

# 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)**

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

<b>Recordkeeping:</b>	<b>Circle one:</b>
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

<b>Meal Service:</b>	<b>Circle one:</b>
Were quantities served adequate for age(s)?	Yes      No      N/A
Was meal service supervised?	Yes      No      N/A
<b>Sanitation:</b>	<b>Circle one:</b>
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

<b>Cold Storage:</b>	<b>Circle one:</b>		
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
<b>Dry Storage:</b>	<b>Circle one:</b>		
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:**

In accordance with 7 CFR 226.16(d)(4)(i), monitoring reviews include documenting the meal pattern, participant attendance, meal counts, enrollment, non-compliances, compliances, and a five-day reconciliation.

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

Based on the completed chart above, 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.

### **Findings, Comments, Recommendations and Corrective Action Requirements:**

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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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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