

## Multiple-Site Monitoring Log

Name of Sponsor: \_\_\_\_\_

Site Visit Information:

SITE NAME	REVIEW 1		REVIEW 2		REVIEW 3	
	Announced/ Unannounced	Date	Announced/ Unannounced	Date	Announced/ Unannounced	Date

(For additional sites, see on back of this page)

**To be completed at the end of sponsor review cycle:**

1. **If the sponsor added a new site**, did the first visit for the new site occur within the first thirty (30) days of program operations?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

2. Did more than 6 months elapse between reviews for each site?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Were two of the three required monitoring visits for each site unannounced?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Did at least one of the two unannounced visits per site occur during a meal service?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

5. Did any of the findings noted during the reviews require any follow up activities?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, was follow-up conducted as needed? \_\_\_\_\_  
 \_\_\_\_\_



**WEST VIRGINIA DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS  
Child and Adult Care Food Program  
Monitoring Report for Multiple Site Sponsors**

VISIT# (circle one)	1	2	3
Announced	_____		
Unannounced	_____		
Follow-up	_____		
Date	_____		

Site Reviewed \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Number of persons participating in today's meal: Adult DC \_\_\_\_\_ Children \_\_\_\_\_ Program Adults \_\_\_\_\_ Non-Program Adults \_\_\_\_\_

**DAY OF REVIEW** (If necessary, document corrective action required on page 2).

1. What meal service observed? \_\_\_\_\_ Time of meal service? \_\_\_\_\_
2. List food items served: \_\_\_\_\_  
\_\_\_\_\_
3. Was each meal served as a unit? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," explain. \_\_\_\_\_  
\_\_\_\_\_
4. Did the meal meet requirements for components? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," what components were missing? \_\_\_\_\_  
\_\_\_\_\_
5. Did the meal meet requirements for amounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If "no," describe the deficiencies. \_\_\_\_\_  
\_\_\_\_\_
6. Meal service is provided to all participants on a non-discriminatory basis. Yes \_\_\_\_\_ No \_\_\_\_\_

**SANITATION AND SAFETY** (If necessary, document corrective action required on page 2).

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Facility appears free of food contaminants.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kitchen appears neat and clean.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kitchen equipment is in working order.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Safety measures are evident in kitchen and dining area.

Explain any "no" answers:  
\_\_\_\_\_  
\_\_\_\_\_

<b>MENUS AND MANAGEMENT</b> (If necessary, document corrective action required on page 2).	Always	Often	Seldom	Never
1. Meal pattern requirements are met:				
2. Planned menus contain good sources of vitamins A and C and iron:				
3. Are current menus available during the visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Are production records maintained and up-to-date?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
5. Does the meal as observed reflect what was listed on the menu?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Does the meal as observed reflect what was listed on the production records?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. Is the meal participation record up-to-date and checked when the meal is served?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Number of Meals Claimed						Do the meal counts for the prior five days appear reasonable when compared to today's meal count? Yes___ or No___ If "NO," obtain and record an explanation.  Explain:     Describe required corrective action below.
Date	Free	Red.	Paid	At Risk	Total	
Day of Review						

**CORRECTIVE ACTION** (Document required corrective action for review findings). Attach separate sheet if needed.

**OTHER COMMENTS/RECOMMENDATIONS/BEST PRACTICES:**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SITE REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MONITOR'S SIGNATURE

This report is to be filed with the sponsor. Reports must be available for the current year plus three preceding years.