Meet our Speakers!

Fundamentals of CACFP Child Care Center Monitoring

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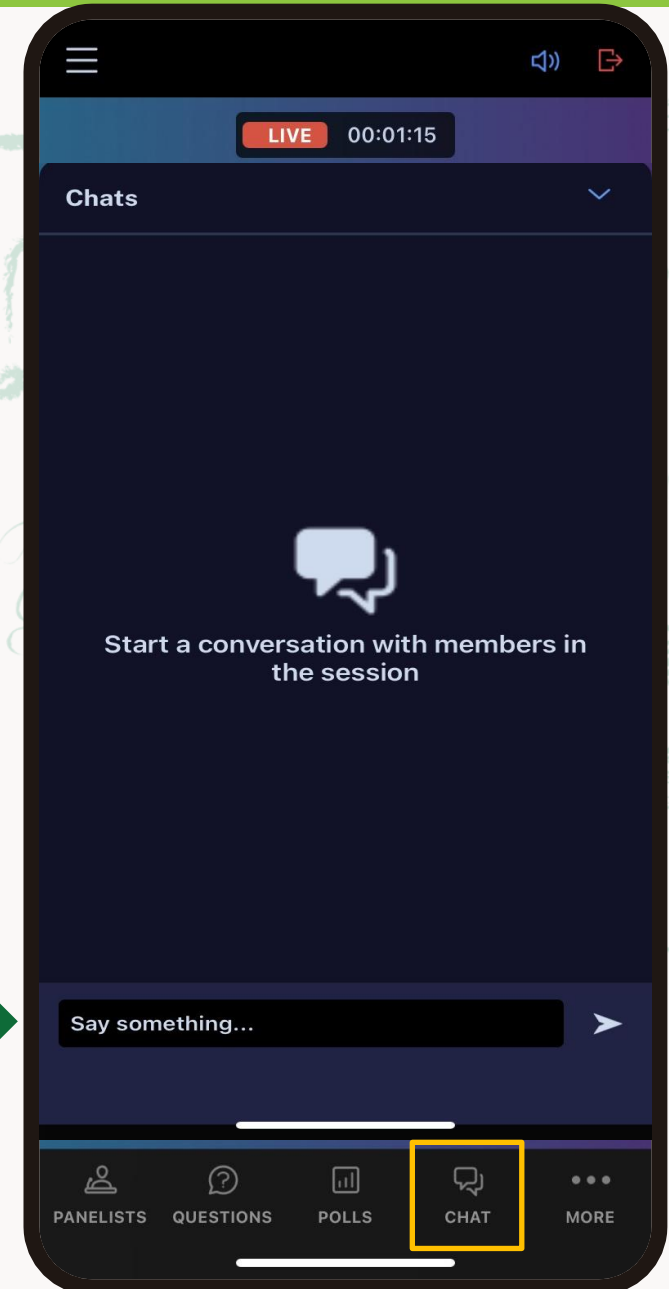
Texas Department of Agriculture

Acknowledgement Statement

You understand and acknowledge that:

- The training you are about to take does not cover the entire scope of the program; and that

- You are responsible for knowing and understanding all handbooks, manuals, alerts, notices, and guidance, as well as any other forms of communication that provide further guidance, clarification, or instruction on operating the program.

Submit ALL Questions Via The App

The Why Behind The Review

Reviews with Purpose, More Than a Checklist!

Onsite Evaluation Criteria

The before, during, and after the review.

Record Retention

What and for how long we retaining records.

Objectives

The Why Behind The Review

- Confirm that the program requirements are met and validate site documents.

- Provide technical assistance and identify training needs and trends that could lead to non-compliances.

Reviews with Purpose

Texas Department of Agriculture

Child and Adult Care Food Program
Permanent Agreement Between Sponsoring Organization and Child Care Site

May 2017

Name of Sponsoring Organization	CE ID
Address of Sponsoring Organization (Street, City, State, ZIP)	
Name of Child Care Site	

Physical Address of Child Care Site (Street, City, State, ZIP)	County Name
Mailing Address of Child Care Site, if different from physical address (Street, P.O. Box, City, State, ZIP)	

Agreement

This permanent agreement specifies the rights and responsibilities of the above named Sponsoring Organization (Sponsor) and the Child Care Site (Site) as participants in the Child and Adult Care Food Program (CACFP). By signing this permanent agreement, both parties are bound by its terms and conditions from its beginning effective date until terminated.

Going Beyond a Simple Checklist!

Onsite Evaluation Criteria

Before

New Sites:
- First 4 weeks

3 Visits a Year:
- 2 Unannounced

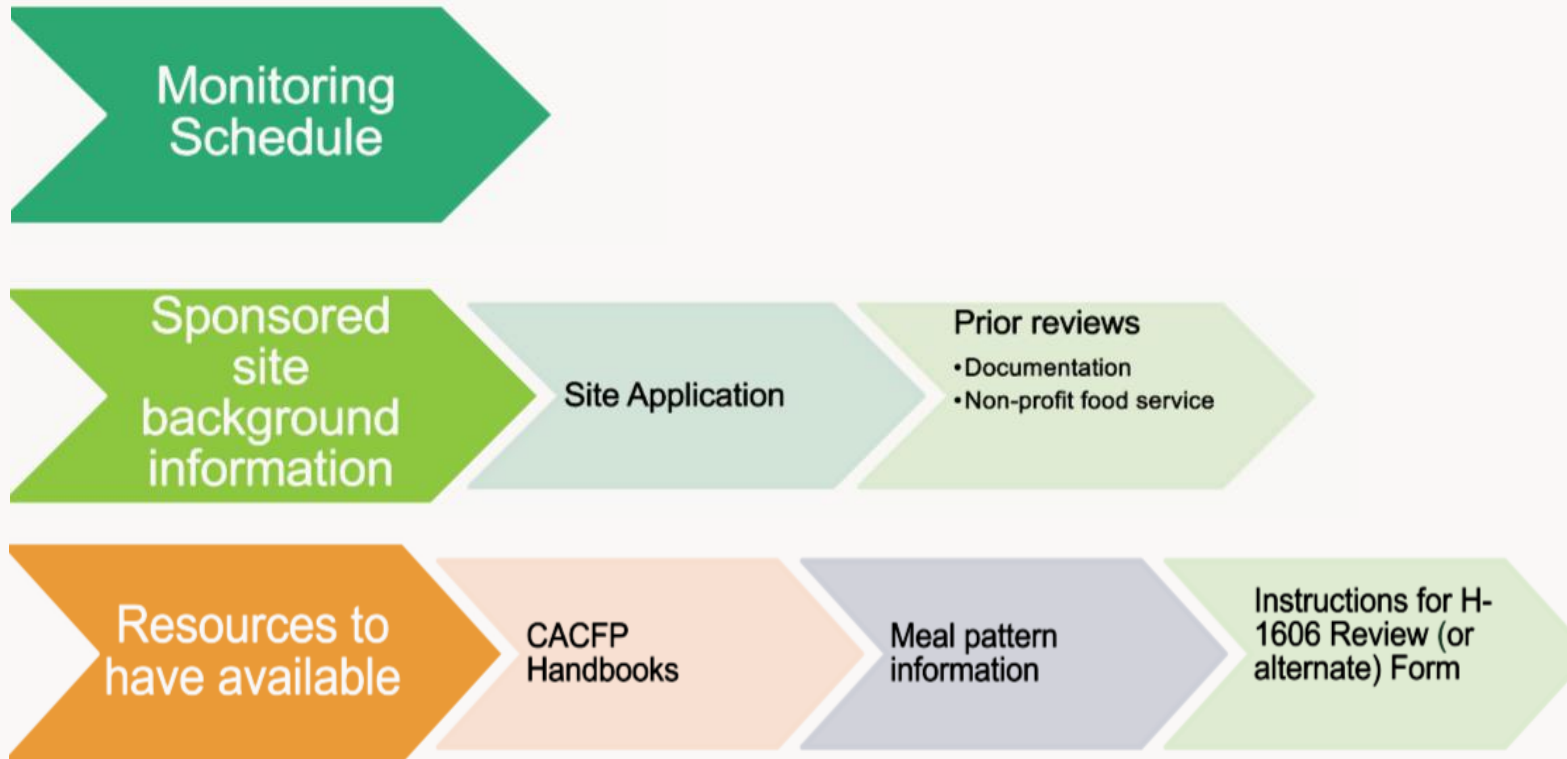No more than 6 months between visits

Unpredictable

All Meal Types

*Sponsors can average their reviews for resource efficiency by conducting two unannounced reviews for sites with few or no recent non-compliances, three for most sites, and four per year for those needing closer oversight and assistance.

# How to Prepare for a Monitoring Visit

During

- Have the site application and previous review form with them.

- Introduce and identify as the CE monitor.

- Go over the review form with the sponsored site representative.

- Conduct the meal observation.

- Ask questions based on what you observe and/or the documentation you review.

- Complete the review form & request copies of applicable documentation.

Review Form QR Code

Texas Department of Agriculture (TDA) Form H1606
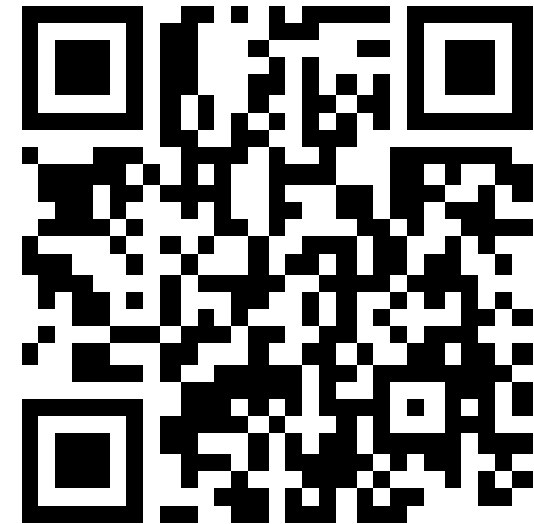
Form H1606

Texas Department of Agriculture — CACFP – Child Care Center Review — Form H1606 — February 2023

Name of Sponsoring Organization		CE ID
Date of Review	Time of Arrival ☐ AM ☐ PM	Time of Departure ☐ AM ☐ PM	Date of Last Review
Site Type ☐ Public or Private Non-Profit ☐ For-Profit	Type of Review ☐ Announced ☐ Unannounced
Monitor Name	Title
Site Name	Site ID
Site Address	
Person Interviewed at Site	Title of Person Interviewed at Site

Site Application & prior review form.

Part A.

A. Meal Service

1. Meal Count – Complete the following for the meal observed		Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Beginning Time of Meal Service							
Ending Time of Meal Service							
Number of Meals Prepared							
Number of Meals Served	To Children						
	To Infants						
	As Seconds						
	Prog/Non-Prog adults						

The daily meal counts and attendance

Part A.

2 meals and one snack, or one meal and 2 snacks per child per day.

2.	Was the menu served the same as posted for today?	☐ Yes	☐ No
	If not, were substitutions consistent with USDA requirements?	☐ Yes	☐ No
	If not, were substitutions documented correctly?	☐ Yes	☐ No
3.	Are all items on the *Daily Meal Production Record* (H1530/H1530-A) or alternate completed on a daily basis?	☐ Yes	☐ No
4.	Are the times meals are served consistent with the times indicated on the *Site Application*?	☐ Yes	☐ No
5.	Is the combination of meals/snacks claimed consistent with CACFP regulations?	☐ Yes	☐ No
6.	Does the site supply all meal components?	☐ Yes	☐ No
	If no, explain:		
7.	Are there medical statements on file for infants/children with disabilities and/or medical or special dietary needs?	☐ N/A ☐ Yes	☐ No
8.	Have variations in meal patterns been approved?	☐ N/A ☐ Yes	☐ No

Part B.

Meal counts and attendance + Meal Production Record.

Part C & D.

Based on USDA 2021 Memo, visual observation is not an approved method to determine racial and ethnicity categories of the actual participants.

Current Eligibility & Enrollment forms: updated every 12 months.

Form H1606
Page 3/February 2023

C. Civil Rights

Complete the chart by entering the ethnic and racial categories of infants/children.

Number of Infants / Children	Ethnic Category			Racial Category					
	Hispanic or Latino	Not Hispanic or Latino	Unknown	White	Black or African American	American Indian or Alaskan Native	Asian	Native Hawaiian or Other Pacific Islander	Unknown
Current Enrollment									
Actual Participation									

Based on your observation, is there any discrimination by race, color, national origin, sex, age or disability? ☐ Yes ☐ No

D. 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 site subject to licensing standards other than DFPS/HHSC?	☐ Yes ☐ No
If yes, explain:	
2. Enrollment – Does each infant/child have a complete and current enrollment form on file?	☐ Yes ☐ No
3. Attendance – Is attendance recorded daily on the *Daily Meal Count and Attendance Record* (H1535) or alternate?	☐ Yes ☐ No
4. Meal count – is the *Daily Meal Count and Attendance Record* (H1535) or alternate completed at the point-of-service on a daily basis?	☐ Yes ☐ No
5. Eligibility	
a. Is there current (within the last 12 months) *CACFP Meal Benefit Income Eligibility Form* or Early Head Start/Head Start/Even Start documentation for each infant/child claimed in the free and reduced-price categories?	☐ Yes ☐ No
b. Are infants/children being claimed in the correct eligibility category (free, reduced-price, or paid)?	☐ Yes ☐ No
c. **For profit sites:** Is there documentation which demonstrates that at least 25% of the total enrollment or licensed capacity (whichever is less) received Title XX benefits or are eligible for free or reduced-price meals?	☐ N/A ☐ Yes ☐ No
d. If a pricing program, is there any indication of overt identification?	☐ N/A ☐ Yes ☐ No

Prior review forms

Part D & E.

D. Record Keeping, continued

6.	Previous Reviews		
	a. Were non-compliances identified at the last review?	☐ Yes	☐ No
	b. If yes, were they corrected?	☐ Yes	☐ No
	c. If no, explain:		
7.	Records Retention – is the site maintaining records per TDA and USDA requirement and regulations?	☐ Yes	☐ No

E. Training

1.	Have site staff that performs key activities received CACFP training for the current Program year?		☐ Yes	☐ No
	a. If yes, is documentation on file that contains the required elements?		☐ Yes	☐ No
	b. Were all required areas and subtopics covered?		☐ Yes	☐ No
	c. If no, when is site training scheduled?			
2.	If the site is new this Program Year, did the site staff that performs key activities receive training over the required areas and subtopics before beginning in the Program?	☐ N/A	☐ Yes	☐ No
	Is there documentation on file that contains the required elements?		☐ Yes	☐ No

Part F.

F. Five-Day Reconciliation

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date:		Date:		Date:		Date:		Date:	
				Meal Counts					
B		B		B		B		B	
AM		AM		AM		AM		AM	
L		L		L		L		L	
PM		PM		PM		PM		PM	
S		S		S		S		S	
E		E		E		E		E	
Att		Att		Att		Att		Att	
Enr		Enr		Enr		Enr		Enr	

5 days of meal counts from current of previous month.

Part F.

Look for any red flags

F. Five-Day Reconciliation, continued

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

Part G.

G. Nonprofit Food Service

☐ Affiliated ☐ Sponsor provides meal service

1. Costs					
a. Are all Program costs being recorded?			☐ Yes		☐ No
b. Are costs allowable?			☐ Yes		☐ No
If no, how does the site plan to cover the cost?					
c. Is					
d. Total costs for the review period.					

2. Program funds			
a. Are claims being submitted according to the agreement?		☐ Yes	☐ No
b. Amount of reimbursement:	For which month(s) does this reimbursement apply:		
c. Other income to the Program:			
d. Total costs for the review period (1e): minus Program funds (2b + 2c) =			

N/A

Part G.

G. Nonprofit Food Service

☐ Affiliated ☐ Sponsor provides meal service

1.	Costs		
	a. Are all Program costs being recorded?	☐ Yes	☐ No
	b. Are costs allowable?	☐ Yes	☐ No
	If no, how does the site plan to cover the cost?		
	c. Is documentation on file to support all Program costs?	☐ Yes	☐ No
	d. Total costs for the review period:		
2.	Program funds		
	a. Are claims being submitted according to the agreement?	☐ Yes	☐ No
	b. Amount of reimbursement: ___	For which month(s) does this reimbursement apply: ___	
	c. Other income to the Program: ___		
	d. Total costs for the review period (1e): ___ minus Program funds (2b + 2c) = ___		

G. Nonprofit Food Service, continued

3.	Nonprofit food service (does cost exceed reimbursement)?	☐ Yes	☐ No
	If no, prepare a plan with the site to spend the excess balance on allowable costs		

Part H.1

H. Findings, Corrective Actions, and Commendations

1. Findings – List each noncompliance identified and any disallowances if applicable.

Adverse action is to be taken as follows:

- Insufficient quantity of food for a specific meal served - claim the number of meals for which sufficient quantities were available. **EXAMPLE:** One hundred children were present during a meal service. The main dish was spaghetti and enough meat was prepared for a total of 95 servings. Assume that all 100 attendees were fed, resulting in insufficient quantities for each of the children, however, allow the site to claim 95 meals.
- Receipts/invoices/other documentation shows insufficient quantity of food/milk was available for the meals claimed - first disallow from the meals with the lowest rate of reimbursement.
- Completely missing one or more of the required components – all meals for that meal service must be disallowed.
- CN label/product formulation statement not maintained/available – disallow meals that contained products which required this documentation.

Sponsors should also provide additional training and technical assistance.

2. Corrective Action – Indicate corrective action needed, include expected completion date(s).

Corrective action should include requiring the site(s) to:

- Develop and implement (step-by-step) processes/procedures to ensure:
  - Meals claimed meet meal pattern requirements;
  - Meal production records are documented accurately;
  - Meal production records and all records to support the claim (receipts, invoices, recycle logs, etc.) are maintained and available for reviewers;
  - Only meals that comply with the meal pattern requirements will be claimed
  - Meals will be served during the approved meal service times

The process/procedure must include:
  - Who will be responsible for each/task/function/step in the procedure (by position/title)
  - The date the process/procedure was or will be implemented
  - How often the process/procedure will be done, e.g., daily, weekly, monthly, etc.
  - Oversight measures to ensure the noncompliance will not occur again
- Submit:
  - The process/procedure developed
  - Any additional supporting documentation required by the sponsor to demonstrate successful corrective action

Part H.2

H. **Findings, Corrective Actions, and Commendations, continued**

3. Commendations – Document areas in which the site is performing well.

Part H.3

Part I.

I. Certification and Signature

The site representative acknowledges that the monitor has discussed and provided technical assistance for all findings (including any disallowances), corrective actions, and commendations, as applicable. The site representative agrees to implement and adhere to all required corrective actions.

_____
Signature – Monitor

_____
Date

_____
Signature – Site Representative

_____
Date

After

What is next?

Sponsored Site

Required:

- Copy of the review form.

- Any other documentation provided by the Monitor.

Required:

- Completed review form.

Recommended:

- Meal counts for the day of the review and 5 days of reconciliation.

- Meal production/ meal service records for the day of the review.

- Support documentation of Non-Profit Food Service.

Monitor

Sponsor Follow-Up

Adverse Action

Disallow any claimed meals or unallowable expense(s) identified, if applicable.

Corrective Action

i.e., updated process/ procedure, enrollment and/or, eligibility forms, etc.

Update Schedule

Follow –up review.
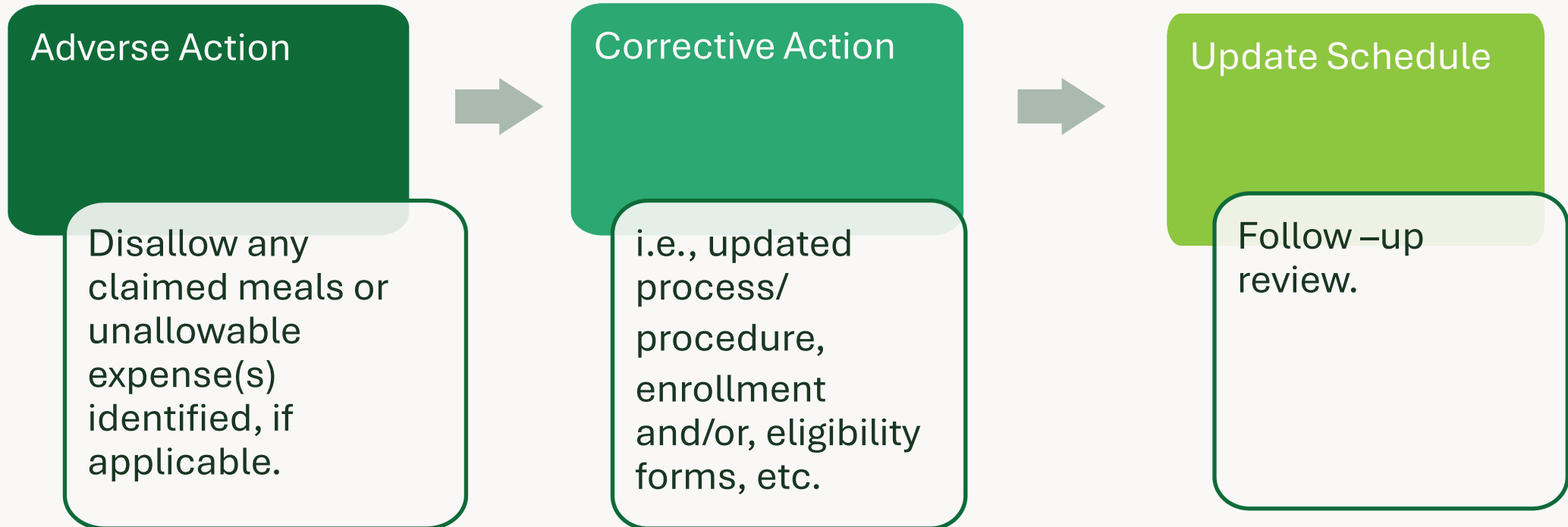
Record Retention

Record Retention

Sponsors and sponsored sites are required to maintain:

- Records related to the Program for a minimum of (3) years.

Let's Practice!

1.

Texas Department of Agriculture — CACFP – Child Care Center Review — Form H1606 February 2023

Name of Sponsoring Organization		CE ID
Kim's Child Care Center company		01234

Date of Review	Time of Arrival		Time of Departure		Date of Last Review
1|23|25	4:00 ☐ AM ☒ PM		5:45 ☐ AM ☒ PM		

Site Type	Type of Review
☒ Public or Private Non-Profit ☐ For-Profit	☐ Announced ☒ Unannounced

Monitor Name	Title
Carol Virginia	Director of Monitoring

Site Name	Site ID
Center one	

Site Address
123 main St Houston, Tx 77009

Person Interviewed at Site	Title of Person Interviewed at Site
Susan Grace	Site Director

2.

A. Meal Service

1. Meal Count – Complete the following for the meal observed	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Beginning Time of Meal Service					4:30	
Ending Time of Meal Service					6:00	
Number of Meals Prepared					76	
Number of Meals Served — To Children					unknown	
To Infants					unknown	
As Seconds					unknown	
Prog/Non-Prog adults					0	

3.

Children	Food Items Served	Amount Prepared	No. of Servings per Amount Prepared	Amount Needed	+ OR -
Milk	chocolate milk				
Meat/Meat Alternate	Cheese				
Vegetables	marinara sauce				
Fruits	apples				
Grains	pasta				
Other Foods					

4.

2.	Were all required components served?	☐ Yes	☒ No
3.	Was a sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children?	☐ Yes	☒ No
4.	Type of meal service: ☐ Family Style or ☒ Cafeteria/Pre-plated/Unitized		
5.	Describe what happens to plate waste and leftovers. unknown		

5.

F. Five-Day Reconciliation

1. Compare Meal Counts to Attendance (Att) and Enrollment (Enr) for five consecutive days

Date: N|A		Date: N|A		Date: N|A		Date: N|A		Date: N|A	
Meal Counts									
B		B		B		B		B	
AM		AM		AM		AM		AM	
L		L		L		L		L	
PM		PM		PM		PM		PM	
S		S		S		S		S	
E		E		E		E		E	
Att		Att		Att		Att		Att	
Enr		Enr		Enr		Enr		Enr	

7.

H. Findings, Corrective Actions, and Commendations

1. Findings – List each noncompliance identified and an| disallowances if applicable.

- No point in time service count.
- Not all components served together.
- No enforcement of keeping food on site.
- No menu posted.
- Unitized meals are removed, warmed, and replated.
- No meals served on 1123 are reimbursable.

7.

2. Corrective Action – Indicate corrective action needed **include expected completion date(s)**

- Require students to sign in using a cleaner process to align who receives a meal and record the meal was served.
- Serve all components of the meal in the original container.
- Post menu for the month and insure all components are served.
- Confirm understanding that meals cannot go home with a student and second meals are not allowed.
- Computer online training link.

6.

I. Certification and Signature

The site representative acknowledges that the monitor has discussed and provided technical assistance for all findings (including any disallowances), corrective actions, and commendations, as applicable. The site representative agrees to implement and adhere to all required corrective actions.

Carol Virginia   1/26/25
Signature – Monitor   Date

_____   _____
Signature – Site Representative   Date

Lessons Learned

Leave Us Feedback In The App!

2:03 🌙   📶 LTE 95⚡

Skip   **Submit**

Session feedback

1. Session Rating *

★ ★ ★ ★ ★

2. The content is relevant to my current role and applicable to my daily work

◯ Agree
◯ Disagree

3. I feel confident in applying the knowledge gained in this presentation. *

◯ Agree
◯ Disagree

4. The presenter's delivery of the content was effective. *

◯ Agree
◯ Disagree

5. The session was engaging and interactive.

◯ Agree
◯ Disagree

6. The presenter encouraged questions and discussions.

◯ Agree
◯ Disagree

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Office of the Assistant Secretary for
Civil Rights 1400 Independence
Avenue, SW   Washington, D.C.
20250-9410; or

2. fax:
(833) 256-1665 or (202) 690-7442; or

3. email:
program.intake@usda.gov

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