# Child Care Center Food Program

## Monitor Review

<table>
<thead>
<tr>
<th>Name of Sponsoring Organization</th>
<th>Program No.</th>
<th>TX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Review</td>
<td>Time of Arrival</td>
<td>Time of Departure</td>
</tr>
<tr>
<td>□ am □ pm</td>
<td>□ am □ pm</td>
<td>□ am □ pm</td>
</tr>
</tbody>
</table>

**Facility Type**
- [ ] Head Start
- [ ] Emergency Shelter
- [ ] At-Risk Afterschool
- [ ] Outside School Hours Care Center
- [ ] Child Care Center

**Reason for Review**
- [ ] Block Claim
- [ ] Pre-approval
- [ ] Monitoring

**Type of Review**
- [ ] Announced
- [ ] Unannounced

**Monitor Name**

**Facility Name**

**Facility Address**

**Person Interviewed at Facility**

**Title of Person Interviewed**

## 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</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ending Time</td>
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</tr>
</tbody>
</table>

**Number of Meals Prepared**

- [ ] To Child
- [ ] As Seconds
- [ ] To Program Adults
- [ ] Non-program

2. **Was the menu served the same as posted for today?**
   - [ ] Yes
   - [ ] No

3. **Were all components served at the same time?**
   - [ ] Yes
   - [ ] No

4. **Are all items on Form H1530, H1530-A and H1530-B 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 H1538?**
   - [ ] Yes
   - [ ] No

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7. **Are the combination of meals/snacks claimed consistent with CACFP regulations?**
   - [ ] Yes
   - [ ] No

8. **Does the facility supply all meal components including formula for infant meals?**
   - [ ] Yes
   - [ ] No

9. **Are there doctors’ statements on file for children with special diets?**
   - [ ] N/A
   - [ ] Yes
   - [ ] No

10. **Have variations in meal patterns been approved?**
    - [ ] N/A
    - [ ] Yes
    - [ ] No

11. **Does the facility have statements on file for infants whose parents have declined the formula offered by the facility?**
    - [ ] 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; include infant meals. Consult the CACFP handbook for meal patterns.

   a. Give the number of program participants that were served?

<table>
<thead>
<tr>
<th></th>
<th>Infants: 0-3 months</th>
<th>Infants: 4-7 months</th>
<th>Infants: 8-11 months</th>
<th>Children: 1-2 years</th>
<th>Children: 3-5 years</th>
<th>Children: 6-12 years</th>
<th>13 yrs.-Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infants:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>0 – 3 months</td>
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<td>4 – 7 months</td>
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<td>8 – 11 months</td>
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</tr>
</tbody>
</table>

   b. List foods and amounts served to infants:

<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>
</table>

   c. List foods and amounts served to children:

<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>
</table>

2. Was a sufficient quantity of each component prepared to meet meal pattern requirements for the number of children served? 

   Yes [ ]
   No [ ]

3. **Type of meal service:**

   - Family Style [ ]
   - Unit (Cafeteria Style) [ ]

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 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 facility subject to licensing standards other than DFPS? .......................................................... □ Yes □ No

2. Enrollment – Does each child in care have an enrollment form on file that is no more than 12 months old? ............ □ 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 H1531 on file for each child claimed in free and reduced-price meal category? □ Yes □ No
   b. Are the children being claimed in the correct eligibility category (free, reduced, or paid), including full-time, part-time, and drop-in children? □ Yes □ No
   c. Is there adequate documentation to ensure that at least 25% of the total enrollment or licensed capacity received Title XX benefits, or are eligible for free or reduced-price meals? □ 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 facility maintaining records per HHSC requirements/regulations? □ Yes □ No

9. Supplemental Material
   a. Does the facility provide WIC and CACFP (Building for the Future brochure) information to households? □ Yes □ No
   b. If yes, how is the information provided?

D. Training
1. Have facility 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 facility training scheduled?

2. If the facility is new this Program Year, did the facility 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>
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<tbody>
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<tr>
<td>Attendance =</td>
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<td>Enrollment =</td>
<td>Enrollment =</td>
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</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 (does not apply to outside-school-hours, at-risk and emergency shelters)?**
   - 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 children met without additional charge to parents? .......................................................... □ Yes □ No

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

4. Is the facility aware that they must give parents 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 children:

<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 Children Participating at Meal Observed (by racial/ethnic group)</td>
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</tbody>
</table>

G. Findings and Recommendations

1. List problems identified.

2. Recommendation – Indicate corrective action needed:

H. Pre-Approval

1. Does this facility 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