

Site Monitoring Form for At-Risk Centers

Date of visit: _____ Time of visit _____ Unannounced? Yes Or No

1. Center Name: _____

2. Address: _____

3. Date of prior **monitoring** visit: _____ List any **problems** found on prior visits:

4. **License #**: _____ Expiration date: _____ Capacity: _____

5. If no license, are Health and Safety Standards met? _____

6. Days/Hours of Operation: _____

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

9. Meals served: (circle all that apply) PM Snack Supper

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

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

Supper	PM Snack
_____	_____
_____	_____
_____	_____
_____	_____

13. Did the observed meal match menu? Y N 13a. Was meal served at time listed on Application? Y N

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

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

16. Do meal count forms include full names and ages of participants? Y N
If anyone over 18 years old is served a meal and claimed, does the center have documentation of a disability qualifying the person? Y N

17. Were accurate **meal counts** taken at this Center based on the meal count form and attendance or sign in sheets?

18. Number of children served at meal: Observed _____

19. Is Racial / Ethnic information gathered yearly? Y N How is it recorded?: _____

20. Are educational and enrichment activities offered? Y N List Examples: _____

Use the attached sheet to record a 5-day reconciliation at each visit

Provider (Center) Name: _____

Reviewer Name: _____

5-Day Reconciliation Worksheet for Child Care Centers

Instructions: Enter 5 previous open days of enrollment/attendance information in the first chart. Next, enter the meal counts for the previous 5 days in the second chart. Compare the number of meals served to the number of children in attendance for each meal. Note any discrepancies at the bottom of the page.

Centers: Random sample size _____ (must be 10% of enrolled children and at least 5 if center has less than 50 children enrolled)

Child's Name:	Enrollment		Attendance : 5 consecutive days				
	Day(s)*	Usual Time in Care	Date:	Date:	Date:	Date:	Date:
#1							
#2							
#3							
#4							
#5							
#6							
#7							
#8							
#9							
#10							
#11							
#12							
*Days of the week the child attends day care							
Total							

Meals of Claimed in 5 previous consecutive (open) days

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack
Date:						
Date:						
Date:						
Date:						
Date:						

Totals on Day of the Review						
------------------------------------	--	--	--	--	--	--

Notes: _____

21. Do the meal counts for the previous 5 days appear reasonable when compared to today's count? Y N
22. Was training in CACFP related requirements completed in the past year for all applicable staff at this center? Y N
- Last training date for this center: _____
23. Was fat free or 1% milk served to children over 2 years of age? Y N
24. Was potable water made available to children? Y N
25. Was there enough food prepared to meet the quantities needed for total children? Y N
26. **Are all meals, services and facilities used routinely by all persons without regard to race, color, national origin, sex, age, or handicap?** _____

CENTER BEST PRACTICE: COMPLETION OPTIONAL

- Are required hand washing procedures followed by staff and children? _____
- Are sanitary procedures followed in all aspects of food service? _____
- a. Is kitchen kept clean at all times? _____ b. Garbage 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. Is hot food checked for correct temperatures before serving? _____
- g. Are meal areas and surfaces cleaned and sanitized before the meals? _____
- h. Are meals served family style? _____ i. Did children assist in meal service? _____
- j. 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** _____

* Federal regulations require checking items underlined as part of monitoring.