



Adult Care Food Program

ACFP Sponsor Site Monitoring Forms

Contract # _____

Review Date: _____

Site Reviewed: _____

Unannounced: Yes No

Address: _____

Observed Meal: Yes No

Name of Person conducting the Monitoring: (Print Name) _____

(Title) _____

This form is completed at each sponsored site during the first 4 weeks of the provider participation each contact year. No more than 6 months will elapse between the completion of each of the 3 required visits. Two of the 3 required visits must be unannounced. At least one unannounced visit must include observation of a meal service.

Follow up reviews are performed when necessary and in a timely manner.

If deficiencies were identified during the last review, answer the following questions before you start the review.

Previous Deficiency Questions	Yes	No	NA	Comments
What were your previous deficiencies? List them in the comments section.				
If Corrective Action Plans (CAP) were necessary, were they submitted to the sponsor in a timely manner?				
Did the CAP reflect appropriate actions to correct the deficiency identified?				
Have previously noted deficiencies reoccurred?				

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Questions	Yes	No	N/A	
Meal Pattern				Comments
Is the ACFP Meal Pattern is being followed on the day of the review?				
Is the Meal Service Review Form completed and attached to this review?				
State Agency approved menus are on file?				
Licensing				Comments
The Facility has a current AHCA license? Note expiration date in comment section.				
The Facility has a current contract? Note agency and expiration date in comment section.				
Training				Comments
Records of training session date(s) and location(s), as well as topics presented and names of participants are on file?				
Documentation Records of attendance at required annual training of each member with monitoring responsibilities are on file?				
Facility staff participated in current fiscal year ACFP training?				
Facility staff participated in current fiscal year Civil Rights training?				

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Questions	Yes	No	N/A	
Meal Counts				Comments
The point of service meal counts were recorded at the time of meal service for each meal?				
Daily point of service meal counts only include ACFP eligible clients?				
The information on the point of service is accurate and supports the claim?				
Menu and Meal Records				Comments
Dated menus are posted in full view of all participants?				
Delivery slips for contracted meal service are maintained with monthly records?				
Record the number enrolled by eligibility category on the day of the review.				Free_____ Reduced_____ Paid_____ Total_____
Civil Rights				Comments
The "Justice for All" poster is displayed in view of all participants?				
The Center offers all ACFP participants the same meal at no separate charge, regardless of race, color, national origin, sex, age or disability?				
Ethnic and racial data is collected for enrolled adults in attendance on the day of the review and recorded on Ethnic and Race Form?				

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Questions	Yes	No	N/A	
Meal Benefit Income Eligibility Forms				Comments
Income Eligibility Forms are accurately completed?				
Income Eligibility Forms were signed and dated by the participant within the last 365 days, plus end of month?				
Income Eligibility Forms are approved, signed, and dated by the provider determining official?				
Enrollment Forms				Comments
All information from the Income Eligibility Forms has been transferred correctly to the Enrollment Roster?				
Participants with a change in eligibility category has been revised correctly on the Enrollment Roster?				
Enrollment Forms were updated annually?				
Reconciliation of Meal Counts				Comments
The Five-Day reconciliation was completed properly?				
The results of the Five-Day reconciliation comparison of enrollment and attendance to meal counts was determined to be accurate.				
Was there is a discrepancy that the reviewer could not reconcile?				
The Five-Day Reconciliation Form is attached?				

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Meal Service Review Form

Facility Name: _____

Meal Observed ___ Breakfast ___ Lunch ___ Supper

Contract #: _____

___ AM Supplement ___ PM Supplement

Time: _____

Date: _____

	Posted/Approved Menu	Actual Meal Observed	Portion Size	Temperature
Meat/ Alternative				
Vegetable				
Fruit				
Grain 1				
Grain 2				
Milk				
Other				

Questions:

1. Is the Point of Service Meal Count Taken?
2. Did the meal reviewed meet or exceed ACFP Meal Pattern Requirements?
3. Were portion sizes available and served?
4. Was the Offer vs. Serve Option used?
5. What was the number of reimbursable meals recorded by the reviewer?

Answers:

Yes/No?
Yes/No?
Yes/No?
Yes/No?

Comments:

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Civil Rights Compliance Form

Facility Name: _____ Contract #: _____

Time: _____ Date: _____

Ethnicity	Real Number Totals	Race	Real Number Totals
Hispanic or Latino		American Indian or Alaskan Native	
Non-Hispanic or Latino		Asian	
		Black or African American	
		Native Hawaiian/Other Pacific Islander	
		White	

FNS Instruction 113-1 defines the racial categories as follows:

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black or African American.”
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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5 Day Meal Reconciliation of Meal Counts

Review Date: _____ Site: _____

As part of every review of a sponsored center the monitor must reconcile and ensure consistency of the three critical elements – enrollment, attendance, and meal counts – for a five-day period.

- Select 5 consecutive operating days during the current and/or prior claiming period.
- Enter ACFP enrollment numbers and ACFP attendance numbers for each day into the worksheet.
- Enter meal counts for all ACFP meals claimed on the 5 days selected into worksheet.

Only ACFP enrolled participants should be used in the Five-Day Reconciliation of Meal Counts.

License Capacity: _____

Date	Enrollment	Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper	EV Snack
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								

The monitor will determine the number of ACFP participants in care during each meal service and attempt to reconcile those numbers to the number of meals recorded in the facility's meal count for that day.

Questions:	Yes	No
1) Do meal counts for the five consecutive days reviewed exceed the documented enrollment or attendance for those days?		
2) If yes, does the center have a reasonable explanation? (detail below)		
3) Are there meals that should be disallowed in the current month?		
4) Are there meals that are over the claim from the previous month?		
5) Is a corrective action required?		

Explanations and Comments: