**A. Meal Service**

1. **Meal Count** – Complete the following for the meal observed:

<table>
<thead>
<tr>
<th>Time of Meal Service</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
<th>Evening Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning Time of Meal Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ending Time of Meal Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Meals Prepared</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Meals Served</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Was the menu served the same as posted for today? .............................................................. ☐ Yes ☐ No

   If not, were substitutions consistent with USDA requirements? ....................................................... ☐ Yes ☐ No

3. Were all components served at the same time? ........................................................................... ☐ Yes ☐ No

4. Are all items on Form H1654 completed on a daily basis? ......................................................... ☐ Yes ☐ No

5. Are menu substitutions correctly documented? ............................................................................ ☐ Yes ☐ No

6. Are the times meals are served consistent with the times indicated on Form H1651? ............................ ☐ Yes ☐ No

7. Are the combination of meals/snacks claimed consistent with CACFP regulations? .............................. ☐ Yes ☐ No

8. Does the center supply all meal components? .................................................................................. ☐ Yes ☐ No

   If no, explain. ....................................................................................................................................

9. Are there doctors’ statements on file for participants with special diets? ..................................... ☐ N/A ☐ Yes ☐ No

10. Have variations in meal patterns been approved? .......................................................................... ☐ N/A ☐ Yes ☐ No
B. Meal Analysis

1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal patterns.

<table>
<thead>
<tr>
<th>Food Items Served</th>
<th>Amount Prepared</th>
<th>No. of Servings per Amount Prepared</th>
<th>Amount Needed</th>
<th>+ OR -</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat or Meat Alternative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables and/or Fruit (two or more)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Grain or Enriched Bread or Bread Alternative</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Was a sufficient quantity of each component prepared to meet meal pattern requirements for the number of participants? .......................................................... □ Yes □ No

3. Type of meal service: □ Family Style  □ Unit (Cafeteria Style)  □ Offer vs. Serve

4. Were all required components served? .......................................................... □ Yes □ No

5. Describe what happens to plate waste and leftovers.

C. Record Keeping

1. Licensing
   a. Is the current license/certification posted? .......................................................... □ Yes □ No
   b. What is the current licensed capacity? .................................................................
   c. Does today’s attendance exceed the capacity? .......................................................... □ Yes □ No
      If yes, explain.

   d. Is the center subject to licensing standards other than DADS? .................................. □ Yes □ No

2. Enrollment – Does each participant have an enrollment form on file? .......................... □ Yes □ No

3. Attendance – Is attendance recorded daily on Form H1535 (Daily Meal Count and Attendance Record)? .......................................................... □ Yes □ No

4. Meal Count
   a. Is Form H1535 (Daily Meal Count and Attendance Record) completed at the time of meal services on a daily basis? .......................................................... □ Yes □ No
   b. Is the monthly meal count being recorded on Form H4502? ...................................... □ Yes □ No
5. Eligibility
   a. Is there a current (completed within the last 12 months) Form H1652 on file for each participant claimed in free and reduced-price meal category? ........................................................................................................... □ Yes □ No
   b. Are the participants being claimed in the correct eligibility category (free, reduced, or paid), including full-time, part-time, and drop-in participants? ................................................................................................................... □ Yes □ No
   c. Is there adequate documentation to ensure that at least 25% of the total enrollment or licensed capacity received Title XIX/XX benefits? (Proprietary Title XIX/XX Centers only) ................................................................. □ Yes □ No
   d. If a pricing program, is there any indication of overt identification? .......................................................................................................................... □ Yes □ No

6. Cost
   a. Are there written procurement procedures on file? ................................................................................................................... □ Yes □ No
   b. Are all program, administrative, and operating costs being recorded on Form H4502? ................................................................................................................... □ Yes □ No
   c. Do the expenses listed on Form H4502 exceed the amount claimed? .......................................................................................................................... □ Yes □ No
      If yes, how do you plan to cover this cost? 
   d. Are all reported costs allowable and reported in the CACFP budget? .......................................................................................................................... □ Yes □ No
   e. Is documentation on file to support all program costs? .......................................................................................................................... □ Yes □ No

7. Previous Monitoring Reviews
   a. Were problems identified at the last monitoring review? .......................................................................................................................... □ N/A □ Yes □ No
   b. If yes, were they corrected? ................................................................................................................................................................................... □ Yes □ No
   c. If no, why not? 

8. Records Retention – Is the center maintaining records per HHSC requirements/regulations? .......................................................................................................................... □ Yes □ No

D. Training
   1. Have center staff that perform key activities received CACFP training for the current Program Year? .......................................................................................................................... □ Yes □ No
      a. If yes, is documentation on file that contains the required components? .......................................................................................................................... □ Yes □ No
      b. Were all required areas covered? ................................................................................................................................................................................... □ Yes □ No
      c. If no, when is the center training scheduled? 
   2. If the center is new this Program Year, did the center staff that perform key activities receive training over the required areas and subtopics before beginning the program? .......................................................................................................................... □ Yes □ No
      Is there documentation of file that contains the required components? .......................................................................................................................... □ Yes □ No
E. Five-Day Reconciliation

1. Compare Meal Counts to Attendance and Enrollment

<table>
<thead>
<tr>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Meal Count =</td>
<td>B Meal Count =</td>
<td>B Meal Count =</td>
<td>B Meal Count =</td>
<td>B Meal Count =</td>
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<tr>
<td>AM Meal Count =</td>
<td>AM Meal Count =</td>
<td>AM Meal Count =</td>
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<td>AM Meal Count =</td>
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<td>L Meal Count =</td>
<td>L Meal Count =</td>
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<tr>
<td>PM Meal Count =</td>
<td>PM Meal Count =</td>
<td>PM Meal Count =</td>
<td>PM Meal Count =</td>
<td>PM Meal Count =</td>
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<td>S Meal Count =</td>
<td>S Meal Count =</td>
<td>S Meal Count =</td>
<td>S Meal Count =</td>
<td>S Meal Count =</td>
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<tr>
<td>E Meal Count =</td>
<td>E Meal Count =</td>
<td>E Meal Count =</td>
<td>E Meal Count =</td>
<td>E Meal Count =</td>
</tr>
<tr>
<td>Attendance =</td>
<td>Attendance =</td>
<td>Attendance =</td>
<td>Attendance =</td>
<td>Attendance =</td>
</tr>
<tr>
<td>Enrollment =</td>
<td>Enrollment =</td>
<td>Enrollment =</td>
<td>Enrollment =</td>
<td>Enrollment =</td>
</tr>
</tbody>
</table>

2. Are there any days when meal counts by type exceed attendance? ................................................................. □ Yes □ No
   a. If yes, what is the explanation?

   
   b. If yes, is the explanation reasonable?...........................................................................................................
      □ Yes □ No
      i. If no, do meals need to be disallowed? ........................................................................................................
         □ Yes □ No
      ii. Document by type the number of meals disallowed.

3. Are there any days when meal counts by type exceed enrollment? ................................................................. □ Yes □ No
   a. If yes, what is the explanation?

   
   b. If yes, is the explanation reasonable?...........................................................................................................
      □ Yes □ No
      i. If no, do meals need to be disallowed? ........................................................................................................
         □ Yes □ No
      ii. Document by type the number of meals disallowed.
F. Civil Rights

1. Is there any discrimination by race, color, national origin, sex, age or disability? .......................................................... □ Yes □ No

2. Are special dietary needs of participants met without additional charge? .......................................................... □ Yes □ No

3. Is the staff able to explain the process for making civil rights complaints? .......................................................... □ Yes □ No

4. Is the center aware that they must give participants written procedures for filing civil rights complaints? .......................................................... □ Yes □ No

5. Is the “And Justice for All” poster displayed in a prominent place? .......................................................... □ Yes □ No

6. Give number of participants:

<table>
<thead>
<tr>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>American Indian or Alaskan Native</th>
<th>Asian</th>
<th>White</th>
<th>Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Current Enrollment (by racial/ethnic group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Actual Adults Participating at Meal Observed (by racial/ethnic group)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Findings and Recommendations

1. List problems identified.

   

2. Recommendation – Indicate corrective action needed:

   

H. Pre-Approval

1. Does this center appear to be eligible to operate under the CACFP? .......................................................... □ Yes □ No

   If no, explain why.

   

2. Proposed date of next review: 

I. Signature

__________________________  _______________________  _______________________  _______________________
Signature – Monitor       Date       Signature – Director    Date