



Child & Adult Care Food Program

Centers Monitoring Form

Facility Information

Name: _____

Address: _____

Current License Posted ?

Yes No

Training:

Has everyone with CACFP duties received training within past 12 months?

Yes No

If no when are they scheduled to receive training? _____

Training agenda & sign in sheet for all staff on file?

Yes No

Monitoring:

Are monitoring forms on file for past & current year?

Yes No

Is monitoring on track for being completed during current year?

Yes No

Record keeping:

Are daily records kept of the number of meals served by type to participants & program adults?

Yes No

Attendance sign in sheets up to date?

Yes No

IEA's complete, correct & on file?

Yes No

Categorized by free, reduced & paid?

Yes No

Are IEA's reviewed every month to determine the numbers for the claim?

Yes No

Income & Expense ledger sheet complete & up to date with itemized receipts on file by month?

Yes No

All other records including CACFP Binder on file & available for review?

Yes No

Enrollment forms all updated within the past 12 months?

Yes No

Sanitation

Hand sink; hot & cold water? Soap & paper towels?

Yes No

Dishwashing using wash, rinse & sanitize?

Yes No

Freezer below 0° F ?

Yes No

Refrigerator 40° F or lower?

Yes No

Chemicals & Toxins properly stored?

Yes No

Current Sanitation/EID inspection posted?

Yes No

Food Service:

Menu Record Book complete & up to date?

Yes No

Is cook recording actual items & amounts used?

Yes No

Does MRB documentation include any nonstandard units?

Yes No

Is menu posted and followed?

Yes No

Family Style Dining being practiced?

Yes No

Staff eating the same food and sitting with participants? Yes No

Substitutions for allergies or special diets on file? Yes No

All required components served for each meal? Yes No

Any blank lines in the MRB for breakfast, lunch or supper? Yes No

Nutrition Education:

One activity documented per month and on file? Yes No

Meal service:

Meal observed; _____

Participants served; _____

Program adults served: _____

Meal count comparison with past 5 days
Dates/counts for 5 previous days of service at this center

Date				
Count				

Served at the time approved on application? Yes No

Components served; Quantities

Milk _____

Meat _____

Vegetable _____

Fruit _____

Bread _____

Plate Waste? High Moderate Low

Are infants being served at the center? Yes No

If yes are infants being claimed properly? Yes No

Civil Rights:

And Justice for all poster displayed? Yes No

Problems that need correction

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Use additional pages as needed

Assignment of timeframe and person responsible to correct the problems;

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Date of review: _____

Signature of Monitor/Reviewer

Title of Monitor/Reviewer