

## Sponsor Site Monitoring Form - Emergency Shelters

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" 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

\_\_\_\_\_

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12. Observed meal matches posted menu? Yes No

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

14. 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. Has race and ethnicity information been collected for each participant? 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. Were meals served congregate style (with the exception of infants)? Yes No
22. Are disability forms on-file for participants over 18 years of age? Yes No
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
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### **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
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### **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
<b>E.G.</b> 3/18/22	<b>Hannaford Whole Grain 100% Whole Wheat Bread 24 oz</b>	<b>16 servings</b>	<b>1 slice=43g</b>	<b>1-5 yo &amp; 6-11 mo infants*= ½ slice</b>  <b>6-18 yo= 1 slice</b>  <b>[In this example, 1 (43g) slice of bread provides 1.5 oz eq grains. Therefore, ½ slice= ¾ oz eq grains.]</b>
<b>E.G.</b> 3/18/22	<b>Gerber Oatmeal Infant Cereal</b>	<b>30 servings</b>	<b>¼ cup= 15g</b>	<b>6-11 mo= 2- 4 Tbsp</b>

Explain grain item disallows and technical assistance provided:

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

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

**Sponsor/Monitor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Center/Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_