



Umatilla-Morrow County
Head Start, Inc.
110 NE 4th
Hermiston, OR 97838

CACFP SITE MONITORING REPORT

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

Site Name & Address:	Date of Visit: _____	Regular Visit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Time Arrived: _____	<input type="checkbox"/> Follow-Up Visit
Site Contact: _____	Time Departed: _____	<input type="checkbox"/> Announced Visit
		<input type="checkbox"/> Unannounced Visit

1. LICENSING, ALTERNATE APPROVAL, OR OTHER FEDERAL, STATE OR LOCAL APPROVAL

Licensed facilities only: Is the license for this facility current? Yes No # _____

Maximum number _____ Ages in Care _____ Hours care provided: _____

Is the operation of this facility in compliance with licensing requirements listed above? Yes No

Alternate approval facilities only: Are Sanitation and Fire/Safety Inspections current? Yes No
(Sanitation Inspection must be done annually. Exp. _____ Fire/Safety Inspection must be done every two years Exp. _____)

Other Federal, State or Local Approval: Type of approval _____

2. FOOD SAFETY AND SANITATION	Yes	No
Food is obtained from approved sources	_____	_____
Potentially hazardous foods are stored/prepared/held/served:		
-within a 4 hour time frame	_____	_____
-at the proper temperatures i.e. Cold foods at or below 40 , hot foods above 140 (delivered)	_____	_____
-in a sanitary manner to avoid cross contamination i.e. Meats thawed on bottom of fridge	_____	_____
-(stored) off the floor and open containers are covered	_____	_____
Spirit stem thermometer registers 40 or below in the refrigerator, 10 or below in the freezer	_____	_____
Food/meat thermometer is available and functional	_____	_____
Leftover foods are stored properly, labeled correctly and discarded after two days	_____	_____
Breast milk and formula are properly labeled and stored	_____	_____
Dishwashing facilities are adequate for washing, rinsing and sanitizing	_____	_____
Sanitizing liquid is mixed/tested daily, labeled correctly (HAZARD label) and stored properly	_____	_____
Kitchen food/prep area is sanitary and contact surfaces are clean and properly sanitized. May include counters, tables, cutting boards, microwave, can opener, food cart, refrigerator, other equipment	_____	_____
Hand washing sinks are available in the food service area and supplied with hand soap and paper hand towels	_____	_____
Appropriate personal hygiene practices are observed. i.e. Clean apron, hands, arms, nails, frequent hand washing, no hair touching shoulders	_____	_____
Food service gloves are used appropriately i.e. Ready to eat foods; sores or cuts on hands	_____	_____
Safe water source, vector control, refuse disposal and sewage disposal is observed, chemicals are stored away from food and not accessible to children	_____	_____
Food Handler's card for each staff member is current and posted in a visible location	_____	_____

Any other food safety or sanitation issues noted:

3. MEAL OBSERVATION Meal Observed: B ___ L ___ S ___ Time meal served: _____
 Mealtimes are scheduled appropriately and posted? Breakfast before 9:00, lunch b/w 11:00-1:30 Y ___ N ___

Written Menu:	Menu Served:

Do meals for the current month meet all CACFP requirements (including infant meals)? Check <input checked="" type="checkbox"/> the following if OK:	<u> </u>	<u> </u>
<input type="checkbox"/> all required components are offered at each meal	Yes	No
<input type="checkbox"/> non-creditable foods are not counted toward the meal pattern		
<input type="checkbox"/> a variety of foods are served to broaden each child's food experience		
<input type="checkbox"/> culturally and ethnically diverse foods are introduced and used		
<input type="checkbox"/> bread/bread alternates are whole-grain		
<input type="checkbox"/> menus are posted in English and Spanish		
<input type="checkbox"/> adequate quantities of all required components are offered, 2nds are available		
<input type="checkbox"/> the meal service style is implemented correctly (adequate supervision, food served appropriately)		

DURING EATING	Yes	No
Physical Set-Up:		
Do children sit at the table while eating	<u> </u>	<u> </u>
Do children eat in a clean and cheerful room? (plates, utensils, chairs, tables)	<u> </u>	<u> </u>
Is the meal time pleasant, relaxed, and interesting?	<u> </u>	<u> </u>
Are tables and chairs the correct size for the children?	<u> </u>	<u> </u>
Do children take part in setting the table before eating?	<u> </u>	<u> </u>
Do children and adults wash their hands before eating or setting up?	<u> </u>	<u> </u>
Food Service:		
Is meal service "family style"? (all components on the table, children passing the food and serving themselves)	<u> </u>	<u> </u>
Is the food easy for children to manage (developmentally appropriate)?	<u> </u>	<u> </u>
Do children choose which foods they put on their plates?	<u> </u>	<u> </u>
Is the choice of foods appealing to the children?	<u> </u>	<u> </u>
Can children serve themselves easily? (child pitchers, serving bowls, utensils)	<u> </u>	<u> </u>
Do adults ensure that infants/toddlers/children that cannot serve themselves are initially offered the full minimum portion of each food component?	<u> </u>	<u> </u>
Do children pour their own drinks?	<u> </u>	<u> </u>
Social Set-Up:		
Is there an adult sitting with the children at each table?	<u> </u>	<u> </u>
Do the adults eat the same meal as the children at the table?	<u> </u>	<u> </u>
If so, do adults act as good role models? (taste all foods, pleasant attitude, manners)	<u> </u>	<u> </u>
Do adults encourage, but avoid pressuring children to eat?	<u> </u>	<u> </u>
Do adults show children how to clean-up after accidents without being unpleasant?	<u> </u>	<u> </u>
Do adults provide pleasant conversation without distracting children from eating?	<u> </u>	<u> </u>
Do topics include:		
a. Concepts relating to the food being eaten	<u> </u>	<u> </u>
b. Ideas which interest children	<u> </u>	<u> </u>
c. Nutrition/Gardening	<u> </u>	<u> </u>
d. Table manners/etiquette	<u> </u>	<u> </u>
Is an adequate amount of time allowed for meals?	<u> </u>	<u> </u>
Are infants held while being fed?	<u> </u>	<u> </u>
Are infants laid down to sleep with a bottle?	<u> </u>	<u> </u>
AFTER EATING		
Do children take part in clearing and cleaning the table after eating?	<u> </u>	<u> </u>
Is any time allowed after meals for brushing teeth?	<u> </u>	<u> </u>

Suggestions, training provided and/or any adverse findings indicated above which require corrective action:

4. CIVIL RIGHTS AND BUILDING FOR THE FUTURE

	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 "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?	_____	_____

5. 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) <input type="checkbox"/> 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.	_____	_____
Is there evidence of a garden plan and/or activities? If no, in comments state plan for correction.	_____	_____
Is there evidence in lesson plans of at least one classroom nutrition activity per month?	_____	_____
Are current infant feeding forms on file for all infants in care? <input type="checkbox"/> Not Applicable	_____	_____
Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? <input type="checkbox"/> Not Applicable	_____	_____
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? <input type="checkbox"/> Not Applicable	_____	_____

6. STAFF TRAINING

	Yes	No
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)? <input type="checkbox"/> Not Applicable	_____	_____

7. COMMENTS "No" answers require comment and plan for correction; note any other problems observed:

8. FOLLOW-UP FROM LAST VISIT

Date of last site monitoring visit: _____

	Yes	No
Were any problems discovered during the last visit?	_____	_____
If yes, have they been corrected?	_____	_____
If they have not been corrected, what follow up action is necessary and what is the time frame required for correction? _____		

Signature of monitor/reviewer

Title

Date

Signature of facility representative

Title

Date

Signature of Food Service Staff

Title

Date