

**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:

\_\_\_\_\_  
 \_\_\_\_\_

<b>2. MEAL OBSERVATION</b>	<b>Time meal served:</b> _____	
	<b>Meal Service Style:</b>	<input type="checkbox"/> Restaurant <input type="checkbox"/> Family Style <input type="checkbox"/> Combination restaurant/family <input type="checkbox"/> Cafeteria
	<b>Meal Observed:</b>	<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
<b>Written Menu:</b>	<b>Menu Served:</b>	
_____	_____	
_____	_____	
_____	_____	
Do meals for the current month meet all CACFP requirements (including infant meals)?		<b>Yes</b> <b>No</b>
Check <input checked="" type="checkbox"/> 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)		_____

<b>3. FOOD SAFETY AND SANITATION</b>	<b>Yes</b>	<b>No</b>
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:

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**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?

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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>
<b>Enrollment</b> _____	<u>Attendance</u>	<u>Meal Count</u>					
<b>Capacity</b> _____							
_____	_____		_____				
_____	_____		_____				
_____	_____		_____				
_____	_____		_____				

**Reasons or details for missing or incomplete dates:**

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**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>
	<b># of Disallows</b>					

(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:**

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Signature of monitor/reviewer	Title	Date
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Signature of facility representative	Title	Date
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