

Facility Monitoring Form for CACFP AT-RISK

Date: _____ **Sponsor:** _____ **Agreement #:** _____

Facility/Location: _____

Representative: _____

1. Meal Service Observed (circle all applicable):

Breakfast Lunch Snack Supper

2. Scheduled time of meal service:

Actual time of meal service:

3. Menu of meal observed:

4. Did the meal meet USDA requirements for components and quantities?

Yes

No

List any deficiencies:

5. Daily Production Records are up-to-date and complete for meals prepared on-site?

NA

Yes

No

List any deficiencies:

6. Daily enrichment activities are included on production records?

NA

Yes

No

7. Delivery Sheets are complete?

NA

Yes

No

8. Contracted meals were delivered complete and timely?

NA

Yes

No

List any deficiencies:

9. Do all participants sign in daily?

Yes

No

10. Attendance Roster/sign in sheets have totals calculated?

Yes

No

11. An accurate point of service meal count is conducted during meal service?

Yes

No

12. Menu documentation is up-to-date, complete and accurate?

Yes

No

13. Kitchen/cooking areas and serving/dining area are adequate for food service?

Yes

No

14. Temperature Readings

Refrigerator:

Freezer:

Milk at meal service:

Hot food at meal service:

15. Describe observed enrichment activity.

16. Are trained staff present at site during visit?

Yes

No

17. Is a copy of the business permit/license on file?			NA	Yes	No
18. Is the fire department inspection current?			NA	Yes	No
19. Does the provider have an accounting system in place?				Yes	No
20. Does the provider transport children? If yes, answer questions below.				Yes	No
a. Is a Transportation Roster on file and documented correctly?			NA	Yes	No
b. Is a background check on file for all drivers?			NA	Yes	No
c. Is a working alarm on the transport vehicle?			NA	Yes	No
21. Is the "...And Justice for All" poster displayed in a prominent location?				Yes	No
22. Is there any separation by race, color, national origin, sex, age, or disability observed in the serving area, eating area or seating arrangement?				Yes	No
23. Actual current attendance by racial group (as per enrollment/income verification forms on review date):					
Black or African American	American Indian or Alaskan Native	Asian	Hawaiian Native or Other Pacific Islander	White	Total in Attendance
24. Actual current attendance by ethnic group (as per enrollment/income verification forms on review date):					
Hispanic or Latino		Not Hispanic or Latino		Total in Attendance	

5-Day Reconciliation

Month/Year/Dates Reviewed _____

Number of Days per Week that Provider Operates CACFP AT-RISK _____

Choose 5 consecutive days. Record the meal count from the Meal Production Records.
Record the number of children in attendance from sign in sheets.

DATE	BREAKFAST	LUNCH/SUPPER	SNACK	DAILY ATTENDANCE	APPROVED SITE CAP #
1 -					
2 -					
3 -					
4 -					
5 -					
Column Total					

1. Meal count compared to attendance:			
Are meal counts greater than daily attendance on any day during this time period?	NA	Yes	No
If “yes”, explain any discrepancies:			
2. Meal count and attendance compared to approved site cap number:			
Are meal counts or attendance greater than approved site cap number on any day during this time period?	NA	Yes	No
If “yes”, explain any discrepancies:			

Areas of Deficiency cited during this review:		
Is Corrective Action required?	Yes	No
If yes, explain:		
Areas of training and/or technical assistance provided during this review:		
Additional comments:		

Signature of Facility Representative:	Time:	Date:
Signature of Sponsor Representative:	Time:	Date: