

CHILD AND ADULT CARE FOOD PROGRAM AT-RISK MONITOR FORM (For Sponsor Use)

Date of Review:

Announced: Y N
 First Four Week: Y N
 Regular Review: Y N
 1 2 3 4 5
 Follow-up: Y N
 Meal Observed: Y N
 Date of Last Review: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Representative: _____

If Applicable: License Expiration Date: _____ License Capacity: _____

Has Site Representative received Annual CACFP training from Sponsor? Y N

Meal Service Observed on Day of Visit

Time meals were delivered: _____ Scheduled meal time: _____

Time of meal service: _____

Temperature of food: Cold (Item/Temp) _____ Hot (Item/Temp) _____

Number of Meals Received: _____ Number of Meals Served: _____

Are the food carriers insulated? Yes No N/A

(Circle Meal Being Observed)

Supper (All required)	Snack (2 required)	List Item/s
Milk	Milk	
Meat/Meat Alternate	Meat/Meat Alternate	
Vegetable	Vegetable	
Fruit	Fruit	
Bread/Grain	Bread/Grain	
Other Foods	Other Food	

Recordkeeping:	Circle one:
Are menus posted for all meals served?	Yes No N/A
Does the posted menu match served menu?	Yes No N/A
Was a Point of Service meal count taken?	Yes No N/A
If meals are vended, are meals ordered on the basis of providing one meal per participant?	Yes No N/A
Are daily attendance records maintained?	Yes No N/A
Is the "And Justice for All" poster displayed?	Yes No N/A

Meal Service:	Circle one:
Were quantities served adequate for age(s)?	Yes No N/A
Was meal service supervised?	Yes No N/A
Sanitation:	Circle one:
Is/are garbage container(s) lined/covered?	Yes No N/A
Are there food service gloves available?	Yes No N/A

Are there clean: ovens?	Yes	No	N/A
counter space(s)?	Yes	No	N/A
eating surfaces?	Yes	No	N/A
dishes/eating utensils?	Yes	No	N/A

Cold Storage:	Circle one:		
Is there a working refrigerator/freezer available?	Yes	No	N/A
Is there a working thermometer/s in these units?	Yes	No	N/A
Are all perishables properly maintained in refrigerator or freezer?	Yes	No	N/A
Dry Storage:	Circle one:		
Does it seem adequate?	Yes	No	N/A
Are foods stored separately from cleaning items?	Yes	No	N/A
Is the facility free of rodent or insect infestation?	Yes	No	N/A
Is the storage secured?	Yes	No	N/A

Preceding Serving Day Reconciliations:

Does the meal count for five (5) consecutive days appear reasonable when compared to today's meal count? Yes () No () N/A () If "No," obtain and record an explanation and the required corrective action below.

Dates From: ___/___/___ To: ___/___/___	Site Counts Meal: _____		Reviewer Counts Meal: _____	
	Attendance	Meal Count	Attendance	Meal Count
Day 1 Observation Day				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Totals				

Findings, Comments, Recommendations and Corrective Action Requirements:

Signature of Monitor: _____ Date: _____

Signature of Site Representative: _____ Date: _____

Follow up date if necessary: _____

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.