

Site Monitoring Form – At Risk

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

1. Site Name: _____

2. Address: _____

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

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

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

6. Is the site a school? Yes No

7. Days/Hours of Operation: _____

8. “And Justice For All” flyer posted? Yes No

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

10. Daily dated menu posted? Yes No 11. Meal Pattern meets USDA requirements? Yes No

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

PM Snack	Supper
_____	_____
_____	_____
_____	_____
_____	_____

13. Did the observed meal match menu? Yes No

13a. Was meal served at time listed on Application? Yes No

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

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

16. If anyone over 18 years old is served a meal and claimed, does the center have documentation of a disability qualifying the person? Yes No

17. Were accurate meal counts taken at this Center based on the meal count form and attendance or sign in sheets? Yes No

18. Number of children served at meal: Observed _____

19. Is Racial / Ethnic information gathered yearly? Yes No How is it recorded? _____

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

21. Was training in CACFP related requirements completed in the past year for all applicable staff at this center? Yes No

Last training date for this center: _____

22. Was fat free or 1% milk served to children over 2 years of age? Yes No

23. Was potable water made offered to children? Yes No

24. Was there enough food prepared to meet the quantities needed for total children? Yes No

25. Are all meals, services and facilities used routinely by all persons without regard to race, color, national origin, sex, age, or handicap? Yes No

Food Safety

Are required hand washing procedures followed by staff and children? Yes No

Are sanitary procedures followed in all aspects of food service? Yes No

a. Is kitchen kept clean at all times? Yes No b. Garbage 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. Is hot food checked for correct temperatures before serving? Yes No

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

h. Are meals served family style? Yes No i. Did children assist in meal service? 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. If flavored milk was served, was it made with skim or 1% milk and specified on the menu? Yes No

4. Were grain-based desserts served? Yes No

6. Did all yogurt meet the 12 grams or less of added sugars per 6 ounces serving requirement?

1. Is the site using ounce equivalents to measure grains? Yes No

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

3. List the name of each different grain item served during the day of the monitoring visit. Include the entire product name (e.g., “Pepperidge Farm Whole Grain 100% Whole Wheat Bread, 24 oz. Loaf”), the number of servings per container/package from the Nutrition Facts Label (e.g., “14 servings”), the serving size and weight from the Nutrition Label (e.g. “1 slice; 49 grams”), and the amount served to each age group in care (e.g., “1-5 yo= 1 slice; 6-18 yo= 2 slices”).

[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 _____