

SITE MONITORING REPORT

Site Name: _____ Date: _____

Address: _____

Monitor/Reviewer: _____ Site Contact Person: _____

LICENSED/AUTHORIZED CAPACITY

Maximum number _____ Hours care provided: _____

Yes No

1. Is the operation of this facility in compliance with licensing requirements? _____

MEAL OBSERVATION ON DAY OF MONITORING VISIT

2. Type of meal observed: Breakfast _____ AM Snack _____ Lunch _____
PM Snack _____ Supper _____

Menu	Total adults participants served: _____	Total Number Served
_____		Infant _____
_____		1 to 3yrs _____
_____		3 to 6yrs _____
_____		6 to 12yrs _____

FOOD SAFETY AND SANITATION

3. Are basic food safety and sanitation practices being followed when food is handled _____

Check ✓ the following if OK:

- _____ food from approved sources
- _____ hands washed appropriate and good hygiene practices followed
- _____ food contact surfaces (cutting boards, tables) sanitized first
- _____ approved dishwashing procedures followed
- _____ refrigeration facilities adequate for cold and frozen foods
- _____ nonfood items such as cleaning compounds, polishes, insecticides, stored away from food and not accessible to children
- _____ leftovers handled appropriately
- _____ delivered food kept below 40° or above 140° F

RECORDKEEPING

4. Was a menu Production Record completed accurately for today's meal/snack at the food preparation kitchen? On site _____ Off site _____

As a minimum, the Menu Production Record must include:

- 1) the date the menu was served (date, month, year)
- 2) all components listed
- 3) total quantity of food prepared and served (pounds, number of cans with can sizes, gallons, cups, etc.)
- 4) number of adults served the meal
- 5) substitution and/or additions to cycle menus

(continued on the reverse side)

Yes No

- 5. Do meals for the current month meet CACFP requirements? ____ ____
- 6. If meals were delivered, were meals or meal components counted upon delivery and any discrepancies recorded on the delivery receipt or menu sheet? ____ ____
- 7. Are substitutions due to medical reasons authorized by a recognized medical authority and the statement on the file? ____ ____
- 8. Are meal counts taken at the point of service and daily records kept of the number of meals (by type) served to participants? ____ ____
- 9. Are accurate attendance records with in/out items maintained on participants separate from meal count records? ____ ____
- 10. Date of last sanitation inspection _____
Have all needed corrections been made and recorded in writing with date completed? ____ ____
- 11. Are all of the above records given to the sponsoring organization in a timely manner? ____ ____

STAFF TRAINING

- 12. Does the facility staff demonstrate familiarity with the types and quantities of food required for each type of meal service? ____ ____
- 13. Are ODE/USDA Child and Adult Care Food Program resources used on a regular basis?
CACFP Management Manual ____; Simplified Buying Guide ____; Crediting Foods Guide ____ Civil
Rights poster ____; USDA Food Chart ____; Are these adequate? ____; Are they current? ____ ____ ____
- 14. Have all training sessions regarding the CACFP been recorded/logged with topic and list of those attending? ____ ____

FOLLOW-UP FROM LAST VISIT Date of last visit: _____

- 15. Were any problems discovered during the last visit(s)? ____ ____
If yes, have they been corrected? ____ ____
If they have not been corrected, what follow up action is necessary and the time frame required for correction: ____ ____

- 16. List any problems observed today and what corrections will be made.

Signature of monitor/reviewer Title Date

Signature of facility representative Title Date