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Monitoring must be done by one of two methods:

1. Sponsoring Organization must review each facility three times each year. In addition:
   a. At least two of the three reviews must be unannounced;
   b. At least one unannounced review must include observation of a meal service
   c. At least one review must be made during each new facility’s first four weeks of Program operations; and
   d. Not more than six months may elapse between reviews.

OR

2. Averaging of require reviews. If a sponsoring organization conducts one unannounced review of a facility in a year and finds no serious deficiencies, the sponsoring organization may choose not to conduct a third review of the facility that year, and may make its second review announced, provided that the sponsoring organization conducts an average of three reviews of all of its facilities that year, and that it conducts an average of two unannounced reviews of all of its facilities that year. When the sponsoring organization uses this averaging provision, and a specific facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after the previous review.
Sponsoring Organization Review Requirement Variations

Notification was sent concerning monitoring requirement in the Child and Adult Care Food Program (CACFP 04-07, February 27, 2004). This document will provide clarification on monitoring requirements for facilities that participate on an other-than-year-round basis.

Federal regulation 7 CFR 226.16 (d)(4)(i) requires that centers receive a first review within six weeks of Program operation and in 7 CFR 226.16 (d)(4)(ii) that homes must receive a first review within four weeks of Program operation. Not more than six month may elapse between reviews.

Some facilities operate less than twelve months per Program year. The following schedule should be followed in monitoring such facilities:

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Months In Operation</th>
<th>Reviews Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day Care Centers</td>
<td>1-2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>3</td>
</tr>
<tr>
<td>Outside School Hours</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>3</td>
</tr>
<tr>
<td>At Risk Centers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>3</td>
</tr>
<tr>
<td>Head Start Centers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>3</td>
</tr>
<tr>
<td>Day Care Homes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2-6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7-12</td>
<td>3</td>
</tr>
</tbody>
</table>

In addition, a home or center that is new to a sponsoring organization after the beginning of the Program year should be monitored as follows:

- If provider joins CACFP from October through March, three visits are required
- If the provider joins CACFP from April through end of August, two visits are required
- If the provider joins CACFP during September, one visit is required

Discovery of errors or problems may necessitate additional monitoring. The next visit following problem findings in a regular routine review visit should by unannounced, 7 CFR 226.16 (d)(4)(iv).

In problem cases, sponsors are expected to monitor more than the required number of times in order to correct the errors.
The review month must be a month in which the facility has submitted documentation to file a claim. The review month must be a complete month.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF REVIEW</td>
<td>Record the date the Sponsor representative completed the review tool.</td>
</tr>
<tr>
<td>ARRIVAL TIME</td>
<td>Record the arrival time of the Sponsor representative.</td>
</tr>
<tr>
<td>TYPE OF VISIT</td>
<td>Check the appropriate type of visit. More than one may apply.</td>
</tr>
<tr>
<td>LAST MONITORING</td>
<td>Record the last monitoring date for the facility.</td>
</tr>
<tr>
<td>NAME OF MONITOR</td>
<td>Record the name of the Sponsor representative conducting the monitoring.</td>
</tr>
<tr>
<td>NAME OF SPONSOR</td>
<td>Record the sponsor’s official name as recorded on the application in NC CARES.</td>
</tr>
<tr>
<td>NAME OF SPONSORED FACILITY</td>
<td>Record the sponsored facility's name as recorded in NC CARES.</td>
</tr>
<tr>
<td>SPONSORED FACILITY ADDRESS</td>
<td>Record the sponsored facility's physical address.</td>
</tr>
<tr>
<td>SPONSORED FACILITY TELEPHONE</td>
<td>Record the facility's area code and telephone number.</td>
</tr>
<tr>
<td>PERSON(S) INTERVIEWED</td>
<td>Record the name(s) of all person(s) interviewed by the sponsor on the day of the review.</td>
</tr>
<tr>
<td>APPROVED DAYS OF CARE</td>
<td>Select all days the facility is open for care as per NC CARES.</td>
</tr>
</tbody>
</table>
### LICENSING & ELIGIBILITY

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>Select One. Select the appropriate facility type.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSE NUMBER</td>
<td>Record the license number from the facility's license. Record N/A if not applicable.</td>
</tr>
<tr>
<td>EFFECTIVE DATE</td>
<td>Record the effective date from the facility's license. Record N/A if not applicable.</td>
</tr>
<tr>
<td>LICENSE CAPACITY</td>
<td>Record the capacity from the facility's license. If no 2nd shift is documented on the license enter 0. If no 3rd shift is documented on the license enter 0. Record N/A if not applicable.</td>
</tr>
</tbody>
</table>

| Q 1 | Record the total number of participants in attendance on the day of the review. |
| Q 2 | Per the facility's representative record the total enrollment for the facility on the day of the review. |
| Q 3 | Per licensing, respond accordingly. If capacity is exceeded, report finding to Division of Child Development Early Education (DCDEE) licensing consultant for the county. |
| Q 4 | Per licensing, respond accordingly. If a child is over the age limit, disallow all meals for participants not eligible to participate due to age.  
Children means:
- Persons age 12 and under;
- Persons age 15 and under who are children of migrant workers;
- Persons with disabilities as defined in the federal regulations
- For emergency shelters, persons age 18 and under;
- For at-risk afterschool care centers, persons age 18 and under at the start of the school year |
<p>| Q 5 | Per licensing, respond accordingly. Check whether each classroom is within the documented provider/child ratio at the time of the review. If the provider/child ratio is not in compliance with licensing report finding to Division of Child Development Early Education (DCDEE) licensing consultant for the county if the facility has exceeded the license capacity. <a href="http://ncchildcaresearch.dhhs.stat.nc.us/reqcomp.htm">ncchildcaresearch.dhhs.stat.nc.us/reqcomp.htm</a> |
| Q 6 | Record the capacity per the occupancy/building permit. If not applicable record N/A. |
| Q 7 | Record the room capacity per the occupancy/building permit. If not applicable record N/A. |
| Q 8 | Ask the facility's representative if they offer enrichment or educational activities. |
| Q 9 | Record activities observed during the review. If no activities were observed record a statement from the facility that lists the activities conducted by the facility. |
| Q 1-18 | Ask the facility's representative to see each document listed below (as applicable). Determine if the facility maintained the following documents on file? Respond accordingly to questions 1-18. |
| Q 19 | Record the date of the most current sanitation inspection. If the inspection is past a year from date of review, write as a finding. Respond accordingly to question. |
| Q 20 | Record the date of the most current fire inspection. If the inspection is past a year from date of review, write as a finding. Respond accordingly to question. |
| MONITORING Q 1 | Ask the facility's representative for all monitoring that was conducted by the Sponsor in the last twelve months. Document the dates of the monitoring's that were conducted for the current fiscal year. If the first monitoring of the fiscal year is being conducted, document monitoring's from the previous fiscal year. If monitoring was not conducted, record N/A. If monitoring reports were not maintained on file, write as a finding. |
| Monitoring Q 2 | Ask the facility's representative for all monitoring that were conducted by the Sponsor in the last twelve months. If the facility has not been participating for the last 12 months, record N/A |
| MONITORING Q 3 | Review the monitoring forms from the response in Monitoring Q 1. Respond accordingly. |
| MONITORING Q 4 | If the corrective actions have not been implemented by the facility, write as a finding. |
| PARENTAL NOTIFICATION Q 1 | Ask to see the WIC information the facility has on file to give to parents/guardians enrolled in child care facilities. Adult Day Care Centers do not have to have WIC information on file, record N/A. |</p>
<table>
<thead>
<tr>
<th><strong>N/A BOX</strong></th>
<th>Check the box if the facility is non-profit.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q 1</strong></td>
<td>Ask the facility representative for the CAC-1C for the review month. This form should be completed monthly documenting the Title XX or XIX or Free, Reduced and Denied numbers being submitted to the sponsor.</td>
</tr>
<tr>
<td><strong>OFFICIAL DDS TITLE XIX/XX OR F/R DOCUMENTATION</strong></td>
<td>Check the appropriate box of the document being assessed by the sponsors representative to determine eligibility.</td>
</tr>
<tr>
<td><strong>MONTH / YEAR</strong></td>
<td>Record the review month and year. MM/YY</td>
</tr>
<tr>
<td><strong>LICENSE CAPACITY</strong></td>
<td>Record the License Capacity listed on the license. If using the excel workbook, this cell will auto populate from the information that was entered on the Licensing and Eligibility tab, License Capacity 1st shift.</td>
</tr>
<tr>
<td><strong>ENROLLMENT</strong></td>
<td>Record the current enrollment for the review month. If using the excel workbook, this cell will auto populate from the information that was entered on the Income-Enrollment Tab-Total Sponsored Verified Enrollment.</td>
</tr>
<tr>
<td><strong># XIX AND XX BENEFITS</strong></td>
<td>Review DSS documentation OR Free/Reduced price income eligibility applications for the review month. Record the number of Title XIX or XX OR free/reduced price applications. If using the free/reduced price applications add the total free and reduced applications that are documented on the Income-Enrollment Tab sponsored verified enrollment.</td>
</tr>
</tbody>
</table>
| **% RECEIVING BENEFITS** | Record the percentage by dividing the licensed capacity or total enrollment (the lesser of the two) into the # receiving title XIX or XX OR free and reduced priced applications.  
1. The percentage must be 25% or higher.  
2. Rounding cannot be used when determining percentage.  
3. NOTE: On DSS turnaround or Reimbursement summary forms look for Funding Sources of 20 and 25. For Durham, Guilford, and Mecklenburg counties, count all SS or FC participants. All participants that have been paid at least $1.00. If a participant is listed multiple times count the participant only once. |
### IEAs AND ENROLLMENT

<table>
<thead>
<tr>
<th>FACILITY REPORTED:</th>
<th>Record the total free income eligibility applications submitted to the sponsor for the review month.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREE</td>
<td>Record the total reduced income eligibility applications submitted to the sponsor for the review month.</td>
</tr>
<tr>
<td>REDUCED</td>
<td>Record the total denied/or no income eligibility applications submitted to the sponsor for the review month.</td>
</tr>
<tr>
<td>DENIED</td>
<td>Add the total number of reported free, reduced, and denied/no applications and record the total. If using the excel workbook, this figure will auto populate.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Add the total number of reported free, reduced, and denied/no applications and record the total. If using the excel workbook, this figure will auto populate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SO VERIFIED IEAS:</th>
<th>Assess and verify all free income eligibility applications reported by the facility for the test month. Record the total free income eligibility applications for the review month.</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREE</td>
<td>Assess and verify all reduced income eligibility applications reported by the facility for the review month. Record the total reduced income eligibility applications for the review month.</td>
</tr>
<tr>
<td>REDUCED</td>
<td>Assess and verify all denied/no income eligibility applications reported by the facility for the review month. Record the total denied/no income eligibility applications for the review month.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Add the total number of reported free, reduced, and denied/no applications and record the total. If using the excel workbook, this figure will auto populate.</td>
</tr>
</tbody>
</table>

**SO VERIFIED ENROLLMENT: FREE**

- **Enrollment Documentation:**
  - For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care.
  - For Adults: enrollment documentation does not have to be updated annually.
  - Using the Sponsor Verified free income eligibility applications, subtract all free income eligibility applications that do not have appropriate enrollment documentation.
  - Ex: If the sponsor verified 10 free IEA's and two enrollment forms were not adequate the verified Free enrollment should be 8.

**SO VERIFIED ENROLLMENT: REDUCED**

- **Enrollment Documentation:**
  - For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care.
  - For Adults: enrollment documentation does not have to be updated annually.
  - Using the Sponsor Verified reduced income eligibility applications, subtract all reduced income eligibility applications that do not have appropriate enrollment documentation.
  - Ex: If the sponsor verified 8 free IEA's and one enrollment form was not adequate the verified free enrollment should be 7.
### SO VERIFIED ENROLLMENT

**DENIED**

Assess and verify all enrollment forms/documentation reported by the facility for the review month.

**Enrollment Documentation:**

For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child’s normal days and hours of care and the meals normally received while in care.

For Adults: enrollment documentation does not have to be updated annually.

Using the Sponsor Verified denied income eligibility applications, subtract all denied income eligibility applications that do not have appropriate enrollment documentation.

Ex: If the sponsor verified 8 free IEA’s and one enrollment forms was not adequate the verified Denied enrollment should be 7.

### SO VERIFIED ENROLL TOTAL

Add the total number of reported free, reduced, and denied/no applications and record the total. If using the excel workbook, this figure will auto populate.

### Q 1

The facility is required by federal regulations to distribute income eligibility applications to all families annually. After review and assessing income eligibility applications for the test month, respond to the question. Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters.

### Q 2

The facility is required by federal regulations to distribute income eligibility applications as well as the parent letter to all families of enrolled participants. After review and assessing income eligibility applications for the review month, respond to the question. NOTE: The parent letter does not have to be attached to the income eligibility applications that were assessed. However, the facility must provide documentation that the letter was provided to the parent/guardians. Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters.

### Q 3

After assessing all income eligibility applications determine if the facility has an income eligibility application on file for all participants classified as free and reduced for the review month? Respond accordingly. Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters.

### Q 4

After assessing all income eligibility applications determine if all income eligibility applications were classified correctly? Respond accordingly. Exemptions: Head Start Centers, At-Risk Centers, and Emergency Shelters.

### Q 5

Ask the facility representative for a copy of enrollment documentation for all participants enrolled for the review month. Review and assess all enrollment documentation. Respond accordingly. Exemptions: At-Risk Centers and Emergency Shelters

**Enrollment Documentation:**

For children: documentation must be updated annually and signed by a parent or legal guardian and include information on each child's normal days and hours of care and the meals normally received while in care.

For Adults: enrollment documentation does not have to be updated annually. The enrollment documentation should include if the participant is 60 years or older, functionally impaired, reside in own home, and reside in a group living arrangement or some other type of residence.

### Q 6

Review enrollment documentation for all participants enrolled in the Facility, ensuring that all enrollment documentation was updated annually for the review month. Adult Day Care: Respond N/A. Exemptions: At-Risk Centers and Emergency Shelters.
### IEAs AND ENROLLMENT

| Q 7 | Review enrollment documentation for all participants enrolled in the Facility, ensuring that all documentation is signed by a parent or legal guardian. Adult Day Care: Respond N/A. Exemptions: At-Risk Centers and Emergency Shelters. |
| Q 8 | Review enrollment documentation for all participants enrolled in the Facility, ensuring that all documentation has normal days, normal hours of care and normal meals received. Adult Day Care: Respond N/A |
| Q 9 | After assessing income eligibility applications and enrollment documentation, did the facility provide the correct free, reduced, denied/paid figures to the sponsor for the claim month? Respond accordingly. |

#### Adult Day Care Q 1
Ask the facility’s representative for documentation on each enrolled participant that provides the participants age. After assessing the documentation, respond accordingly.

#### Adult Day Care Q 2
Ask the facility’s representative for documentation on each enrolled participant that indicates the living arrangements of each participant. After assessing the documentation, respond accordingly.

#### Adult Day Care Q 3
While assessing the living arrangement documentation ensure that the documentation indicates one of the following:
1. reside in the community (e.g. those residing either in their own home or in the home of a family member, guardian, or other caregiver)
   Or
2. live on their own in the community with the support of adult
After assessing the documentation, respond accordingly.

#### Adult Day Care Q 4
Observe and ask the facility’s representative if the facility has enrolled participants that are functionally impaired. Respond accordingly.
Functionally impaired adult means chronically impaired disabled persons 18 years of age or older, including victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living is markedly limited. Activities of daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one’s grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

#### Adult Day Care Q 5
Ask the facility’s representative for documentation for each enrolled adult between the ages of 18 and 59 years of age that indicates they meet the functionally impaired criterion. Review and assess the documentation and respond accordingly.

#### Adult Day Care Q 6
Observe to see if the adults that are not functionally impaired are 60 years of age or older. Respond accordingly.

#### Adult Day Care Q 7
For all enrolled participants that are functionally impaired, ask the facility’s representative for a copy of each functionally impaired participants individual care plan.
<table>
<thead>
<tr>
<th><strong>UNAFFILIATED FACILITIES ONLY</strong></th>
<th>This page is for unaffiliated Centers only.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUDGETED (Annual)</strong></td>
<td>Document all approved expenses from the facility’s approved budget.</td>
</tr>
<tr>
<td><strong>CACFP ADMINISTRATIVE EXPENSES FACILITY REPORTED</strong></td>
<td>Record the total administrative expenses by line item that the sponsored facility reported to the sponsoring organization for the review month.</td>
</tr>
</tbody>
</table>
| **CACFP ADMINISTRATIVE EXPENSES REVIEWER VERIFIED** | Ask the facility’s representative for supporting documentation of all administrative expenses reported to the sponsoring organization for the review month. Assess the supporting documentation for the following:  
1. Ensure each reported expense was on the approved budget.  
2. Ensure each line item was reasonable, allowable, and necessary.  
3. Ensure the supporting documentation is in line with the requirements of the CFR 226, FNS Instruction 796-2 Revision 4, and CFR Part 200. |
| **BUDGETED** | Document all approved expenses from the facility’s approved budget. |
| **CACFP OPERATING EXPENSES FACILITY REPORTED** | Record the total operating expenses by line item that the sponsored facility reported to the sponsoring organization for the review month. |
| **CACFP OPERATING EXPENSES REVIEWER VERIFIED** | Ask the facility’s representative for supporting documentation of all operating expenses reported to the sponsoring organization for the review month. Assess the supporting documentation for the following:  
1. Ensure the reported expense was on the approved budget.  
2. Ensure each line item was reasonable, allowable, and necessary.  
3. Ensure the supporting documentation is in line with the requirements of the CFR 226, FNS Instruction 796-2 Revision 4, and CFR 200. |
| **Q 1** | Ask the facility’s representative for their general ledger for the review month. The general ledger can be any document that captures all food service financial transactions and/or activities conducted by the facility. |
| **Q 2** | Ask the facility’s representative for all invoices/receipts/contracts to support the financial transactions captured on the General Ledger for the review month. Ensure each expense reported was actually paid by the facility. Assess the supporting documentation for the following:  
1. Ensure the reported expense was on the approved budget.  
2. Ensure each line item was reasonable, allowable, and necessary.  
3. Ensure the supporting documentation is in line with the requirements of the CFR 226, FNS Instruction 796-2 Revision 4, and CFR Part 200. |
| **Q 3** | Review the facility’s approved budget in NC CARES. Assess to assure all line items submitted on the claim for reimbursement were approved on the facility’s budget. Respond accordingly. |
| **Q 4** | After assessing the documentation provided by the facility’s representative, determine if the facility has full oversight over the accountability for all program assets. Determine if the facility conducts periodic bank reconciliations. Respond accordingly. |
| Q 5 | Assess the facility’s bank statements to determine if the facility's receipts and invoices reconcile with the claim for reimbursement for the review month. Respond accordingly. |
| Q 6 | Assess the facility’s expenses that were claimed for CACFP reimbursement. Were all cost allowable? Respond accordingly. |
| Q 7 | After assessing all invoices, receipts and documentation for the review month, determine if the facility report all CACFP expenses? Respond accordingly. |
| Q 8 | After assessing all invoices, receipts and documentation for the review month, determine if the facility tracks their CACFP expenses based on their approved budget? Respond accordingly. |
| Q 9 | Assess the reimbursement for the year to ensure that the facility does not have more than a three month operating balance. Respond accordingly. |
| Q 10 | Assess the reimbursement for the year to ensure that the facility does not have more than a three month operating balance. (NOTE: If the facility receives $1000 in they should be spending $1000 of the reimbursement) Respond accordingly. |
| Q 11 | If the facility is claiming labor (administrative or operating) to the CACFP, does the facility have accurate and complete time and attendance records that support labor costs claimed? Respond accordingly.  
Time and attendance reports for all labor costs (salaries, wages and benefits) charged to the program for hourly or salaried employees for part-time, full time or piece-work. These reports must identify the total time actually worked by the employee, not just the time spent on Program activities.  
At a minimum, these reports must include:  
1. Start time  
2. End time and  
3. Absences  
The report must be prepared timely and coincide with the employee’s pay period.  
In all cases, time and attendance and time distribution reports must be completed by the employee and signed and certified as true and correct by the employee and a responsible supervisory official having firsthand knowledge of the activities performed by the employee during the period covered by the reports.  
Payroll records. At a minimum, a record for each employee containing:  
1. Employee name  
2. Employee identification number  
3. Rate of pay  
4. Hours worked  
5. Benefits earned  
6. Any reductions or increases to the employee’s base compensation, i.e., overtime pay, incentive award, etc  
7. Gross pay  
8. Net pay  
9. Date of payment to employee  
10. Method of payment, i.e., check, cash, EFT  
11. Verification that the employee has been paid, i.e., canceled checks or EFT deposit verification. For cash payments, an original signature certifying receipt of payment is required. |
| Q 12 | Review and assess the facility’s budget and line items claimed determine if state agency approval, or if necessary, prior approval, specific prior written approval, or FNS approval was given to the facility. |
| Q 13 | Review and assess to determine if the facility claims less-than-arms-length transactions. A less than arms length transaction is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. See 2 CFR 200.465 |
### FISCAL INTEGRITY

| Q 13 a. | If the reviewer determines the facility claimed less-than-arms-length transactions, did the facility obtain specific written approval by the state agency? Respond accordingly. |
| Q 14 | Ask for signed contracts, ensure all receipts and invoices are in line with the contract. |
| 14.a | Review the receipts and invoices, assess and determine if the receipts and invoices are in line with the contract. |
| Q 15 | Review and assess all shared cost and determine if the facility is claiming shared expenses according to their cost allocation plan. Respond accordingly. |
| Q 16 | Ask the facility's representative if they accept donated foods. Respond accordingly. |
| Q 16 a. | If donated foods are accepted, does the facility have documentation of the donated items. Respond accordingly. |
| Q 17 | If the facility has a catering contract, assess the delivery tickets to determine if they support the number of meals claimed for the review month. |
| Q 18 | Determine if the facility has purchased equipment using CACFP funds for the current fiscal year. If equipment was purchased, determine if the facility depreciated equipment. Depreciation is based on the following factors:  
1. The asset’s acquisition cost.  
2. The asset’s expected useful life.  
3. The costs of improvements or alterations that materially increase the asset’s value or prolong its useful life.  
4. The asset’s depreciable costs is its acquisition cost, as adjusted for the costs of improvements or alterations subsequent to acquisition. |
| Q 19 | If depreciation was charged for the review month, determine if the depreciation expense was calculated correctly. Depreciation Methods: 1. Straight Line Method, 2. Units of Output Method, 3. Accelerated Depreciation Method |

### PROPERTY STANDARDS

| 1 | Review and assess the facility expenses for the review month. In addition ask the facility’s representative if the facility has purchased equipment (purchase price > $5,000) with CACFP funds. |
| 2 | Ask the facility’s representative for a copy of their written procedures for the management of equipment. NOTE: This is a business, all business should have procedures for the management of equipment whether purchased in whole or in part with CACFP funds. |
| 3 | If the facility has acquired equipment in whole or in part with CACFP funds, ask the facility’s representative for property records. |
| 4 | Review the facility’s records to determine if the records have been updated at least once every two years for all equipment acquired in whole or in part with CACFP Funds. |
| 5 | Review the facility’s control system. |
| 5a | Review the policy to ensure the equipment is only used for authorized purposes. |
| 5b | Review the policy to ensure the equipment includes adequate loss, damage, or theft prevention measures. |
| 5c | Review the policy to ensure it includes a process for investigating any loss, damage or theft of equipment. |
| 5d | Review the policy to ensure it includes equivalent insurance coverage for property owned by the facility. |
| 6 | Ask the facility’s representative for their policy and procedures for keeping property in good condition. |
| Q 1 | Look for the "And Justice For All" poster displayed. Poster should be displayed in a prominent place for the public to view. The poster should be 11" width and 17" height. |
| Q 2 | Observe to determine if the services are provided to all participants regardless of race, color, national origin, age, sex or disability. |
| Q 3 | Observe to determine if program benefits are made available to all individuals (Children and Adults) regardless of race, color, national origin, age, sex or disability. |
| Q 4 | Ask center if they have a current need for bilingual material. If the answer is "Yes", record how the need is being met in the space provided. If the need exists but is not being met by the Facility, write as a program violation. |
| Q 5 | Observe to determine if program benefits and services are made available to the public and all eligible individuals. Does the institution have the Building for the Future flyer posted and/or available? |
| Q 6 | Observe to determine if procedures for filing a complaint have been posted. (Does the institution have the "And Justice For All" poster posted in a prominent location?) |
| Q 7 | Observed to determine if there are any requirements or procedures that would restrict or deny enrollment of a participant based on race, color, national origin, sex, age, or disability. Respond accordingly. |
| Q 8 | Ask the facility's representative if they advertise. Ask to see a copy of all advertisements. (i.e. flyers, website, etc.) Determine if the advertisements referencing admission or the CACFP. If so, review the document to ensure the nondiscrimination statement is on each advertisement. The nondiscrimination statement should read as follows: |

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by mail to U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, by fax (202) 690-7442; or email at program.intake@usda.gov. This institution is an equal opportunity provider.

If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text that “This institution is an equal opportunity provider”. |
<table>
<thead>
<tr>
<th>REVIEW DATE</th>
<th>If this section of the review tool is being completed the day of the monitoring, document the current date.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS DATE</td>
<td>If this section of the review tool was completed in a previous monitoring within the previous 12 months document the date the information was collected.</td>
</tr>
</tbody>
</table>
| Q 1 | Ask the facility for their current ethnic data. Does the facility have documentation of enrollment by ethnic group? There are two categories of ethnicity:  
1. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin regardless of race.  
2. Not Hispanic or Latino, regardless of race. |
| Q 2 | Ask the facility for their current racial data. Does the facility have documentation of enrollment by race group? There are five categories of race:  
1. American Indian or Alaskan Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.  
2. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.  
3. Black or African American. A person having origins in any of the black racial groups of Africa.  
4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  
5. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  
NOTE: When assessing the race category, the race totals must be greater than or equal to the total ethnic category. |
| Q 3 | Review and access the facility’s racial categories based on the documentation received from the facility. Respond accordingly.  
If the Facility has only one race enrolled, a statement of the general racial composition of the area that facility serves is required. |
<p>| Q 4 | If ethnicity and race are obtained by observation ask the facility for the documentation used to inform applicants what procedure will be used if they decline to provide information regarding ethnicity and/or race. |
| Q 5 | Ask the facility for their ethnic and racial data for the previous three years. If the facility has not been participating for three years select N/A. |
| Q 6 | Ask the facility for their procedures for maintaining the confidentiality of beneficiary data (income eligibility applications, enrollment data, ethnic and racial data) collected on individuals and households. The data should be maintained using safeguards that prevent its use for discriminatory purposes. Such safeguards shall include allowing access to program records containing this data only by authorized personnel (there should be restricted access) |
| TRAINING 1 | Record the last programmatic training date by the sponsor the facility attended in the last 12 months. |
| TRAINING 2 | Ask the facility for their programmatic training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training. |
| TRAINING 3 | Record the last civil rights training date the facility attended by the sponsor in the last 12 months. |
| TRAINING 4 | Ask the facility for their civil rights training documentation. Training must consist of the following: Name of participants, topic(s), location, and date(s) of training. |</p>
<table>
<thead>
<tr>
<th>TOTAL DAYS OF FOOD SERVICE</th>
<th>Ask the facility’s representative for their point of service meal counts and attendance for the review month. Review the attendance and meal count records to determine the number of days food service was provided for the review month.</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVG DAILY ATTENDANCE</td>
<td>Using the facility’s attendance record, calculate the average daily attendance for the facility for the review month. The average daily attendance is calculated by adding the total attendance and dividing the total attendance by the total number of days food was provided.</td>
</tr>
<tr>
<td>CENTER REPORTED MEALS</td>
<td>Record the total number of meals reported by the facility for each meal service for the review month.</td>
</tr>
<tr>
<td>REVIEWER VERIFIED</td>
<td>Compare attendance records to the point of service meal counts for the review month. Meal counts must not exceed attendance. Record the verified meal counts for each meal service claimed.</td>
</tr>
<tr>
<td>OUTCOME REVIEW OF RECORDS</td>
<td>Subtract the reviewer verified column from the center reported column for each meal service.</td>
</tr>
<tr>
<td>Q 1</td>
<td>Request the daily meal count records for the review month. Determine if meal counts are documented for all meal types claimed by the facility.</td>
</tr>
<tr>
<td>Q 2</td>
<td>Assess and compare the facility’s attendance and meal count records for the review month. Compare the facility’s attendance records against the daily point of service meal count records.</td>
</tr>
<tr>
<td>Q 3</td>
<td>Obtain the holiday/vacation schedule for the facility. Assess the facility’s meal count records to ensure meals were not claimed on the days the facility was closed for the review month.</td>
</tr>
<tr>
<td>Q 4</td>
<td>Assess the facility’s meal count records to determine if more than 2 meals and 1 snack or 2 snacks and 1 meal were claimed for each participant. If yes, the meals must be disallowed.</td>
</tr>
<tr>
<td>Q 5</td>
<td>Assess the facility’s meal count records to determine if more than 1 snack and 1 meal were claimed for each participant. If yes, the meals must be disallowed.</td>
</tr>
<tr>
<td>Q 6</td>
<td>Assess the facility’s attendance records and meal counts records. Does the facility have a pattern of all participants being in attendance everyday and all meal types are claimed every day for each child? Respond accordingly.</td>
</tr>
<tr>
<td>Q 7</td>
<td>If adults performing necessary labor are participating in the meal service, review the facility’s meal count records to ensure the meals are being documented. Also, ensure the meals for adults performing necessary labor are not counted in the claim for reimbursement.</td>
</tr>
<tr>
<td>Q 8</td>
<td>If the facility is using family style dining observe to see if meal counts are documented at the conclusion of the meal service.</td>
</tr>
<tr>
<td>Q 9</td>
<td>If the facility is not using family style dining observe to see if meal counts are documented at the point of service.</td>
</tr>
<tr>
<td>DATE</td>
<td>From the day of the review, record the last consecutive five days the facility recorded meal counts.</td>
</tr>
<tr>
<td>ENROLLMENT</td>
<td>Ask the facility’s representative what is the current enrollment for each day recorded.</td>
</tr>
<tr>
<td>ATTENDANCE</td>
<td>Ask the facility’s representative for all attendance records for each day recorded.</td>
</tr>
<tr>
<td>RECORDED MEAL COUNTS</td>
<td>Ask the facility’s representative for all point of service meal count records for each day recorded. Document the total meal counts for the meal observed. Are the meal counts for the days document consistent with the meal counts from the meal observation. NOTE: If the reviewer is observing lunch, then lunch meal counts must be documented. If no meal is observed, then meal counts should be documented for the meal that was served or previously served for that day.</td>
</tr>
<tr>
<td>MEAL SERVICE TIMES</td>
<td>Per NC CARES check &quot;yes&quot; for all meal services the facility is authorized to serve.</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Per NC CARES check &quot;no&quot; for all meal services the facility is not authorized to serve.</td>
</tr>
<tr>
<td>APPROVED SERVING TIMES</td>
<td>Per information in NC CARES, document the start and end times for each approved meal service.</td>
</tr>
<tr>
<td>Q 1</td>
<td>Observe to see if the facility's serving times are in accordance with the approved facility application in NC CARES.</td>
</tr>
<tr>
<td>Q 2</td>
<td>Observe to see if the facility is serving all meal types that are being reported on the claim for reimbursement.</td>
</tr>
<tr>
<td>Q 3</td>
<td>Observe to ensure the facility is only claiming meals that have been approved on their facility application.</td>
</tr>
<tr>
<td>Q 4</td>
<td>Observe to see that all meals claimed are within regulatory age limits.</td>
</tr>
<tr>
<td></td>
<td>Children: Persons age 12 and under</td>
</tr>
<tr>
<td></td>
<td>Migrant workers: Persons ages 15 and under</td>
</tr>
<tr>
<td></td>
<td>Emergency shelters: Persons age 18 and under</td>
</tr>
<tr>
<td></td>
<td>At-Risk Afterschool care centers: persons age 18 and under</td>
</tr>
<tr>
<td><strong>MEAL OBSERVATION</strong></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td><strong>CHARGE SEPARATELY</strong></td>
<td>Ask the facility’s representative if they charge separately for meals claimed to the CACFP.</td>
</tr>
</tbody>
</table>
| **NO MEAL OBSERVED** | If no meal was observed, check the box.  
NOTE: Federal Regulations states at least one unannounced review must include observation of a meal service annually. |
<p>| <strong>TYPE OF MEAL OBSERVED</strong> | Document the meal service type being observed. |
| <strong>DATE OF LAST OBSERVATION</strong> | Review records to identify last date of meal observation. |
| <strong>TIME SERVED FROM</strong> | Document the actual start time of the meal service observed. |
| <strong>TIME SERVED TO</strong> | Document the actual end time of the meal service being observed. |
| <strong>A 1</strong> | Observe and ask the facility’s representative if the facility enrolls infants. |
| <strong>A 2</strong> | Observe and ask the facility’s representative if infants are currently enrolled in the facility. |
| <strong>A 3</strong> | Request the Infant Formula Provision form for all enrolled infants. Assess the Infant Formula Provision Form for all enrolled infants to ensure the form is completed accurately. |
| <strong>IF NO</strong> | Document the name(s) of all infants that do not have a Infant Formula Provision form on file. |
| <strong>NO INFANTS IN ATTENDANCE</strong> | Check the box if no infants were in attendance on the day of the meal service observation. |
| <strong>NO INFANTS WERE BEING FED</strong> | If infants were not observed being fed during the meal observation, check the box. |
| <strong># INFANTS IN ATTENDANCE</strong> | Record the total number of infants in attendance that were not served a meal during the meal observation. |
| <strong># SERVED B—5 MO</strong> | Document the total number of infants birth to 5 months that were actually observed being fed during the meal observation. |
| <strong># SERVED 6—11 MO</strong> | Document the total number of infants 6 to 11 months that were actually observed being fed during the meal observation. |
| <strong>AMOUNT PREPARED FOR MEAL SERVICE</strong> | Ask the cook, or the facility representative (the person that prepared the meal) how much of each food component was prepared for the meal service observed. Record the measurable amounts prepared by the facility for each meal component. |
| <strong>AMOUNT NEEDED TO BE ADEQUATE</strong> | Record the measurable amounts required of each food components using the Food Buying Guide as well as the minimum serving requirements by age group from the Federal Regulations. |
| <strong>ADEQUATE YES / NO</strong> | Check &quot;yes&quot; if the amount served was adequate when compared to the required amount. Check &quot;no&quot; if the amount served was inadequate when compared to the required amount. |
| <strong>MEAT/MEAT ALTERNATE</strong> | Record the meat/meat alternate component observed being served. |
| <strong>FRUIT/VEGETABLE</strong> | Record the fruit or vegetable component observed being served. |
| <strong>INFANT CEREAL/GRAIN</strong> | Record the infant cereal/grain component observed being served. |
| <strong>BREASTMILK/IRON FORTIFIED FORMULA</strong> | Record breastmilk or type of Iron Fortified Formula component observed being served. |
| <strong>A 4</strong> | Document the type of formula that is listed on the facility’s Infant Formula Provision form. |
| <strong>A 5</strong> | After assessing the Infant Formula Provision Form, ask the facility to show you at least one can of the formula that was documented on the facility’s Infant Formula Provision form. |</p>
<table>
<thead>
<tr>
<th>A 6</th>
<th>Document the date of expiration from the can of formula provided by the facility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 7</td>
<td>Ask the facility’s representative if they provide solid foods to infants.</td>
</tr>
<tr>
<td>A 8</td>
<td>Ask the facility’s representative if they provide all or all except one of the required components of the infant meal pattern.</td>
</tr>
<tr>
<td>A 8 a</td>
<td>Per the Federal Regulations the parent should provide no more than one component of the infant meal pattern.</td>
</tr>
<tr>
<td># SERVED</td>
<td>Document the total number participants observed by age group (minus the number of participants that received a non-dairy beverage, per age group).</td>
</tr>
<tr>
<td>NON DAIRY</td>
<td>Document the total number of participants observed by age group that received a non-dairy beverage.</td>
</tr>
<tr>
<td>AMOUNT PREPARED</td>
<td>Ask the cook, or the facility representative (the person that prepared the meal) how much of each food component was prepared for the meal service observed. Record the measurable amounts prepared by the facility for each meal component.</td>
</tr>
<tr>
<td>AMOUNT NEEDED TO BE ADEQUATE</td>
<td>Record the measurable amounts required of each food components using the Food Buying Guide as well as the minimum serving requirements by age group from the Federal Regulations.</td>
</tr>
<tr>
<td>ADEQUATE YES/NO</td>
<td>Check &quot;yes&quot; if the amount served was adequate when compared to the required amount. Check &quot;no&quot; if the amount served was inadequate when compared to the required amount.</td>
</tr>
<tr>
<td>MEAT/MEAT ALTERNATE</td>
<td>Record the meat/meat alternate component observed being served.</td>
</tr>
<tr>
<td>FRUIT</td>
<td>Record the fruit component observed being served.</td>
</tr>
<tr>
<td>VEGETABLE</td>
<td>Record the vegetable component observed being served.</td>
</tr>
<tr>
<td>GRAIN</td>
<td>Record the grain component observed being served.</td>
</tr>
<tr>
<td>WHOLE MILK</td>
<td>Record the whole milk component observed being served.</td>
</tr>
<tr>
<td>LOW-FAT OR SKIM MILK</td>
<td>Record the low-fat or skim milk component observed being served.</td>
</tr>
<tr>
<td>NON-DAIRY BEVERAGE</td>
<td>Record the all non dairy beverage component(s) observed being served.</td>
</tr>
<tr>
<td>B 1</td>
<td>Based on the meal observed ensure the meal met the CACFP meal pattern requirements. 7 CFR 226, the Food Buying Guide and Creditable Foods Guide can be used to make a determination. The monitor must also ensure that the appropriate amount of each food item per participant per age group was provided for all food items served. NOTE: The New CACFP Meal Pattern was effective October 1, 2017.</td>
</tr>
<tr>
<td>B 2</td>
<td>Observe to ensure all food components were served at the same time. Milk must be served with the meal.</td>
</tr>
<tr>
<td>B 3</td>
<td>Per Federal Regulations the parent/guardian is permitted to bring one meal component item.</td>
</tr>
<tr>
<td>B 4</td>
<td>During the meal observation, check to ensure that all the participants ages 2 years and older received fat-free or low fat milk. Meals served to participants 2 years and older that did not include fat-free or low-fat milk cannot be claimed for reimbursement unless the participants has a medical disability or the non-dairy beverage meets the requirements.</td>
</tr>
</tbody>
</table>
### MEAL OBSERVATION

| B 5 | During the meal observation, observe to see if any participant received a meal modification. If a meal modification is observed ask the facility’s representative the participants name. If not observed, ask the facility’s representative if they have any enrolled participants with disabilities. |
| B 6 | During the meal observation, observe to see if any participant is receiving a meal modification. If a meal modification is observed ask the facility’s representative the participants name. If not observed, ask the facility’s representative if they have any enrolled participants with medical conditions. |
| B 7 | If substitutions were observed or if during the course of the review it was found that substitutions were required, look to see if the substitutions were documented on the facility’s menu. |
| B 8 | If substitute foods are being provided ask the facility’s representative who is providing the substitute food. |
| B 9 | Ask the facility for medical documentation for all participants with disabilities and medical conditions that restrict the diet. |
| B 10 | During the meal observation, look to see if non-dairy beverages were offered to participants. Look in the facility’s refrigerator(s) to see if the facility has non-dairy beverages. |
| B 10 a | For all non-dairy beverages, assess the product label, using the Non-Dairy Tool (www.nutritionnc.com) ensure all non-dairy beverages are nutritionally equivalent to milk and met the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D and other nutrients to levels found in cow’s milk. |
| B 11 | Observe to see if water is being made available or participants have access to water throughout the day. If water access or availability is not obvious, ask the facility representative how they ensure participants have access to water throughout the day. |
| B. 12, a. | Observe to see if each participant is offered all components of the meal pattern. Mark N/A if not Family Style. |
| B. 12, b. | Ask the facility’s representative the amounts of each component that was offered to the participants. Ensure that the minimum servings of all required components was offered for all participants. Mark NA if not Family Style. |
| # MEALS DISALLOWED | After assessing the provider’s menus for the review month, if meals do not meet the meal pattern requirements, document the number of meals to be disallowed per meal service type.  
D=Missing/Incomplete Records(s) of Number of Meals by type  
G=Inadequate Quality of Meal Component(s)  
H=Missing Meal Components(s) or amounts  
L=Other (please explain) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Q 1</td>
<td>Ask the facility’s representative for infant menus for last month and the current month.</td>
</tr>
<tr>
<td>Q 2</td>
<td>Ask the facility’s representative for menus for participants ages one year and older for last month and the current month.</td>
</tr>
<tr>
<td>Q 3</td>
<td>Review and assess the facility’s menus for the review month, look to see if the type of milk was recorded on the menu.</td>
</tr>
<tr>
<td>Q 4</td>
<td>Review and assess the facility’s menus for the review month, look to see if a fruit and vegetable or two vegetables was provided daily at lunch and/or supper.</td>
</tr>
<tr>
<td>Q 5</td>
<td>(Child Care Only) Review and assess the facility’s menus for the review month, look to see if 100% fruit juice was offered no more than once per day. Adult Day Care Centers select N/A.</td>
</tr>
<tr>
<td>Q 6</td>
<td>Review and assess the facility’s infant menus for the review month, look to see if juice was offered to infants. Adult Day Care Centers select N/A.</td>
</tr>
<tr>
<td>Q 7</td>
<td>Review and assess the facility’s menus for the review month, look to see if at least one serving of whole grain was offered daily.</td>
</tr>
<tr>
<td>Q 8</td>
<td>(Child Care Only) Review and assess the facility’s menus for the review month, look to see if whole grain foods were identified. Adult Day Care Centers select N/A.</td>
</tr>
<tr>
<td>Q 9</td>
<td>Review and assess the facility’s menus for the review month, look to see if all breakfast cereals contains six grams of sugar or less per dry ounce.</td>
</tr>
<tr>
<td>Q 10</td>
<td>Review and assess the facility’s menus for the review month, look to see if the type of cereal is identified on the menu.</td>
</tr>
<tr>
<td>Q 11</td>
<td>Review and assess the facility’s menus for the review month, look to see if grain-based desserts are counted towards the grain component.</td>
</tr>
<tr>
<td>Q 12</td>
<td>(Child Care Only) Review and assess the facility’s menus for the review month, look to see if meat/meat alternates are served at breakfast, that they are served in place of grains no more than three times per week. Adult Day Care Centers select N/A.</td>
</tr>
<tr>
<td>Q 13</td>
<td>Review and assess the facility’s menus for the review month, look to see if deep fat frying is being used as a cooking method.</td>
</tr>
<tr>
<td>Q 14</td>
<td>Review and assess the facility’s menus for the review month, look to see if unflavored milk is being provided to participants from one to five years of age.</td>
</tr>
<tr>
<td>Q 15</td>
<td>If flavored milk is being provided look to see if the milk is fat free or 1%. Ensure the flavored milk is only being provided to participants ages 6 and up.</td>
</tr>
<tr>
<td>SUMMARY</td>
<td>If no program violations were noted in the review. Print this page and obtain the required signatures. You are permitted to email a copy of the review to the facility.</td>
</tr>
<tr>
<td>FACILITY’S AUTHORIZED REPRESENTATIVE</td>
<td>The facility’s authorized representative must sign his/her name.</td>
</tr>
<tr>
<td>FACILITY’S AUTHORIZED REPRESENTATIVE’S TITLE</td>
<td>The facility’s authorized representative must provide his/her title.</td>
</tr>
<tr>
<td>AGREEMENT NUMBER</td>
<td>Provide the Agreement number for the sponsoring organization</td>
</tr>
<tr>
<td>DATE</td>
<td>The facility’s authorized representative must provide the date he/she signed.</td>
</tr>
<tr>
<td>SPONSORING ORGANIZATION’S REPRESENTATIVE</td>
<td>The Sponsoring Organizations authorized representative must sign his/her name.</td>
</tr>
<tr>
<td>SPONSORING ORGANIZATION’S REPRESENTATIVE TITLE</td>
<td>The Sponsoring Organizations representative must provide his/her title.</td>
</tr>
<tr>
<td>DEPARTURE TIME</td>
<td>The Sponsoring Organizations representative must provide the departure time when the review is completed.</td>
</tr>
<tr>
<td>DATE</td>
<td>The Sponsoring Organizations representative must provide the date he/she signed.</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>If program violations were noted in the review this page must be completed. Print this page and obtain the required signatures. You are permitted to email a copy of the review to the facility.</td>
</tr>
<tr>
<td><strong>FACILITY’S AUTHORIZED REPRESENTATIVE</strong></td>
<td>The facility’s authorized representative must sign his/her name.</td>
</tr>
<tr>
<td><strong>FACILITY’S AUTHORIZED REPRESENTATIVE’S TITLE</strong></td>
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</tr>
<tr>
<td><strong>AGREEMENT NUMBER</strong></td>
<td>Provide the Agreement number for the sponsoring organization.</td>
</tr>
<tr>
<td><strong>DATE</strong></td>
<td>The facility’s authorized representative must provide the date he/she signed.</td>
</tr>
<tr>
<td><strong>TOTAL ESTIMATED AMOUNT DUE</strong></td>
<td>After assessing all documentation, determine if allowances/disallowances were required. Determine an estimate of monies due or owed to the facility.</td>
</tr>
<tr>
<td><strong>TECHNICAL ASSISTANCE PROVIDED</strong></td>
<td>If program violations were noted, provide technical assistance for all program violations cited.</td>
</tr>
<tr>
<td><strong>WRITTEN RESPONSE DATE</strong></td>
<td>Provide the date when the facility's corrective actions are due. If the sponsoring organization’s representative will not make an on-site visit the facility must mail/fax/email the corrective action plans to the sponsoring organization's representative.</td>
</tr>
<tr>
<td><strong>WRITTEN RESPONSE ADDRESS</strong></td>
<td>Provide the complete address of where information is to be sent.</td>
</tr>
<tr>
<td><strong>SPONSORING ORGANIZATION’S REPRESENTATIVE</strong></td>
<td>The Sponsoring Organizations authorized representative must sign his/her name.</td>
</tr>
<tr>
<td><strong>SPONSORING ORGANIZATION’S REPRESENTATIVE TITLE</strong></td>
<td>The Sponsoring Organizations representative must provide his/her title.</td>
</tr>
<tr>
<td><strong>DEPARTURE TIME</strong></td>
<td>The Sponsoring Organizations representative must provide the departure time when the review is completed.</td>
</tr>
<tr>
<td><strong>DATE</strong></td>
<td>The Sponsoring Organizations representative must provide the date he/she signed.</td>
</tr>
<tr>
<td>TAB/ITEM</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>TAB/ITEM</td>
<td>Provide the tab as well as the item of the finding cited.</td>
</tr>
<tr>
<td>BRIEF DESCRIPTION</td>
<td>Write a brief description of each finding from the review next to the appropriate tab and item number.</td>
</tr>
<tr>
<td>REPEAT FINDING</td>
<td>If the program violation is a repeat finding, write &quot;Yes&quot; If the program violation is not a repeat finding write &quot;No&quot;.</td>
</tr>
<tr>
<td>CORRECTIVE ACTION DOCUMENTATION</td>
<td>Write an appropriate corrective action that the facility needs to complete in order to be in compliance for each finding.</td>
</tr>
<tr>
<td>CORRECTIVE ACTION DUE</td>
<td>Provide the date that the corrective action plan is due to the sponsoring organization.</td>
</tr>
<tr>
<td>ON SITE FOLLOW UP</td>
<td>Record &quot;Yes&quot;, if the sponsoring organization’s representative will return to the facility to ensure that the correction action was completed. Record “No”, if the sponsoring organization’s representative will not make an on-site visit.</td>
</tr>
</tbody>
</table>