

MONITORING FORM FOR USDA CHILD AND ADULT CARE FOOD PROGRAM

Centers need to be monitored a minimum of three times each fiscal year, including once before November 15th each year.

Center Name: _____ Date: _____

Address: _____

License Capacity: _____ Is license current and posted? _____

Has staff had CACFP training in this fiscal year? _____
(THIS CAN BE AT INSERVICE TRAINING IN FALL)

List date(s) and topic(s): _____

Is training documented? _____

I. MEAL BEING OBSERVED

A. Breakfast _____ Lunch/Supper _____ Snack _____

Complete this chart for the meal observed.

Component	Foods Served	Portion Sizes	Total Quantity Prepared (cans, pounds, ozs., etc - amounts of ea)
Milk as a beverage			
Fruit or Vegetable or Juice (100%)			
Bread or Cereal or Alternate			
Meat or meat alternate			
Additional Foods			

Does today's meal service meet CCFP requirements? _____

of children served (3-5 yr olds) _____ ; # of Adults served _____

B. Meal time as stated on form HS-1964 (site sheet)
 (look in procedures manual for samples) _____

Meal time today _____

Review all meal service times for agreement between HS-1964 (site sheet) and meal service times for t
 for compliance. If changes are evident in meal timing and meals served, note here:

II. FOOD SERVICE

A. Material and Food Records

1. Does the center have a Food Buying Guide? _____
2. Does the center have the Guide to Crediting Foods? _____
3. Based on the prior month's menus, are:
 menus retained on file? _____
 production plans retained on file in office or center (specify which)? _____
 all required components available? _____
4. Does the menu posted and dated for today match the meal service seen? _____
 If not, have pen and ink revisions been made to denote substitutions? _____

B. Sanitation / Kitchen Inspection / Facilities

1. Are sanitary procedures followed in all aspects of food service? _____
2. Is the kitchen area kept clean at all times? _____
3. Are the dishes sanitized after washing and rinsing? _____
4. Are refrigeration facilities adequate for cold and frozen foods? _____
5. Is the cold storage between 45 degrees F and 32 degrees F? _____
6. Is the freezer storage 0 degrees F or below? _____
7. Is there evidence of insect or rodent infestation? _____
 If yes, what measures are being taken to eliminate this problem? _____
8. Are frozen perishable foods thawed under refrigeration? _____
9. Are all insecticides, polishes, & cleaning compounds stored in an area separate from food and in an area that is not accessible to children? _____
10. Is there adequate dry storage for food items? _____
11. Is dining space adequate for the number of children enrolled? _____
12. Are there table and chairs for all children? _____
13. Is a working oven/range available? _____
14. Is there a working refrigerator - freezer available? _____
15. Is a sink with running hot and cold water available? _____
16. Is the outside play area safe and clean? _____
17. Is there a copy of the environmental inspection? _____
 Where? _____ Is it current? _____

III. RECORDKEEPING

- A. Are daily records kept of the number of meals (by type) on the production plan as served to child and program adults? _____
- B. Is accurate attendance by first and last name maintained on children separately from meal count records? _____
- C. Are applications for the CCFP and enrollment for day care or Head Start being filled out as new children enroll? _____
- D. Is the master roster maintained? (This is in the Central office) _____
- E. Are free, reduced, and paid numbers being reported to the sponsoring organization to reflect discharges and new admissions? _____

(center employees should know about process for USDA application as part of enrollment, & need for accurate drop-out records.)

IV. SUMMARY / COMMENTS / FOLLOW-UP / CORRECTIVE ACTION

- A. List problem areas noted during most recent prior review and give date of that review:

- B. Have these problems been corrected as of today's visit? _____

If no, indicate what follow-up is necessary and the time frame required for corrections:

- C. Summary of today's visit: _____

Date

Title

Signature of Monitor / Reviewer

Date

Title

Signature of Center Representative