

## CHILD AND ADULT CARE FOOD PROGRAM SPONSOR MONITOR REPORT FORM

Date of Review: \_\_\_\_\_

Announced:  Y  N  
 Block Claim:  Y  N

Organization's Name \_\_\_\_\_

Name of Center \_\_\_\_\_

Center Address \_\_\_\_\_

Name of Center Representative \_\_\_\_\_

Name of Cook \_\_\_\_\_

Date of last review \_\_\_\_\_ License Capacity \_\_\_\_\_ Expiration Date \_\_\_\_\_

**I. Meal Service Observed on Day of Visit**

1. Indicate age group served and number of children/adults

- |                              |                          |
|------------------------------|--------------------------|
| a. Under 1 Year of Age _____ | c. Ages 3 up to 6 _____  |
| b. Ages 1 up to 3 _____      | d. Ages 6 up to 12 _____ |
| or                           | e. Adults 18 & up _____  |

Time of meal service: \_\_\_\_\_

2. List below food served:		FOODS USED			
Meals	REQUIREMENTS FOR MEALS	AGES: 0-1	AGES: 1-3	AGES: 3-6	ADULTS & AGES: 6-12
<b>Breakfast</b>	Milk				
	Fruit or Vegetable Juice				
	Fruit or Vegetable				
	Bread or Equivalent and/or Cereal				
	Other Foods				
<b>Lunch</b>	Milk				
	Meat and/or Meat Alternate				
	Vegetables and/or Fruits (two or more)				
	Bread or Equivalent				
	Other Foods				
<b>Snack</b>	Fruit or Vegetable Juice or Fruit or Vegetable				
	Meat or Meat Alternate				
	Bread or Equivalent or Cereal				
	Milk				

I	<b><u>Meal Services (continued):</u></b>	
	Was each child/adult served the appropriate quantities of each food item?	Yes ( ) No ( ) NA ( )
	Were all required components served? If no, describe what components were missing.	Yes ( ) No ( ) NA ( )
II	<b><u>Sanitation:</u></b>	
	Is/are there clean: counter space(s)?	Yes ( ) No ( ) NA ( )
	eating surfaces?	Yes ( ) No ( ) NA ( )
	dishes/eating utensils?	Yes ( ) No ( ) NA ( )
	Is/are garbage container(s) lined/covered?	Yes ( ) No ( ) NA ( )
	Is there a working dishwasher?	Yes ( ) No ( ) NA ( )
	<b><u>Cold Storage:</u></b>	
	Is there a working refrigerator/freezer available?	Yes ( ) No ( ) NA ( )
	Is there a working thermometer in these units?	Yes ( ) No ( ) NA ( )
	Are all perishables properly maintained in refrigerator or freezer?	Yes ( ) No ( ) NA ( )
	<b><u>Dry Storage:</u></b>	
	Do they 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 ( )
III.	<b><u>Recordkeeping:</u></b>	
	Are menus maintained in the center on all meals served?	Yes ( ) No ( ) NA ( )
	Are separate menus used to record infant meals served on file?	Yes ( ) No ( ) NA ( )
	Does the posted menu on day of visit match what was actually served during visit?	Yes ( ) No ( ) NA ( )
	Is a daily count taken of all meals (by type) served to enrolled day care children/adults?	Yes ( ) No ( ) NA ( )
	Are required meal count sheets being used?	Yes ( ) No ( ) NA ( )
	If meals are vended, are meals ordered on the basis of providing one meal-type-per-child/adult per day?	Yes ( ) No ( ) NA ( )
	Does it appear that meals are prepared or ordered on the basis of participation trends?	Yes ( ) No ( ) NA ( )
	Are monthly attendance records maintained?	Yes ( ) No ( ) NA ( )
	Are income eligibility statements and CACFP eligibility roster on file for enrolled children/adults?	Yes ( ) No ( ) NA ( )

IV. **Preceding Serving Day Reconciliations:**

List the meal counts for the same meal type observed on the day of the review.

Meal Type: \_\_\_\_\_ Total Enrollment: \_\_\_\_\_

Date	Center Tallied Counts		Reviewer Tallied Counts	
	Meal Count	Attendance	Meal Count	Attendance
Observation Date:				

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

Yes ( ) No ( ) NA ( )

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V. **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*

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VI. **Additional Comments:**

Describe below the general dining atmosphere of the facility, e.g., supervision, appropriateness of food service to age group, children's/adult participation (family style), food waste, teacher involvement/attitude.

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VII. **Follow-up:**

A follow-up to determine compliance with prescribed corrective action has been set for: \_\_\_\_\_  
(date)

Date of Visit \_\_\_\_\_ Signature of Monitor \_\_\_\_\_

\_\_\_\_\_ Signature of Center Representative \_\_\_\_\_  
Date