

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.

	YES	NO
A. Are sanitary procedures followed in all aspects of food service?	<input type="radio"/>	<input type="radio"/>
B. Is there a thermometer in each refrigerator and freezer?	<input type="radio"/>	<input type="radio"/>
C. What is the temperature of the refrigerator(s)? _____		
D. What is the temperature of the freezer(s)? _____		
E. Do children wash hands and go to sanitized tables?	<input type="radio"/>	<input type="radio"/>
F. Does staff use proper hand washing techniques?	<input type="radio"/>	<input type="radio"/>
G. Are all eating surfaces properly cleaned & sanitized prior to meal service?	<input type="radio"/>	<input type="radio"/>
H. Are raw fruits and vegetables thoroughly washed before being cooked & served?	<input type="radio"/>	<input type="radio"/>
I. Are potentially hazardous foods (meat & poultry) thawed in the refrigerator on lowest shelf?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
K. Is a kitchen cleaning schedule posted?	<input type="radio"/>	<input type="radio"/>
L. Are unnecessary individuals in the kitchen during the meal preparation & service time?	<input type="radio"/>	<input type="radio"/>
M. Were any sanitation violations observed that have not been noted above?	<input type="radio"/>	<input type="radio"/>

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:

- | | | |
|--|-----------------------|-----------------------|
| | <u>YES</u> | <u>NO</u> |
| C. Are sanitary procedures followed in all aspects of vended food service? | <input type="radio"/> | <input type="radio"/> |
| D. Was the area used to serve food sanitized with a bleach water solution? | <input type="radio"/> | <input type="radio"/> |

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? | <input type="radio"/> | <input type="radio"/> |
| D. Are applicable doctors' statements on file for food substitutions? | <input type="radio"/> | <input type="radio"/> |
| E. If menu substitutions are made have they been noted on the menu? | <input type="radio"/> | <input type="radio"/> |

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? | <input type="radio"/> | <input type="radio"/> |
| I. Was the meal served the same as indicated on the menu plan for the day? | <input type="radio"/> | <input type="radio"/> |
| J. Does the center staff demonstrate familiarity with the types and quantities of food required for each type of meal service? | <input type="radio"/> | <input type="radio"/> |
- 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? | <input type="radio"/> | <input type="radio"/> |

If no, list dates and meals to be disallowed:

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