

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 Supervisor: _____ Site Contact: _____	Date of Visit: _____	Regular Visit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Day of Week: _____	<input type="checkbox"/> Follow-Up Visit
	Time Arrived: _____	<input type="checkbox"/> Aligned with NSLP Visit
	Time Departed: _____	<input type="checkbox"/> Meal observed
		<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 _____

2. MEAL OBSERVATION Time meal served: _____ ☐ Not Applicable – No meal observed

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) | _____ | _____ |
| _____ Water is offered to all participants throughout the day <input type="checkbox"/> Not Applicable (for Adult Day Cares only) | _____ | _____ |

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 | _____ | _____ |
| There weren't any imminent health or safety issues observed and reported during the visit | _____ | _____ |
| If the answer is no to any question above, describe situation and action taken: | | |
| _____ | | |
| _____ | | |

	Yes	No
4. <u>Required Postings</u> (Adult Day Cares exempt) <input type="checkbox"/> Not Applicable (Adult Day Cares only)		
Is the poster " <i>Building for the Future</i> " 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 (N/A for At-Risk) <input type="checkbox"/> Not Applicable	_____	_____
5. <u>CIVIL RIGHTS</u>	Yes	No
Is the " <i>Justice For All Poster</i> " 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 current and readily available at the site?	_____	_____
Are Civil Rights complaint forms available in other languages if necessary?	_____	_____
6. <u>RECORDKEEPING</u>	Yes	No
Are working menus accurate for the meal/snack observed or most recent meal served and include all required menu documentation (WGR, milk type, cereal name, yogurt flavor, etc.)?	_____	_____
Are substitutions to the printed menu written on the working menu? <input type="checkbox"/> Not Applicable	_____	_____
Menu supporting documentation are on file to show meals meet meal pattern?	_____	_____
Are valid <i>Medical Statements</i> on file for participants who are served meals with substitutions due to medical reasons? <input type="checkbox"/> Not Applicable	_____	_____
Are valid <i>Meal Preference Forms</i> on file for participants who are served a nutritionally equivalent milk substitute? <input type="checkbox"/> Not Applicable	_____	_____
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	_____	_____
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 times maintained for all participants?	_____	_____
Do attendance records support meal counts for the five-day reconciliation (page 3)? If no, in Section 11: Table for Meal Disallows, record date(s), type and number of meals disallowed, and plan for correction.	_____	_____
Is the Infant Formula Selection on the CACFP Child Enrollment Form (CEF) complete for all infants in care? <input type="checkbox"/> Not Applicable	_____	_____
Are individual infant menu records completed accurately, and only complete meals are included in reimbursable meal counts? <input type="checkbox"/> Not Applicable	_____	_____
The facility collects and maintains a CEF for adult enrollment documents annually for each participant receiving reimbursable CACFP meals and/or snacks. <input type="checkbox"/> Not Applicable	_____	_____
<u>All</u> CEFs and adult enrollment documents capture each participant's: <input type="checkbox"/> Not Applicable <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 	_____	_____
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	_____	_____

	Yes	No
7. STAFF TRAINING		
All facility staff received new hire and annual training on pertinent CACFP topics within the current fiscal year <u>and</u> training is documented (documentation includes agenda, dates, trainer name(s), participant name(s), and participant signature(s) per ODE requirements)?	_____	_____
The facility staff demonstrate familiarity with the types and quantities of food required for each type of meal served?	_____	_____
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 spoiled)? <input type="checkbox"/> Not Applicable	_____	_____
8. COMMENTS “No” and “N/A” answers require comment; note any other problems observed:		

9. FOLLOW-UP FROM LAST VISIT Date of last site monitoring visit: _____		
Were any problems discovered during the last visit?	_____	_____
If yes, have they been corrected?	_____	_____
What were the problems? 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 is available in Chapter 14 of the [ODE CNP CACFP Policy and Procedure Manual](#) and the online training on Chapter 14: Site Monitoring.

10. Dates of 5-day reconciliation	Breakfast		AM Snack		Lunch		PM Snack		Supper		Eve Snack	
	Meal Times											
	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count
# Enrolled: _____												

Reasons or details for excess meal counts or missing or incomplete dates:

11. Table for Meal Disallows

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
Date(s) of Disallow	# 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(s):

12. Corrective Actions Required: ☐ Not Applicable

Signature of monitor/reviewer

Title

Date

Signature of facility representative

Title

Date