

## Sponsor Site Monitoring Form – Family Child Care Providers

Date of visit: \_\_\_\_\_ Time of visit: \_\_\_\_\_ Unannounced? Yes No

1. Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

2. List any findings found on prior visits: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Sponsor-Home Agreement on file? Yes No

4. Tier Status(*Circle one or more*): T1 Provider Income T1 Census T1 School T2 Lower T2 Mixed

5. License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ OR 6. Verify Renewal Process? \_\_\_\_\_

7. Capacity: \_\_\_\_\_ 8. Is provider within license capacity on day of visit? Yes No

9. Are providers own children claimed? Yes No N/A

10. Days of operation: \_\_\_\_\_ 11. Hours of Operations: \_\_\_\_\_

12. “Building for the Future” flyer posted /disseminated? Yes No

13. WIC information disseminated? Yes No

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

15. List any changes that may require CACFP application/agreement revisions: \_\_\_\_\_

\_\_\_\_\_

16. Daily dated menu posted? Yes No

17. Meal Pattern meets USDA requirements? Yes No

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

Breakfast

Lunch/Supper

Snack ( AM PM E )

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Did the observed meal match posted menu? Yes No

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

21. Infant Menu posted/ completed for Infants in care? Yes No NA

22. Are complete and current enrollments (including R/E) up to date/on file for each child? Yes No

23. Was an accurate meal count taken by the end of the previous day in the Home? Yes No

24. Number of children served at meal observed \_\_\_\_\_ Number claimed \_\_\_\_\_ (if different)

*Insert /Complete a 5 day reconciliation sheet here*

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

26. Is Provider in compliance with record retention requirements? Yes No

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

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

29. The last three monitoring visits were dated \_\_\_\_\_ and \_\_\_\_\_

30. Was training in CACFP related requirements completed in the past year for this provider? Yes No

Last training date provider attended: \_\_\_\_\_

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

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

33. Are appropriate Hand washing procedures followed by staff and children? Yes No

34. Are sanitary procedures followed in all aspects of this provider's Food Service? Yes No

35. Are all meals and services at this daycare facility available at no charge to all enrolled without regard to race, color, national origin, sex, age, or handicap? 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 six grams or less of added sugars per dry ounce requirement? Yes No
8. Was 1 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 and amounts formula/breastmilk offered specified for each infant? 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 provider 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. 3/18/22</i>	<i>Hannaford Whole Grain 100% Whole Wheat Bread 24 oz</i>	<i>16 servings</i>	<i>1 slice=43g</i>	<i>1-5 yo &amp; 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. 3/18/22</i>	<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 disallowed and technical assistance provided:

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

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Based on these findings, is a follow-up visit warranted or household contact necessary? Yes      No

If yes, explain: \_\_\_\_\_

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

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

**Provider Signature:** \_\_\_\_\_

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