



Division of Child Care and Early Childhood Education Health and Nutrition Programs



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FACILITY MONITORING REVIEW FORM (For use by Sponsoring Institution)

Date _____

Sponsoring Organization _____ CACFP Agreement # _____

Facility's Name/Address _____ Phone # _____

License # _____ Capacity _____ Is this facility over license capacity? Y [] N [] NA []

Number of children enrolled _____ Number in Attendance on day of review _____

Is the "... And Justice For All" poster displayed in a prominent location? Y [] N []

Meal observed (circle one) Breakfast Snack (p.m.) Supper

Menu _____

Temperature of food at meal service: _____ Date _____ Time _____

Temperature of milk at meal service: _____ Date _____ Time _____

Did meal service meet USDA requirements for component and quantities? Y [] N []

If No, document deficiencies _____

Was meal served in compliance with CACFP (agreement/contract) scheduled meal service time? Y [] N []

Are meal served documented daily? Y [] N []

Are the kitchen /cooking areas and serving/dining area adequate for food service? Y [] N []

What is the temperature gauge registering for the following: _____

Refrigerator

Freezer

Date and time of gauge reading: _____

Date

Time

Are the following forms on file:

Do all participants sign in daily?

Y N

Attendance Roster/Sign- In Sheets Totaled

Y N

Trained Staff at Site during Visit

Y N

Menu Documentation Completed

Y N

Delivery Sheets Completed

Y N

Daily Activities Listed

Y N

Is a copy of the Business Permit/License on File?

Does the Provider have an accounting system in place?

Does the Provider Transport children:

Is a Transportation Roster on file and documented correctly?

Is a Background Check on file for all Drivers?

Is a working alarm on the transport vehicle?

Is there any separation of race, color, national origin, sex, age or disability in the eating area or seating arrangements? Y N

Areas of deficiency cited during this review _____

Is Corrective Action Required? Y N

If yes, explain _____

Area of training and/or technical assistance provided during this review _____

Additional Comments: _____

Facility Official Signature and Date

Sponsoring Reviewer's Signature and Date

Departure time: _____