Pennsylvania Department of Education
Bureau of Budget and Fiscal Management
Division of Food and Nutrition

Sponsor Name: Greater Pittsburgh Community Food Bank
Agreement Number: 300-02-005-8
(to be assigned by the Pennsylvania Department of Education)

Child and Adult Care Food Program
Acknowledgment of Unannounced Monitoring Visits

INSTRUCTIONS: Complete this form and provide original signatures (in BLUE ink) from the Chief Administrator, Executive Director, or owner who shall take responsibility for the Program as indicated below. Submit the original form to:

PA Department of Education
Bureau of Budget and Fiscal Management
Division of Food and Nutrition
333 Market Street, 4th Floor
Harrisburg, PA 17126-0333

In accordance with the federal regulations for the Child and Adult Care Food Program (CACFP), 7 CFR Part §226.16(d)(4)(iii), a sponsoring organization must conduct three monitoring visits of each facility in its CACFP operations each year. Of the three monitoring visits, at least two must be unannounced. The third visit may be either announced or unannounced.

A sponsoring organization of the CACFP is defined as an agency that has its administrative office located in a different facility apart from its child or adult center. A sponsoring organization may have one or more sites on the CACFP. The three monitoring visits become a required CACFP administrative function.

An independent sponsor of the CACFP is defined as an organization that has its administrative office and its only child or adult center located in the same facility. Should the independent sponsor relocate the administrative office apart from the center or expand its site operation, the independent sponsor becomes a sponsoring organization. The three monitoring visits become a required CACFP administrative function.

I acknowledge that the Pennsylvania Department of Education (PDE) may conduct unannounced visits and unannounced administrative reviews at this institution at any time and all information must be available upon request.

On behalf of this institution, I affix my signature and will implement this policy.

SPONSOR

Lisa A. Scales
Chief Administrator or Principal, Printed

Signature

FOR PDE USE ONLY

Signature

Title

Month/Day/Year

PDE CHILD-NUTRITION UNIT

18 AUG 7 AM 8:19

CACFP Unannounced Monitoring Visits
Revised February 2016