

NESD HEAD START HOME BASE FOOD MONITOR

Date _____ **Reviewer** _____ **Unit** _____ **Home Visitor** _____

Nutrition Activity and/or Food Preparation Activity: _____

Health Activity: _____

Children Enrolled _____ # Children _____ #Adults _____ Snack Time _____ On Time? _____

Components required: IF GRAIN IS SERVED IT MUST BE WHOLE GRAIN & WG on Menu.

One time per year, send WG Ingredient List to office for each food served.

Snack: Choose 2: Milk, Vegetable or Fruit, Grain/Bread, Meat

Food Components	Children Ages 3-5	Adults	Servings Needed	Adequate	
				Yes	No
Milk 1%	½ c.	1 c.			
Vegetable or Fruit	½ c.	½ c.			
Grains/Breads Bread/Alternate Cereal (dry)	½ Slice 1/3 c.	1 sl. 3/4 c.			
Meat/Meat Alternate	½ oz.	1 oz .			

SAFETY CHECKLIST

YES NO

Foods are prepared, transported, served & stored properly (6" above floor).

Cold foods are kept cold. Cover, label and date opened foods.

Whole grain ingredient lists sent to office.

Refrigerator is 35-40° F. Freezer is 0° F.

Eating area is properly cleaned and sanitized.

Sanitizer is stored in locked box & is in original container &/or labeled.
(Quat Strip = 200 ppm. Chlorine Strip = 100 ppm.)

Hand washing is done before preparing, serving and eating food.

Hand washing signs are posted at sink(s).

SDS sheets are posted.

Diet order received for those with food allergies, etc.

Justice For All Poster posted where families can view it.

Meal Count form is completed after snack is served.

Participation in annual CACFP Training completed.

Enrollment forms are updated annually.

COMMENTS/FINDINGS/FOLLOWUP:

Reviewer _____

Home Visitor _____

Ed.Coor. _____