

MANDATORY MONITOR REVIEW FORM

Licensed Child Care, Unlicensed Registered Ministry, Head Start Center,
 Emergency/Homeless Shelter, and Adult Day Care Center

- *One review must be performed within the first four weeks of program operation.
- *Review each center at least three times per fiscal year.
- *SIX MONTHS must not lapse between reviews.
- *Answer all questions on this form. Indicate 'n/a' if the questions does not apply to the reviewed facility.
- *All reviews must be unannounced and include the observation of a meal service.

Sponsor Name _____ Sponsor ID Number: _____

Name of Facility: _____ Date of Review: _____

Meal Service Reviewed: _____

Reason For Review: Required Requested Observe Corrective Action Complaint Follow-Up

Type of Facility: Licensed Child Care Center Unlicensed Registered Ministry Head Start Center
Emergency/Homeless Shelter Adult Day Care Center

Food Prepared: On Site Central Kitchen Vendor--Name: _____

I. FOOD SERVICE OPERATION: Applicable if food is prepared at the facility being reviewed.

	<u>YES</u>	<u>NO</u>
A. Are sanitary procedures followed in all aspects of food service?	○	○
B. Is there a thermometer in each refrigerator and freezer?	○	○
C. What is the temperature of the refrigerator(s)? _____	→ <table border="1" style="width: 150px; height: 20px;"></table>	
D. What is the temperature of the freezer(s)? _____	→ <table border="1" style="width: 150px; height: 20px;"></table>	
E. Do children wash hands and go to sanitized tables?	○	○
F. Does staff use proper hand washing techniques?	○	○
G. Are all eating surfaces properly cleaned & sanitized prior to meal service?	○	○
H. Are raw fruits and vegetables thoroughly washed before being cooked & served?	○	○
I. Are potentially hazardous foods (meat & poultry) thawed in the refrigerator on lowest shelf?	○	○
J. Are kitchen equipment & surfaces that come in contact with potentially hazardous foods (such as raw meat or poultry) thoroughly cleaned & sanitized immediately after use?	○	○
K. Is a kitchen cleaning schedule posted?	○	○
L. Are unnecessary individuals in the kitchen during the meal preparation & service time?	○	○
M. Were any sanitation violations observed that have not been noted above? If yes, list the violations observed:	○	○

N. Describe the method for washing & sanitizing tableware:

O. Have the most recent licensing violations regarding kitchen and food preparation been corrected. If no, explain. ○ ○

Additional comments:

II. VENDED MEAL SERVICE REVIEW

A. List all foods served, including milk, and their temperatures upon delivery:

FOOD	TEMPERATURE

B. Explain briefly what is done if food is not delivered at the proper temperatures:

- C. Are sanitary procedures followed in all aspects of vended food service? YES NO
- D. Was the area used to serve food sanitized with a bleach water solution?

III. MENU AND MEAL SERVICE

- A. Menus are planned by: _____
- B. Do the menus for children (1-12 years old) meet the CACFP meal pattern requirements?
If no, please explain:

- C. Were all required CACFP meal components served at the time of meal service?
- D. Are applicable doctors' statements on file for food substitutions?
- E. If menu substitutions are made have they been noted on the menu?

F. Record the number of meals served to enrolled children per meal service review by room:

- 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
- 6) _____ 7) _____ 8) _____ 9) _____ 10) _____
- 11) _____ 12) _____ Total Meals Served: _____

G. How are minimum portions established? (check all that apply)
 ___ Measuring Cups ___ Ladles ___ Unitized Meal ___ Measuring Spoons ___ Portion Scale

- H. Does an adult supervise the meal?
- I. Was the meal served the same as indicated on the menu plan for the day?
- J. Does the center staff demonstrate familiarity with the types and quantities of food required for each type of meal service?
- K. For the meal observed, record the portions for each food served or delivered, for children ages 1-12 (if portions are adjusted by age group, please record the different amounts).

Component	Food served and quantity prepared	Portions		
		age 1-2	age 3-5	age 6-12
Milk				
Meat/Meat alternate				
Fruit/Vegetable				
Fruit/Vegetable				
Grain/Bread				
Other				

IV. INFANT MEALS

- | | | |
|--|-----------------------|-----------------------|
| | <u>YES</u> | <u>NO</u> |
| A. Are dated, daily infant menus available? | <input type="radio"/> | <input type="radio"/> |
| B. Are dated, daily infant feeding records with name, age, food, and quantities served, available for each infant being claimed for CACFP reimbursement? If no, explain: | <input type="radio"/> | <input type="radio"/> |
| C. Do infant menus meet the CACFP infant meal pattern guidelines? If no, explain: | <input type="radio"/> | <input type="radio"/> |
| D. Is there a complete <i>Obligation to Serve Infants in the CACFP</i> form available for each infant? | | |

V. CACFP RECORDS

- | | | |
|--|-----------------------|-----------------------|
| Are the following records being maintained: | <u>YES</u> | <u>NO</u> |
| A. Menu for the day of review? | <input type="radio"/> | <input type="radio"/> |
| B. Are CACFP Meal Participation Records documented at the point of service? | <input type="radio"/> | <input type="radio"/> |
| C. Are CACFP Meal Participation Records current as of the last CACFP meal served?
If no, list dates and meals to be disallowed: | <input type="radio"/> | <input type="radio"/> |

Date	Meal

- | | | |
|--|-----------------------|-----------------------|
| D. Is the current license or ministry certificate of registration on display? | <input type="radio"/> | <input type="radio"/> |
| What is the licensed capacity? _____ Licensed expiration date: _____ | | |
| E. Is the center claiming over the licensed capacity? | <input type="radio"/> | <input type="radio"/> |
| F. Is the <i>and Justice for All</i> poster on display? | <input type="radio"/> | <input type="radio"/> |
| G. Is there any separation by race, color, national origin, sex, age, or disability? | <input type="radio"/> | <input type="radio"/> |
| H. Do all persons without regard to race, color, national origin, sex, age, or disability use all services and facilities routinely? | <input type="radio"/> | <input type="radio"/> |

Additional comments:

VI CORRECTIVE ACTION REQUIRED

Problem	Action Required	Date to be Completed

VII SUMMARY: From the CACFP prospective

A. What are the program strengths and weaknesses?

B. How could CACFP be improved at this center?

C. What changes should be made?

By signing below, both parties acknowledge the information stated in the above review form is a true representation of the meal service observed.

Facility Representative

Date

Sponsoring Organization Reviewer

Date

5-Day Reconciliation Worksheet		E=Enrollment Information					
Sponsor:		M=Meal Participation Record Information					
Name of Facility:		A=Attendance Sheet					
Type of Facility: Circle Type		Licensed Center	Head Start	Ministry	FDC Home		
		Homeless	At-Risk	OSSH	Emergency		
		Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper
		E A	E M	E M	E M	E M	Night Sn E M
Name:							
Date #1							
Date #2							
Date #3							
Date #4							
Date #5							
total							
Name:							
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Date #5							
total							
WORKSPACE:							