

Facility Monitoring Form for CACFP Sponsoring Organizations of Centers

Date: _____ Sponsor: _____

Facility/Location: _____

License Capacity: _____ 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. 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

11. 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

12. 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

13. 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 _____								
<p>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.</p>								
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 enrollment on any day during this time period?	NA	Yes	No
If "yes", explain any discrepancies:			

Comments:

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