

Goal

Know and implement the requirements for center sponsors

- A center sponsor is an institution that claims CACFP meals at more than one site. This chapter does not apply to independent centers.

Three Requirements

Staffing

Supervision and Oversight

Records Retention

1. Staffing

Adequate staffing
required

Personnel policy required

- Restricts outside employment
- Must be written in the staff handbook

2. Supervision and Oversight

Three
activities

- Regular monitoring reviews
- Review the monthly claim records for each site
- Contact households

2. Supervision and Oversight

Monitoring Reviews

- Preapproval required before a site is sponsored
- Regularly thereafter

2. Supervision and Oversight

Preapproval visit

- May be announced or unannounced
- Doesn't count as a regular review
- Documentation must be sent to the State Agency

Preapproval Visit

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>	
Sponsor name: _____ Site name: _____	
THIS REVIEW: Date: _____ (Some items, marked with a √, may need to be completed before the review).	
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>	
√ If visit is at meal time, list meal time submitted on site application to State Agency: _____	
• License/approval expiration date: _____ Capacity: _____	
• Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ Are enrollments completed and signed by parents? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
√ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current.	
• Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/>	
Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> If yes, record:	
Reviewer: _____ Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/>	
Meal observed last review: B A L P S E None (If yes, the current review must be unannounced.)	

Preapproval Visit

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input checked="" type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>	
Sponsor name: _____ Site name: _____	
THIS REVIEW: Date: _____ (Some items, marked with a √, may need to be completed before the review).	
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>	
√ If visit is at meal time, list meal time submitted on site application to State Agency: _____	
• License/approval expiration date: _____ Capacity: _____	
• Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ Are enrollments completed and signed by parents? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
√ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current.	
• Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/>	
Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> If yes, record:	
Reviewer: _____ Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/>	
Meal observed last review: B A L P S E None (If yes, the current review must be unannounced.)	

2. Supervision and Oversight

New Sites

- Site personnel trained
- Budget includes costs for the new site
- First review within 4 weeks

2. Supervision and Oversight

New sites

- Training
 - “Key” CACFP staff must be trained
 - Documented and submitted to State agency
 - Civil rights is a required topic

2. Supervision and Oversight

Training Documentation

2. Supervision and Oversight

Revised 2/12

 **CACFP Training Attendance**
Iowa Child and Adult Care Food Program

Instructions: Use this form to document annual staff attendance at CACFP training. All CACFP staff must be documented to meet CACFP requirements. Staff are required to be evaluated based on their attendance at CACFP training. Each CACFP key staff member must annually attend 6.0 hours of CACFP training related to their CACFP duties. Key staff are given priority for training opportunities and all business staff are required to attend. All staff must be documented as being available and at business staff to meeting responsibilities, and all center or child care staff must be documented as being available and at business staff to meeting responsibilities. Attach copies of the agenda, minutes and/or CACFP presentation materials pertaining to the staff. This form must be submitted to the CACFP administrative system. When required CACFP content is presented for key staff to do the CACFP duties, a list of those key staff must be submitted for training. Attach copies of the agenda, minutes, and/or other materials used in the training. Attach copies of the agenda, minutes, and/or other materials used in the training.

Date: _____ Location: _____

Training Beginning Date: _____ Ending Time: _____

Topic	Presenter & Position	Teaching Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures of those present:

1. _____	13. _____
2. _____	14. _____
3. _____	15. _____
4. _____	16. _____
5. _____	17. _____
6. _____	18. _____
7. _____	19. _____
8. _____	20. _____
9. _____	21. _____
10. _____	22. _____
11. _____	23. _____
12. _____	24. _____
	25. _____

17

CACFP Administrative Manual
p. 7-7

2. Supervision and Oversight

CACFP Administrative Manual: Preapproval Visit Form p. B-11

5. CIVIL RIGHTS				
Is an "And Justice for All" civil rights poster on display in a public area?				
Are families given the "Building for the Future Brochure" upon enrollment?				
Are racial/ethnic data questions completed on enrollment forms (by staff if not by families)?				
Have all staff at this site received annual Civil Rights training? (Must be documented.)				
Are all allowed access to center services and are meals served equally to all participants regardless of race, color, sex, age, disability and national origin?				

B-12

8. TRAINING	Yes	No	N/A	Comments
Do key staff* have at least 1.5 hours of CACFP training prior to Program operations or within the last year, and enough to do duties correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties.)				
If no, list CACFP staff, training topics needed and when this will be provided: (List staff names, topics and dates)				

2. Supervision and Oversight

Regular monitoring reviews

- 1 to 4 claims - One unannounced review
- 5 to 11 claims - Two reviews , both unannounced (must at mealtime)
- 12 claims - Three reviews , two unannounced (one at mealtime).
- No more than six months may elapse between reviews.

2. Supervision and Oversight

Regular monitoring reviews

- No more than six months may elapse between reviews.
- No more than nine (9) months may elapse between reviews done between fiscal years.

2. Supervision and Oversight

Monitoring Review Content

- Compliance with the meal pattern
- Licensing or approval
- Training
- Meal participation records
- Menus and food production records
- Enrollment information
- Problems corrected
- Five-day reconciliation

2. Supervision and Oversight

Monitoring Review Forms

- Must include required content
- Recommend using form in CACFP Administrative Manual
- Required questions highlighted

2. Supervision and Oversight

Monitoring Review Content

- Health and safety not required
- Imminent Threat
 - Notify authorities
 - Follow prescribed actions

2. Supervision and Oversight

Required Review Content
CACFP Sponsored Center (Site) Review Form
 State Child and Adult Care Food Program

Revised/Updated Form
 Revised: 1/2013
 Sponsored Center Site Review Form

Instructions: Reviewers must thoroughly review reports and review sponsored center licenses to ensure that CACFP requirements are met. *Written site reviews must be done and documented before CACFP participation, and 3 times per fiscal year for sites with 12 claims. If the site has 5-11 claims do 2 reviews, 12-14 claims do 3 reviews.

Review Frequency: Sites with 12 claims may receive 2, 3 or 4 reviews if the total number of reviews for all sites equals 3 times the number of sites. Sites with 5-11 claims are scheduled for the next review on a rotating basis. Review frequency cannot be less than 180 days between reviews.

Guidance: No more than 6 months may elapse between reviews, and no more than 2 months may elapse when 2 reviews are conducted from one fiscal year to the next. If doing 2 reviews, both must be unannounced, one of which must be a surprise. Unannounced reviews must be conducted at varied times and locations to prevent notice time. Center specific review availability plans. The center review should be properly proportioned to the needs claimed. All classrooms at the center must be reviewed. Centers may receive unannounced or unannounced visits at any time from any CACFP governmental office. Proper ID health insurance forms are required. **Required review items are highlighted.**

I. REVIEW INFORMATION - Fiscal year review: Pre-approval - Y1-C, Y1-D, Y1-E, Y1-F, Y1-G, Y1-H, Y1-I, Y1-J, Y1-K, Y1-L, Y1-M, Y1-N, Y1-O, Y1-P, Y1-Q, Y1-R, Y1-S, Y1-T, Y1-U, Y1-V, Y1-W, Y1-X, Y1-Y, Y1-Z

Sponsor name: _____ **Site name:** _____

THIS REVIEW: Date: _____ (Some items, marked with a * may need to be completed before the review.)

Reviewers: Ann: _____ Ann: _____ Department: _____ Announced: _____ Site Visit: _____

If visit is at meal time, list meal time scheduled for this application to State Agency: _____

* Was the center open capacity on the day of the review? Y1-Y12

* Are enrollment completed and signed by parent? Y1-Y12 Outside school hours child care

* Are enrollment updated monthly? Y1-Y12 Outside school hours child care

* Are attendance records current? Y1-Y12. If no, must not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current.

* Attendance recorded separately from meal counts? Y1-Y12

LAST REVIEW: Pre-approval: Y1-C, Y1-D, Y1-E, Y1-F, Y1-G, Y1-H, Y1-I, Y1-J, Y1-K, Y1-L, Y1-M, Y1-N, Y1-O, Y1-P, Y1-Q, Y1-R, Y1-S, Y1-T, Y1-U, Y1-V, Y1-W, Y1-X, Y1-Y, Y1-Z

Date: _____ Announced: _____ Unannounced: _____

* Was any serious deficiency identified? Y1-Y12

If yes, retest: _____

Site observed last review: B, A, L, P, S, E, D, O, G

PARENT CONTACT ASSESSMENT: PARENT CONTACTS ARE NOT REQUIRED FOR OUTSIDE SCHOOL HOURS CHILD CARE

* Average Daily Attendance (ADA) for last claim: _____ (total attendance for the last completed claim month divided by the number of days that were claimed)

* Parent contact is needed if (give dates, with double asterisks** throughout the form) are identified during the review:

- Total daily attendance observed at this review: _____
- Is today's total attendance reasonably similar number to the ADA? Y1-Y12** If no, explain: _____
- Do parents sign children in/out? (must sign children in/out if they are transported)? Y1-Y12** or no
- Were other dates identified during review? (Dates not during coverage) Y1-Y12** If no, how many: _____
- Is a household contact needed? (If no or more factors identified) Y1-Y12

FIELD OBSERVED: Items: B, A, L, P, S, E, Non-Meal food, Items B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z

Basic questions on the review:

Item	Y1	Y2	Y3	Y4	Y5	Y6	Y7	Y8	Y9	Y10	Y11	Y12
Was meal served within 1 hour of state approved time?												
Child sat in with participants, meals and drinks foods?												
Was meal adequately supervised?												
Was the site served foods, drinks, if yes:												
• Were participants appropriately encouraged to try all foods?												
• Were fruits and vegetables used for new pairing and variety?												
• Were participants appropriately encouraged to try all foods?												
• Was enough of each required food included at beginning of meal for each person seated to have a full serving?												
• If meal served food, were the required amounts on the plate(s) at the beginning of the meal?												
• Was sufficient appropriate protein, meats, and dairy?												
• Did participants decide how much and which foods to eat?												
• Were the appropriate water, juice, milk or beverage?												

* Information to complete before the review when available.

B-9

CACFP Sponsored Center (Site) Review Form

2. Supervision and Oversight

Completing the Review Form

2. Supervision and Oversight

Completing the Review Form

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>	
Sponsor name: _____ Site name: _____	
THIS REVIEW: Date: _____ (Some items, marked with a √, may need to be completed before the review).	
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>	
√ If visit is at meal time, list meal time submitted on site application to State Agency: _____ • License approval expiration date: _____ Capacity: _____ • Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ Are enrollments completed and signed by parents? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care √ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current. • Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/>	Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, record: _____
Reviewer: _____ Meal observed last review: B A L P S E None	Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, the current review must be unannounced.)
PARENT CONTACT ASSESSMENT: PARENT CONTACTS ARE NOT REQUIRED FOR OUTSIDE SCHOOL HOURS CHILD CARE	
√ Average Daily Attendance (ADA) for last claim: _____ (total attendance for the last completed claim month divided by the number of days meals were claimed). A parent contact is needed if three factors with double asterisks** (throughout the form) are identified during the review:	
• Total daily attendance observed at this review: _____ • Is today's total attendance reasonably similar number to the ADA? Y <input type="checkbox"/> N <input type="checkbox"/> ** If no, explain: _____ • Do parents sign children in/out? (staff may sign children in/out if they are transported)? Y <input type="checkbox"/> N <input type="checkbox"/> ** n/a <input type="checkbox"/> • Were other factors identified during review? (Questions with double asterisks**) Y <input type="checkbox"/> N <input type="checkbox"/> ** If yes, how many? _____	

2. Supervision and Oversight

Completing the Review Form (p B-9)

1. REVIEW INFORMATION Fiscal year reviews: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Review averaging: Y <input type="checkbox"/> N <input type="checkbox"/>	
Sponsor name: _____ Site name: _____	
THIS REVIEW: Date: _____ (Some items, marked with a √, may need to be completed before the review).	
Reviewer: _____ Arrival: _____ Departure: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Meal Visit <input type="checkbox"/>	
√ If visit is at meal time, list meal time submitted on site application to State Agency: _____ • License approval expiration date: _____ Capacity: _____ • Was the center over capacity on the day of the review? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ Are enrollments completed and signed by parents? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care √ Are enrollments updated annually? Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/> -Outside school hours child care	
• Are attendance records current? Y <input type="checkbox"/> N <input type="checkbox"/> If no, meals may not be claimed for children not in recorded attendance and staff must be trained to ensure attendance records are current. • Is attendance recorded separately from meal counts? Y <input type="checkbox"/> N <input type="checkbox"/>	
√ LAST REVIEW: Pre-approval <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Date: _____ Announced <input type="checkbox"/> Unannounced <input type="checkbox"/>	Were there any required changes from the last review? Y <input type="checkbox"/> N <input type="checkbox"/> If yes, record: _____
Reviewer: _____ Meal observed last review: B A L P S E None	Were any serious deficiencies identified? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, the current review must be unannounced.)

2. Supervision and Oversight

Completing the Review Form

Serious Deficiencies

Prior findings not corrected

Large number of findings

Significant finding

2. Supervision and Oversight

Completing the Review Form

Significant findings

- Claiming meals for children not in attendance
- Meals do not meet CACFP requirements
- Falsifying records
- Failure to keep required records

2. Supervision and Oversight

Completing the Review Form (p B-9)

Last review

- Identify and follow up on any required changes from the last review

2. Supervision and Oversight

Completing the Review Form

Five-day reconciliation

Spot check the accuracy of a claim

Participants not enrolled or

Participants not in attendance

2. Supervision and Oversight

Completing the Review Form

Five-day
reconciliation

- Complete before, during or after the site review
- Recommend before review
- Identify potential problems
- Use page B-11 (the third page of the review form)

2. Supervision and Oversight

Completing the Review Form

Five-day
reconciliation

- You will need:
 - Current fiscal year enrollment forms
 - Meal participation records
 - Attendance records

2. Supervision and Oversight

Completing the Review Form

Five-day reconciliation

Choose five business days

Current or last month

Select 10% sample (5 minimum)

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy and a factor for a parent contact. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name	Record Attendance Dates					Date of Meal Participation:		Enrollment Date & Meals Days (Must be within 12 mo.)	**Discrepancy Y= N=												
						B	A	L	P	B	A	L	P	B	A			L	P	B	A
Example	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	-	-	-	10/07 BALM-F	No-OK
1.																					
2.																					
3.																					
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy and a factor for a parent contact. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name	Record Attendance Dates					Date of Meal Participation:			Enrollment Date & Meals/Days (Must be within 12 mo.)	Discrepancy Y=N												
						B	A	L	P	B	A	L	P	B	A	L	P			B	A	L
Example	x	x	x	x	-	x	x	x	x	x	x	x	x	x	x	x	-	-	-	10/07 BALM-F	No-OK	
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

FIVE-DAY RECONCILIATION: Compare the meal counts to attendance and enrollment information for five consecutive days using the center site's records for each meal type (B=breakfast, A=am snack, L=lunch, P=pm snack) claimed during the current or last claim month. Complete the reconciliation for 10% of the participants enrolled at the site (or a minimum of five participants). To claim meals for participants, they must be enrolled and recorded in attendance at the time meals are served. If participants are claimed when they are not enrolled or not in attendance, this is a discrepancy and a factor for a parent contact. The meals must be removed from the claim for reimbursement and a revised claim submitted, if applicable.

Participant's Name	Record Attendance Dates					Date of Meal Participation:			Enrollment Date & Meals/Days (Must be within 12 mo.)	Discrepancy Y=N												
						B	A	L	P	B	A	L	P	B	A	L	P			B	A	L
Example	x	x	x	x	-	x	x	x	x	x	x	x	x	x	x	x	-	-	-	10/07 BALM-F	No-OK	
1.																						
2.																						
3.																						
4.																						
5.																						
6.																						
7.																						
8.																						
9.																						
10.																						

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

Discrepancies

Do not claim meals for participants who were not in attendance or enrolled

Submit a revised claim if needed removing meals

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

Emergency Shelters, At-risk Program and
Outside School Hours Child Care

Enrollment information not required

Comparing meal participation and enrollment is not required

Compare meal participation to attendance

2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

At-risk Program



2. Supervision and Oversight

Completing the Review Form

- | | |
|-----------------------------|--------------------------------------|
| Complete required questions | • Highlighted |
| Non-Required questions | • Nutrition
• Healthy Environment |
| Completing all questions | • Recommended |

2. Supervision and Oversight

Completing the Review Form (p B-12)

Negative responses

- Result in findings

Required Questions

- Result in required changes

Non-required Questions

- Result in recommendations

Document all findings

- Share findings with staff (sign)
- Monitor should sign the form

2. Supervision and Oversight

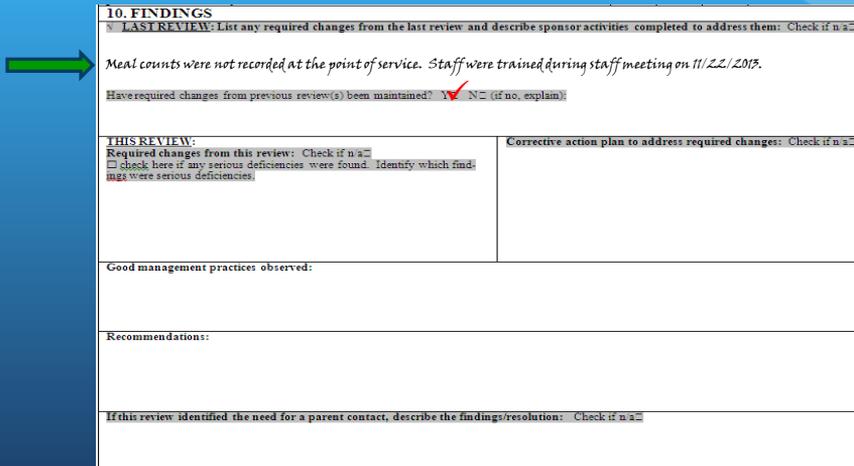
Completing the Review Form (p B-12)

Last review

- Record required changes
- Describe what has been done to address them
- Indicate if required changes have been maintained

2. Supervision and Oversight

Completing the Review Form (p B-12)



10. FINDINGS

LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a

Meal counts were not recorded at the point of service. Staff were trained during staff meeting on 11/22/2017.

Have required changes from previous review(s) been maintained? Yes No (if no, explain)

THIS REVIEW:

Required changes from this review: Check if n/a

check here if any serious deficiencies were found. Identify which findings were serious deficiencies.

Corrective action plan to address required changes: Check if n/a

Good management practices observed:

Recommendations:

If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a

2. Supervision and Oversight

Completing the Review Form (p B-12)

Current
review

- Document required changes on the corrective action plan

2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: <input type="checkbox"/> Required changes from this review: Check if n/a <input type="checkbox"/> check here if any serious deficiencies were found. Identify which findings were serious deficiencies.	Corrective action plan to address required changes: Check if n/a
	
Good management practices observed:	
Recommendations:	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	

2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: <input checked="" type="checkbox"/> Required changes from this review: Check if n/a <input checked="" type="checkbox"/> check here if any serious deficiencies were found. Identify which findings were serious deficiencies.	Corrective action plan to address required changes: Check if n/a
<i>SD The meals at this site were missing fruit 15 days out of the month at breakfast. SD Meal counts were not done at the point of service and SD attendance records were not being kept.</i>	
Good management practices observed:	
Recommendations:	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	

2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y <input type="checkbox"/> N <input type="checkbox"/> (if no, explain):	
THIS REVIEW: Required changes from this review: Check if n/a Check here if any serious deficiencies were found. Identify which find-ings were serious deficiencies.	Corrective action plan to address required changes: Check if n/a
<i>SD- The meals at this site were missing fruit 15 days out of the month at breakfast. SD- Meal counts were not done at the point of service and SD- attendance records were not being kept.</i>	<i>Fruit must be served breakfast each day. Send me the April menu by March 31 to document fruit will be served. Fix meal participation records after each meal and attendance records at the end of each day.</i>
Good management practices observed:	
Recommendations:	
If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	

2. Supervision and Oversight

Completing the Review Form (p B-12)

Next
review

- Follow up at the next review on any required changes from this review

2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: <input type="checkbox"/> Required changes from this review: Check if n/a <input type="checkbox"/> check here if any serious deficiencies were found. Identify which findings were serious deficiencies.	Corrective action plan to address required changes: Check if n/a
Good management practices observed:	
Recommendations:	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	



2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: <input type="checkbox"/> Required changes from this review: Check if n/a <input type="checkbox"/> check here if any serious deficiencies were found. Identify which findings were serious deficiencies.	Corrective action plan to address required changes: Check if n/a
Good management practices observed:	
<i>All CACFP records were on file. Staff members sat and ate with the children.</i>	
Recommendations:	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	



2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: Required changes from this review: Check if n/a <input type="checkbox"/> check here if any serious deficiencies were found. Identify which find: were more serious deficiencies.	Corrective action plan to address required changes: Check if n/a
Good management practices observed:	
Recommendations:	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	



2. Supervision and Oversight

Completing the Review Form (p B-12)

10. FINDINGS	
<input type="checkbox"/> LAST REVIEW: List any required changes from the last review and describe sponsor activities completed to address them: Check if n/a	
Have required changes from previous review(s) been maintained? Y= N= (if no, explain):	
THIS REVIEW: Required changes from this review: Check if n/a <input type="checkbox"/> check here if any serious deficiencies were found. Identify which find: were more serious deficiencies.	Corrective action plan to address required changes: Check if n/a
Good management practices observed: <i>All CACFP records were on file. Staff members sat and ate with the children.</i>	
Recommendations: <i>Serve more steins family style. Discuss the foods that will be served at circle time.</i>	
<input type="checkbox"/> If this review identified the need for a parent contact, describe the findings/resolution: Check if n/a	



2. Supervision and Oversight

Review Averaging

Focus review efforts where needed

Same total reviews required

One unannounced review required

2. Supervision and Oversight

Who may conduct reviews?

Monitors from

- Center Sponsor organization
- State agency
- USDA or Federal office

Must show photo identification

- Driver's license photo
- Other ID photo
- Official documentation

2. Supervision and Oversight

Monthly claim oversight

2. Supervision and Oversight

Monthly claim oversight

Check menus

Spot check food
production
records

Spot check
claims

2. Supervision and Oversight

Monthly claim oversight

Spot check claims

- Compare days
- Check for patterns in claiming
- Check free and reduced-price meals

2. Supervision and Oversight

Household contacts

State Agency (SA) or sponsor review

Answer questions about the validity or accuracy of

income application

meals claimed

attendance

2. Supervision and Oversight

Household contacts

Written policy
required

Must meet
requirements

Exceptions:

Adult Centers

Outside School Hours Child
Care Centers

At-Risk Programs

2. Supervision and Oversight

Household contacts

Describe when a
household contact
will be conducted:

Questionable Iowa
Eligibility Applications

Concerns identified on a
monitoring review

2. Supervision and Oversight

Household contacts

Describe when a household contact will be conducted:

Questionable Iowa Eligibility Applications

Concerns identified on a monitoring review

2. Supervision and Oversight

Household contacts

Describe when a household contact will be conducted:

Questionable Iowa Eligibility Applications

Concerns identified on a monitoring review

2. Supervision and Oversight

Household contacts

Factors Identified on reviews

HOUSEHOLD CONTACT ASSESSMENT: HOUSEHOLD CONTACTS ARE NOT REQUIRED FOR ADULT CENTERS, OUTSIDE SCHOOL HOURS CHILD CARE OR AT RISK AFTER SCHOOL SNACK PROGRAMS.

√ Average Daily Attendance (ADA) for last claim: _____ (total attendance for the last completed claim month divided by the number of days meals were claimed.)

A parent contact is needed if three factors with double asterisks** (throughout the form) are identified during the review.

- Total daily attendance observed at this review: _____
- **Is today's total attendance reasonably similar number to the ADA? Y N If no, explain:
- **Do parents sign children in/out? (staff may sign children in/out if they are transported)? Y N n/a
- Were other factors identified during review? (Questions with double asterisk**) Y N If yes, how many? _____
- Is a household contact needed? (Three or more factors identified) Y N

2. Supervision and Oversight

Household contacts

Factors Identified on reviews

Parents don't sign in and out

ADA not reasonable

Discrepancy in five-day reconciliation

Meal participation not recorded at mealtime

Meal participation records not up to date

2. Supervision and Oversight

Household contacts

Factors Identified on reviews

These factors
contribute to the
accuracy of claims

Household contact if
three or more factors

2. Supervision and Oversight

Household contacts

Do within
60 days

Any
reason

Phone or
in writing

Children,
dates and
meals

Scope
may be
expanded

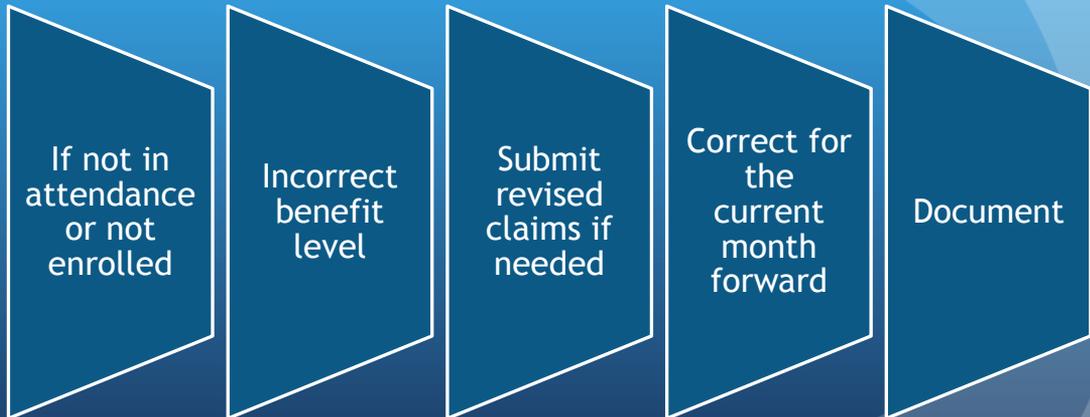
The State
Agency
may
require

Forms in
form
download

2. Supervision and Oversight

Household contacts

Follow Up



3. Record Retention

Site Records

Site records must be kept at the sponsor office

3. Record Retention

Site Records

Retain for 3
years plus
the current
year

- Monitoring reviews
- CACFP training for all site personnel
- Monthly Site Claim Records
 - Menus
 - Food Production Records
 - Attendance
 - Meal Participation
- Fiscal Year Site Records
 - CACFP Enrollments
 - Iowa Eligibility Applications

Summary

Requirements for Center Sponsors

Staffing

Supervision and
Oversight

Monitoring
Reviews

Monthly Claim
Oversight

Household
Contacts

Records
Retention



This concludes the presentation

- If you have questions, please contact your CACFP consultant or the State Agency using the contact information in the front of your CACFP Administrative Manual.