

CHILD AND ADULT CARE FOOD PROGRAM SPONSOR MONITOR REPORT FORM

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

Organization's Name _____

Name of Center _____

Center Address _____

Name of Center Representative _____

Name of Cook _____

Date of last review _____ License Capacity _____ License Expiration Date _____

Has Center Representative attended Sponsor's Annual on-site CACFP Training? ☐ Y ☐ N

I. Meal Service Observed on Day of Visit

1. Indicate age group served and number of children/adults

- | | |
|------------------------------|--------------------------|
| a. Under 1 Year of Age _____ | c. Ages 3 up to 6 _____ |
| b. Ages 1 up to 3 _____ | d. Ages 6 up to 12 _____ |
| | e. Adults 18 & up _____ |

Scheduled Time of Meal Service: _____ Time Meal Service Observed: _____

2. List below food served:		FOODS USED			
Meals	REQUIREMENTS FOR MEALS	AGES: 0-1	AGES: 1-3	AGES: 3-6	ADULTS & AGES: 6-12
Breakfast	Milk				
	Fruit or Vegetable Juice				
	Fruit or Vegetable				
	Bread /Grain				
	Other Foods				
Lunch or Supper	Milk				
	Meat and/or Meat Alternate				
	Vegetables and/or Fruits (two or more)				
	Bread /Grain				
	Other Foods				
Snack	Fruit or Vegetable Juice or Fruit or Vegetable				
	Meat or Meat Alternate				
	Bread/Grain				
	Milk				

I	<u>Meal Services (continued):</u>	
	Was each participant served the appropriate quantities of each food item?	Yes () No () NA ()
	Were all required components served? If no, describe what components were missing.	Yes () No () NA ()
II	<u>Sanitation:</u>	
	Is/are there clean: counter space(s)?	Yes () No () NA ()
	eating surfaces?	Yes () No () NA ()
	dishes/eating utensils?	Yes () No () NA ()
	Is/are garbage container(s) lined/covered?	Yes () No () NA ()
	Is there a working dishwasher?	Yes () No () NA ()
	<u>Cold Storage:</u>	
	Is there a working refrigerator/freezer available?	Yes () No () NA ()
	Is there a working thermometer in these units?	Yes () No () NA ()
	Are all perishables properly maintained in refrigerator or freezer?	Yes () No () NA ()
	<u>Dry Storage:</u>	
	Do they seem adequate?	Yes () No () NA ()
	Are foods stored separately from cleaning items?	Yes () No () NA ()
	Is the facility free of rodent or insect infestation?	Yes () No () NA ()
III.	<u>Recordkeeping:</u>	
	Are menus maintained in the center on all meals served?	Yes () No () NA ()
	Are separate menus used to record infant meals served on file?	Yes () No () NA ()
	Does the posted menu on day of visit match what was actually served during visit?	Yes () No () NA ()
	Is point of service meal counts taken of all meals (by type) served to enrolled participants?	Yes () No () NA ()
	Are required meal count sheets being used?	Yes () No () NA ()
	If meals are vended, are meals ordered on the basis of providing one meal-type-per-participant per day?	Yes () No () NA ()
	Does it appear that meals are prepared or ordered on the basis of participation trends?	Yes () No () NA ()
	Are daily attendance records maintained?	Yes () No () NA ()
	Are income eligibility statements and CACFP eligibility roster on file and current for enrolled participants?	Yes () No () NA ()
	Has annual on-site CACFP training been conducted for center staff?	Yes () No () NA ()

IV. 5-Day Meal Count Reconciliation Worksheet (Required)

When reviewing a sponsored facility, **review five consecutive days** (that the center was open for business) **in the current or prior claiming period** (*current or previous month*). Determine the number of participants in care according to enrollment and attendance records at the time of the meal service. Use enrollment numbers for the month reviewed according to the monthly roster (if applicable). Review enrollment, attendance and meal counts (by meal type) for the five consecutive days being reviewed. Total all counts for the week (by day) reviewed and according to the facility's attendance and meal count sheets. Record totals in the appropriate column below.

Evaluate enrollment and attendance to ensure that they are current and accurate.

- Compare the center/facility's total enrollment to its recorded daily attendance to ensure that the number of participants in attendance does not exceed the number of enrolled participants. If attendance exceed enrollment, for any day or for any shift, determine the source of the error and determine the over claim, if any.
- Compare the center/facility's total daily attendance (or if the State requires time in/out documentation) to its meal counts using any five consecutive days of aggregate meal counts for each approved meal type, to ensure that meal counts do not exceed the number of participants in attendance on any day. If meal counts and attendance cannot be reconciled, determine whether the establishment of an over claim is necessary.
- Attach the daily Menu and Food Services Records (meal counts/attendance) for the five days reviewed to this form.

License Capacity _____ (Compare the center/facility's total meal counts to its license capacity.)

In accordance with §226.17(b)(4) and 226.18(e), meal counts for any day or any shift (if shift care is provided) should never exceed licensed capacity.

Day	Enrollment	Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
Total								

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

Yes () No () NA ()

V. **Findings, Comments, Recommendations and Corrective Action Requirements:**

Describe below the findings, comments, recommendations and corrective action(s) required. *Remember to site positive findings of Program strengths. If your answers to any of the previous questions are NO and point to operational deficiencies, they must be discussed in detail with the center representative, outlining corrective action requirements*

VI. **Additional Comments:**

Describe below the general dining atmosphere of the facility, e.g., supervision, appropriateness of food service to age group, children's/adult participation (family style), food waste, teacher involvement/attitude.

VII. **Follow-up:**

A follow-up to determine compliance with prescribed corrective action has been set for: _____
(date)

Date of Visit _____ Signature of Monitor _____

_____ Signature of Center Representative _____

Date

Use additional sheets if necessary.

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(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.

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