



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



TO: Child and Adult Care Food Program (CACFP) Child and Adult Day Care Center
Sponsor Organizations

FROM: John Frassinelli, Chief
Bureau of Health/Nutrition, Family Services and Adult Education

DATE: December 26, 2014

SUBJECT: Operational Memorandum #06C-15 and #05A-15
Monitoring Requirements and Revised Form for Center Sponsoring Organizations

In accordance with the CACFP regulations [7CFR§226.16(d)(4)(i)(A)-(D)], sponsoring organizations (institutions with more than one site) must review all of their sponsored facilities a minimum of three times each year. At least two of the three required monitoring reviews conducted by the institution must be unannounced; at least one unannounced review must include observation of a meal service; new facilities must be reviewed within the first four weeks of Program operations; no more than six months may elapse between monitoring reviews; and the timing of visits must be varied so that they are unpredictable to the facility's staff.

The monitoring form that was previously issued to all sponsors by the Child Nutrition Unit in March 2011 has been revised. **The attached CACFP Center Monitoring Review Form has been revised as of December 2014** to include a detailed reconciliation of enrollment, attendance and meal counts for the prior five day period, as well as to clarify and add other items that are specifically required by the Program regulations. This is the only form that can be used to fulfill the CACFP monitoring requirement and as a result, should not be modified in any way by participating institutions.

CACFP sponsors should discard all earlier versions of the monitoring form (revised March 2011) and begin using the attached Center Monitoring Review Form (revised December 2014) immediately. In addition, this information and the attached Center Monitoring Review Form (revised December 2014) should be shared with all staff in the organization who are responsible for CACFP monitoring activities.

If there are any questions about this information, please contact Susan Boyle at 860-807-2074, Celia Cordero at 860-807-2076, Benedict Onye at 860-807-2080 or Terese Maineri at 860-807-2145.

JF:shb

Attachment

Important: This is a numbered Operational Memorandum that contains important program information. Please read carefully and retain for future reference. Operational Memoranda are also posted on the Child Nutrition website at: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=333794>

**CONNECTICUT STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

Center Monitoring Review Form – Revised 12/2014

In accordance with the CACFP regulations [7CFR§226.16(d)(4)(i)(A)-(D)], sponsoring organizations (institutions with more than one site) must review each sponsored facility a minimum of three times each year. At least two of the three reviews must be unannounced; at least one unannounced review must include observation of a meal service; new facilities must be reviewed within the first four weeks of Program operations; no more than six months may elapse between monitoring reviews; and the timing of visits must be varied so that they are unpredictable to the facility's staff.

All questions on this form must be answered completely; indicate "N/A" if something is not applicable. Explain all items that are answered "NO," as well as any required findings, technical assistance and corrective actions taken on page 3.

CENTER: _____ **CLASSROOM:** _____

ANNOUNCED **UNANNOUNCED** **FOLLOW-UP** **DATE:** _____

Center is licensed/approved <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF "NO," EXPLAIN ON PAGE 3</i>	Capacity _____
Number of participants enrolled _____	Number of participants in attendance _____
Number of participants eating _____	Number of others/staff eating _____

MEAL OBSERVED TODAY: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> LUNCH <input type="checkbox"/> AM SNACK <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> LATE SNACK	
<input type="checkbox"/> AT-RISK SNACK <input type="checkbox"/> AT-RISK SUPPER	
AFTERSCHOOL AT-RISK PROGRAMS <u>ONLY</u>: This center is located in an eligible school or area as approved by the State Department of Education's Child Nutrition Unit: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF "NO," EXPLAIN ON PAGE 3</i>	

RECORD THE FOOD ITEMS AND SERVING SIZES IN THE CHART BELOW		
Meal Components	Food Item	Serving Size
Milk <i>Specify type(s) served</i>		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Grains/Breads		
Grains/Breads		
Other (non-creditable items)		

- Fluid milk served in the CACFP to participants ages 2 and older **must** be low-fat (1%) or fat-free.
- Lactose-reduced milk (Lactaid®) served to participants ages 2 and older **must** be low-fat (1%) or fat-free.
- Whole milk and reduced-fat (2%) milk cannot be served to children ages 2 and older in the CACFP.
- Whole milk must be served to children younger than 2.
- A list of allowable non-dairy milk substitute products can be found at:
http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/special_diets/allowable_milk_substitutions_cacfp.pdf

FIVE-DAY RECONCILIATION

CACFP regulations require a five-day reconciliation of enrollment, attendance and meal count records to be conducted as part of **each** monitoring visit. The purpose is to determine meal count accuracy and reasonability, as well as to ensure that meal counts do not exceed the center's licensed capacity, enrollment or attendance on any day. If discrepancies are noted, meal disallowances and/or other actions including technical assistance, training and corrective action measures must be implemented.

- Evaluate enrollment and attendance records to ensure that they are current and accurate.
- In the chart below, write the dates for each of the five **prior operating days** (*days that the center was open*), going backwards (in reverse chronological order). **Do NOT use the test day as one of the five days.** Example: If today is Tuesday and the center is normally open Monday through Friday, then information for Monday (yesterday) and Friday, Thursday, Wednesday and Tuesday of last week should be listed.

Note: The five-day reconciliation MUST include information for five full days. If the center was closed during any of the five days immediately prior to the monitoring visit because of a weekend, holiday, weather event or other closure, then you must use information from an earlier week or month in order to capture a full five day period, even if this means going to the main office to obtain the information. *It is not acceptable to leave information for any days blank.*

- For each of the five operating days prior to the day of the monitoring visit, list total enrollment, total attendance and meal counts for ALL meals and snacks claimed for reimbursement.
- Compare total meal counts to the licensed capacity; meal counts cannot exceed licensed capacity for any day unless the center is approved for double sessions (multiple shifts).
- Compare the total enrollment to total daily attendance to ensure that the number of participants in attendance does not exceed the number of enrolled participants. If attendance exceeds enrollment for any day or for any session (shift), determine the source of the error and amount of the overclaim, if any. *Enrollment records are N/A for emergency shelters and afterschool at-risk centers.*
- All discrepancies must be explained and followed up on by appropriate corrective action(s).

PRIOR 5 OPERATING DAYS: LIST DATES >	DAY #1	DAY #2	DAY #3	DAY #4	DAY #5
TOTAL ENROLLMENT					
TOTAL ATTENDANCE					
BREAKFAST COUNT					
LUNCH COUNT					
PM SNACK COUNT					
AM SNACK COUNT					
AT-RISK SNACK COUNT					
AT-RISK SUPPER COUNT					
OTHER MEAL/ SNACK (INDICATE): _____					

✓	ANSWER ALL QUESTIONS IN THE CHART BELOW. ALL ITEMS ANSWERED 'NO' MUST BE EXPLAINED.	YES	NO	N/A
1.	An Income Eligibility Application or alternate enrollment form (for <i>over income</i> participants) is collected annually and maintained on file for each enrolled participant at this center (N/A for emergency shelters and afterschool at-risk centers)			
2.	The <i>And Justice for All</i> poster is displayed in a prominent (central) location			
3.	The blue <i>Building for the Future</i> poster (Form FNS-317) is displayed in a prominent (central) location (N/A for adult day care centers)			
4.	Information about the WIC Program and its benefits has been distributed to parents of enrolled children (N/A for adult day care centers and afterschool at-risk centers)			
5.	Daily menus, meal counts, enrollment and attendance records are maintained and up to date			
6.	Meal counts are recorded at the point of service - as participants are seated and eating			
7.	Meal counts of others/staff who are eating are kept separately			
8.	The meal counts, enrollment and attendance records for the previous five days appear reasonable when compared to today's observation			
9.	The observed meal/snack meets applicable meal pattern requirements			
10.	The menu was served as written If no, list any menu substitutions: _____			
11.	Menu substitutions are noted on the menu and retained on file			
12.	Quantities of each component are sufficient to meet meal pattern requirements			
13.	All applicable health, safety and sanitation standards are being followed			
14.	Are meals delivered? If yes, complete the information below; otherwise, 'N/A.' Number ordered _____ Number sent _____ Time delivered _____			
15.	Staff at this site have been trained in all applicable CACFP and Civil Rights requirements and procedures by the institution within the past 12 months			
16.	This center has corrected all problems noted on previous monitoring reviews			

Item or Page #	Summary of Findings Noted	Corrective Action(s) Required

Signature of Center Representative <hr/> Signature _____ Date _____	Signature of Monitor <hr/> Signature _____ Date _____
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