

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)

- | | |
|---|---|
| <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: _____ | |
| _____ | |

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

