

SITE MONITORING REPORT: VENDED

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 Number Served	
	Infant	_____
_____	1 to 2yrs	_____
_____	3 to 5yrs	_____
_____	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
- _____ 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

Date of last sanitation inspection _____

Have all needed corrections been made and recorded in writing with date completed? _____

Are all of the above records given to the sponsoring organization in a timely manner? _____

RECORD KEEPING

5. Are substitutions due to medical reasons authorized by a recognized medical authority and the statement on the file? _____

6. Are meal counts taken at the point of service and daily records kept of the number of meals (by type) served to participants? _____

7. Are accurate attendance records with in/out times maintained on participants separate from meal count records? _____

8. Are attendance records being maintained for siblings? _____

Yes No

VENDOR MONITORING

- Did the written menu represent the meal served? _____
- Are amounts adequate and appropriate (using CACFP requirements) _____
- Are all required components served _____
- If meals were delivered, were meals or meal components counted upon delivery and any discrepancies recorded on the delivery receipt or menu sheet? _____
- Are meals delivered at the agreed upon time? _____
- Do meals for the current month meet CACFP requirements? _____
- Does the observed meal look appealing to children? _____

Teacher comments: _____

STAFF TRAINING

- 11. Does the staff demonstrate understanding of the CACFP meal pattern and required portion sizes? _____
- 12. Does the staff demonstrate understanding of the CACFP requirements for family style meal service? _____
- 13. Does the staff demonstrate understanding of the procedure for point of service meal counts? _____
- 14. Does the staff know what to do if the vendor delivers inadequate or missing food components? _____

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