

**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:**

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

Food Components	Children Ages 3-5	Adults	Servings Needed	Adequate	
				Yes	No
<b>Milk (fluid milk)</b>	½ c.	1 c.			
<b>Vegetable or Fruit</b>	½ c.	½ c.			
<b>Grains/Breads</b> Bread/Alternate Cereal (dry)	½ Slice 1/3 c.	1 sl. ¾ c.			
<b>Meat/Meat Alternate</b>	½ oz.	1 oz .			

**SAFETY CHECKLIST**

	<b>YES</b>	<b>NO</b>
Foods are prepared, transported, served & stored properly. (Cold foods are kept cold. Cover, label and date opened foods. Food is stored six inches above floor) .	_____	_____
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. Tested with chlorine strip at 100 ppm (bleach). (Chlorine Bleach at proper concentration 100 ppm)	_____	_____
Hand washing is done before preparing, serving and eating food. Hand washing signs are posted at sink(s).	_____	_____
MSDS 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.Coar. \_\_\_\_\_