

Sponsoring Organization _____

Agreement # _____ - _____ - _____

Facility/Program/Class _____

REQUIRED DOCUMENT
(SPONSORING ORGANIZATIONS ONLY)

2019 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 FACILITY		

Observed Meal: <i>(Circle One)</i> 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 component requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do meal(s) observed meet all USDA portion size requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do infant meals meet all USDA component and portion size requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are meal counts taken at the point of meal service for all meals served to enrolled participants on the CACFP Standardized Meal Count Form?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are meal counts taken at the point of meal service for all program staff?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is there a dated menu available for the meal observed?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are attendance records available for all enrolled participants?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Is the Child And Adult Care Food Program Eligibility Application on file for each participant?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the facility currently licensed?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the facility have a current health and sanitation certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Does the facility have a current fire and building inspection certificate?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Have facility personnel been trained in the following CACFP requirements? CACFP Eligibility Requirement Monitoring Enrollment/Eligibility USDA Component Requirements USDA Portion Size 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"/> <input type="checkbox"/> <input type="checkbox"/>	

13. List the additional training area(s) that facility personnel need:

2019 CACFP PROGRAM MONITORING FORM

Agreement # ____ - ____ - ____

Sponsoring Organization _____

Date:

Facility/Program/Class -----

14. List the components of the observed meal:

Required Components	Breakfast	Lunch / Dinner	AM / PM
Milk			
Juice, Fruit or Vegetable			
Bread / Bread Alternate			
Fruit or Vegetable			
Meat / Meat Alternate			

15. Does the observed meal meet the minimum USDA requirements as specified in the Child and Adult Care Food Program, Schedule B? YES NO

Does the facility serve meals to infants? YES NO

Complete the following chart, and list food items provided by the facility and/or parent:

Required Components (Refer to Schedule B for Infants)	Components Provided by Facility	Components Provided by Parents
Formula or Breast Milk		
Infant Cereal		
Infant Meat or Meat Alternate		
Infant Fruit or Vegetable		

16. 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 ___

List Findings Identified during Last Review.

Current Findings:

Technical Assistance Provided / Corrective Action(s):

Follow-Up Needed & Date Scheduled:

Additional Comments:

CACFP-14-CACFP Monit. Form NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF FOOD AND NUTRITION
CHILD AND ADULT FOOD CARE PROGRAM
Revised 10/22/2018

Signature of Facility Official

Date

Signature of Monitoring Official

Date