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

**Preapproval visit**
- May be announced or unannounced
- Doesn’t count as a regular review
- Documentation must be sent to the State Agency
### Preapproval Visit

#### REVIEW INFORMATION

<table>
<thead>
<tr>
<th>Fiscal year reviews:</th>
<th>Pre-approval</th>
<th>1st review</th>
<th>2nd review</th>
<th>3rd review</th>
<th>Review averaging:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Site name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIS REVIEW:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Reviewer:**
  - Arrival: __________
  - Departure: __________
  - Announced: __________
  - Unannounced: __________
  - Meal Visit: __________
- **License approval expiration date:** __________
- **Capacity:** __________
- **Was the center over capacity on the day of the review?** Y = N
- **Are enrollments completed and signed by parents?** Y = N: a = Outside school hours childcare
- **Are enrollments updated annually?** Y = N: n = a = Outside school hours childcare
- **Are attendance records current?** Y = N: 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 = N

#### Prepared Review

- **LAST REVIEW: Pre-approval**
  - 1st review: __________
  - 2nd review: __________
  - 3rd review: __________

- **Date:** __________
- **Announced:** __________
- **Unannounced:** __________

- **Reviewer:**
  - Meal observed last review: B = All, P = Some, E = None

- **Were there any required changes from the last review?** Y = N
  - If yes, record: __________
- **Were any serious deficiencies identified?** Y = N
  - If yes, the current review must be unannounced.

### Preapproval Visit

#### REVIEW INFORMATION

<table>
<thead>
<tr>
<th>Fiscal year reviews:</th>
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<th>2nd review</th>
<th>3rd review</th>
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<th>N</th>
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<td></td>
<td></td>
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<td></td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Reviewer:**
  - Arrival: __________
  - Departure: __________
  - Announced: __________
  - Unannounced: __________
  - Meal Visit: __________
- **License approval expiration date:** __________
- **Capacity:** __________
- **Was the center over capacity on the day of the review?** Y = N
- **Are enrollments completed and signed by parents?** Y = N: a = Outside school hours childcare
- **Are enrollments updated annually?** Y = N: n = a = Outside school hours childcare
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- **Is attendance recorded separately from meal counts?** Y = N

#### Prepared Review

- **LAST REVIEW: Pre-approval**
  - 1st review: __________
  - 2nd review: __________
  - 3rd review: __________

- **Date:** __________
- **Announced:** __________
- **Unannounced:** __________

- **Reviewer:**
  - Meal observed last review: B = All, P = Some, E = None

- **Were there any required changes from the last review?** Y = N
  - If yes, record: __________
- **Were any serious deficiencies identified?** Y = N
  - 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

**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

CACFP Training Attendance

CACFP Administrative Manual
p. 7-7
2. Supervision and Oversight

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

2. Supervision and Oversight

- **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.

Regular monitoring reviews

<table>
<thead>
<tr>
<th>5. CIVIL RIGHTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Civil Rights poster on display in a public area?</td>
<td></td>
</tr>
<tr>
<td>Are families given the &quot;Building for the Future Brochure&quot; upon enrollment?</td>
<td></td>
</tr>
<tr>
<td>Are social security data questions completed on enrollment forms (by staff if not by families)?</td>
<td></td>
</tr>
<tr>
<td>Have all staff at this site received annual Civil Rights training? (Must be documented)</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. TRAINING</th>
<th>Yea</th>
<th>N/A</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do key staff have at least 1.5 hours of CACFP training prior to program operations within the last year, and enough to do their job correctly? (Staff may need more than 1.5 hours to correctly perform CACFP duties)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, list CACFP staff, training topics needed and when this will be provided: [List staff names, topics and dates]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.

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

**Monitoring Review Content**
- Health and safety not required
- Imminent Threat
  - Notify authorities
  - Follow prescribed actions
# 2. Supervision and Oversight

**CACFP Sponsored Center (Site) Review Form**

## Completing the Review Form

<table>
<thead>
<tr>
<th>CACFP Sponsored Center (Site) Review Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required Section</strong></td>
</tr>
<tr>
<td><strong>Program Name</strong></td>
</tr>
<tr>
<td><strong>Program Director</strong></td>
</tr>
<tr>
<td><strong>Site Address</strong></td>
</tr>
<tr>
<td><strong>Program Telephone</strong></td>
</tr>
<tr>
<td><strong>Program Fax</strong></td>
</tr>
</tbody>
</table>

- **Program Summary**: Provide a brief overview of the program's mission, goals, and objectives.
- **Program Objectives**: List the specific outcomes the program aims to achieve.
- **Program Activities**: Detail the activities conducted by the program, including the services offered.
- **Program Evaluation**: Discuss the methods used to evaluate the program's effectiveness.

- **Staffing and Training**: Describe the qualifications and training of the staff.
- **Facilities and Resources**: Outline the facilities and resources available to the program.
- **Financial Management**: Explain the financial structure, including funding sources and budget management.
- **Program Evaluation**: Include a section on program evaluation to demonstrate accountability.

**Conclusion**: Summarize the findings and recommendations for improvement.

---

**Notes from the Review Team**

- Action Items: List any action items or recommendations for future actions.
- Follow-up Plan: Outline a plan for follow-up actions and timelines.

---

**Signature**: Signatures of all relevant parties to indicate agreement and acknowledgment.

---

**Date**: Date of the review and signature dates.

---

**Contact Information**

- Program Director: [Contact Information]
- Site Address: [Address Information]
- Telephone: [Program Telephone]
- Fax: [Program Fax]

---

**References**

- [Recommended Resources]
- [Important Links]

---

**Appendices**

- [Documentation]
- [Supplementary Materials]
2. Supervision and Oversight

Completing the Review Form (p B-9)
2. Supervision and Oversight

Completing the Review Form

- Serious Deficiencies
  - Prior findings not corrected
  - Large number of findings
  - Significant finding

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

- 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)

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

Five-day reconciliation
### 2. Supervision and Oversight

#### Completing the Review Form

- **Five-day reconciliation**
- Choose five business days
- Current or last month
- Select 10% sample (5 minimum)

### Five-day Reconciliation

**FIVE-DAY RECONCILIATION**

Compute the meal counts to attendance and enrollment information for five consecutive days using the center/site's records for each meal type (Breakfast, Lunch, Snack, Special Meal) claimed during the current or last claim month. Complete the reconciliation for 10% of the enrollees as selected at the site (a minimum of five enrollees). To claim meals for enrollees, 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 that must be removed from the claim for reimbursement and a revised claim submitted if applicable.

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Record Attendance Date</th>
<th>Dates of Meal Participation</th>
<th>Dates of Meal Participation</th>
<th>Dates of Meal Participation</th>
<th>Dates of Meal Participation</th>
<th>Enrollment Date &amp; Meal Days (Max. 20 days)</th>
<th><strong>Discrepancy</strong></th>
<th>Y = N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
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<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
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<td>3</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
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<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
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<td>7</td>
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<td>10/01/20XX</td>
<td>No-OK</td>
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<td>10/01/20XX</td>
<td>No-OK</td>
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<td>9</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>10/01/20XX</td>
<td>No-OK</td>
<td></td>
</tr>
</tbody>
</table>

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16
2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>Record Attendance Dates</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Enrollment Date &amp; Meal Days (Must be within 22 mos)</th>
<th><strong>Discrepancy</strong> Y = N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2007-01-01 - 2007-01-03</td>
<td>No-OK</td>
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</tbody>
</table>
2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation
2. Supervision and Oversight

Completing the Review Form (p B-11)

**Five-day Reconciliation**

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>Record Attendance Dates</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Enrollment Date &amp; Meal Days (Must be within 12 mos)</th>
<th><strong>Discrepancy</strong> Y = N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
<td>X X X X X X</td>
<td>No-OK</td>
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</tbody>
</table>

Notes: If meal records are unavailable or not completed for a given day, the meal should be counted as not served. If meal records are not available for a given day, the meal should be counted as not served. If meal records are not available for a given day, the meal should be counted as not served.
2. Supervision and Oversight

Completing the Review Form (p B-11)

Five-day Reconciliation

<table>
<thead>
<tr>
<th>Participant's Name</th>
<th>Record Attendance Dates</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Date of Meal Participation</th>
<th>Enrollment Date &amp; Meal Days (Must be within 12 mos)</th>
<th><strong>Discrepancy</strong> Y = N =</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>No-OK</td>
<td>No-OK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The table above is an example of the Five-day Reconciliation form. Each column represents a date of meal participation, and the rows are filled with X or empty spaces, indicating the attendance status of participants for each meal day.
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

**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*

- Meal participation not recorded by name
- Compare total attendance to total meal participation
- Total attendance must be greater than or equal to meal participation
- If not, this is a discrepancy

---

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

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)

Meal counts were not recorded at the point of service. Staff were trained during staff meeting on 11/22/2013.

Current review

• Document required changes on the corrective action plan
2. Supervision and Oversight

Completing the Review Form (p B-12)

<table>
<thead>
<tr>
<th>FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. FINDINGS: List any required changes from the last review and describe sponsor activities completed to address them: Check if a &quot;Y&quot;.</td>
</tr>
<tr>
<td>Required change from this review: Check if a &quot;Y&quot;.</td>
</tr>
<tr>
<td>Correction action plan to address required changes: Check if a &quot;Y&quot;.</td>
</tr>
<tr>
<td>Good management practices observed:</td>
</tr>
<tr>
<td>Recommendation:</td>
</tr>
<tr>
<td>If this review identified the need for a parent action, describe the findings resolution: Check if a &quot;Y&quot;.</td>
</tr>
</tbody>
</table>

- The meals at this site were missing fruit 15 days out of the month at breakfast.
- Meal counts were not done at the point of service and attendance records were not being kept.
2. Supervision and Oversight
Completing the Review Form (p B-12)

<table>
<thead>
<tr>
<th>10. FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last review:</strong> List any required changes from the last review and describe sponsor activities completed to address them. Check if any changes were completed.</td>
</tr>
<tr>
<td><strong>This review:</strong> Identify any new findings of non-compliance from the current review and indicate changes made to those issues.</td>
</tr>
</tbody>
</table>

- The meals at this site were missing fruit 15 days out of the month at breakfast.
- Meal counts were not done at the point of service and attendance records were not being kept.
- Send me the April menu by March 31 to document fruit will be served. Fax meal participation records after each meal and attendance records at the end of each day.

| Follow up at the next review on any required changes from this review |
2. Supervision and Oversight
Completing the Review Form (p B-12)

All CACFP records were on file. Staff members sat and ate with the children.
2. Supervision and Oversight
Completing the Review Form (p B-12)

10. FINDINGS

<table>
<thead>
<tr>
<th>Required change from the last review</th>
<th>Corrective action plan to address required changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check if yes</td>
<td>☐ Check if no</td>
</tr>
</tbody>
</table>

Good management practices observed:

- All CACFP forms were in file. Staff members sat and ate with the children.

Recommendations:

- Serve more items family style. Freeze the food that will be served at circle time.
## 2. Supervision and Oversight

### Review Averaging

- Focus review efforts where needed
- Same total reviews required
- One unannounced review required

### 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*

- 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

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

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 asterisks**) 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

- 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

- If not in attendance or not enrolled
- Incorrect benefit level
- Submit revised claims if needed
- Correct for the current month forward

Document

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.