ILLINOIS STATE BOARD OF EDUCATION

MONITOR REVIEW FORM FOR SPONSORS
CHILD AND ADULT CARE FOOD PROGRAM

100 North First Street, W-270
Springfield, Illinois 62777-0001

NUTRITION DEPARTMENT

INSTRUCTIONS: Use this form to review child care centers, Head Start, Outside School Hours Programs, and Pre-K programs. If reviewing At-Risk After-School Snack/Supper Program, use ISBE Form 67-77. 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.

DATE OF REVIEW		NAME AND ADDRESS OF SITE
TIME OF ARRIVAL	TIME OF DEPARTURE	

TYPE OF SITE

- [ ] Child Care Center
- [ ] Outside School Hours Program
- [ ] Homeless Shelter
- [ ] Head Start Center
- [ ] Pre-K

TYPES OF MEALS CURRENTLY SERVED AND HOURS OF SERVICE
(Allowed to claim three meal services per child per day.)

Mark box for meal service observed.

	FROM	TO
[ ] Early Snack	_____	_____
[ ] Breakfast	_____	_____
[ ] Morning Snack	_____	_____
[ ] Lunch	_____	_____
[ ] Afternoon Snack	_____	_____
[ ] Supper	_____	_____
[ ] Evening Snack	_____	_____

ATTENDANCE

Age Range of Children _____

Number of Children in Attendance _____

DCFS LICENSE INFORMATION

License Capacity _____

License Expiration Date _____

Is attendance within license capacity? [ ] Yes [ ] No

TYPE OF REVIEW (CHECK (✔) ALL THAT APPLY)

- [ ] Announced Review
- [ ] Unannounced Review
- [ ] Four Week Review of New Site
- [ ] Regularly Scheduled Site Review
- [ ] Follow-Up Review
- [ ] Block Claiming Unannounced Review
- [ ] Meal Service Observed
- [ ] Other

Yes   No   N/A

APPLICATION APPROVAL/MEAL COUNTS

Yes	No	N/A		
[ ]	[ ]	[ ]	1.	Are current Household Income Eligibility Applications on file and evaluated using the correct Household Income Eligibility Guidelines? *What is the effective date for the guidelines?* _____
[ ]	[ ]	[ ]	2.	Are current Household Income Eligibility Applications on file approved in the correct categories? *Number of applications on file:* Free _____ Reduced _____ Paid _____
[ ]	[ ]	[ ]	3.	Does the Master List of Eligibility match the individual applications?
[ ]	[ ]	[ ]	4.	Is the most current Master List of Enrolled Children for Head Start or Even Start on file?
[ ]	[ ]	[ ]	5.	Compare the Meal Participation Record to the enrollment roster. Are all children on the Meal Participation Records listed on the enrollment roster?
[ ]	[ ]	[ ]	6.	Are CACFP Annual Enrollment Forms collected for every child in the program? (Excluding unlicensed Outside School Hours Programs)
[ ]	[ ]	[ ]	7.	For the previous month, do the Meal Participation Records list the children in the appropriate category based on the approved applications?
[ ]	[ ]	[ ]	8.	Are current Household Income Eligibility Applications on file for each child claimed for free or reduced-price meals?
[ ]	[ ]	[ ]	9.	Are the meal counts correctly totaled on the previous month's Meal Participation Record?
[ ]	[ ]	[ ]	10.	If this is a for-profit center, does documentation prove that for the previous month the center had 25 percent of the enrollment or 25 percent of license capacity receiving subsidized child care benefits or 25 percent of the children were eligible for free or reduced-price meals?
[ ]	[ ]	[ ]	11.	For Emergency Shelters only - Are there intake documentation for participants on file?

ADDITIONAL REQUIREMENTS

Yes	No		
[ ]	[ ]	12.	Is the Building for the Future brochure made available to parents/guardians at enrollment?
[ ]	[ ]	13.	Is the Women, Infants, and Children (WIC) information made available to parents/guardians at enrollment?

Yes	No	N/A	

MEAL SERVICE AND MENUS

☐ ☐   14. What type of meal services are approved on site application? _____

☐ ☐   15. Are the types of meals reported to sponsor for last month the same as those approved on the site application?

☐ ☐   16. Are meal counts accurately recorded at the time of the meal?

☐ ☐ ☐ 17. How many complete reimbursable meals/snacks were served to children? _____

☐ ☐ ☐ 18. Is the number of meals/snacks served and recorded during the observation similar to the number recorded during previous months?

☐ ☐ ☐ 19. Did the meal/snack observed meet the meal pattern for that particular meal service?

☐ ☐ ☐ 20. Were the children served the correct portions for their age group?

☐ ☐ ☐ 21. If family-style meal service is used, answer the following questions:

☐ ☐   *A. Is each child offered all components?*

☐ ☐   *B. Is enough food placed on each table to provide minimum portions of all required components for all children at the table?*

☐ ☐   *C. Are children encouraged to take the minimum serving size of each component?*

       ☐ 22. Menu for observed meal service:

_____

☐ ☐ ☐ 23. Was the written menu and the food offered to the children the same?

☐ ☐   24. Are menu substitutions recorded?

☐ ☐   25. Are dated menus on file for every meal served?

☐ ☐   26. Are menus in compliance with meal patterns?

☐ ☐   27. Are menus appealing in color, texture, and flavor?

INFANT CARE

☐ ☐ ☐ 28. Are menus on file for meal services claimed for infants?

☐ ☐ ☐ 29. Are menus in compliance with infant meal pattern?

☐ ☐ ☐ 30. Are Infant Formula Waiver Notification forms on file, if applicable?

☐ ☐ ☐ 31. Is one type of iron-fortified infant formula purchased by center for infants?

VENDED MEALS

☐ ☐ ☐ 32. Was an adequate quantity of meals/food delivered for the number of children to be served?

☐ ☐ ☐ 33. Does the receipt show the number of meals delivered?

TEACHER/STAFF MEALS PROVIDED

☐ ☐ ☐ 34. Are adult meal counts recorded for each meal service when provided by institution?

☐ ☐ ☐ 35. Adult meals have not been claimed for reimbursement.

EXPENSES

☐ ☐   36. Are monthly itemized food, milk, and supply invoices/receipts on file?

☐ ☐   37. Are nonfood supplies separated from food costs?

☐ ☐   38. Are labor time sheets maintained for staff with CACFP responsibilities?

SAFETY/SANITATION

☐ ☐   39. Do sponsors conducting CACFP reviews in facilities take appropriate action when they encounter conduct or conditions that pose an eminent threat to children's health or safety, or to public health or safety?

☐ ☐   40. Was the temperature of the food appropriate, cold food cold and hot food hot?

☐ ☐   41. Is the food service area kept clean?

☐ ☐   42. Is the equipment clean and in working condition?

☐ ☐   43. Are food and cleaning supplies stored in separate areas?

☐ ☐ ☐ 44. What is the temperature of the refrigerator units? (maintain at 41ºF or lower) _____

☐ ☐ ☐ 45. What is the temperature of the freezer units? (maintain at 0ºF) _____

☐ ☐   46. Are food storage areas clean?

☐ ☐   47. Is food stored six inches above the floor?

☐ ☐ ☐ 48. What is the temperature of the storage area? (maintain around 70ºF) _____

☐ ☐   49. Is garbage covered and removed daily?

FIVE-DAY RECONCILIATION OF MEAL COUNTS

Base your reconciliation on a random sample of children for a five day period. The random sample must be conducted based on total enrollment of the facility, to include all classrooms. If a facility has more than 50 children enrolled, then 10 percent of the number of enrolled children must be reconciled. If the facility has 50 or less children enrolled, then 5 children must be reconciled.

Use Attachment A to complete five-day reconciliation and attach to Monitor Review Form.

Yes   No   N/A   Use either the current or previous month's records (or, for reviews conducted early in a month, a combination of days from the current and previous months).

50. What is the enrollment used for the sample?   _____

51. How many children have been included in the random sample?   _____   **OR**

    What is the percentage used for the random sample?   _____

☐   ☐   ☐   52. Compare the Meal Participation Records for the five-day period to the attendance records for each child in the random sample. Based on this comparison, do they match each child's record?

☐   ☐   ☐   53. Compare the Meal Participation Records for the five-day period to the enrollment forms for each child in the random sample. Based on this comparison, do they match each child's records?

☐   ☐   54. If any of the questions above concerning the five-day reconciliation were answered 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?

STAFF TRAINING

☐   ☐   55. Are records available to show mandatory training on CACFP requirements was conducted for all key staff within the last fiscal year?

    What was the date of the last training session?   _____

PRIOR PROBLEMS

☐   ☐   ☐   56. Were all problems identified at the last review corrected prior to today's review?

FINDINGS

☐   No problems found or problems resolved during visit.

☐   Problems were observed during this visit. (Boxes above marked No show problem areas.) Corrections need to be made to resolve these issues. A return review will be scheduled:

List any findings that need more explanation.

CORRECTIVE ACTION

GENERAL DISCUSSION/EDUCATION

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

| **1** FIVE-DAY RECONCILIATION **Attachment A** Page _____ of _____ Facility Name _____ Today's Date _____ | **2** Day of Week   Date Day 1 _____ _____ Day 2 _____ _____ Day 3 _____ _____ Day 4 _____ _____ Day 5 _____ _____ | **Instructions** 1. Complete facility name, today's date, and number of pages. 2. Insert the days of the week and corresponding dates chosen for the five-day reconciliation. 3. Insert each child's name selected from the random sample. 4. Record the meal types claimed for each child from the Meal Participation Records for the five-day reconciliation period. 5. Check if each child was in attendance for those five days. (Homeless shelters use intake records.) List from attendance records the child's time in and time out. This would include if the child left and came back from school. 6. Using each child's enrollment form (skip this section if homeless shelters), compare the days, the meals, and the times the parent indicated the child should participate against their Meal Participation Records to see if they match for the five-day reconciliation. |

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3 CHILD'S NAME	DAY	4. MEAL PARTICIPATION (MPR)							5. ATTENDANCE RECORD						6. ENROLLMENT FORM					
		Early Snack	Break-fast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	IN ATTENDANCE		WHAT TIMES				MATCHES					
											AM		PM		Day		Meal		Time	
									Yes	No	Time In	Time Out	Time In	Time Out	Yes	No	Yes	No	Yes	No
	Day 1	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 2	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 3	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 4	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 5	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 1	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
	Day 2	☐	☐	☐	☐	☐	☐	☐	☐	☐					☐	☐	☐	☐	☐	☐
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