



Month/Year:

Date:

- * Vendor representative contacted by telephone
- * Vendor made timely corrections (e.g., sent replacement meal)
- * Provider purchased missing items
- * Vendor did not charge the provider for deficient meal
- * Other corrective measures taken by the vendor (see reverse for more)

ADULT CARE FOOD PROGRAM - ACFP

Instruction for Completing the Monthly Food Service Performance Report

Each Adult Day Care Center receiving meals from a Food Service Management Company (Vendor) is required to complete a Monthly Food Service Performance Report to document the quality and reliability of food services provided. By submitting these monthly reports, the ACFP Provider helps the Adult Care Food Program (ACFP) monitor the actual food service performance of approved Food Service Management Companies.

Reporting Guidelines:

- * **Deficiencies** (such as late deliveries, missing items, poor food quality, etc.) should be **documented immediately** as they occur.
- * A **Provider representative** who contacts the Vendor to report a complaint must record the incident and all **corrective actions** taken on the **Monthly Food Service Performance Report**.
- * The **Adult Day Care Center Supervisor** must **review, sign, and date** the report at the **end of each month** to verify accuracy and completeness.

Submission Requirements:

- * **Provider** retains the **original copy** of the completed report in their records.
- * **E-mail / Mail one copy** to the **Food Service Management Company** along with the **monthly payment**.
- * **E-mail / Mail one copy** to the **DOEA/ACFP** along with the **monthly reimbursement claim**.

Description of Information Required:

Institution:	Name of the Institution/Administering Organization responsible for the administration of ACFP
Contract #:	Contract Number assigned to the institution as an ACFP provider
Vendor (Food Service Company)	Name of approved Food Service Management Company or approved vendor the provider has contracted to provide meals to ACFP participants
Month / Year:	Month and Year the deficiency(s) occurred
Date:	Day of month deficiency took place for meal service
Meal Type:	Coded as: Breakfast (B), Supplement (S AM PM), Lunch (L), Supper (S)
Component:	Meal(s) component presetting deficiency(s)
Deficiency / Complaint:	Full description of complaint (refer to descriptions at bottom of first page)
Corrective Action:	What was done to correct the error/mistake involving the food delivery and the process of correction? (refer to descriptions at bottom of first page)
Deficiency Corrected:	Yes or No
Recorder Initials:	The first and last initials of the Adult Care Center Representative documenting date entry on report