Oregon Department of Education
255 Capitol St.NE
NE Salem, OR 97310

Child Nutrition Programs

SITE MONITORING REPORT FOR CACFP
Note: Site monitoring visits should be scheduled with enough time to observe the entire meal service

Site Name & Address:	Date of Visit:_____	Regular Visit: ☐ 1 ☐ 2 ☐ 3
	Time Arrived: _____	☐ Follow-Up Visit
	Time Departed: _____	☐ Aligned with NSLP Visit
Site Contact: _____		☐ Announced Visit
		☐ 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:**

_____

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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**

	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:

_____

_____

_____

4. BUILDING FOR THE FUTURE (Adult Programs exempt)

	Yes	No
Is the poster "*Building for the Future*" posted where it can be seen and read by participants, their parents or guardians?	☐	☐
Is the WIC flyer posted or the WIC brochure distributed as required	☐	☐

5. CIVIL RIGHTS

	Yes	No
Is the "*Justice For All Poster*" posted where it can be seen and read by participants, potential participants, their parents or guardians?	☐	☐
Does staff demonstrate knowledge of the organization's Civil Rights complaint procedure?	☐	☐
Are Civil Rights complaint forms and complaint log readily available at the site?	☐	☐
Are Civil Rights complaint forms available in other languages if necessary?	☐	☐
Is water offered to all participants throughout the day when participants are in care?	☐	☐

☐ **Not Applicable**

6. RECORDKEEPING

	Yes	No
Are substitutions to the printed menu written on the menu?	☐	☐
Are valid *Medical Statement for Food Substitutions* forms on file for participants who are served meals with substitutions due to medical reasons?	☐	☐
Are non-reimbursable meals identified and not counted - actual count method used? (substitution eliminates a meal component , no *Medical Statement* on file) ☐ **Not Applicable**	☐	☐
Are meal counts taken at the point of service and daily records kept of the number of meals (by type) served to participants?	☐	☐
Are accurate attendance records with in/out items maintained for all participants?	☐	☐
Do attendance records support meal counts for the five-day reconciliation? If no, in comments record date(s), type and number of meals disallowed, and plan for correction.	☐	☐
Are current infant feeding forms on file for all infants in care? ☐ **Not Applicable**	☐	☐
Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? ☐ **Not Applicable**	☐	☐
The facility collects and maintains a CACFP Child Enrollment Form (CEF) or adult enrollment documents annually for each participant receiving reimbursable CACFP meals and/or snacks. ☐ **Not Applicable**	☐	☐
All CEFs and adult enrollment documents capture each participant's: ☐ **Not Applicable** • first name, last name • normal days and hours of care and the meals normally received while in care, and • annual documentation - information has been updated and signed by a parent or legal guardian, as needed	☐	☐
Vended programs: Were meals delivered on time, all foods/meal components counted upon delivery, potentially hazardous foods checked for proper temperatures and all required information documented on the daily vendor receipt? ☐ **Not Applicable**	☐	☐

7. STAFF TRAINING

	Yes	No
Has all facility staff received new hire and annual training on pertinent CACFP topics within the current fiscal year <u>and</u> is it documented (documentation includes agenda, dates, trainer name(s), participant name(s), and participant signature(s) per ODE requirements)?	☐	☐
Does the facility staff demonstrate familiarity with the types and quantities of food required for each type of meal served?	☐	☐
Does the facility staff demonstrate an understanding of the meal service style being used?	☐	☐
Vended programs: Does the facility staff know what to do if delivered meals are deficient (missing a meal component, inadequate quantities or unwholesome? ☐ **Not Applicable**	☐	☐

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)

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

Reasons or details for missing or incomplete dates:

_____

_____

_____

Table for Meal Disallows

Date of Disallow	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
	# of Disallows	# of Disallows	# of Disallows	# of Disallows	# of Disallows	# of Disallows

(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

This institution is an equal opportunity provider