

Sponsoring Organization \_\_\_\_\_

Agreement # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**REQUIRED DOCUMENT**  
(SPONSORING ORGANIZATIONS ONLY)

**CACFP CHILD AND ADULT CARE FOOD PROGRAM MONITORING FORM**

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

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 <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	<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:			

**13. 5-Day Reconciliation Review**  
Review the five (5) previous days for the **SAME MEAL SERVICE** and list the total meal counts, attendance and enrollment figures.

<b>DATES</b>					
<b>MEAL COUNT</b>					
<b>ATTENDANCE</b>					
<b>ELIGIBILITY/ENROLLMENT</b>					

*(Continue On Reverse Side)*

# CACFP PROGRAM MONITORING FORM

(CONTINUED- Page 2 of 2)

Agreement # \_\_\_\_\_

DATE: \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Center/Program/Class \_\_\_\_\_

**13. 5-Day Reconciliation Review (continued)**

Do the attendance and enrollment/eligibility records support the meal counts? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain any differences.

Is there evidence of \*block claiming in the five-day reconciliation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, 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. Determine if there is evidence of block claiming and follow-up visit(s) is/are needed.

*\*Block claim means a claim for reimbursement submitted by a facility on which the number of meals claimed for one or more meal types (Breakfast, Lunch, Am/Pm Supplements, Dinner) is identical for 15 consecutive days within a claiming period.*

The **SAME MEAL SERVICE** must be used for the 10 previous/consecutive days (*Refer to page one*).

<b>DATES</b>										
MEAL COUNT										
ATTENDANCE										
ELIGIBILITY/ENROLLMENT										

**14. Findings:**

**Technical Assistance Provided / Corrective Action(s):**

**Additional Comments:**

TDWJ/CACFP-10-CACFP Monit. Fm.  
NEW JERSEY DEPARTMENT OF AGRICULTURE  
DIVISION OF FOOD AND NUTRITION  
CHILD AND ADULT CARE FOOD PROGRAM

\_\_\_\_\_  
*Signature of Site Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Monitoring Official*

\_\_\_\_\_  
*Date*