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| **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:** | | | | | | | | | | |