

Name of Sponsoring Organization NUTRISERVICE INC				CE ID 2995
Date of Review 6/9/2020	Time of Arrival <input type="checkbox"/> AM <input type="checkbox"/> PM	Time of Departure <input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Last Review 2/20/2020	
Site Type <input type="checkbox"/> Public or Private Non-Profit <input checked="" type="checkbox"/> For-Profit		Type of Review <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Week End		
Monitor Name LUSINDA JIMENEZ		Title FACILITY MONITOR		
Site Name ACHIEVERS OF EXCELLENCE LEARNING ACADEMY				Site ID 1650
Site Address 1040 N. BELT LINE RD MESQUITE, TX 75149				
Person Interviewed at Site GEORGIA THORNTON/SANDRA I		Title of Person Interviewed at Site		

A. Meal Service

1. Meal Count	Breakfast 7:00 AM-8:30 AM	AM	Lunch 10:30 AM-12:00 PM	PM 2:30 PM-3:30 PM	Supper 5:00 PM-5:45 PM	Evening
Beginning Time of Meal Service						
Ending Time of Meal Service						
Number of Meals Prepared						
Number of Meals Served	To Children					
	To Infants					
	As Seconds					
	Prog/Non-Prog adults					

F. Five Day Reconciliation Today SDR claimed

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

Date: 6/1/2020	Date: 6/2/2020	Date: 6/3/2020	Date: 6/4/2020	Date: 6/5/2020					
Meal Counts									
B	27	B	27	B	47	B	20	B	47
AM	0	AM	0	AM	0	AM	0	AM	0
L	0	L	0	L	0	L	0	L	0
PM	0	PM	0	PM	0	PM	0	PM	0
S	0	S	0	S	0	S	0	S	0
E	0	E	0	E	0	E	0	E	0
Att	27	Att	27	Att	47	Att	20	Att	47
Enr	117	Enr	117	Enr	117	Enr	117	Enr	117

F2. Are there any days when meal counts by type exceed attendance? Yes No
a) If yes, explain on back of sheet b) Is the explanation reasonable? Yes No
If no, do meals need to be disallowed? Yes No If yes, document by type the # to be disallowed on back

F3. Are there any days when meal counts by type exceed enrollment? Yes No
a) If yes, explain on back of sheet b) Is the explanation reasonable? Yes No
If no, do meals need to be disallowed? Yes No If yes, document by type the number of meals on back

B & C. Meal Analysis and Civil Rights

B1. Production: Complete the following information for the meal observed and calculate the amount of each component used. Consult the CACFP handbook for meal pattern requirements.

Enter the number of program participants that were served:						
Infants 0-5 mos	Infants 6-11 mos	Children 1 yr	Children 2 yr	Children 3-5 yrs	Children 6-12 yrs	Children 13-18 yrs
0	7	18	18	50	17	0

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

Ethnic Category		
Number of Infants/Children	Hispanic or Latino	Not Hispanic or Latino
Enrolled	6	58
Observed		

Racial Category					
White	Black or African American	American Indian/Alaskan Native	Asian	Native Hawaiian or other Pacific Islander	Unknown
3	87	0	0	0	26

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

Children	Food Items Served	Amount Prepared	Servings per unit x number opened	Exact Amount Needed	+ or -
Planned:	MILK, 1% GALLON	4.00 GALLON	16.00 * 4.00 = 64.00	3.96	0.04
Whole Milk	MILK, WHOLE, GALLON	1.00 GALLON	16.00 * 1.00 = 16.00	0.56	0.44
Meat/Meat Alternate					
Vegetables					
Fruits	APPLES, FRESH	15.00 POUND	11.40 * 15.00 = 171.00	14.91	0.09
Grains	AWG CEREAL, GEN MILLS, CHEERIOS, MULTI-GRAIN	5.50 11.25 OZ BOX	11.25 * 5.50 = 61.88	5.33	0.17
Other Foods					

Infants	Food Items Served		Amount Prepared		No. of Servings per Amount Prepared		Amount Needed		+ OR -	
	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos	0-5 mos	6-11 mos
Milk										
Meat/Meat Alternate										
Vegetables										
Fruits										
Grains										
Other Foods										

B2. Were all required components served? Yes No

B3. Was sufficient quantity of each component prepared to meet the meal pattern requirements for the number of infants/children? Yes No

B4. Type of meal service: Family Style Cafeteria Style/Pre-plated

B5. Describe what happens to plate waste and leftovers **Plate:** _____ **Leftovers:** _____

A. Meal Service continued

A2. Was the menu served the same as posted for today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, were substitutions consistent with USDA Requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, were substitutions documented correctly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meal Production Record: <i>Posted in kitchen</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Posted in infant room</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A3. Are all items on the Daily Meal Production Record completed on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A4. Are the times meals are served consistent with the times indicated on the Site application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A5. Is the combination of meals/snacks claimed consistent with CACFP regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A6. Does the site supply all meal components? If no, explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A7. Are there medical statements on file for infants/children with disabilities and/or medical or special dietary needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A8. Have variations in meal patterns been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Record Keeping

1. Licensing			
a. Is the current license/certification posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What is the current licensed capacity?	216		
c. Does today's attendance exceed the capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:			
d. Is the site subject to licensing standards other than DFPS/HHSC?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, explain:			
2. Enrollment – Does each infant/child have a complete and current enrollment form on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Attendance – Is attendance recorded daily on the <i>Daily Meal Count and Attendance Record</i> (H1535) or alternate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Meal count – is the <i>Daily Meal Count and Attendance Record</i> (H1535) or alternate completed at the point-of-service on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Eligibility			
a. Is there current (within the last 12 months) <i>CACFP Meal Benefit Income Eligibility Form</i> or Early Head Start/Head Start/Even Start documentation for each infant/child claimed in the free and reduced-price categories?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Are infants/children being claimed in the correct eligibility category (free, reduced-price, or paid)?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. For profit sites: Is there documentation which demonstrates that at least 25% of the total enrollment or licensed capacity (whichever is less) received Title XX benefits or are eligible for free or reduced-price meals?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. If a pricing program, is there any indication of overt identification?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

D. Record Keeping continued

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

E. Training

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

G. Nonprofit Food Service: Office Use

1. Costs		
a. Are all Program costs being recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are costs allowable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, how does the site plan to cover the cost?		
c. Is documentation on file to support all Program costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Total costs for the review period: 0		
2. Program funds		
a. Are claims being submitted according to the agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Amount of reimbursement: 0	For which month(s) does this reimbursement apply: 4/1/2020 - 4/30/2020	
c. Other income to the Program:		
d. Total costs for the review period: 0 minus Program funds (2b + 2c) = 0		

3. Nonprofit food service (does cost exceed reimbursement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, prepare a plan with the site to spend the excess balance on allowable costs

H. Findings, Corrective Actions, and Commendations

Findings- List each noncompliance identified and any disallowances if applicable

60/42-67; SEVERAL DAYS OF NO ATTENDANCE FOR INFANTS; TECH ASST W/COOK TO REVIEW MPR AND QUANTITIES AND RECORD REAL QUANTITIES; OVERPLANNING WAS DISCUSSED WITH GEORGIA AT VISIT AND EMAIL SENT 3/3; TECH ASST TO POST INFANT MPR IN INFANT ROOM;

Technical Assistance Given:

**** Corrective Action** – To be determined by office **

Commendations – Document areas in which the site is performing well

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

Monitor

Date

Site Representative Signature

Date

OFFICE USE ONLY:

MANDATORY PRINTING AT VISIT: Go to monitor / Scheduled Meal Calendar Snapshot and print or take pic.

VERIFY ATTENDANCE MARKED: If direct entry, confirm total saved. If paper records, note total marked on each page, circle and initial. Get copy or pics. Be sure center is totaling all paper attendance records/signing each week.

PICTURE: Scheduled meal details / big kids & infants / from the kitchen and nursery.

REVIEW: Scheduled meal detail record - Overplanned? Underplanned? Recording Substitutions w/quantities.

REVIEW: 5 Day Rec - Compare # seen today to # usually claimed. If not within range, discuss & record reasons.

PICTURE: Does center receive milk donations? If yes, copy or pic of donation form.

PICTURE: Does center receive parent supplied special milk (soy, almond, etc.)? If yes, copy or pic of parent supplied special milk form.