

**SITE MONITORING REPORT FOR CACFP**

Note: Site monitoring visits should be scheduled with enough time to observe the entire meal service

Site Name & Address:	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
Site Contact: _____	Time Departed: _____	<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: \_\_\_\_\_

**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)

**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 \_\_\_\_\_

Any other food safety or sanitation issues noted:  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. BUILDING FOR THE FUTURE (Adult Programs exempt)** **Yes** **No**

Is the poster "Building for the Future" posted where it can be seen and read by participants, their parents or guardians? \_\_\_\_\_

<b>5. CIVIL RIGHTS</b>	<b>Yes</b>	<b>No</b>
Is the "Justice For All Poster" 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 readily available at the site?	_____	_____
Are Civil Rights complaint forms available in other languages if necessary?	_____	_____
<b>6. RECORDKEEPING</b>	<b>Yes</b>	<b>No</b>
Are substitutions to the printed menu written on the menu?	_____	_____
Are valid <i>Medical Statement for Food Substitutions</i> forms on file for participants who are served meals with substitutions due to medical reasons?	_____	_____
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"/> <b>Not Applicable</b>	_____	_____
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 items maintained for all participants?	_____	_____
Do attendance records support meal counts for the five-day reconciliation? If no, in comments record date(s), type and number of meals disallowed, and plan for correction.	_____	_____
Are current infant feeding forms on file for all infants in care? <input type="checkbox"/> <b>Not Applicable</b>	_____	_____
Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? <input type="checkbox"/> <b>Not Applicable</b>	_____	_____
<b>Vended programs:</b> 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"/> <b>Not Applicable</b>	_____	_____
<b>7. STAFF TRAINING</b>	<b>Yes</b>	<b>No</b>
Does the facility staff demonstrate familiarity with the types and quantities of food required for each type of meal served?	_____	_____
Does the facility staff demonstrate an understanding of the meal service style being used?	_____	_____
<b>Vended programs:</b> Does the facility staff know what to do if delivered meals are deficient (missing a meal component, inadequate quantities or unwholesome)? <input type="checkbox"/> <b>Not Applicable</b>	_____	_____
<b>8. COMMENTS</b> "No" answers require comment and plan for correction; note any other problems observed: _____ _____ _____		
<b>9. FOLLOW-UP FROM LAST VISIT</b>	<b>Yes</b>	<b>No</b>
<b>Date of last site monitoring visit:</b> _____		
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? _____ _____		

\_\_\_\_\_  
Signature of monitor/reviewer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of facility representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date