

CHILD AND ADULT CARE FOOD PROGRAM AT-RISK SPONSOR MONITOR REPORT FORM

Date of Review: _____
Announced: <input type="checkbox"/> Y <input type="checkbox"/> N
Block Claim: <input type="checkbox"/> Y <input type="checkbox"/> N

Organization's Name _____

Name of Center _____

Center Address _____

Name of Center Representative _____

Date of last review _____ License Capacity _____ Expiration date _____

Vended Meal Service Observed on Day of Visit

Time meals were delivered: _____ Time of meal service: _____

Temperature of food upon arrival: Cold (Item/Temp) _____

Hot (Item/Temp) _____

of Meals Received: _____ # Meals Served: _____

Are the food carriers insulated? Yes No NA

Observed Meal (Circle one)

Supper	Snack	List Item/s
Milk	Milk	
Meat/Meat Alternate	Meat/Meat Alternate	
Vegetable or Fruit	Vegetable or Fruit	
Vegetable or Fruit		
Bread or Equivalent	Bread/Equivalent/Cereal	
Other Foods	Other Food	

Recordkeeping:	Circle one:
HAre menus posted for all meals served?	Yes No NA
HDoes the posted menu match served menu?	Yes No NA
HWas a Point of Service meal count taken?	Yes No NA
HIf meals are vended, are meals ordered on the basis of providing one meal-type-per-child/adult per day?	Yes No NA
HAre monthly attendance records maintained?	Yes No NA

H

Meal Service:	Circle one:
HWere quantities served adequate for age?	Yes No NA
HWas meal service supervised?	Yes No NA

Sanitation:	Circle one:
Is/are garbage container(s) lined/covered?	Yes No NA
Are there food service gloves available?	Yes No NA
Are there clean: ovens?	Yes No NA
counter space(s)?	Yes No NA
eating surfaces?	Yes No NA
dishes/eating utensils?	Yes No NA

Cold Storage:	Circle one:
Is there a working refrigerator/freezer available?	Yes No NA
Is there a working thermometer/s in these units?	Yes No NA
Are all perishables properly maintained in refrigerator or freezer?	Yes No NA

Dry Storage:	Circle one:		
Does it seem adequate?	Yes	No	NA
Are foods stored separately from cleaning items?	Yes	No	NA
Is the facility free of rodent or insect infestation?	Yes	No	NA
Is the storage secured?	Yes	No	NA

Preceding Serving Day Reconciliations:

Does the meal count for the prior five (5) days appear reasonable when compared to today's meal count? Yes () No () NA () If "No," obtain and record an explanation and the required corrective action below.

Findings, Comments, Recommendations and Corrective Action Requirements:

Describe below the findings, comments, recommendations and corrective action(s) required. *Remember to site positive findings of Program strengths. If your answers to any of the previous questions are NO and point to operational deficiencies, they must be discussed in detail with the center representative, outlining corrective action requirements.*

Signature of Monitor _____ Date_____

Signature of Center Representative _____ Date_____