

## Facility Monitoring Form for Sponsoring Organizations of Affiliated Centers

**Date:** \_\_\_\_\_ **Facility/Location:** \_\_\_\_\_

**License Capacity:** \_\_\_\_\_ **Representative:** \_\_\_\_\_

**Meal Service Observed:** Breakfast AM Snack Lunch PM Snack Supper Late Snack

**Scheduled time of meal service:** \_\_\_\_\_ **Actual time of meal service:** \_\_\_\_\_

**Menu of meal observed:**

**Did the meal meet USDA requirements for components and quantities?**

Yes No

**If, No, list deficiencies:**

**If meals are prepared on-site, are Production Records up-to-date and complete?**

Yes No

**If, No, list deficiencies:**

**If meals are contracted, was meal delivered complete and timely?**

Yes No

**If, No, list deficiencies:**

**Observed attendance (count)**

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**Are attendance records current to-date?**

Yes

No

**Forms on file and current?**

**Income Eligibility** Yes No

**Enrollment** Yes No

**OBTS** Yes No

**Is the "...And Justice for All" poster displayed in a prominent location?**

Yes

No

**Is there any separation by race, color, national origin, sex, age, or disability observed in the serving area, eating area or seating arrangement?**

Yes

No

**Actual current attendance by racial and/or ethnic group (as per observation on review date:**

**Black or African American:** \_\_\_\_\_ **American Indian or Alaskan Native:** \_\_\_\_\_ **Asian:** \_\_\_\_\_

**Hawaiian Native or Other Pacific Islander:** \_\_\_\_\_ **White:** \_\_\_\_\_ **Total in Attendance:** \_\_\_\_\_

**Hispanic or Latino:** \_\_\_\_\_ **Not Hispanic or Latino:** \_\_\_\_\_ **Total in Attendance:** \_\_\_\_\_

**Comments:**

**Signature/Date/Time of Facility Representative:**

**Signature/Date/Time of Sponsor Representative:**

## Facility Monitoring Form for Sponsoring Organizations of Affiliated Centers

### 5-Day Reconciliation for Sponsors of Affiliated Centers

Provider Name \_\_\_\_\_ SO Name \_\_\_\_\_

Month/Year/Dates Reviewed \_\_\_\_\_

Number of Days per Week that Provider Operates CACFP \_\_\_\_\_

Choose 5 consecutive days. Record the meal count from the Meal Production Records. Record the number of current enrollment forms. Record the number of children in attendance.

DATE	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	LATE SNACK	ENROLLMENT	DAILY ATTENDANCE
1 -								
2 -								
3 -								
4 -								
5 -								
Column Total								

#### 1. Meal count compared to enrollment:

Are meal counts greater than enrollment on any day during this time period?	Y	N	N/A
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If "yes", explain any discrepancies:

#### 2. Meal count compared to attendance:

Are meal counts greater than daily attendance on any day during this time period?	Y	N	N/A
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If "yes", explain any discrepancies:

#### 3. Enrollment compared to attendance:

Is attendance greater than the number of enrollment on any day during this time period?	Y	N	N/A
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If "yes", explain any discrepancies: