

## Facility Monitoring Form for Sponsoring Organizations of Affiliated Centers

**Date:** \_\_\_\_\_ **Facility/Location:** \_\_\_\_\_

**License Capacity:** \_\_\_\_\_ **Representative:** \_\_\_\_\_

**Meal Service Observed:** Breakfast AM Snack Lunch PM Snack Supper Late Snack

**Scheduled time of meal service:** \_\_\_\_\_ **Actual time of meal service:** \_\_\_\_\_

**Menu of meal observed:**

**Did the meal meet USDA requirements for components and quantities?**

Yes

No

**If, No, list deficiencies:**

**If meals are prepared on-site, are Production Records up-to-date and complete?**

Yes

No

**If, No, list deficiencies:**

**If meals are contracted, was meal delivered complete and timely?**

Yes

No

**If, No, list deficiencies:**

**Observed attendance (count)**

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**Are attendance records current to-date?**

Yes

No

**Forms on file and current?**

**Income Eligibility Yes No**

**Enrollment Yes No**

**OBTS Yes No**

**Is the "...And Justice for All" poster displayed in a prominent location?**

Yes

No

**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

**Actual current attendance by racial and/or ethnic group (as per observation on review date:**

**Black or African American:** \_\_\_\_\_ **American Indian or Alaskan Native:** \_\_\_\_\_ **Asian:** \_\_\_\_\_

**Hawaiian Native or Other Pacific Islander:** \_\_\_\_\_ **White:** \_\_\_\_\_ **Total in Attendance:** \_\_\_\_\_

**Hispanic or Latino:** \_\_\_\_\_ **Not Hispanic or Latino:** \_\_\_\_\_ **Total in Attendance:** \_\_\_\_\_

**Comments:**

**Signature/Date/Time of Facility Representative:**

**Signature/Date/Time of Sponsor Representative:**

## Facility Monitoring Form for Sponsoring Organizations of Affiliated Centers

### 5 Day Meal Reconciliation from Meal Count Records (attendance vs meal count)

Facility Reviewed \_\_\_\_\_ Week of \_\_\_\_\_

License Capacity \_\_\_\_\_ Agreement # \_\_\_\_\_

DAYS- DATE	<u>BREAKFAST</u>			<u>AM SNACK</u>			<u>LUNCH</u>			<u>PM SNACK</u>			<u>SUPPER</u>			<u>LATE SNACK</u>			COMMENTS
	IN	C	A	IN	C	A	IN	C	A	IN	C	A	IN	C	A	IN	C	A	
1 -																			
2 -																			
3 -																			
4 -																			
5 -																			
<b>Column Total</b>																			

<b>Grand Total</b>						
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Did all meal reviewed have the required components and quantities? Yes  No

If, No what are the deficiencies? \_\_\_\_\_

What is the total attendance for this time period? \_\_\_\_\_

Is attendance for this time period equal to or greater than the number of meals on the meal documentation records? –

Explain reconciliation:

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