



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

The Child and Adult Care Food Program

School-Based At-Risk Afterschool Meal Program Monitoring Form

Name of Reviewer: _____

Date of Visit: _____ Time of Arrival: _____ Departure Time: _____

1. Name of Facility: _____

2. Name and Title of Responsible Official(s) Interviewed on Day of Visit: _____

3. Type of Visit: Training/Technical Assistance: ☐ Monitoring: ☐ Follow-up: ☐

a. If training/assistance, what topics are covered? _____

b. If monitoring, what type was it? Announced ☐ Unannounced ☐

b. i. If monitoring, what type was it? Record review ☐ Review with meal observation ☐

c. If follow-up, what is it related to? Previous Monitoring Visit ☐ Date of Visit: _____

Previous Follow-Up: ☐ Date of Visit: _____

4. Number of participants at facility at time of review: _____ Age range of participants: _____

5. License or Alternate Approval:

a. Is there at least one staff member with a current D.C. Department of Health-issued Certified Food Protection Manager identification card? Yes: ☐ No: ☐

Name: _____ Certification expiration: _____

b. Does the school have a valid and licensed cafeteria? Yes: ☐ No: ☐

*NOTE: Check "No" if the facility operates within a school but is a separate entity from the school.
If **no**, continue to 7(c). If **yes**, skip to question 7.*

6. Meal observation *Leave #6 blank if reviewing records only. At least one unannounced visit per school year must include this.*

a. Type of food service operation: Vended: ☐ FSMC: ☐ Self-Prep: ☐

b. Time of meal service: _____ Is this the approved meal time? Yes: ☐ No: ☐

c. Meal count (per reviewer): _____ Meal count (per facility): _____

d. Does the meal observed meet the meal pattern requirements? Yes: ☐ No: ☐

e. Does the meal observed match the menu posted? Yes: ☐ No: ☐

f. If no, are the changes recorded on the menu kept on file? Yes: ☐ No: ☐

g. Is offer-versus-serve (OVS) being implemented correctly? Yes: ☐ No: ☐

Does the attendance/ roster accurately reflect the students who take a h. creditable meal?

Yes: ☐ No: ☐

i. **Child Meal** – List **ALL** foods served.

Component	Item(s) Served	Age-appropriate portion?	
Milk (<i>low-fat or fat-free</i>)	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Grain (<i>1 svg whole grain</i>)	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Fruit/Vegetable	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Fruit/Vegetable	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Meat/Meat Alternate	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Other (Optional)	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

j. *For facilities with family-style meal service:* Does the staff set out enough food for all participants and instruct participants on the appropriate portion?

Yes: ☐ No: ☐

k. *For facilities with on-site meal preparation:* Does the facility use deep-fat frying as a method for preparing foods on-site?

Yes: ☐ No: ☐

7. Five Day Meal Count Reconciliation

For each of the five days preceding the day of the monitoring visit, list the total attendance, the number of meals prepared or delivered, and the total meal count. If more meals are counted than there are children in attendance or meals prepared for the date, record the difference in the bottom row.

Date (m/d/yr):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attendance (Afterschool attendance from roster/sheets; not NSLP attendance)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals Prepared or Delivered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meal Count	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meals Over Attendance or Number Available	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Facility Management:

a. Are Medical Substitution Forms on file at the facility?

Yes: ☐ No: ☐ N/A: ☐

Forms required for unallowable meal substitutions like rice or almond milk.

b. Are the Medical Substitution Forms being followed correctly?

Yes: ☐ No: ☐ N/A: ☐

c. Are dated daily menus posted?

Yes: ☐ No: ☐

d. Do the menus reflect all foods actually served?

Yes: ☐ No: ☐

e. Are complete, dated daily production records on file?

Yes: ☐ No: ☐

f. Do the menus match the production records for the previous five days?

Yes: ☐ No: ☐

- g. If the facility uses a FSMC, are daily delivery tickets on file (at least for the current month)? Yes: ☐ No: ☐ N/A: ☐
- h. If the facility prepares meals on site, is record kept of the number of meals prepared? Yes: ☐ No: ☐ N/A: ☐
- i. Are meal count records accurate and up-to-date? Yes: ☐ No: ☐
- j. Are dated, daily rosters accurate and up-to-date? Yes: ☐ No: ☐
- k. Have key staff members attended CACFP training within the past 12 months? Yes: ☐ No: ☐
- l. Is the non-discrimination "And Justice For All" poster displayed? Yes: ☐ No: ☐
- m. Is the "Building for the Future" flyer displayed? Yes: ☐ No: ☐
- n. Is the facility open to all regardless of race, sex, color, age, national origin, or disability? Yes: ☐ No: ☐
- o. Is the facility open to all regardless of marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, familial status, source of income, place of residence or business, genetic information, matriculation, or political affiliation? Yes: ☐ No: ☐

9. Food Service Related Licenses, Facilities and Sanitation Procedures

Leave #9 blank if reviewing records only. At least one unannounced visit per school year must include this

Note: "Adequate" means capable of handling the proposed type and scale of the facility's food service operations.

- a. Are there any obvious fire, health or safety hazards in the facility? Yes: ☐ No: ☐
- b. Is the HACCP Management Plan being following? Yes: ☐ No: ☐
- c. Are meals are prepared at a central kitchen? Yes: ☐ No: ☐
- If yes to c,**
- i. Are there adequate systems and equipment to properly transport food? Yes: ☐ No: ☐
- If no to c,**
- ii. Does the facility have adequate space and equipment for washing dishes? Yes: ☐ No: ☐
- iii. Are the kitchen and food preparation areas clean? Yes: ☐ No: ☐
- d. Are meals prepared and served in the same manner as meals prepared and served in the NSLP? Yes: ☐ No: ☐
- If no to d,**
- i. Does the facility have adequate working and clean refrigerated storage space? Yes: ☐ No: ☐
- ii. Does the facility have adequate access running water (including drinking water)? Yes: ☐ No: ☐
- iii. Are all of the refrigeration units maintained at the proper temperature? Yes: ☐ No: ☐
- iv. Is the food properly stored in the refrigeration units? Yes: ☐ No: ☐
- e. Are freezer units used in the storage of food at this facility? Yes: ☐ No: ☐
- If yes to e,**
- i. Is the food properly stored in the freezer units? Yes: ☐ No: ☐

ii. Does the facility have adequate working freezer storage space?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
iii. Are all of the freezer units clean?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
iv. Are all of the freezer units maintained at the proper temperature?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
f. Does the facility have adequate dry storage space?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
g. Is food properly stored in the dry storage areas?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
h. Are cleaning supplies and other toxic materials stored separately from food and out of reach of children?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
i. Is there evidence of rodent or insect infestation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
j. Is there documentation of an exterminating schedule?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
k. Was food service conducted in compliance with generally accepted health and sanitation practices?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
l. Is the serving area clean and well ventilated?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

10. Summary of Technical Assistance Given On-Site *(list the scenario that occurred during the visit and related technical assistance given)*

Review Item	Brief Description	Technical Assistance Given	Individual Receiving Technical Assistance

11. Summary of Findings

List any problems that were noted during the visit and any related corrective actions that were initiated to correct the problems.

Review Item	Brief Description	Corrective Action	Corrective Action Due Date

[] The undersigned certifies that on this day, the facility was reviewed, the areas in this report were discussed and the Reviewer determined the facility **to be in Compliance** with the above CACFP requirements.

[] The undersigned certifies that on this day, the facility was reviewed and the findings in this report were discussed. The Reviewer has determined that the facility **was in Non-Compliance** with the above CACFP requirements. The facility's representative understands that failure to implement the corrective actions within the specified time frame(s) as indicated above could result in termination of the facility's agreement with the sponsoring organization.

Signature of Facility's Representative

Title

Date

Signature of Reviewer

Title

Date