|  |
| --- |
| **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?****If, No, list deficiencies:**  | **Yes** | **No** |
|  |
| **If meals are prepared on-site, are Production Records up-to-date and complete?****If, No, list deficiencies:** | **Yes** | **No** |
|  |
| **If meals are contracted, was meal delivered complete and timely?****If, No, list deficiencies:** | **Yes** | **No** |
|  |
| **Observed attendance (count)** | **#** | **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:** |