

Site Name & Address:	 Washington Office of Superintendent of PUBLIC INSTRUCTION Child Adult Care Food Program Site Monitoring Form Sponsor Use	Sponsoring Organization:
Required Visit: (circle one) 1 2 3 F/U Announced Unannounced		Monitors' Name:
		Site Contact Name:

DCYF/Tribal/Military License #:	Eff. Date	Capacity	Date of Observation:	Arrival Time	Departure Time
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Program Type: <input type="checkbox"/> Child Care <input type="checkbox"/> Adult Care <input type="checkbox"/> Pre-K <input type="checkbox"/> At-Risk <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> OSH <input type="checkbox"/> Affiliated <input type="checkbox"/> Unaffiliated	Observed Meal: B AM L PM S ES Meal not observed WINS Approved Mealtime	Approved Meals: B AM L PM S ES
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Prior Monitoring Visit Conducted by Sponsor					
Date of Prior Review:	Assigned CAP Approval Date	Notice of Serious Deficiency	Noted Findings	Eligibility Health & safety Meal Pattern Menu	Meal Service Study Month Recordkeeping Other:
Observed Meal:	N/A	Y N N/A			
Evidence of Implemented CAP	Not assigned Yes No	The institution has substantially implemented and maintained corrective action(s) for all deficiencies identified in the previous review. If "NO", the reviewer will evaluate if a serious deficiency should be recommended.			N/A Yes No

Site Eligibility	YES	NO	N/A	Comments
1. The Site has a current license and operates within its licensed capacity, age limits, and staff/participant ratios.				
2. The Site is following local health and safety requirements for food service.				
3. At-Risk sites included verified enrichment activities.				

PARTICIPANT CACFP ENROLLMENT APPLICATION SAMPLE: Randomly select 10% of participants enrolled for the current month and list the names on this table. Review the associated EIEA or Enrollment Form and indicate Yes if on file, complete with child enrollment data. N/A At-Risk or Emergency Shelter					
Participant Name	YES	NO	Participant Name	YES	NO
1			9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8			16		

Record Keeping Requirements	YES	NO	N/A	Comments
4. E/IEAs or Enrollment forms (not more than a year old) are on file for the children listed above. If no, obtain the missing enrollment forms.				

Record Keeping Requirements	YES	NO	N/A	Comments
5. The Site retains program records for the current fiscal year plus the prior three years (number of years on program if less than 3 years).				
6. The Site takes attendance daily and maintains accurate attendance records.				
7. The Site takes point of service meal counts for meals and snacks and maintains records.				
8. If required, the Site records meal counts by name.				
9. If taking meal counts by name, or by individual classrooms, the site consolidates them on a monthly meal count record form.				
10. If vended or delivered, the meal meets all requirements of the contract, including delivery, receipt, and service.				
11. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.				
12. Site or Sponsor records include documentation to support meal pattern compliance (CN label, product formulation statement, Nutrition Facts, standardized recipe).				
13. The WIC flyer is posted in a conspicuous place or distributed to parents.				
14. Site staff, including new staff have attended required annual sponsor training that includes meal pattern, reimbursement, meal counts, claims, recordkeeping, and civil rights.				
CIVIL RIGHTS	YES	NO	N/A	COMMENTS
15. The site allows equal access and provides meals to all eligible participants.				
16. The "And Justice for All" poster is displayed in a conspicuous place.				
17. Race and ethnicity data is collected.				
18. The Site notifies applicants of their right and responsibility to request free accommodations and meal modifications.				
19. Civil Rights complaint forms are available to participants.				
20. Are any civil rights problems identified in the responses above?				
If yes, explain in Comments				

HEALTH & SAFETY/ ENVIRONMENT	YES	NO	N/A	Comments
21. Program staff, volunteers, substitutes and participants wash hands properly before and during meal service.				
22. Site staff who prepare/serve food have current Food Worker Card/Food Handler Permit.				
23. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.				
24. Cleaning supplies are stored separately from food and food is not stored on floors.				
25. Proper procedures are followed for washing, rinsing, sanitizing utensils, food preparation equipment, and food contact surfaces.				
26. Potentially hazardous foods are stored and served at the proper temperatures.				
27. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.				

HEALTH & SAFETY/ ENVIRONMENT	YES	NO	N/A	Comments
28. The site appears free from rodent/insect infestation.				

Child/Adult Meal Observation				meal not observed
Meal Service Style: Family Pre-Portioned Offer vs Serve		Meal Count for observation		
Posted Menu:		Observed Meal: Same as posted menu		
MEAL OBSERVATION	YES	NO	N/A	COMMENT S
29. The observed meal was served at the approved time.				
30. The observed meal corresponds to the posted menu or changes/ substitutions have been noted.				
31. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:				
32. An accurate meal count was observed at the point of service.				
33. If applicable, for At-Risk sites, a share table is used correctly and in compliance with local requirements.				
34. If applicable, for At-Risk sites, Offer versus Serve is implemented according to FNS requirements.				
Meal observation comments:				

Infant Meal Observation					meal not observed	
Meal Count for observation						
Posted Menu: OSPI Standard Menu used			Observed Meal: Same as posted menu			
INFANT MEAL OBSERVATION			YES	NO	N/A	COMMENTS
35. The site offers CACFP meals to all enrolled infants.						
36. Complete and accurate OSPI Infant Meal Forms are on file for all enrolled infants.						
37. Infant meal counts are recorded when all required meal components have been served.						
Infant meal observation comments:						

5-Day Meal Count Reconciliation

Using site records, document the site meal counts for the prior 5 consecutive operating days. Indicate the meal count for the meal observation in the shaded first row. Add the enrollment, attendance, and meal count for the 5 previous days.

Date	Enrollment	Attendance	Recorded Meal Counts					
			Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve. Snack
1.								
2.								
3.								
4.								
5.								

38. Does any of the five consecutive days reviewed exceed the documented enrollment or attendance? ☐ YES ☐ NO

If response is YES, additional review is required. Review additional days and records to determine the cause of discrepancy. Household contacts may be necessary to verify attendance. Disallowances and corrective action may be required.

Reason for discrepancy:

39. The number of meals served during the meal observation is reflective of the meal counts for the same meal type for the five preceding serving days. ☐ YES ☐ NO

If no, document the reason:

Findings Summary	YES	NO	N/A	Follow-up
40. Errors indicate a disallowance is required.				Meal Count not observed: observed meals disallowed. Meal Pattern Not met: observed meals disallowed
41. Corrective Action Plan is required.				
42. A Follow-up review will be scheduled.				
43. Technical Assistance has been provided.				Indicate all training provided in the Technical Assistance Summary.

Technical Assistance Summary

Item	Review Summary

Site Representative

Date

Monitor

Date

Second Party Check

Sponsor Second Party Check Signature

Date



Sponsor Name:

Site/Center:

Site/Center Contact:

Child and Adult Care Food
Program

Corrective Action
Plan For Sponsor

Use

Sponsor WINS #

Site WINS #

Monitoring

Date: CAP Due

Date:

Item #	Corrective Action	Responsible Individual	Implementation Date	Sponsor Approval	
				✓ YES	✓ NO

The Corrective Action Plan (CAP) must be signed by the Center Point of Contact/Center Director.

Center Representative

Date

Center Representative

Date

Center Representative

Date

Printed Name

Printed Name

Printed Name

Title

Title

Title

Sponsoring Organization Use:

CACFP Monitoring Supervisor

Date

Approved

Denied