

## Monitoring Form for Multi-Site Sponsors Child and Adult Care Food Program

Site Name: \_\_\_\_\_ Monitor's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

- |              |  |                   |   |
|--------------|--|-------------------|---|
| Visit Type:  | <input type="checkbox"/> Scheduled Visit   | Meals/snacks are: | <input type="checkbox"/> Prepared on site |
|              | <input type="checkbox"/> Unannounced Visit |                   | <input type="checkbox"/> Vended           |
| Meal Served: | <input type="checkbox"/> Breakfast         | Food is served:   | <input type="checkbox"/> Pre-plated       |
|              | <input type="checkbox"/> Lunch             |                   | <input type="checkbox"/> Family style     |
|              | <input type="checkbox"/> PM Snack          |                   | <input type="checkbox"/> Cafeteria line   |
|              |  |                   | <input type="checkbox"/> Combination      |

Results of monitoring visit are entered in ChildPlus - Internal Monitoring Module

Five Day Reconciliation completed on pages and 2 and 3

### Five Day Reconciliation

Observed Meal Date: \_\_\_\_\_

Observed Meal Type:     Breakfast                       Lunch                       Snack

Room	Attend- ance	Date Monitor's MC	Date Site MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC	Date Att	MC
1.													
2.													
3.													
4.													
<b>Totals</b>													

Site's Total Enrollment: \_\_\_\_\_ License Capacity: \_\_\_\_\_

**Instructions for completing the five day reconciliation:**

1. Record the following for each room for the day of the visit:
  - Attendance.
  - Monitor's meal count (MC) for the meal/snack observed (if applicable).
  - Site's meal count (MC) for the meal/snack observed (if applicable).
2. Using each room's meal count and attendance records, record the attendance and meal count for the previous five days.
3. Record the site's total enrollment (include all participants who have documentation of enrollment at the center and have attended at least once during the current month).
4. Record license capacity.
5. Compare the total meal count for the entire site on the day of the visit to the total meal count for the previous five days. If you find at least one day out of the previous five days where the reported meal count was equal to or less than the number of meals on the day of your monitoring visit, you do not need to proceed. Otherwise expand your search to a maximum of 30 days. If still not met, reconcile the meal counts using one or more of the methods:
  - Verifiable explanation (illness, field trip): \_\_\_\_\_
  - Use sign-in/sign-out sheets to verify attendance.
  - Use CACFP specific enrollment forms.
  - Household contacts.
6. Compare total meal counts for the previous five days to the license capacity. Deduct meals that exceed licensed capacity if adequate documentation does not exist (in and out counts, transitioning children, shift care, etc.).
7. Compare the center's total enrollment to its recorded daily attendance for the previous five days to ensure that the number of children in attendance does not exceed the number of children enrolled.
  - If attendance does exceed enrollment for any day, determine the source of the error (e.g., inaccurate attendance records).

8. Compare the center's total daily attendance to the total meal counts for the previous five days to ensure that meal counts do not exceed the number of participants in attendance on any day. Deduct meals that exceed attendance.
9. Once you have identified the reason for the meal count discrepancies, record your findings, your plan to correct the problem(s) and the date of implementation.

**Findings and Corrective Actions:** If areas are identified as “not met” during this monitoring visit, they must be noted as findings in the table below. A corrective action plan (CAP) must be developed with an implementation date for each finding.

Finding	Corrective Action Plan	Implementation Date

**Follow-Up:** Follow-up to the CAP from the previous monitoring visit is required. Note the previous findings and corrective actions taken in the table below. Follow-up could include on-site visits, phone calls, emails and staff meeting discussion.

List any findings noted during the previous monitoring visit.	Have these findings been corrected and corrective actions maintained at the time of this visit? If no, explain.

Other plan or comment:

\_\_\_\_\_  
Site Staff Signature and Date

\_\_\_\_\_  
Sponsor Monitor Signature and Date