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? ______

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DEFICIENCIES:  (Please check, if applicable)

____ More than one meal served at a time to children.  ____ Required quantities of food items not served.

____ Off-site meal consumption.  ____ Meals served outside of approved time frame.

____ Meals not served as a unit.  ____ Adult meals included in count of meals to children.

____ Meal count records not being maintained.  ____ Site environment and/or food handling procedures are unsanitary.

____ Other: ________________________________

________________________________________

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