Alternate				

Items K Read each statement and answer each item accordingly.

Item L. Meal Analysis for Aged 1-12

Meal Observed: Circle the appropriate meal which is being observed.

Time Served: Record the time the meal was actually served.

Children Served by Age:

1 through 2 years: Record how many children in this age group participated in the meal service.

3 through 5 years: Record how many children in this age group participated in the meal service.

6 through 12 years: Record how many children in this age group participated in the meal service.

Total Children: Record how many total claimable children participated in the meal service.

Nonclaimable Children Served:

Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

M. Infant Meal Analysis (Only required for institutions serving infants)

Meal Observed: (Circle One) Breakfast A.M. Snack Lunch P.M. Snack Supper Late P.M. Snack

Birth - 3 Months	4 - 7 Months	8 - 11 Months

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Item M. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 3 months Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

N. Review Summary

Corrective Action Needed, Recommendations, and Comments:

O. Facility is in compliance. **In noncompliance.**

Were problems noted in previous review corrected? (Circle one) Yes No N/A

Is an unannounced follow-up review required to view corrective action? (Circle One) Yes No

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

(Facility Representative's Signature)

(Date)

(Sponsoring Organization Monitor's Signature)

(Date)

Item N. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O. Facility Is in Compliance/Noncompliance
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date: The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of _____.
Please complete the information, and return this form in the envelope provided. Please call _____
if you have questions.

This questionnaire *MUST* be filled out by the parent/guardian only.

1. Child/Adult: _____ Birth Date: _____

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar

Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care.

Monday: _____ to _____ Thursday: _____ to _____
Tuesday: _____ to _____ Friday: _____ to _____
Wednesday: _____ to _____ Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper

A.M. Snack P.M. Snack Evening Snack

5. Do you supply any food? Yes No

If *Yes*, please explain: _____

6. If your child/adult is no longer in care, what was his or her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Telephone Number

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and their response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least *two negative* responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.