

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: _____

	Yes	No
<p>4. BUILDING FOR THE FUTURE (Adult Programs exempt)</p> <p>Is the poster "<i>Building for the Future</i>" posted where it can be seen and read by participants, their parents or guardians?</p> <p>Is the WIC flyer posted or the WIC brochure distributed as required</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p>5. CIVIL RIGHTS</p> <p>Is the "<i>Justice For All Poster</i>" posted where it can be seen and read by participants, potential participants, their parents or guardians?</p> <p>Does staff demonstrate knowledge of the organization's Civil Rights complaint procedure?</p> <p>Are Civil Rights complaint forms and complaint log readily available at the site?</p> <p>Are Civil Rights complaint forms available in other languages if necessary?</p> <p>Is water offered to all participants throughout the day when participants are in care?</p> <p style="text-align: right;"><input type="checkbox"/> Not Applicable</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>6. RECORDKEEPING</p> <p>Are substitutions to the printed menu written on the menu?</p> <p>Are valid <i>Medical Statement for Food Substitutions</i> forms on file for participants who are served meals with substitutions due to medical reasons?</p> <p>Are non-reimbursable meals identified and not counted - actual count method used? (substitution eliminates a meal component , no <i>Medical Statement</i> on file) <input type="checkbox"/> Not Applicable</p> <p>Are meal counts taken at the point of service and daily records kept of the number of meals (by type) served to participants?</p> <p>Are accurate attendance records with in/out items maintained for all participants?</p> <p>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.</p> <p>Are current infant feeding forms on file for all infants in care? <input type="checkbox"/> Not Applicable</p> <p>Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? <input type="checkbox"/> Not Applicable</p> <p>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. <input type="checkbox"/> Not Applicable</p> <p><u>All</u> CEFs and adult enrollment documents capture each participant's: <input type="checkbox"/> Not Applicable</p> <ul style="list-style-type: none"> • 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 <p>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? <input type="checkbox"/> Not Applicable</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7. STAFF TRAINING</p> <p>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)?</p> <p>Does the facility staff demonstrate familiarity with the types and quantities of food required for each type of meal served?</p> <p>Does the facility staff demonstrate an understanding of the meal service style being used?</p> <p>Vended programs: Does the facility staff know what to do if delivered meals are deficient (missing a meal component, inadequate quantities or unwholesome)? <input type="checkbox"/> Not Applicable</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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
--------------------------------------	-------	------