

Sponsor Site Monitoring Form for Adult Day Centers

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

1. Center Name _____

2. Address _____

3. List any problems found on prior visits: _____

4. License # _____ Expiration date _____ Renewal Process Verified? _____

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

7. "And Justice For All" flyer posted? Yes No

8. Meals served: (circle all that apply) Breakfast - AM Snack - Lunch - PM Snack - Supper - Evening Snack

9. Daily dated menu posted? Yes No 10. Meal Patterns meets USDA requirements? Yes No

11. Meal Observed (circle/fill in meal observed)

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

12. Observed meal matches posted menu? Yes No

13. Meal served at time listed on Application? Yes No

14. Portion Menus completed before meal was prepared and served? Yes No

How did the cook know how much to prepare? _____

Was there enough food prepared to meet the quantities needed for all participants? Yes No

15. Complete IEF's/ Enrollments up to date/on file for each participant, including R/E? Yes No

16. Medical statements on file for all food substitutions related to medical/special dietary needs? Yes No

17. Are written requests on file for milk substitutions related to special dietary needs? Yes No

18. Was an accurate Point of Service meal count taken at this Center meal? Yes No

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

20. Insert /Complete a 5 - day reconciliation sheet

21. Do the meal counts for the previous 5 days appear reasonable when compared to today's count? Yes No

22. The last three monitoring visits were dated: _____ and _____

23. Was training in CACFP related requirements completed in the past year for all applicable staff? Yes No

Last training date: _____

24. Was fat free or 1% milk served? Yes No

25. Was potable water made available to participants? Yes No

26. Are all meals, services and facilities available to all enrolled participants without regard to race, color, national origin, sex, age, or handicap? Yes No

Food Safety:

27. Appropriate hand washing procedures followed by staff? Yes No

28. Sanitary procedures followed in all aspects of food service? Yes No

a. Kitchen kept clean at all times? Yes No b. Garbage cans covered and emptied regularly? Yes No

c. Describe procedure for sanitizing dishes and utensils _____

d. Cold storage 40 degrees or below? Yes No e. Freezer storage 0 degrees or below? Yes No

f. Hot food checked for correct temperatures before serving? Yes No

g. Meal areas and surfaces cleaned before the meals? Yes No

h. Are meals served proportioned or family style? Yes No

Meal Pattern Requirements:

1. Was whole grain specified on the menu and served at least 1 time per day? Yes No
(WG foods must contain 100 percent whole grains or at least 50 percent whole grains and the remaining grains in the food are enriched)

2. Was the type of milk specified on the menu? Yes No

3. Were grain-based desserts served? Yes No

4. Did all cereal meet the 6 grams or less of added sugars per dry ounce requirement? Yes No

5. Was one fruit and one vegetable or two vegetables served at lunch and supper? Yes No

7. Did all yogurt meet the 12 grams or less of added sugars per 6 ounces serving requirement? Yes No

Ounce Equivalents (Oz. Eq.) Requirements:

2. How many different grain items were/will be served during the day of the monitoring visit?

[illegible]

Explain grain item disallows and technical assistance provided:

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

Based on these findings, is a follow-up visit warranted? Yes No

Sponsor/Monitor Signature: _____

Date: _____

Center/Director Signature: _____

Date: _____