



The Child and Adult Care Food Program (CACFP)

Facility Monitoring Form

CACFP

AT- RISK SNACK/SUPPER

Name of Sponsoring Organization: _____

Name of Reviewer: _____

Date of Visit: _____ Time of Arrival: _____ Departure Time: _____

1. Name of Facility: _____

2. Name and Title of Responsible Official(s) Interviewed on Day of Visit: _____

3. Type of Visit: Training/Technical Assistance: Monitoring: Follow-up:

a. If training/assistance, what topics are covered? _____

b. If follow-up, what is it related to? Previous Monitoring Visit: Date of Visit: _____

Previous Follow-Up: Date of Visit: _____

4. Number of participants at facility at time of review: _____ Age range of participants: _____

5. Licensing and Approval:

For Facilities Participating in the At-Risk Program ONLY

a. Does the facility participate in the National School Lunch Program? Yes: No:
If yes, skip the remainder of Item 6.

b. Does the facility have a current Certificate of Occupancy? Yes: No:
Capacity listed on Certificate of Occupancy: _____

Does the number in attendance during the visit exceed the capacity? Yes: No:

c. Does the facility have a valid fire inspection? Yes: No:

d. Does the facility have a valid health inspection? Yes: No:

For All Other Child and Adult Care Facilities

a. Is the facility licensed? Yes: No:

b. Is the license posted? Yes: No:

c. Is the license current? Yes: No:

Date of license expiration: _____

If no, is the facility complying with renewal procedures? Yes: No:

d. Does the number in attendance during the visit exceed the licensed capacity? Yes: No:

e. Does the age range of the participants present comply with the license? Yes: No:

f. Does the facility currently enroll infants under one (1) year of age? Yes: No:

6. Meal observation

- a. Type of food service operation: FSMC: Self-Prep:
- b. Meal type observed: Breakfast: Lunch/Supper: Snack:
- c. Time of meal service: _____ Is this the approved meal time? Yes: No:
- d. Meal count (per reviewer): _____ Meal count (per site): _____
- e. Does the meal observed meet the meal pattern requirements? Yes: No:
- f. Does the meal observed match the menu posted? Yes: No:

g. **Child/Adult Meal**

Component	Item(s) Served	√ for age-appropriate portion
Milk	_____	_____
Bread/Bread Alternate	_____	_____
Fruit/Vegetable	_____	_____
Fruit/Vegetable	_____	_____
Meat/Meat Alternate	_____	_____
Other (Optional)	_____	_____

h. **Infant Meal (if applicable)**

Component	Item(s) Served	√ for age-appropriate portion
Formula/Breast Milk	_____	_____
Infant Cereal	_____	_____
Fruit/Vegetable	_____	_____
Meat/Meat Alternate	_____	_____
Bread/Cracker	_____	_____

7. Five Day Meal Count Reconciliation

For each of the five days preceding the day of the monitoring visit, list the meal counts, total attendance, and total enrollment.

Date	Breakfast Count	Lunch Count	Snack Count	Total Attendance	Total Enrollment

8. Facility Management:

- | | | | |
|---|-------------------------------|------------------------------|-------------------------------|
| a. Are the Enrollment Form/Income Eligibility Statements on file at the facility? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| b. If yes, are all EF/IES on file and correctly classified? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| c. Are Infant Formula Notification Forms on file at the facility (<i>if applicable</i>)? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | |
| d. If yes, is there an Infant Formula Notification Form on file for each infant? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| e. Are Medical Substitution Forms on file at the facility? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| f. Are the Medical Substitution Forms being followed correctly? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| g. Are dated daily menus on file at the facility? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | |
| h. Do the menus reflect all foods actually served? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| i. Are meal count records accurate and up-to-date? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | |
| j. Are invoices/receipts available? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| k. Have key staff members attended CACFP training within the past 12 months? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| l. Has the facility made information about WIC available to parents/guardians of enrolled children? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| m. Is the non-discrimination "And Justice For All" poster displayed? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| n. Is the "Building for the Future" flyer displayed? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| o. Is the facility open to all regardless of race, sex, color, age, national origin, or disability? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> | N/A: <input type="checkbox"/> |

9. Food Service Related Licenses, Facilities and Sanitation Procedures

Note: "Adequate" means capable of handling the proposed type and scale of the facility's food service operations.

- a. Are there any obvious fire, health or safety hazards in the facility? Yes: No:
- b. Are meals prepared at a central kitchen operated by the center (not a licensed Food Service Management Company) and distributed to the facility? Yes: No:
- c. If yes, are there adequate systems and equipment to properly transport food? Yes: No:
- d. Are the kitchen and food preparation areas clean? Yes: No:
- e. Does the facility have adequate access running water (including drinking water)? Yes: No:
- f. Does the facility have adequate space and equipment for washing dishes? Yes: No:
- g. Does the facility have adequate working refrigerated storage space? Yes: No:
- h. Are all of the refrigeration units clean? Yes: No:
- i. Are all of the refrigeration units maintained at the proper temperature? Yes: No:
- j. Is the food properly stored in the refrigeration units? Yes: No:
- k. Does the facility have adequate working freezer storage space? Yes: No:
- l. Are all of the freezer units clean? Yes: No:
- m. Are all of the freezer units maintained at the proper temperature? Yes: No:
- n. Is the food properly stored in the freezer units? Yes: No:
- o. Does the facility have adequate dry storage space? Yes: No:
- p. Is food properly stored in the dry storage areas? Yes: No:
- q. Are cleaning supplies and other toxic materials stored separately from food and out of reach of children? Yes: No:
- r. Is there evidence of rodent or insect infestation? Yes: No:
- s. Is there documentation of an exterminating schedule? Yes: No:
- t. Is there a Certified Food Handler on site during the visit? Yes: No:
Name: _____ Certification expiration: _____
- u. Is the Certified Food Handler following proper food safety/sanitation procedures? Yes: No:
- v. Was food service conducted in compliance with generally accepted health and sanitation practices? Yes: No:
- t. Did the provider and the children wash hands prior to food handling? Yes: No:
- w. Did the provider and the children wash hands prior to eating? Yes: No:
- x. Is the serving area equipped for the program? Yes: No:
- y. Is the serving area seating capacity adequate? Yes: No:
- z. Is the serving area clean and well ventilated? Yes: No:

List any problems that were noted during the visit and any related corrective actions that were initiated to correct the problems.

<u>Problem</u>	<u>Corrective Actions</u>	<u>Due Date</u>

Signature of Facility CACFP Representative: _____ Date: _____

Signature of Reviewer: _____ Date: _____