

MULTISITED INSTITUTION ADDITIONAL REQUIREMENTS AND ORIGINALS

Multisited Institutions need to Refer to the
Record-Keeping Requirements for Additional
Required Record Keeping forms.

MULTISITED INSTITUTIONS

ADDITIONAL REQUIREMENTS

Institutions with more than one facility are required to maintain additional records. Refer to **page 10** for a list of the additional requirements.

The Oklahoma State Department of Education (the *State Agency*) has supplied sample forms to assist the institution in maintaining the additional records.

As stated in the United States Department of Agriculture (USDA) regulation 7 CFR §226.6(b)(1)(xviii) for new institutions and 7 CFR §226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three Performance Standards:

- Financial viability and financial management—An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:
 - * A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
 - * Adequate resources for daily operations—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
 - * Audits or financial statements.
- Administrative capability—An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:
 - * The number of staff and type of qualified staff are adequate.
 - * The number of monitoring staff in relation to the number of facilities is adequate.
 - * Written policies and procedures fulfill program responsibilities and civil rights requirements.
- Program accountability—An institution must demonstrate the ability to ensure program accountability through:
 - * Oversight through an operating governing board.
 - * Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
 - * Record keeping—maintains records of operations in compliance with program regulations.
 - * Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
 - * Meal pattern and meal service requirements, licensure, health inspections, record keeping, and claiming only for eligible meals served.

Checking the National Disqualified List (NDL)

The Sponsoring Organization (SO) must ensure that none of its principals or responsible persons participating in the Child and Adult Care Food Program or any other USDA Food and Nutrition Program have not been convicted of any activity that indicates a lack of business integrity within the past seven (7) years. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of record, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity.

The SO must search the NDL system for all principals and responsible persons associated with their sponsorship to verify if they have not been convicted of an such activity. The search results must be maintained with the SO's records.

To search the NDL, you must create a Level 1 eAuthentication account by clicking on the following link:

<https://identitymanager.eems.usda.gov/registration/selfRegistrationForm.aspx?level=1>

Registering for an account with Level 1 access is easy. You will create a brief customer profile, User ID and password for your USDA account. You will then receive a confirmation email from the USDA asking you to respond to the email to confirm your account within seven (7) days. If you do not respond to the email asking you to confirm your account within seven (7) days, you will have to restart the registration process by creating another profile and will need to select a new User ID.

Once you have confirmed your online registration, you will have immediate access to USDA portals and applications that accept accounts with Level 1 access.

New Site Add Form

Agreement #: _____ Sponsor Name: _____
Site # (must be 4 digits): _____ Site Operating Name: _____
Site Address (please include any special instructions for locating site such as room number or which door to enter): _____

Site Phone Number: (____) _____

Type of Institution (Circle one):

Public Private nonprofit Proprietary Title XX/XIX Proprietary Free/Reduced

License Type (Circle all that apply):

N/A Permit Permanent License DHS Tribal Military

License/Permit effective date: _____ License/Permit expiration date: _____

License/Permit Number: _____ License Capacity: _____

Type of Site (Circle all that apply):

Child Care/Preschool Head Start Adult Center Outside school hours At-Risk

At-Risk Sites only:

Name of School Within Attendance Area: _____

Purpose of Program: _____

How was eligibility determined? (i.e. Low Income Report, Census) _____

Free/Reduced Percentage: _____

Responsible Site Representative(s): _____

Responsible Site Representative Date(s) of Birth: _____

Do any of the Responsible Site Representatives appear on the National Disqualified List?

****Documentation of search results must be submitted with this form.***

Yes No (Circle One)

Has current Sponsor Application for Participation been updated? (i.e. Budget, Salaries, Monitoring ratio)

Yes No (Circle One)

Date Sponsor conducted preapproval visit: _____

****The site will not be entered into the system without all required supporting documentation. Examples of such documentation is a current license or permit, copy of Title XX/XIX contract and proof of At-Risk Eligibility.***

SDE office use ONLY-

Date request was received by SDE: _____

Site was entered into system on _____ by _____

Date application was completed by entity: _____

Date application was approved: _____

Date consultant was notified of preapproval visit: _____

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE AGREEMENT

Sponsoring Organization Agreement Number: _____

Sponsoring Organization Name: _____

Sponsoring Organization (SO) Authorized Representative (AR): _____

Site Information:

Legal Name of Site: _____

Additional name(s) of program or site, if any: _____

Physical Address of Site: _____

City: _____ County: _____ Zip: _____

Site Phone Number: () _____

Site Supervisor/Director Name: _____

Site Supervisor/Director Email: _____

Is this site a DHS licensed child care facility? ☐ Yes ☐ No

If no, does the site care for children less more 15 hours per week? ☐ Yes ☐ No

If yes, have you received an exemption from DHS? ☐ Yes ☐ No

Has this site previously participated in the CACFP under any other SO? ☐ Yes ☐ No

If yes, list the name of the SO: _____

Site Hours of Operation: Beginning Time: _____ Ending Time: _____

Months Served (Check all that apply) *Note: At-Risk not allowed when school is not in session:

Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec ☐

Meal Times:

	Beginning Time	Ending Time		Estimated # of meals served
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late PM Snack				

*Note: At-Risk can claim only one meal and one snack. CACFP can claim a combination of either one main meal and two snacks or two main meals and one snack. If meal times listed exceed those restrictions, please explain below.

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE AGREEMENT

The Site Supervisor/Director agrees to:

1. Serve meals to all eligible participants.
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Never use meals as a reward or punishment. USDA instructions and policy forbid denying availability to the Program as disciplinary action.
5. Display, in a prominent place, the nondiscrimination poster (...And Justice for All) developed by.
6. For At-Risk sites, provide regularly scheduled activities (which include an educational or enrichment component) in settings that are structured and supervised.
7. Make an actual physical count at the point of service (at the time the meal is served) documenting all meals served to participants. A record of meal counts must be posted after each meal service.
8. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
9. Report any other problems regarding the meal services.
10. Have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
11. Attend sponsor training sessions.
12. Allow representatives of the State Agency, SO and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
13. Comply with Civil Rights laws and regulations.

The Sponsoring Organization agrees to:

1. Be financially viable, administratively capable, and have in effect internal controls to ensure Program accountability.
2. Always maintain sponsoring organization and facility records and have them immediately available at the location approved on the CACFP application; this includes electronic records being maintained.
3. Maintain full and accurate records of the Program and retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In the case of unresolved audit or review findings, records are maintained past the three-year requirement until resolution of the audit or review.
4. Provide adequate supervisory and operational personnel for management of the Program at each facility.
5. Allow representatives of the State Agency and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of operation.
6. Ensure all facilities participating, have federal, state, or local governmental licensing or approval or exemption from licensing requirements.
7. Monitor food service operations of all under its administration three times annually. New facilities must have their first review during the first four weeks of operation.
8. Conduct on-site preapproval visits and review program requirements of each new facility.
9. Submit claims for reimbursement for only the type or types of meals specified in the Agreement and at such other rates as the Agency may be subsequently assigned.
10. If applicable, disburse reimbursement payments to facilities within five (5) working days of receipt of payments from the Agency.
11. Not claim reimbursement for meals that do not meet minimum meal pattern requirements.
12. Not claim reimbursement for meals served over license capacity or for meals served outside approved meal time frames.

SPONSORING ORGANIZATION (SO) AND UNAFFILIATED SITE AGREEMENT

13. Designate a trainer from the institution's staff. All key personnel must receive training prior to performing program duties and annually thereafter. Documentation must be maintained on all training conducted. Documentation must include topics covered, personnel in attendance, dates, and locations. Topics must include, at a minimum, meal patterns, reimbursement process, accurate meal counts, claim submission, review procedures, record keeping and civil rights.
14. Meet the State Agency requirement that daily food production records be maintained as well as daily meal counts and menus. These production records help institutions determine that adequate amounts of food are served to meet the Program's meal pattern requirements for participants by age group.
15. Provide the Food Production Records/Menus as Served form to each facility for documenting meals served.
16. Comply with current local and state Health Department regulations as well as any federal requirements.
17. Maintain necessary facilities for storing, preparing, and serving food.
18. Report to the Sponsor and State Agency any problems regarding meal service.
19. Comply with Civil Rights laws and regulations.

This Agreement is entered into this _____ day of _____, 20____ by and between

_____ of _____
(Name of Sponsoring Organization) (Address)

and _____ of _____
(Name of Site) (Address)

for this location to be operated as CACFP or At-Risk site beginning _____
and ending no later than September 30 of the current fiscal year.

We certify that the site is not participating in the CACFP or At-Risk under another Sponsoring Organization. We agree to comply with the rights and responsibilities outlined in this Agreement and understand that this information is being given in connection with the receipt of federal funds. We agree that the State Agency may, for cause, verify the information in this Agreement, and the deliberate misrepresentation of the information in this Agreement may subject us to prosecution under applicable state and criminal statutes.

Authorized Site Representative Signature Title Date

Printed Name of Site Representative

Authorized Representative of Sponsoring Organization Signature Title Date

Printed Name Authorized Representative of Sponsoring Organization

*Note: If site is located at a school, the Authorized Site Representatives must be the Food Service Director or Superintendent. If the site is located at any other type of entity, the Authorized Site Representative must be the Executive Director, Board President or Owner.

Site Removal Form

Agreement #: _____

Sponsor Name: _____

Site # (must be 4 digits): _____

Site Operating Name: _____

Last Claim Month: _____

Last Operating Date: _____

Name of person requesting site removal: _____

Reason for Removal: _____

SDE office use ONLY-

Date request was received by SDE: _____

Site was removed from site list on _____ by _____

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1—Record the date the specific cost was incurred.
2. In Column 2—Record the vendor.
3. In Column 3—Record the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable.)***

In Columns 4 through 24—Record the amount of the CACFP sponsor expenditures under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals—Total all expenditures in each column.
27. Net Costs—Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received—Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance—Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

Maintain with institution records.

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Month: FEBRUARY Year: YYYY

			OPERATING AND ADMINISTRATIVE COSTS (\$)										
DATE	ITINERARY (Vendor or Per- sonnel, etc.)	CHECK NO.	Admin Salaries	Admin Benefits	Equipment *2,500 and Over	Materi- als and Supplies Durable	Materi- als and Supplies Expend- able	Printing	Postage	Office Space Rental/ Lease	Utilities	Insurance Premiums	Contract- ed Pro- fessional Services
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2/1	Director, H Brand	3100	135.00	10.00									
2/1	Director, T Wilks	3101	135.00	10.00									
2/1	A & E Leasing	3102								475.00			
2/1	XYZ Energy	3103									75.00		
2/1	Pete's Printing	3104						60.00					
2/15	Director, H Brand	3120	135.00	10.00									
2/15	Director, T Wilks	3121	135.00	10.00									
(26)	GRAND TOTALS		540.00	40.00				60.00		450.00	75.00		

REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—REGULAR MEALS ONLY INSTRUCTIONS

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XX/Title XIX or free and reduced-price
- Participation
 - Number Free
 - Number Reduced
 - Number Not Eligible
 - Total
- Number of meals served by shift
 - Breakfasts
 - Lunches
 - Suppers
 - Snacks

EXAMPLE
REGULAR MEALS ONLY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**

Sponsoring Organization: COLORS CAP

Agreement Number: DC-99-123

Month: OCTOBER 20 YY

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	# TITLE XX/XIX OR FREE & RE-DUCED-PRICE	PARTICIPATION			NUMBER OF REGULAR MEALS SERVED												
				FREE	RE-DUCED PRICE	NOT ELIGI-BLE	TO-TAL	REGULAR BREAKFASTS		REGULAR LUNCHES		REGULAR SUPPERS		REGULAR SNACKS					
								1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late
1. Red Center	21	30	8	15	10	0	25	23	20										
2. Blue Center	21	40	10	10	10	10	30	28	28										
3. Yellow Center	21	60	15	25	10	20	55	50	45										
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
TOTAL (BY SERVICE)				130	33	50	30	30	110	101	93								

REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—AT-RISK MEALS ONLY INSTRUCTIONS

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled

NOTE: For At-Risk meals sites, this number should indicate the MAXIMUM number of children who would be allowed to be in each of the participating facilities at any given time. Institutions should base this number on the maximum number the fire marshal would allow or the maximum number for which the institution wants to be responsible.

- Number of free participation

NOTE: For At-Risk meals sites, this number should indicate the highest daily count of children who participated for the month. This number should never exceed the enrollment number.

- Number of At-Risk meals served to children by shift:

— At-Risk Breakfasts

— At-Risk Lunches

— At-Risk Suppers

— At-Risk Snacks

EXAMPLE
AT-RISK MEALS ONLY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**

Sponsoring Organization: COLORS CAP

Month: OCTOBER 20 YY Agreement Number: DC-99-123

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PAR-TICIP-TION	NUMBER OF AT-RISK MEALS SERVED												
				AT-RISK BREAKFASTS		AT-RISK LUNCHES		AT-RISK SUPPERS		AT-RISK SNACKS						
				1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late	
1. <i>Red Center</i>	21	8	4											80		
2. <i>Blue Center</i>	21	10	8											155		
3. <i>Yellow Center</i>	21	15	11											210		
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
14.																
15.																
TOTAL (BY SERVICE)			33	23										445		

CHILD AND ADULT CARE FOOD PROGRAM MULTISITED PREAPPROVAL VISIT FORM INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of Child and Adult Care Food Program (CACFP) operations. These reviews must be documented and kept on file. No meals should be claimed prior to a preapproval visit.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply: Check all boxes in Numbers 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MULTISITED PREAPPROVAL VISIT FORM

Center Name: Blue Center

Center Address: 123 Brick Street

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	X
2. Civil rights compliance (poster, complaint procedure)	2.	X
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form	3.	
a. Obtained on enrolled children	a.	X
b. Approved by institution official	b.	X
4. CACFP enrollment form	4.	X
5. Monthly count by category/roster sheet maintained	5.	X
6. Daily attendance records maintained	6.	X
7. Meal Count Worksheet (Meal Counts)	7.	X
8. Itemized receipts/invoices properly maintained	8.	
a. Food-Purchasing Form	a.	X
b. Signature of purchaser	b.	X
9. Inventory up-to-date (recommended)	9.	X
10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	10.	X
11. Meal patterns	11.	
a. Minimum meal pattern requirements (components and quantities)	a.	X
b. Meal limitation/time frame	b.	X
c. Infant Meal Pattern requirements	c.	X
d. Child Nutrition (CN) Labels/Product Formulation Statement	d.	X
e. Special dietary needs	e.	X
12. Sanitation and safety	12.	X
13. Food preparation area adequate for meals served	13.	X

Comments: The facility's representative requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommended: Yes ☐ No ☐

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Nell Carter
Center Representative's Signature

9/21/YYYY
Date

Ima Fishul
Sponsoring Organization Representative's Signature

9/21/YYYY
Date

REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New child care facilities, outside-school-hours care centers, and homeless shelters must have a review conducted during the first four weeks of program operations.
2. Each child care facility, outside-school hours care center, and homeless shelter must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. An SO may do ***review averaging*** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two announced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If ***review averaging*** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

- c. All reviews shall include, at a minimum:
- CACFP meal patterns
 - Licensing or approval
 - Participation or attendance at sponsor training
 - Meal counts
 - Menus and meal records
 - Enrollment form requirements
 - Corrected problems from previous reviews
 - Five-day reconciliation
4. Maintain on file at the SO's office all reports to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

ON-SITE MONITOR REVIEW FORM

INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor visit.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
-
- | | |
|-------------|---|
| Items A - D | Read each statement, and answer each item accordingly. |
| Items E-J | Read each statement, and answer each item accordingly. |
| Item K | Food Service/M meal Observation—Read each statement, and answer accordingly. |
| Item L | Meal Analysis for Aged 1-12
Meal Observed—Circle the appropriate meal that is being observed.

Time Served—Record the time the meal was actually served.

Children Served by Age
1 Through 2 Years—Record how many children in this age group participated in the meal service.
3 Through 5 Years—Record how many children in this age group participated in the meal service.
6 Through 12 Years—Record how many children in this age group participated in the meal service.
Total Children—Record how many total claimable children participated in the meal service. |

	<p>Nonclaimable Children Served—Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.</p>
Item M	<p>Components and Quantities—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)</p> <p>Infant Meal Analysis</p> <p>Meal Observed: Circle the appropriate meal that is being observed.</p> <p>Infants Served by Age: Birth through 3 months—Record the number of infants in the appropriate age group who are participating in the meal service.</p> <p>Each Infant’s Analysis: Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)</p>
Item N	<p>Review Summary</p> <p>Record all areas that require corrective action. Make appropriate comments and recommendations.</p>
Item O	<p>Facility Is in Compliance/Noncompliance</p> <p>Check the appropriate box.</p> <p>Follow-Up Visit: Circle Yes if a follow-up is required, as per the sponsor’s policy, to view that corrective action has taken place. If the answer is Yes, then documentation must be available to show that a follow-up visit was made. NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle No if no areas of noncompliance have been noted. A follow-up visit is not necessary.</p> <p>Facility Signature and Date: The facility representative must sign and date the Monitor Review form.</p> <p>Reviewer Signature and Date: The reviewer must sign and date the Monitor Review form.</p>

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: Ima Fishul

2. Facility: Blue Center

3. Facility's Address: 123 Brick Street

4. Unannounced Review ☐ Announced Review ☒

5. Institution Agreement Number: DC-99-123

6. Date of Visit: 10/28/YYYY

7. Time of Visit: 10 AM

8. Review: 1 2 3 Weekend Follow-Up

9. New Site Initial Review: Yes ☐ No ☐

		YES/ NO/NA
A. License (if applicable)		
1. Current license/permit	1.	Yes
2. Capacity: <u>35</u>		
3. Center meets licensing standards	3.	Yes
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	Yes
2. Enrollment form is current on each enrolled child	2.	Yes
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	Yes
4. Daily attendance/arrival/departure records up-to-date	4.	Yes
5. Sponsoring organization (SO) notified of enrollment changes	5.	Yes
6. Food-Purchasing Form/Itemized Receipts	6.	Yes
7. Expenditure/Reimbursement Worksheet	7.	Yes
8. Distributed <i>Building for the Future</i> fact sheet	8.	Yes
9. Posted WIC brochure	9.	Yes
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	Yes

		YES/ NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	Yes
2. Counts separated by shifts	2.	Yes
3. Center meets licensing standards	3.	Yes
4. Meal service times as approved	4.	Yes
5. Meal Count Worksheet maintained	5.	Yes
D. Storage		
1. Adequate space	1.	Yes
2. Chemicals and medicines in separate location	2.	Yes
3. No rusted, dented, or unlabeled containers	3.	Yes
4. Stored food items off floor and away from walls and children	4.	Yes
5. Proper temperature and ventilation	5.	Yes
6. Thermometers in freezers and refrigerators Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	6.	Yes
7. Refrigerators and freezers defrosted	7.	Yes
8. Open cardboard boxes discarded	8.	Yes
9. Commodity foods dated	9.	Yes
10. Commodity temperature logs maintained	10.	Yes

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		Yes
10/6	30	30	30		30	30		Yes
10/7	30	27	27		27	27		Yes
10/8	30	25	25		25	25		Yes
10/9	30	28	28		28	28		Yes

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	Yes
2. Clean kitchen (floors, cupboards, pest-free)	2.	Yes
3. Clean equipment	3.	Yes
4. Dining surfaces and countertops sanitized	4.	Yes
5. Proper method of dishwashing	5.	Yes
6. Effective hair restraint	6.	Yes
7. Proper handwashing technique	7.	Yes
8. Proper grooming and hygiene	8.	Yes
9. Children are in a safe environment and not in imminent danger	9.	Yes
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	Yes
11. Leftovers properly stored	11.	Yes
12. Only authorized persons in kitchen	12.	Yes
13. Medications properly stored	13.	Yes
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	Yes
2. All components served	2.	Yes
3. Sufficient quantities served	3.	Yes
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	Yes
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	Yes
6. Procedure used for controlling the ordering and delivery of contract meals	6.	Yes

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	Yes
2. Complaint-filing procedure	2.	Yes
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	Yes
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	Yes
I. Training		
1. CACFP training by sponsor for all facility staff	1.	Yes
2. CACFP training by sponsor for all parent volunteers	2.	Yes
J. Infants		
1. Offer meals to all enrolled infants	1.	Yes
2. Follow Infant Meal Pattern	2.	Yes
3. Infant Meal Waiver maintained	3.	Yes
4. Infant Meals as Served form up-to-date	4.	Yes
K. Food Service/Meal Observation		
1. Method of production <u>Self-Prep</u>		
2. Meal service times as approved	2.	Yes
3. Adequate space for dining	3.	Yes
4. Program adults served the same meal as children	4.	Yes
5. All components served	5.	Yes
6. Required quantities served	6.	Yes
7. Proper milk-type served (FF/1%)	7.	Yes
8. Method of production and quality of food	8.	Yes
9. Plates and servings adjusted for age groups	9.	Yes
10. Meal supervision provided	10.	Yes
11. Adequate time for eating	11.	Yes
12. Special dietary needs documentation available	12.	Yes
13. Milk substitute provided	13.	Yes
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	Yes
15. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	15.	No
16. Is further training needed?	16.	Yes
17. Is water offered throughout the day?	17.	Yes
18. Is deep-fat frying occurring?	18.	No

L. Meal Analysis for Aged 1 Through 12						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	11:30 AM					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
0	7	0	7	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	Milk	1/2 gallon of 1% white = 64 oz	7 x 6 oz = 42 oz	64 oz - 42 oz = +22 oz
Vegetable/Juice	Green beans Spaghetti sauce	1 #300 can of each: green beans – 5 (1/4 cups) spaghetti sauce, meatless – 6.85 (1/4 cups) Total – 11.85 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	11.85 - 7.00 = +4.85 (1/4 cups)
Fruit/Juice	Peaches	1 #300 can peaches, sliced – 8 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	8 - 7 = + 1 (1/4 cup)
Grains	Spaghetti	Spaghetti noodles, 1/2# – 10.6 (1/2 cup servings)	7 x 1 = 7 (1/2 servings)	10.6 - 7.0 = +3.6 (1/2 servings)
Meat/Meat Alternate	Ground beef	1 1/2# ground beef = 17.7 (1-oz servings)	7 x 1.5 oz = 10.5 oz	17.7 - 10.5 = +7.2 oz

EXAMPLE

M. Infant Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months
	1

Child's Name: <i>HARRISON BUTLER</i>			Age: <i>9 MONTHS</i>	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk	<i>IRON-FORTIFIED INFANT FORMULA</i>	<i>8 OZ</i>	<i>6-8 OZ</i>	<i>+2 OZ</i>
Fruit/Vegetable	<i>APRICOTS</i>	<i>2 TBSP</i>	<i>1-4 TBSP</i>	<i>+1 TBSP</i>
Infant Cereal/Bread/Crackers	<i>IRON-FORTIFIED INFANT CEREAL</i>	<i>3 TBSP</i>	<i>2-4 TBSP</i>	<i>+1 TBSP</i>
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

EXAMPLE

N. Review Summary
Corrective Action Needed, Recommendations, and Comments:

O. Facility Is:	In Compliance <input checked="" type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No
Is a follow-up review required to view corrective action?	Yes	(NA)

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER
(Facility Representative's Signature)

10/28/YYYY
(Date)

IMA FISHUL
(Sponsoring Organization Monitor's Signature)

10/28/YYYY
(Date)

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and its response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least ***two negative*** responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.

EXAMPLE
HOUSEHOLD CONTACT DOCUMENTATION

The COLORS CAP is conducting a review of BLUE CENTER. Please complete the information, and return this form in the envelope provided. Please call 444-5555 if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: HARRISON BUTLER Birth Date: 1/6/YYYY

2. Please indicate which of the past 12 months your child/adult was in care:

Oct ☒ Nov ☐ Dec ☐ Jan ☒ Feb ☒ Mar ☒
Apr ☒ May ☒ June ☒ July ☒ Aug ☒ Sept ☒

3. Please indicate the regular hours and days your child/adult is in care:

Monday:	<u>7:00</u>	to	<u>5:00</u>	Thursday:	<u>7:00</u>	to	<u>5:00</u>
Tuesday:	<u>7:00</u>	to	<u>5:00</u>	Friday:	<u>7:00</u>	to	<u>5:00</u>
Wednesday:	<u>7:00</u>	to	<u>5:00</u>	Saturday:		to	
				Sunday:		to	

4. Which meals/snacks does your child/adult receive while in care?

Breakfast ☒ Lunch ☒ Supper ☐
AM Snack ☐ PM Snack ☒ Evening Snack ☐

5. Do you supply any food? Yes ☒ No ☐

If Yes, please explain: BREAST MILK

6. If your child/adult is no longer in care, what was his/her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

SHEILA BUTLER
Parent/Guardian Signature
673-1234
Telephone Number

10/4/YYYY
Date

EXPENDITURE/REIMBURSEMENT WORKSHEET

MULTISITED SPONSORS

Maintain with institution records.

Month: _____ Year: _____

			OPERATING AND ADMINISTRATIVE COSTS (\$)										
DATE	ITINERARY (Vendor or Per- sonnel, etc.)	CHECK NO.	Admin Salaries	Admin Benefits	Equipment *2,500 and Over	Materi- als and Supplies Durable	Materi- als and Supplies Expend- able	Printing	Postage	Office Space Rental/ Lease	Utilities	Insurance Premiums	Contract- ed Pro- fessional Services
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

REGULAR MEALS ONLY

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION

Sponsoring Organization: _____

Agreement Number: _____

Month: _____ 20 _____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	# TITLE XXVIX OR FREE & RE-DUCED PRICE	PARTICIPATION			NUMBER OF REGULAR MEALS SERVED												
				FREE	RE-DUCED-PRICE	NOT ELIG-IBLE	TOTAL	REGULAR BREAKFASTS		REGULAR LUNCHES		REGULAR SUPPERS		REGULAR SNACKS					
								1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			
11.																			
12.																			
13.																			
14.																			
15.																			
TOTAL (BY SERVICE)																			

AT-RISK MEALS ONLY

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION

Sponsoring Organization: _____

Agreement Number: _____

Month: _____ 20 _____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PARTICIPATION	NUMBER OF AT-RISK MEALS SERVED													
				AT-RISK BREAKFASTS		AT-RISK LUNCHES		AT-RISK SUPPERS		AT-RISK SNACKS							
				1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late		
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
TOTAL (BY SERVICE)																	

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MULTISITED PREAPPROVAL VISIT FORM

Center Name: _____

Center Address: _____

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form a. Obtained on enrolled children b. Approved by institution official	3. a. b.	
4. CACFP enrollment form	4.	
5. Monthly count by category/roster sheet maintained	5.	
6. Daily attendance records maintained	6.	
7. Meal Count Worksheet (Meal Counts)	7.	
8. Itemized receipts/invoices properly maintained a. Food-Purchasing Form b. Signature of purchaser	8. a. b.	
9. Inventory up-to-date (recommended)	9.	
10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	10.	
11. Meal patterns a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Infant Meal Pattern requirements d. Child Nutrition (CN) Labels/Product Formulation Statement e. Special dietary needs	11. a. b. c. d. e.	
12. Sanitation and safety	12.	
13. Food preparation area adequate for meals served	13.	

Comments: _____

Approval Recommended: Yes ☐ No ☐

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature

Date

Sponsoring Organization Representative's Signature

Date

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____

2. Facility: _____

3. Facility's Address: _____

4. Unannounced Review ☐ Announced Review ☐

5. Institution Agreement Number: _____

6. Date of Visit: _____

7. Time of Visit: _____

8. Review: 1 2 3 Weekend Follow-Up

9. New Site Initial Review: Yes ☐ No ☐

YES/NO/NA		
A. License (if applicable)		
1. Current license/permit	1.	
2. Capacity: _____		
3. Center meets licensing standards	3.	
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	
2. Enrollment form is current on each enrolled child	2.	
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	
4. Daily attendance/arrival/departure records up-to-date	4.	
5. Sponsoring organization (SO) notified of enrollment changes	5.	
6. Food-Purchasing Form/Itemized Receipts	6.	
7. Expenditure/Reimbursement Worksheet	7.	
8. Distributed <i>Building for the Future</i> fact sheet	8.	
9. Posted WIC brochure	9.	
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	

YES/NO/NA		
C. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Center meets licensing standards	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
D. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and children	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

YES/NO/NA		
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Children are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

YES/NO/NA		
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	
I. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	
J. Infants		
1. Offer meals to all enrolled infants	1.	
2. Follow Infant Meal Pattern	2.	
3. Infant Meal Waiver maintained	3.	
4. Infant Meals as Served form up-to-date	4.	
YES/NO/NA		
K. Food Service/M meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as children	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Proper milk-type served (FF/1%)	7.	
8. Method of production and quality of food	8.	
9. Plates and servings adjusted for age groups	9.	
10. Meal supervision provided	10.	
11. Adequate time for eating	11.	
12. Special dietary needs documentation available	12.	
13. Milk substitute provided	13.	
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	
15. Current Product Formulation/CN Label on file and available at time of the review	15.	
16. Is further training needed?	16.	
17. Is water offered throughout the day?	17.	
18. Is deep-fat frying occurring?	18.	

L. Meal Analysis for Aged 1 Through 12						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	_____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				

M. Infant Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/ Breast Milk				
Fruit/Vegetable				
Infant Cereal/ Bread/Crackers				
Meat/Meat Alternate				

N. Review Summary

Corrective Action Needed, Recommendations, and Comments:
--

O. Facility Is:		In Compliance <input type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

(Facility Representative's Signature)

(Date) _____

(Sponsoring Organization Monitor's Signature)

(Date) _____

HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of _____. Please complete the information, and return this form in the envelope provided. Please call _____ if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: _____ Birth Date: _____

2. Please indicate which of the past 12 months your child/adult was in care:

Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar ☐
Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐

3. Please indicate the regular hours and days your child/adult is in care:

Monday: _____ to _____	Thursday: _____ to _____
Tuesday: _____ to _____	Friday: _____ to _____
Wednesday: _____ to _____	Saturday: _____ to _____
	Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast ☐ Lunch ☐ Supper ☐
AM Snack ☐ PM Snack ☐ Evening Snack ☐

5. Do you supply any food? Yes ☐ No ☐

If Yes, please explain: _____

6. If your child/adult is no longer in care, what was his/her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Telephone Number

Notes