

## Site Monitoring Form - Unaffiliated Centers

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

1. Center Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Date of prior monitoring visit: \_\_\_\_\_ List any problems found on prior visits:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Capacity: \_\_\_\_\_

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

6. Days/Hours of Operation: \_\_\_\_\_

7. "And Justice For All" poster posted? Yes No 8. "Building For the Future" 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 several times throughout the day? Yes No

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

25. Was food fried on-site? Yes No

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

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### Health and Safety Standards

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

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

3. Is kitchen clean? Yes No

4. Is garbage disposed of properly? Yes No

5. Are dishes and utensils clean? Yes No

6. Is refrigerator temperature 40 degrees or below? Yes No

7. Is freezer temperature 0 degrees or below? Yes No

8. 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 six 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.<br/>3/18/22</i> | <i>Hannaford Whole Grain 100%<br/>Whole Wheat Bread 24 oz</i> | <i>16 servings</i> | <i>1 slice=43g</i>  | <i>1-5 yo &amp; 6-11 mo<br/>infants*= ½ slice<br/><br/>6-18 yo= 1 slice<br/><br/>[In this example, 1<br/>(43g) slice of bread<br/>provides 1.5 oz eq<br/>grains. Therefore, ½<br/>slice= ¾ oz eq grains.]</i> |
| <i>E.G.<br/>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>   |
|                         |   |                    |                     |   |
|                         |   |                    |                     |   |
|                         |   |                    |                     |   |
|                         |   |                    |                     |   |
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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

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

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

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

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