SITE MONITORING REPORT FOR CACFP

Note: Site monitoring visits should be scheduled with enough time to observe the entire meal service

Site	e Name & Address:	Date of Visit:		regular vi	sit: 🗆 1 🔲	
		Time Arrived:		☐ Follow-	-Up Visit	
		Time Departed:		☐ Aligned	d with NSLP \	/isit
site	e Contact:			☐ Annou	nced Visit	
				☐ Unanno	ounced Visit	
<u>L</u>	ICENSING, ALTERNATE APPROVAL, OR	OTHER FEDERAL	, STATE OR	LOCAL APP	PROVAL	
Li	icensed facilities only: Is the license for the	nis facility current?	□ Yes □	No		
	Maximum number Ages in Car	·e	Hours care	provided:		
	Is the operation of this facility in compliance	e with licensing requi	irements liste	ed above?	□ Yes □	No
Α	Iternate approval facilities only: Are Sa (Sanitation Inspection must be done annually. F				□ Yes □	No
	Date of last Sanitation Inspection	Date of la	st Fire/Safet	y Inspection_		
0	ther Federal, State or Local Approval: T	ype of approval				
D	uring the site-monitoring visit were any imm	inent health or safet	y issues obse	erved and rep	orted?	
	I Yes ☐ No If yes, describe situation an	d action taken:				
_						
2.	MEAL OBSERVATION Meal Service Style: ☐ Restaurant	rved: ☐ Family Style □	☐ Combinatio	on restaurant/	family □ Ca	afeteria
2.		☐ Family Style ☐	☐ Combinatio	on restaurant/ □ PM Snac	•	
2.	Meal Service Style: ☐ Restaurant	☐ Family Style ☐ AM Snack ☐		□ PM Snad	•	
 2.	Meal Service Style: □ Restaurant Meal Observed: □ Breakfast	☐ Family Style ☐ AM Snack ☐] Lunch	□ PM Snad	•	
<u> </u>	Meal Service Style: □ Restaurant Meal Observed: □ Breakfast	☐ Family Style ☐ AM Snack ☐] Lunch	□ PM Snad	•	
<u> </u>	Meal Service Style: □ Restaurant Meal Observed: □ Breakfast	☐ Family Style ☐ AM Snack ☐] Lunch	□ PM Snad	•	
<u> </u>	Meal Service Style: ☐ Restaurant Meal Observed: ☐ Breakfast Written Menu: ☐ Do meals for the current month meet all CA	☐ Family Style ☐ MM Snack ☐ MM	l Lunch enu Served:	□ PM Snad	•	
<u></u>	Meal Service Style: ☐ Restaurant Meal Observed: ☐ Breakfast Written Menu: Do meals for the current month meet all CA Check ✓ the following if OK:	☐ Family Style ☐ MM Snack ☐ MM S	l Lunch enu Served:	□ PM Snad	ck Su	pper
2.	Meal Service Style: ☐ Restaurant Meal Observed: ☐ Breakfast Written Menu: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	□ Family Style □ □ AM Snack □ Me Me ACFP requirements (ed at each meal atted toward the meal	I Lunch enu Served: including infa	□ PM Snad	ck Su	pper
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	Meal Service Style: ☐ Restaurant Meal Observed: ☐ Breakfast Written Menu: Do meals for the current month meet all CA Check ✓ the following if OK: ———————————————————————————————————	ACFP requirements (ed at each meal at components are of	Lunch enu Served: including infa	□ PM Snad	ved appropria	No
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4.	BUILDING FOR THE FUTURE (Adult Programs exempt)	Yes	No
	Is the poster "Building for the Future" posted where it can be seen and read by participants, their parents or guardians?		
	Is the WIC flyer posted or the WIC brochure distributed as required		
5.	CIVIL RIGHTS	Yes	No
	Is the "Justice For All Poster" posted where it can be seen and read by participants, potential participants, their parents or guardians?		
	Does staff demonstrate knowledge of the organization's Civil Rights complaint procedure?		
	Are Civil Rights complaint forms and complaint log readily available at the site?		
	Are Civil Rights complaint forms available in other languages if necessary?		
	Is water offered to all participants throughout the day when participants are in care?		
	☐ Not Applicable		
6.	RECORDKEEPING	Yes	No
	Are substitutions to the printed menu written on the menu?		
	Are valid <i>Medical Statement for Food Substitutions</i> forms on file for participants who are served meals with substitutions due to medical reasons?		
	Are non-reimbursable meals identified and not counted - actual count method used? (substitution eliminates a meal component , no <i>Medical Statement</i> on file) Not Applicable		
	Are meal counts taken at the point of service and daily records kept of the number of meals (by type) served to participants?		
	Are accurate attendance records with in/out items maintained for all participants?		
	Do attendance records support meal counts for the five-day reconciliation? If no, in comments record date(s), type and number of meals disallowed, and plan for correction.		
	Are current infant feeding forms on file for all infants in care?		
	Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? □ Not Applicable		
	The facility collects and maintains a CACFP Child Enrollment Form (CEF) or adult enrollment documents annually for each participant receiving reimbursable CACFP meals and/or snacks.		
	All CEFs and adult enrollment documents capture each participant's: • first name, last name		
	 normal days and hours of care and the meals normally received while in care, and annual documentation - information has been updated and signed by a parent or legal guardian, as needed 		
	Vended programs: Were meals delivered on time, all foods/meal components counted upon delivery, potentially hazardous foods checked for proper temperatures and all required information documented on the daily vendor receipt? ■ Not Applicable		
7	STAFF TRAINING	Yes	No
	Has all facility staff received new hire and annual training on pertinent CACFP topics within the current fiscal year <u>and</u> is it documented (documentation includes agenda, dates, trainer name(s), participant name(s), and participant signature(s) per ODE requirements)?		
	Does the facility staff demonstrate familiarity with the types and quantities of food required for each type of meal served?		
	Does the facility staff demonstrate an understanding of the meal service style being used?		
	Vended programs: Does the facility staff know what to do if delivered meals are deficient (missing a meal component, inadequate quantities or unwholesome)? ☐ Not Applicable		

9. FOLLOW-UP FR Were any probler If yes, have they If they have not b correction?	ns discov been cori	ered d	uring the	e last vi	sit?		ring visi		e time fra		Yes —— quired f	No —— or
ne monitor is require structions for conduct training on Chapte cated on the ODE Chapter 13 in the CAMARTER of 5 day	eting a 5- er 13 – M CNP <u>CAC</u>	day re ulti-site <u>FP trai</u> cy and	conciliat Sponsoning wel	ion in <u>C</u> ors – Pa opage. Ire Man	hapter 1 art A: No Comple	3 of the n-Schoote one on ter Bas	e Center ol Distric or more	Policy an ts. The tr classroom sors)	d Proced aining or	dure Man Chap structio	anual a iter 13 i	nd s
econciliation	<u> </u>					-			<u> </u>		Sna	
nrollment	luce	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count	Attendance	Meal Count
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Reasons or details							At	Ž	At	Me	At	

Date of Disallow	<u>Breakfast</u>	AM Snack	<u>Lunch</u>	PM Snack	Supper	<u>Eve</u> Snack
	# of Disallows	# of Disallows	# of Disallows	# of Disallows	# of Disallows	# of Disallows

(Meals/snacks found in excess of attendance for any date must be disallowed. List the number of meals/snacks disallowed and the date for which meals/snacks are disallowed)

Justification for meal/snack disallowance as a result of the 5day reconciliation:					
Signature of monitor/reviewer	Title	Date			
Signature of facility representative	Title	 Date			