



**Division of Child Care & Early Childhood Education**  
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## MEMORANDUM

TO: All CACFP, CACFP At-Risk Programs  
FROM: DCCECE / HNU  
DATE: 12/21/2021  
SUBJECT: Updated Sponsor Monitoring Forms for CACFP, At-Risk in SNP Resource Library

**The Facilities Monitoring Form for CACFP Sponsors of Centers and the Facility Monitoring Forms for CACFP At-Risk Sponsors of Centers was also updated December 2021** to ensure continuity of collecting racial and ethnic data. A copy of these monitoring forms is attached for your reference and can also be found in the SNP resource library.

In May 2021 HNU mass alerted a copy of the **USDA Memo CACFP 11-2021, SFSP 01-2021** dated May 17<sup>th</sup>, 2021 that states that racial and ethnic data must no longer be collected by visual observation.

In response to these directives the Health and Nutrition Unit issued updated Enrollment Forms and Income Eligibility forms in the SNP resource library to better clarify racial and ethnic data, including the option for marking more than one race for children who are bi-racial. Please note that parents are not mandated to provide this information, but a reference was added to the form to clarify to families why USDA programs ask for this voluntary information for their family.

***Please ensure that you are collecting racial and ethnic data during monitoring visits to your facilities and documenting accordingly. If your program captures this information in a database or on other enrollment forms for your facility you may use this information to assist with your monitoring form.***

Please see excerpt from the USDA Memo CACFP 11-2021, SFSP 01-2021 below for reference and further clarification.

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Please keep this memo on file for quick and easy reference. A copy is also available on the resource library under Forms for CACFP and Forms for CACFP At- Risk. If you have any questions regarding this memo, please contact your Program Specialist at: 501-682-8869.



Food and Nutrition Service  
Braddock Metro Center  
1320 Braddock Place  
Alexandria VA 22314

DATE: May 17, 2021

MEMO CODE: CACFP 11-2021, SFSP 07-2021

SUBJECT: Collection of Race and Ethnicity Data by Visual Observation and Identification in the Child and Adult Care Food Program and Summer Food Service Program – Policy Rescission

TO: Regional Directors  
Special Nutrition Programs  
All Regions

State Directors  
Child Nutrition Programs  
All States

USDA has reviewed this policy and concluded that the use of visual observation and identification by CACFP institutions and facilities and SFSP sponsors is not an appropriate method for collecting race or ethnicity data in the CACFP and SFSP programs. The agency received reports that program participants do not want to have their race or ethnicity determined for them. Moreover, a third party's observation of an individual's appearance is not a reliable means to capture how a participant self-identifies their own racial or ethnic identity. Therefore, USDA has determined that visual observation and identification by CACFP institutions and facilities and SFSP sponsors is no longer an allowable practice for CACFP and SFSP program operators to use during the collection of race or ethnicity data.

## 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:**

**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:**

<b>5-Day Reconciliation</b>								
<b>Month/Year/Dates Reviewed</b> _____								
<b>Number of Days per Week that Provider Operates CACFP</b> _____								
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 -								
<b>Column Total</b>								

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

<b>Comments:</b>

<b>Signature of Facility Representative:</b>	<b>Time:</b>	<b>Date:</b>
<b>Signature of Sponsor Representative:</b>	<b>Time:</b>	<b>Date:</b>

### Facility Monitoring Form for CACFP AT-RISK

**Date:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_ **Agreement #:** \_\_\_\_\_

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

**Representative:** \_\_\_\_\_

**1. Meal Service Observed (circle all applicable):**

**Breakfast          Lunch          Snack          Supper**

**2. Scheduled time of meal service:**

**Actual time of meal service:**

**3. Menu of meal observed:**

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

**Yes**

**No**

List any deficiencies:

**5. Daily Production Records are up-to-date and complete for meals prepared on-site?**

**NA**

**Yes**

**No**

List any deficiencies:

**6. Daily enrichment activities are included on production records?**

**NA**

**Yes**

**No**

**7. Delivery Sheets are complete?**

**NA**

**Yes**

**No**

**8. Contracted meals were delivered complete and timely?**

**NA**

**Yes**

**No**

List any deficiencies:

**9. Do all participants sign in daily?**

**Yes**

**No**

**10. Attendance Roster/sign in sheets have totals calculated?**

**Yes**

**No**

**11. An accurate point of service meal count is conducted during meal service?**

**Yes**

**No**

**12. Menu documentation is up-to-date, complete and accurate?**

**Yes**

**No**

**13. Kitchen/cooking areas and serving/dining area are adequate for food service?**

**Yes**

**No**

**14. Temperature Readings**

**Refrigerator:**

**Freezer:**

**Milk at meal service:**

**Hot food at meal service:**

**15. Describe observed enrichment activity.**

**16. Are trained staff present at site during visit?**

**Yes**

**No**

17. Is a copy of the business permit/license on file?				NA	Yes	No
18. Is the fire department inspection current?				NA	Yes	No
19. Does the provider have an accounting system in place?					Yes	No
20. Does the provider transport children? If yes, answer questions below.					Yes	No
a. Is a Transportation Roster on file and documented correctly?			NA	Yes	No	
b. Is a background check on file for all drivers?			NA	Yes	No	
c. Is a working alarm on the transport vehicle?			NA	Yes	No	
21. Is the "...And Justice for All" poster displayed in a prominent location?					Yes	No
22. 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
23. 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	
24. 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	

**5-Day Reconciliation**

Month/Year/Dates Reviewed \_\_\_\_\_

Number of Days per Week that Provider Operates CACFP AT-RISK \_\_\_\_\_

Choose 5 consecutive days. Record the meal count from the Meal Production Records.  
Record the number of children in attendance from sign in sheets.

DATE	BREAKFAST	LUNCH/SUPPER	SNACK	DAILY ATTENDANCE	APPROVED SITE CAP #
1 -					
2 -					
3 -					
4 -					
5 -					
<b>Column Total</b>					

<b>1. Meal count compared to attendance:</b>			
Are meal counts greater than daily attendance on <b>any day</b> during this time period?	<b>NA</b>	<b>Yes</b>	<b>No</b>
If “yes”, explain any discrepancies:			
<b>2. Meal count and attendance compared to approved site cap number:</b>			
Are meal counts or attendance greater than approved site cap number on any day during this time period?	<b>NA</b>	<b>Yes</b>	<b>No</b>
If “yes”, explain any discrepancies:			

<b>Areas of Deficiency cited during this review:</b>		
<b>Is Corrective Action required?</b>	<b>Yes</b>	<b>No</b>
If yes, explain:		
<b>Areas of training and/or technical assistance provided during this review:</b>		
<b>Additional comments:</b>		

<b>Signature of Facility Representative:</b>	<b>Time:</b>	<b>Date:</b>
<b>Signature of Sponsor Representative:</b>	<b>Time:</b>	<b>Date:</b>