

Sponsoring Organization \_\_\_\_\_

Agreement # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Center/Program/Class -----

**REQUIRED DOCUMENT**  
(SPONSORING ORGANIZATIONS ONLY)

**2012 CHILD AND ADULT CARE FOOD PROGRAM MONITORING FORM**

<b>DATE</b>		<input type="checkbox"/> ANNOUNCED VISIT
<b>PROGRAM NAME</b>		<input type="checkbox"/> UNANNOUNCED VISIT
<b>ADDRESS</b>		APPROVED MEAL SERVICE TIME LISTED ON SCHEDULE A: _____
<b>PERSON CONTACTED AT SITE</b>		

Observed Meal: <small>(Circle One)</small> BREAKFAST AM SUPP. LUNCH PMSUPP. DINNER Time Meal Served: _____	YES	NO	If no, note discrepancy and prescribe corrective action.
1. Do meal(s) observed meet all USDA <b>component requirements</b> as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do meal(s) observed meet all USDA <b>portion size</b> requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are meal counts taken <b>at the point of meal service</b> for all meals served to enrolled participants on the CACFP Standardized Meal Count Form?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are meal counts taken <b>at the point of meal service</b> for all program staff?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is there a dated menu available for the meal observed?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are attendance records available for all enrolled participants?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is a current standard Child And Adult Care Food Program Eligibility Application on file for each participant?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the site currently licensed?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the site have a current health and sanitation certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the site have a current fire and building inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have site personnel been trained in the following CACFP requirements? CACFP Eligibility Requirement Monitoring Enrollment/Eligibility USDA Component Requirements USDA Portion Requirements Attendance Procedures Meal Count Procedures Meal Service Procedures → <b>Civil Rights Procedures</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

12. List the additional training area(s) that site personnel need:

# 2012 CACFP PROGRAM MONITORING FORM

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Sponsoring Organization \_\_\_\_\_

Date: \_\_\_\_\_

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### 13. 5-Day Reconciliation and Meal Count Variation Review

Review the five (5) previous days for the **SAME MEAL SERVICE** and list the total meal counts, attendance and enrollment figures.

<b>DATES</b>					
MEAL COUNT					
ATTENDANCE					
ELIGIBILITY/ENROLLMENT					
If Vended, List # Meals Delivered					

Do the attendance and enrollment/eligibility records support the meal counts? Yes \_\_\_\_\_ No \_\_\_\_\_

Do the meal counts show variation for the 5-day period? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, continue to review 10 additional days (*for a total of 15 consecutive days*) for **THE SAME MEAL SERVICE**, and list the total meal counts, attendance and enrollment figures.

List the total meal counts, attendance and enrollment figures for **10 additional consecutive days**.

<b>DATES</b>										
MEAL COUNT										
ATTENDANCE										
ELIGIBILITY/ENROLLMENT										
If Vended, List # Meals Delivered										

Are the number of meals claimed for one or more meal types (Breakfast, Lunch, Am/Pm Supplements, Dinner) identical for 15 consecutive days within the claiming period? Yes \_\_\_\_\_ No \_\_\_\_\_

Does it appear that meal counts are based solely on attendance? If yes, explain. Yes \_\_\_\_\_ No \_\_\_\_\_

**Findings:**

**Technical Assistance Provided / Corrective Action(s):**

**Additional Comments:**

TDW/JCACFP-12-CACFP Monit. Frm.

\_\_\_\_\_  
*Signature of Site Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Monitoring Official*

\_\_\_\_\_  
*Date*

*For assistance in completing this form, contact your Child Nutrition Specialist at (609) 984-1250.*