

**Summer Food Service Program
Site Monitoring Form**

Instructions: Sponsors are required to complete this form for EACH operating site within the first four weeks of operation of the site. The sponsor may conduct the initial site visit and full meal service review at the same time, but within the first two weeks of operation and two separate forms for each site must be completed.

Full review requirements: Observe the entire meal service starting with the point in which meals are being prepared or packaged for distribution (in case of non-congregate), return/storage of leftovers, and clean-up.

Sponsor Name		Site Name/Location	
Visit/Review Date	Arrival Time: Departure time:	Name/Title of Person Contacted at Site	
Approved Site Type: Congregate site Non-congregate site: <input type="checkbox"/> Parent/guardian pickup <input type="checkbox"/> Home delivery		Approved Meal Service (Check all that apply): <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack	
Approved Meal Service Time:		Type of Meal(s) Observed:	
Actual Meal Service Time:		Site Meals are (circle one) On-Site Self Prep Vended On-Site Satellite	
Number Meals Planned	Time Meals Delivered	Time Meals Served	
Meals served as Firsts	Meals Served as Seconds	Meals Served Program Adults	Meals Served Non-Program Adults
Number Meals Leftover	Menu		

Check **YES** or **NO** for each of the following:

YES	NO	
		Did menus meet the meal pattern?
		Are all children fed at approved site?
		Are meals planned with one meal per child in mind?
		Are accurate meal 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?
		Has site supervisor attended training session?
		Is there proper sanitation and storage?
		Are meals served within approved timeframes?
		Are meals served to all attending children regardless of child's race, color, national origin, gender, age, or disability?

For each question below, check **YES**, **NO** or **NA** (Not Applicable):

YES	NO	NA	
			Are meals served as a unit? If NA, explain:
			Are receipts/invoices available?
			Are records of program and non-program adults 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? (this only applies to SFAs)
			Are food items permitted to be taken off-site (for congregate sites)?

For Non-Congregate Sites ONLY:

YES	NO	NA	
			For home delivery: box has been inspected to ensure meal pattern is met
			For home delivery: the sponsor has obtained consent form from each household receiving meals and has confirmed the number of children living in the household in which meals are delivered.
			For pick-up model: if parents/guardians are allowed to pick up meals on behalf of the children in their household, the number of children in the household has been verified by the sponsor.
			For pick-up model: if parents/guardians are allowed to pick up meals on behalf of children in their household, the site only distributes meals to the parent/guardian.
			If distributing meals for multiple days, is the site following food safety procedures approved by the WVDE (i.e. number of approved days, requirements for bulk items, etc.) and local health department (for food safety)?
			Does the site have procedures in place to adjust for meal order?

			Is food stored, prepared, served, in a safe and sanitary manner prior to and during the meal distribution period?
			Are daily meal counts available for the non-congregate meal distribution?

Civil Rights

Instruction: this section MAY NOT be left blank, it must be *fully* completed

Ethnicity Data	Hispanic or Latino	Non-Hispanic or Latino	TOTAL
Number of Participants			

Race Data	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	TOTAL

YES	NO	Site is in compliance with the Civil Rights Act in
		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 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>

Further action needed by (date):

Certification

Instructions: Both monitor and site supervisor must certify this form by signing below. Monitor and Site Supervisor CANNOT be the same person.

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date