

SAMPLE CACFP MONITORING SCHEDULE FORM
 (Requirement For Sponsors Of One Or More Centers in Different Location(s) Only)

OPTIONAL - Use this form or design your own

NAME OF SPONSOR _____

AGREEMENT #: _____

YEAR	COUNTY	NUMBER

PLAN AND COMPLETE YOUR MONITORING SCHEDULE FOR THE NEW AGREEMENT YEAR BEGINNING OCTOBER 1.

Each sponsoring organization must **ANNUALLY** conduct the required number of monitoring visits for each site under its sponsorship. As part of its monitoring plan, a sponsoring organization must document that it will employ the equivalent of one full-time staff person for each 25 to 150 centers it sponsors. § 226.15(d) requires sponsors to "devote adequate supervisory and operational personnel for management and monitoring of the Program" as a condition of sponsor eligibility and a key part of meeting compliance for "Administrative Capability." Note: an employee of a management company may not conduct monitoring visits.

- Reviews must be conducted at least 3 times a year for each center with no more than 6 months apart.
- In addition, at least two of the three reviews must be unannounced and must include observation of a meal service.

PROGRAM LOC # <small>(See CACFP Schedule A)</small>	ADDRESS	DATE 1 ST VISIT		DATE FOLLOW-UP VISIT		DATE 2 ND VISIT		DATE FOLLOW-UP VISIT		DATE 3 RD VISIT		DATE FOLLOW-UP VISIT		COMMENTS	*CODES:
		ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED	ANNOUNCED	UNANNOUNCED		
Old Church Day Care Ctr.	123 Oak Lane, Anywhere, NJ		11/00/00			01/00/00					06/00/00			TA provided. Revisit to verify meal requirements.	B, D, E
1.															
2.															
3.															
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20.															

*CODES: A – RECORD KEEPING

B – MEAL SERVICE C- SANITATION

D - USDA MEAL REQUIREMENTS

E – NUTRITON EDUCATION

F - MONITORING

Sponsoring Organization _____

Agreement # _____ - _____ - _____

Center/Program/Class -----

REQUIRED DOCUMENT
(SPONSORING ORGANIZATIONS ONLY)

2013 CHILD AND ADULT CARE FOOD PROGRAM MONITORING FORM

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

Observed Meal: <small>(Circle One)</small> BREAKFAST AM SUPP. LUNCH PM SUPP. DINNER Time Meal Served: _____	YES	NO	If no, note discrepancy and prescribe corrective action.
1. Do meal(s) observed meet all USDA <u>component requirements</u> as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do meal(s) observed meet all USDA <u>portion size</u> requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are meal counts taken <u>at the point of meal service</u> 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 <u>at the point of meal service</u> 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 → Civil Rights Procedures	<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:

2013 CACFP PROGRAM MONITORING FORM

Agreement # ____-____-____	Date: _____
Sponsoring Organization _____	
Center/Program/Class -----	

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.

DATES					
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.

DATES										
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:

TDWJ/CACFP-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.