

Summer Food Service Program MONITOR SITE REVIEW FORM

Sponsor _____ Name of Site _____

Site Address _____

Phone _____ Date of Review _____

Monitor's Arrival Time _____ Departure Time _____

Site Supervisor _____ Day Site _____ Camp Site _____

Name/Title of Person Contacted at Site _____

Approved Meal Service: BREAKFAST _____ LUNCH _____ SUPPER _____ SNACK _____

Attendance on Day of Visit _____ Type(s) of Meal Service Reviewed _____

Approved Meal Service Time _____ On Site Meal Prep _____ Vended _____

Number Meals Planned _____ Meals Served as Seconds _____

Time Meals Delivered _____ Meals Served Program Adults _____

Time Meals Served _____ Meals Served Non-Program Adults _____

Meals Served as Firsts _____ Number Meals Left Over _____

Menu:

YES

NO

- | | | |
|-------|-------|--|
| _____ | _____ | Did menus meet meal pattern requirements? |
| _____ | _____ | Are all children fed at approved site? |
| _____ | _____ | Are meals planned with one meal per child in mind? |
| _____ | _____ | Are accurate counts taken of children's first and second meals served? |
| _____ | _____ | Are meal production records kept? |
| _____ | _____ | Is required health department certification available for inspection? |
| _____ | _____ | Is an inventory being kept? |
| _____ | _____ | Are receipts/invoices available? |
| _____ | _____ | Has site supervisor attended training session? |
| _____ | _____ | Is there proper sanitation and storage? |
| _____ | _____ | Are meals served within approved time frames? |
| _____ | _____ | Are meals served to all attending children regardless of the child's race, color, national origin, gender, age, or disability? |

YES

NO

NA

- | | | | |
|-------|-------|-------|---|
| _____ | _____ | _____ | Are meals served as a unit? |
| _____ | _____ | _____ | Are records of program and non-program adult meals kept? |
| _____ | _____ | _____ | Are delivery slips available? |
| _____ | _____ | _____ | Does site have a place to serve meals in case of inclement weather? |
| _____ | _____ | _____ | Is Offer vs. Serve being implemented correctly? |
| _____ | _____ | _____ | Are food items permitted to be taken off-site? |

CIVIL RIGHTS INFORMATION

DATA BY RACE		Hispanic or Latino	Non-Hispanic or Latino	TOTAL		
PARTICIPANTS						
DATA BY RACE	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	TOTAL
PARTICIPANTS						

Site is in compliance with the Civil Rights Act in:

YES NO

___ ___ Non-discrimination poster displayed?

___ ___ Assignment of eating areas?

___ ___ Assignment of serving lines?

___ ___ Assignment of eating periods?

YES NO NA

___ ___ ___ Are special meals provided to children with dietary or health problems?

___ ___ ___ If yes, are physicians' statements are on file?

___ ___ ___ All services and facilities are accessible to all persons without regard to race, color, national origin, gender, age or disability?

<p>Corrective action discussed with (name and title):</p> <p>Corrective action taken:</p> <p>Site supervisor's comments:</p> <p>Further action needed by (date):</p>

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date