

Facility Monitoring Form for CACFP Sponsoring Organizations of Centers

Date: _____ Sponsor: _____ License Capacity: _____

Facility/Location: _____

Representative: _____

1. Meal Service Observed: Breakfast AM Snack Lunch PM Snack Supper Late Snack				
2. Scheduled time of meal service:		Actual time of meal service:		
3. Menu of meal observed with serving sizes:				
4. Did the meal meet USDA requirements for components and quantities? List any deficiencies:			Yes	No
5. Production Records are up-to-date and complete for meals prepared on-site? List any deficiencies:		NA	Yes	No
6. Contracted meals were delivered complete and timely? List any deficiencies:		NA	Yes	No
7. Are attendance records current to date?			Yes	No
8. Forms on file and current?				
a. Enrollment Forms		NA	Yes	No
b. Income Eligibility		NA	Yes	No
c. Obligation to Serve Infants		NA	Yes	No
9. Is the "And Justice for All" poster displayed in a prominent location?			Yes	No
10. Are the WIC flyer, and "Building for the Future" notice posted and/or distributed to parents?			Yes	No
11. Is there any separation by race, color, national origin, sex (including gender identity and sexual orientation), age, or disability observed in the serving area, eating area or seating arrangement?			Yes	No
12. Does the facility have procedures to ensure that Civil Rights complaints are managed in the manner directed by USDA?			Yes	No
13. Does the facility have procedures to ensure that the remedial or corrective action has been or will be taken if non-compliance has occurred?			Yes	No
14. Does the facility have a copy of the Civil Rights Complaint Filing Procedure?			Yes	No
15. 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
16. 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	
1. Temperature Readings:		Refrigerator:		Freezer:	
Milk at meal service:		Hot food at meal service:			

5-Day Reconciliation								
Month/Year/Dates Reviewed _____								
Number of Days per Week that Provider Operates CACFP _____								
Choose 5 consecutive days. Record the meal count from the Meal Production Records. Record the number of current enrollment forms. Record the number of children in attendance.								
DATE	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK	ENROLLMENT	DAILY ATTENDANCE
1 -								
2 -								
3 -								
4 -								
5 -								
Column Total								

1. Meal count compared to enrollment:			
Are meal counts greater than enrollment on any day during this time period?	NA	Yes	No
If "yes", explain any discrepancies:			
2. 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:			
3. Enrollment compared to attendance:			
Is attendance greater than the number of enrollments on any day during this time period?	NA	Yes	No
If “yes”, explain any discrepancies:			

Comments:

***** SIGNATURES *****

Signature of Facility Representative: _____ Date: _____ Time: _____

Signature of Sponsor Representative: _____ Date: _____ Time: _____

*****NON-DISCRIMINATION STATEMENT*****

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