



Division of Child Care and Early Childhood Education Health and Nutrition Programs



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FACILITY MONITORING REVIEW FORM (For use by Sponsoring Institution)

Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_ CACFP Agreement # \_\_\_\_\_

Facility's Name/Address \_\_\_\_\_ Phone # \_\_\_\_\_

License # \_\_\_\_\_ Capacity \_\_\_\_\_ Is this facility over license capacity? Y [ ] N [ ] NA [ ]

Number of children enrolled \_\_\_\_\_ Number in Attendance on day of review \_\_\_\_\_

Is the "... And Justice For All" poster displayed in a prominent location? Y [ ] N [ ]

Meal observed (circle one) Breakfast Snack (p.m.) Supper

Menu \_\_\_\_\_

Temperature of food at meal service: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Temperature of milk at meal service: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Did meal service meet USDA requirements for component and quantities? Y [ ] N [ ]

If No, document deficiencies \_\_\_\_\_

Was meal served in compliance with CACFP (agreement/contract) scheduled meal service time? Y [ ] N [ ]

Are meal served documented daily? Y [ ] N [ ]

Are the kitchen /cooking areas and serving/dining area adequate for food service? Y [ ] N [ ]

What is the temperature gauge registering for the following: \_\_\_\_\_

Refrigerator

Freezer

Date and time of gauge reading: \_\_\_\_\_

Date

Time

Are the following forms on file:

Do all participants sign in daily?

Y

N

Attendance Roster/Sign- In Sheets Toted

Y

N

Trained Staff at Site during Visit

Y

N

Menu Documentation Completed

Y

N

Delivery Sheets Completed

Y

N

Daily Activities Listed

Y

N

Is a copy of the Business Permit/License on File?

Y

N

Does the Provider have an accounting system in place?

Y

N

Does the Provider Transport children:

Y

N

Is a Transportation Roster on file and documented correctly?

Y

N

Is a Background Check on file for all Drivers?

Y

N

Is a working alarm on the transport vehicle?

Y

N

Is there any separation of race, color, national origin, sex, age or disability in the eating area or seating arrangements?

Y

N

Areas of deficiency cited during this review \_\_\_\_\_

Is Corrective Action Required? Y  N

If yes, explain \_\_\_\_\_

Area of training and/or technical assistance provided during this review \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Facility Official Signature and Date

\_\_\_\_\_  
Sponsoring Reviewer's Signature and Date

Departure time: \_\_\_\_\_

## At- Risk Facility Monitoring Review Form Part 2

### 5 Day Meal Reconciliation from Meal Count Records (meal count vs attendance)

<u>DATE</u>	<u>MEAL COUNT TOTALS</u>			<u>DAILY ATTENDANCE</u>	<u>APPROVED SITE CAP #</u>
	<u>BREAKFAST</u>	<u>LUNCH/ SUPPER</u>	<u>SNACK</u>		
1 -					
2 -					
3 -					
4 -					
5 -					
<b>Total</b>					

<b>Meal count compared to attendance:</b>			
Are meal counts greater than daily attendance on <b>any day</b> during this time period?	<b>Y</b>	<b>N</b>	<b>N/A</b>
If “yes”, explain any discrepancies:			
<b>Meal count and attendance compared to Approved Site Cap #</b>			
Are meal counts or attendance greater than approved site cap number on any day during this time period?	<b>Y</b>	<b>N</b>	<b>N/A</b>
If “yes”, explain any discrepancies:			

1. Choose five consecutive days prior to the day of review from the meal count record, including weekends and holidays, when the facility was open and serving meals. Write the dates in the “Date” column.
2. Gather records of meal counts for this period. Write the totals in the meal columns.
3. Identify the number of children in attendance daily during the five-day period. Write this number in the “Daily Attendance” column.
4. Compare total meal counts to daily attendance to ensure that meal counts for each approved meal type did not exceed the number of participants in attendance on any day.

Per 226.16(d)(4)(ii) *Reconciliation of meal counts*. Reviews must examine the meal counts recorded by the facility for five consecutive days during the current and/or prior claiming period. For each day examined, reviewers must use enrollment and attendance records (except in those outside-school-hours care centers, at-risk afterschool care centers, and emergency shelters where enrollment records are not required) to determine the number of participants in care during each meal service and attempt to reconcile those numbers to the numbers of breakfasts, lunches, suppers, and/or snacks recorded in the facility's meal count for that day. Based on that comparison, reviewers must determine whether the meal counts were accurate. If there is a discrepancy between the number of participants enrolled or in attendance on the day of review and prior meal counting patterns, the reviewer must attempt to reconcile the difference and determine whether the establishment of an overclaim is necessary.