

Sponsor Site Monitoring Form for ADULT CENTERS

Date of visit _____ Time of visit _____ Unannounced? Y N

1. Center Name _____

2. Address _____

3. List any **problems** found on prior visits: _____

4. **License #:** _____ Expiration date: _____ OR Renewal Process Verified? _____

5. Capacity _____ 6. Days/Hours of Operations _____

7. **“Justice For All”** flyer posted? Y N 8. **“Building for the Future”** flyer posted? Y N

9. Meals served: (*circle all that apply*) B AM L PM S E

10. Daily dated **Menu** posted? Y N 11. **Meal Patterns** meets USDA requirements? Y N

12. Meal Observed (*circle/fill in meal observed*)

Breakfast	Lunch	Snack (AM PM E)	Supper
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Observed meal matches posted menu? Y N 14. Meal served at time listed on Application? Y N

15. **Production reports** completed before meal was prepared and served? Y N

How did the cook know how much to prepare? _____

Was there enough food prepared to meet the quantities needed for all participants? Y N

16. Complete **IEF's/ Enrollments** up to date/on file for each participant, including R/E? Y N

17. Medical statements on file for all food substitutions related to medical/special dietary needs? Y N

18. Are written requests on file for milk substitutions related to special dietary needs? Y N

19. Was an accurate Point of Service **meal count** taken at this Center meal? _____

20. Number of participants served at meal observed _____ Number claimed _____ (if different)

21. **Insert /Complete a 5 - day reconciliation sheet**

22. Do the meal counts for the previous 5 days appear reasonable when compared to today's count? _____

23. The last three **monitoring** visits were dated: _____ and _____

24. Was **training** in CACFP related requirements completed in the past year for all applicable staff? Y N

Last training date: _____

25. Was fat free or 1% milk served? Y N

26. Was potable water made available to participants? Y N

27. **Are all meals, services and facilities available to all enrolled participants without regard to race, color, national origin, sex, age, or handicap?** _____

CENTER BEST PRACTICE: COMPLETION OPTIONAL

28. Appropriate hand washing procedures followed by staff? _____

29. Sanitary procedures followed in all aspects of food service? _____

a. Kitchen kept clean at all times? _____ b. Garbage cans covered and emptied regularly? _____

c. Describe procedure for sanitizing dishes and utensils _____

d. Cold storage 40 degrees or below? _____ e. Freezer storage 0 degrees or below? _____

f. Hot food checked for correct temperatures before serving? _____

g. Meal areas and surfaces cleaned and sanitized before the meals? _____

h. Are meals served proportioned or family style? _____

i. Are leftovers properly stored or disposed of? _____

List any **problems**/findings/ found on this Center visit: _____

Based on these findings, is a follow-up visit warranted? Y N

Sponsor/Monitor Signature: _____ **Date:** _____

Center/Director Signature: _____ **Date:** _____