

# SITE MONITORING REVIEW FORM

To be completed at each site/camp during the  
**first four weeks of operation.**

Site Name: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Date of Review: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Interviewed at the Site: \_\_\_\_\_

Time Arrived: \_\_\_\_\_ Time Departed: \_\_\_\_\_ Meal Observed: \_\_\_\_\_ Approved Meal Time: \_\_\_\_\_ to \_\_\_\_\_

**MEAL COUNT**

Number of meals delivered or prepared: \_\_\_\_\_

Number of leftover meals from previous day: \_\_\_\_\_

**Total Meals Available:** \_\_\_\_\_

Eligible first meals to Children: \_\_\_\_\_

Eligible second meals to Children: \_\_\_\_\_

Meals to Program Adults: \_\_\_\_\_

Meals to Non-program Adults: \_\_\_\_\_

Meals Damaged or Incomplete: \_\_\_\_\_

Meals leftover: \_\_\_\_\_

**Total Meals Accounted For:** \_\_\_\_\_

Is meal production or ordering being conducted with the intent of providing one meal per child?      YES    NO    N/A  
\_\_\_\_\_

Is site supervisor following sponsor procedures?      \_\_\_\_\_

Are receiving reports and purchase invoices kept?      \_\_\_\_\_

Was the meal served within the approved time frame?      \_\_\_\_\_

Were meals served as second meals excessive?      \_\_\_\_\_

Are all meals served and consumed onsite? (Note if fruits or vegetables are allowed to be taken offsite).      \_\_\_\_\_

Is the required health department certification available for inspection?      \_\_\_\_\_

Is proper sanitation in place?      \_\_\_\_\_

Has at least one person at the site received sponsor training?      \_\_\_\_\_

Name of person(s) receiving training: \_\_\_\_\_

**MEAL COMPONENTS**

Meat/Meal Alternate: \_\_\_\_\_

Meat/Meat Alternate: \_\_\_\_\_

Bread/Bread Alternate: \_\_\_\_\_

Fruit/Vegetable: \_\_\_\_\_

Fruit/Vegetable: \_\_\_\_\_

Fruit/Vegetable: \_\_\_\_\_

Milk: \_\_\_\_\_

Other: \_\_\_\_\_

Does the meal appear to meet meal pattern requirements?      YES    NO    N/A  
\_\_\_\_\_

Are accurate counts of meals being taken?      \_\_\_\_\_

Are records of adult meal kept?      \_\_\_\_\_

Is there documentation of children's income eligibility, if applicable?      \_\_\_\_\_

Is there an "And Justice For All" poster on display?      \_\_\_\_\_

Are meals served to all attending children regardless of race, color, national origin, sex, age or disability?      \_\_\_\_\_

Do all children have equal access to services at the site regardless of race, color, national origin, sex, age or disability?      \_\_\_\_\_

Does site have sufficient food service supervision?      \_\_\_\_\_

Are leftover meals handled appropriately?      \_\_\_\_\_

Are meals counted and checked before Signing delivery receipt?      \_\_\_\_\_

**More on back of page**

**DEFICIENCIES: (Please check, if applicable)**

- |   |   |
|---|---|
| <input type="checkbox"/> More than one meal served at a time to children. | <input type="checkbox"/> Required quantities of food items not served.                    |
| <input type="checkbox"/> Off-site meal consumption.                       | <input type="checkbox"/> Meals served outside of approved time frame.                     |
| <input type="checkbox"/> Meals not served as a unit.                      | <input type="checkbox"/> Adult meals included in count of meals to children.              |
| <input type="checkbox"/> Meal count records not being maintained.         | <input type="checkbox"/> Site environment and/or food handling procedures are unsanitary. |
| <input type="checkbox"/> Other: _____<br>_____                            |   |

**Corrective Action Discussed with (name and title):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Site Supervisor's Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further Action needed by: \_\_\_\_\_

I certify that the above information is correct:

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Sponsor Representative's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

