

Sponsor Site Monitoring Form - 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: _____ OR Renewal Process Verified? _____

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

7. "And Justice for All" flyer posted? Yes No 8. "Building for the Future" flyer posted? Yes No

9. WIC information and Guidelines posted? Yes No

10. Meals served: (*circle all that apply*) Breakfast – AM Snack – Lunch – PM Snack – Supper – Evening Snack

11. Daily dated menu posted? Yes No 12. Meal patterns meet USDA requirements? Yes No

13. Meal Observed (*circle/fill in meal observed*) Breakfast – AM Snack – Lunch – PM Snack – Supper – Evening Snack

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

14. Observed meal matches posted menu? Yes No

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

16. 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

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

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

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

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

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

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

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

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

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

Last training date: _____

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

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

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

Center Best Practice:

Are hand washing procedures followed by staff and adult participants? Yes No

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

Is kitchen clean? Yes No

Is garbage disposed of properly? Yes No

Are dishes and utensils clean? Yes No

Is refrigerator temperature 40 degrees or below? Yes No

Is freezer temperature 0 degrees or below? Yes No

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

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

Based on these findings, is a follow-up visit warranted? 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 milk and specified on the menu? Yes No
4. If flavored milk was served, was it offered only to children 6 years of age and older? Yes No
5. Were grain-based desserts served? Yes No
7. Did all cereal meet the 6 grams or less of added sugars per dry ounce requirement? Yes No
8. Was one fruit and one vegetable or two vegetables served at lunch and supper? Yes No
9. Was protein served more than three times per week in place of grain at breakfast? Yes No
10. Were three items served at snack for infants 6-11 months of age? Yes No
11. Did all yogurt meet the 12 grams or less of added sugars per 6 ounces serving requirement? Yes No
12. Were food components specified for each infant and amounts of breastmilk/formula served to infants documented? Yes No
13. Was juice served more than one time each day? Yes No
14. Was juice served only to children one year of age and older? Yes No

Ounce Equivalents (Oz. Eq.) Requirements:

1. Has the center implemented the use of Oz. Eq. to measure grains? If the answer is “yes”, answer all questions below. 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”). Include infant grains in the table as well. Denote grains served to infants at snack with *.

Date	Product Name	Servings/package	Serving size/weight	Amount served/age group
<i>E.G.</i> 3/18/22	<i>Hannaford Whole Grain 100% Whole Wheat Bread 24 oz</i>	<i>16 servings</i>	<i>1 slice=43g</i>	<i>1-5 yo & 6-11 mo infants*= ½ slice 6-18 yo= 1 slice [In this example, 1 (43g) slice of bread provides 1.5 oz eq grains. Therefore, ½ slice= ¾ oz eq grains.]</i>
<i>E.G.</i> 3/18/22	<i>Gerber Oatmeal Infant Cereal</i>	<i>30 servings</i>	<i>¼ cup= 15g</i>	<i>6-11 mo= 2- 4 Tbsp</i>

Explain grain item disallows and technical assistance provided:

Sponsor/Monitor Signature: _____

Date: _____

Center/Director Signature: _____

Date: _____