

SITE MONITORING REPORT FOR CACFP

Note: Site monitoring visits should be scheduled with enough time to observe the entire meal service

Site Name & Address: Site Contact: _____	Date of Visit: _____	Regular Visit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Time Arrived: _____	<input type="checkbox"/> Follow-Up Visit
	Time Departed: _____	<input type="checkbox"/> Aligned with NSLP Visit
		<input type="checkbox"/> Announced Visit
		<input type="checkbox"/> Unannounced Visit

1. LICENSING, ALTERNATE APPROVAL, OR OTHER FEDERAL, STATE OR LOCAL APPROVAL

Licensed facilities only: Is the license for this facility current? Yes No

Maximum number _____ Ages in Care _____ Hours care provided: _____

Is the operation of this facility in compliance with licensing requirements listed above? Yes No

Alternate approval facilities only: Are Sanitation and Fire/Safety Inspections current? Yes No
 (Sanitation Inspection must be done annually. Fire/Safety Inspection must be done every two years)

Date of last Sanitation Inspection _____ Date of last Fire/Safety Inspection _____

Other Federal, State or Local Approval: Type of approval _____

During the site-monitoring visit were any imminent health or safety issues observed and reported?

Yes No If yes, describe situation and action taken:

2. MEAL OBSERVATION Time meal served: _____

Meal Service Style: Restaurant Family Style Combination restaurant/family Cafeteria

Meal Observed: Breakfast AM Snack Lunch PM Snack Supper

Written Menu: _____ **Menu Served:** _____

Do meals for the current month meet all CACFP requirements (including infant meals)? **Yes** **No**

Check the following if OK: _____

_____ all required components are offered at each meal

_____ non-creditable foods are not counted toward the meal pattern

_____ adequate quantities of all required components are offered

_____ the meal service style is implemented correctly (adequate supervision, food served appropriately)

3. FOOD SAFETY AND SANITATION **Yes** **No**

Food is obtained from approved sources _____

Potentially hazardous foods are stored/prepared/held/served at the proper temperatures _____

Leftovers are properly cooled _____

Dishwashing facilities are adequate for washing, rinsing and sanitizing _____

Appropriate personal hygiene practices are observed _____

Kitchen food/prep area is sanitary _____

Any other food safety or sanitation issues noted: _____

8. COMMENTS “No” and “N/A” answers require comment and/or plan for correction; note any other problems observed:

9. FOLLOW-UP FROM LAST VISIT **Date of last site monitoring visit:** _____ **Yes** **No**

Were any problems discovered during the last visit? _____ _____

If yes, have they been corrected? _____ _____

If they have not been corrected, what follow up action is necessary and what is the time frame required for correction?

The monitor is required to conduct a 5-day reconciliation for each monitoring review conducted for each site. Instructions for conducting a 5-day reconciliation in [Chapter 13](#) of the Center Policy and Procedure Manual and the training on Chapter 13 – Multi-site Sponsors – Part A: Non-School Districts. The training on Chapter 13 is located on the ODE CNP [CACFP training webpage](#). Complete one or more classrooms per instructions in Chapter 13 in the CACFP Policy and Procedure Manual (Center Based Sponsors)

<u>Date of 5 day reconciliation</u>	<u>Breakfast</u>		<u>AM Snack</u>		<u>Lunch</u>		<u>PM Snack</u>		<u>Supper</u>		<u>Eve Snack</u>	
	<u>Attendance</u>	<u>Meal Count</u>	<u>Attendance</u>	<u>Meal Count</u>	<u>Attendance</u>	<u>Meal Count</u>	<u>Attendance</u>	<u>Meal Count</u>	<u>Attendance</u>	<u>Meal Count</u>	<u>Attendance</u>	<u>Meal Count</u>
<u>Enrollment</u> _____												

Reasons or details for missing or incomplete dates:

Table for Meal Disallows

<u>Date of Disallow</u>	<u>Breakfast</u>	<u>AM Snack</u>	<u>Lunch</u>	<u>PM Snack</u>	<u>Supper</u>	<u>Eve Snack</u>
	<u># of Disallows</u>	<u># of Disallows</u>	<u># of Disallows</u>	<u># of Disallows</u>	<u># of Disallows</u>	<u># of Disallows</u>

(Meals/snacks found in excess of attendance for any date must be disallowed. List the number of meals/snacks disallowed and the date for which meals/snacks are disallowed)

Justification for meal/snack disallowance as a result of the 5day reconciliation:

Signature of monitor/reviewer	Title	Date
-------------------------------	-------	------

Signature of facility representative	Title	Date
--------------------------------------	-------	------