

## State of Alaska Center Facility Monitoring Review Report FY26

Facility Name:				Date:		Arrival time:		Departure time:		<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced		
Meal observed:			Time:		License capacity:			Today's meal count:				
Today's attendance:		0-11 Mo:		1-2 Yrs:		3-5 Yrs:		6-12 Yrs: 6-18 Yrs (At-risk Only):		Adults:		
<b>Outside-school-hours programs, at-risk afterschool programs, and emergency shelters must reconcile meals counts to attendance records.</b>												
Reconciliation		1 <sup>st</sup> Day	2 <sup>nd</sup> Day	3 <sup>rd</sup> Day	4 <sup>th</sup> Day	5 <sup>th</sup> Day			<b>Menu and specific foods used</b> (record all food items served and list infant meals on a separate page, if applicable)			
Meal type claimed		Date:	Date:	Date:	Date:	Date:	Five-day average					
<b>Meal count by type</b>	Breakfast						Milk:					
	A.M. Snack						Veg/fruit:					
	Lunch						Veg/fruit:					
	P.M. Snack						Grains/breads:					
	Supper						Grains/breads:					
	Evening Snack						Meat/alternate:					
Enrollment (not required for At-risk)							Meat/alternate:					
Attendance							Other:					
<b>Monitors reviewing sites that participate only in the At-risk Afterschool Snack/Supper component may skip questions 4, 11, and 15; in number 17-19 enrollment records are not required and therefore would not be reviewed.</b>										Yes	No	N/A
1. Does the menu as served meet CACFP requirements? 2. Does the written menu match what was served today? 3. Is enough food served or available to each child with required portions? 4. If family style service is used, is each child encouraged to take at least some of each food? 5. If Offer Vs. Serve used, is it done correctly? (not for child care centers) 6. If pre-plating service is used does every child get full minimum serving size for all items? 7. Are parent requests or medical statements on file for children requesting dietary accommodations? 8. If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk? (on state list) 9. Are dietary accommodations for children with disabilities followed as prescribed in the medical statement? 10. Is drinking water available to children throughout the day, including meal times (but not on the tables)? 11. Is the infant meal pattern being followed correctly and documented for all infants? 12. Is a working menu, menu production record or transport record completed for all meals prepared? 13. Are all meals consumed on facility or under staff supervision? 14. Are meal counts taken and recorded at the time of each meal service? 15. Are the number and ages of children in care in compliance with current license and staff-to-children ratio? 16. Do the meal counts for the previous five days appear reasonable when compared to today's counts? 17. Do enrollment and attendance support the meal counts for the previous five days? 18. If enrollment exceeds licensed capacity, are shifts of care documented? 19. Are enrollment documents for all children participating in CACFP current? 20. Do all children receive the same meal regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability? 21. Is the "And Justice for All" and the "Build for the Future" posters placed in a prominent location at this facility? 22. Is there a CFPM on site and staff with their Food Worker Cards as applicable? 23. Is first in/first out system being used for food inventory (with documentation) & food at least 6" off the floor? 24. Is there documentation of DEC or MUNI sanitation inspections on site? 25. Is this facility safe and sanitary? 26. Are sanitizing solutions mixed properly, clearly labeled, and kept out of reach of children? 27. Is the cook familiar with checking the food thermometer & calibrating as needed? 28. Are handwashing facilities accessible? 29. Did reviewer witness hands properly washed by children and staff? 30. Did reviewer observe the prevention of bare hand contact with ready-to-eat foods?												

31. Has staff attended the training sessions on the CACFP for the current program year?		
32. Does this visit indicate that training is necessary at this facility?		
33. If training is needed, state when and how it will be provided.		
34. Was meal served at scheduled time documented in the CNP Database?		
35a. Were there problems noted in the prior site review?		
35b. If yes, have problems noted in the prior review been corrected? If no, describe on page 2 the repeated findings and action to be taken (a follow-up review should be conducted within 60 days).		

Facility appears to be in compliance (any "No" response requires corrective action and follow-up within 60 days)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Corrective actions required:</b>			
<b>Submit corrective action by:</b>			

<b>Name and Signature of Monitor</b>	<b>Name and Signature of Center Official</b>
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### **After visit documentation:**

**Corrective Action Taken and Date Completed:**

Constitutive Relation and Data Completion

**No Corrective Action completed or Unacceptable Corrective Action (provide details of actions taken by sponsor, additional Corrective Action if warranted, attach additional documentation as needed):**

**Multiple Classrooms – 5 Day Reconciliation**

<b>Reconciliation</b>		<b>1<sup>ST</sup> Day</b>	<b>2<sup>ND</sup> Day</b>	<b>3<sup>RD</sup> Day</b>	<b>4<sup>TH</sup> Day</b>	<b>5<sup>TH</sup> Day</b>	
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	A.M. Snack						
	Lunch						
	P.M. Snack						
	Supper						
	Evening Snack						
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<b>Attendance</b>							

  

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