

# MONITOR CHECKLIST

Today's Date \_\_\_\_\_

Monitor's Name \_\_\_\_\_

1. Name of Facility/Unit \_\_\_\_\_

2. Meal services observed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch/Supper \_\_\_\_\_ Snack

3. Number of children served \_\_\_\_\_ Number enrolled \_\_\_\_\_

4. Complete this chart for the meal observed

	Age	Serving Sizes		Servings Needed	Quantity Needed	Actual Qty Used	Adequate	
		Snack Amt	Lunch Amt				Yes	No
Meat/Alternate	1 - 2	1/2 oz	1 oz.					
	3 - 6	1/2 oz	1 1/2 oz					
	6 - 12	1 0z	2 oz.					
	Adult	1 oz	3 oz.					
Fruits/Vegetables	1 - 2	1/2 cup	1/4 cup					
	3 - 6	1/2 cup	1/2 cup					
	6 - 12	3/4 cup	3/4 cup					
	Adult							
Bread/Alternate	1 - 5	1/2 slice	1/2 slice					
	6 - 12	1 slice	1 slice					
	Adult	1 slice	1 slice					
Fluid/Milk	1 - 2	1/2 cup	1/2 cup					
	3 - 6	1/2 cup	3/4 cup					
	6 - Adult	1 cup	1 cup					
Optional								

\* Quantities indicated refer to the total of two servings of a fruit and/or vegetable at Lunch/Supper

5. Check applicable box to evaluate each item:

Food Handler Gloves Used  Yes  No  
 Food Temperatures Taken  Yes  No  
 Hair Restraints Used  Yes  No  
 Clorox Test Strip Results

<u>ITEM</u>	<u>Very good</u>	<u>Fair</u>	<u>Poor</u>
A. Menu Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Dry Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Daily Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Enrollment Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Record Keeping**

- a) Are daily records kept of the number of meals served to children? **Yes or No**
- b) Are accurate attendance records maintained on enrolled children separate from meal count records? **Yes or No**
- c) Are meal counts and attendance records up to date? **Yes or No**
- d) Are **current** enrollment forms on file for all children? **Yes or No**
- e) Were there any discrepancies when comparing the current enrollment forms against the meals claimed for child during the following 5-day period? **Yes or No**

If yes, list: \_\_\_\_\_

- f) If there have been any discrepancies in meals claimed, monitor must obtain a copy of the meal counts for the observed meal (or write the names of the children in attendance on a separate page). Has this information been collected? **Yes or No**
- g) Are the income eligibility statements on file? **Yes or No**
- h) Are records given to the sponsoring organization on a regular basis as required by the sponsoring organization? **Yes or No**

6. List any problems observed with the food services or record keeping. What corrections will be made?

In the operations of child feeding programs, no child will be discriminated against because of race, color, national origin, age, sex or handicap.

Reviewer's Signature \_\_\_\_\_