



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

**SITE MONITORING REPORT FOR CACFP**

*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. Fire/Safety Inspection must be done every two years)

**Other Federal, State or Local Approval:** Type of approval \_\_\_\_\_

<b>2. FOOD SAFETY AND SANITATION</b>	<b>Yes</b>	<b>No</b>
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	_____	_____
<b>Any other food safety or sanitation issues noted:</b>		
_____		
_____		
_____		
_____		



<b>4. CIVIL RIGHTS AND BUILDING FOR THE FUTURE</b>		<b>Yes</b>	<b>No</b>
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?		_____	_____
<b>5. RECORDKEEPING</b>		<b>Yes</b>	<b>No</b>
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"/> <b>Not Applicable</b>		_____	_____
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 in lesson plans of at least one classroom nutrition activity?		_____	_____
Are current infant feeding forms on file for all infants in care? <input type="checkbox"/> <b>Not Applicable</b>		_____	_____
Are infant menu production records completed accurately and only complete meals included in reimbursable meal counts? <input type="checkbox"/> <b>Not Applicable</b>		_____	_____
<b>Vended programs:</b> 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"/> <b>Not Applicable</b>		_____	_____
<b>6. STAFF TRAINING</b>		<b>Yes</b>	<b>No</b>
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?		_____	_____
<b>Vended programs:</b> Does the facility staff know what to do if delivered meals are deficient (missing a meal component, inadequate quantities or unwholesome)? <input type="checkbox"/> <b>Not Applicable</b>		_____	_____
<b>7. COMMENTS</b> "No" answers require comment and plan for correction; note any other problems observed: _____ _____			
<b>8. FOLLOW-UP FROM LAST VISIT</b>		<b>Yes</b>	<b>No</b>
<b>Date of last site monitoring visit:</b> _____			
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

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Signature of Food Service Staff

Title

Date

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