

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

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

Facility/Program/Class \_\_\_\_\_

**REQUIRED DOCUMENT**

(SPONSORING ORGANIZATIONS ONLY)

**2025 CHILD AND ADULT CARE FOOD PROGRAM MONITORING FORM**

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

Observed Meal: (Circle One) BREAKFAST AM SUPP. LUNCH PM SUPP. DINNER		YES	NO	If no, note the discrepancy and prescribe corrective action.
Time Meal Served: _____				
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.	Do infant meals meet all USDA component and <u>portion size</u> requirements as listed in Schedule B?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	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"/>	
5.	Are meal counts taken <u>at the point of meal service</u> 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 → <u>Civil Rights Procedures</u>	<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:

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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-25 CACFP Monitoring Form  
NJDA CACFP  
Revised 7/19/2024

\_\_\_\_\_  
*Signature of Facility Official*

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

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

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