

Site Monitoring Report - New Sites

Site Name: _____ Date: _____

Address: _____

Monitor/Reviewer: _____ Site Contact Person: _____

Licensed/Authorized Capacity: Maximum number: _____ Hours care provided: _____

3. Have state licensing requirements been met : Yes No
Please list dates:

CSD License _____ Fire Inspection _____ Sanitation Inspection _____

4. Total number of children enrolled and planning to attend: _____ Age(s) _____

5. Anticipated number at each approved meal service:
Breakfast AM Snack Lunch PM Snack Supper

Children: _____

Adults: _____

(Meals for adults are not reimbursable, but must be recorded so that enough food is prepared.)

6. What food preparation and service equipment is available:

_____ Range _____ Range Thermometer _____ Dishwasher (Hot Water)
_____ Refrigerator _____ Refrigerator Thermometer _____ Dishwasher (Chemical)
_____ Freezer _____ Freezer Thermometer _____ Food Thermometer available (hot & cold)

Is this adequate to prepare and serve the necessary meals? Yes No

What additional equipment is needed? _____

7. Have record keeping requirements been explained and discussed with the facility personnel? Yes No
Check the CACFP Topics Discussed:

- _____ Daily record keeping: menus, menu production records (at food preparation kitchen), meal counts, attendance records with in/to times.
- _____ Confidential Income Statements or other enrollment document for each child.
- _____ Meal patterns, creditable foods, serving size.
- _____ Staff know how to calibrate hot food thermometer.
- _____ All Special Diets due to medical reasons authorized by a recognized medical authority are in WebCAF and are filed.
- _____ Other: _____

8. Is the facility willing to and capable of maintaining the required records daily? Yes No

9. Check ODE/USDA resources provided (if applicable):

_____ Management Manual _____ Simplified Buying Guide _____ Civil Rights Poster
_____ Crediting Foods in the CACFP _____ Feeding Infants _____ Food Handler's Card

Signature of monitor/reviewer Title Date

Signature of facility representative Title Date