### MONITOR SITE REVIEW FORM — VENDED PROGRAMS

**INSTRUCTIONS:** Complete this form for all sites at least once during the first four weeks of operation. A copy should be left with the site supervisor and one turned in to the sponsor.

<table>
<thead>
<tr>
<th>Sponsor:</th>
<th>Date of Review:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Name:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Site Address:</td>
<td></td>
</tr>
<tr>
<td>Monitor’s Arrival Time:</td>
<td>Departure Time:</td>
</tr>
<tr>
<td>Site Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Name and Title of Person Contacted at the Site:</td>
<td></td>
</tr>
<tr>
<td>Regular Site:</td>
<td>Camp Site:</td>
</tr>
<tr>
<td>Average daily participation (if applicable):</td>
<td>Today’s Attendance:</td>
</tr>
<tr>
<td>Age range of children in attendance:</td>
<td>*Number of hours children are on site:</td>
</tr>
</tbody>
</table>

**Approved level(s) of meal service:**
- [ ] Breakfast
- [ ] Lunch
- [ ] Supper
- [ ] Snack

**Approved meal service time:**

<table>
<thead>
<tr>
<th>B</th>
<th>SN (a.m.)</th>
<th>L</th>
<th>SN (p.m.)</th>
<th>S</th>
</tr>
</thead>
</table>

| Attendance on day of visit: | Number eligible for free and reduced-price meals (camps and enrolled programs only) |

**Type(s) of meal service reviewed:**
- [ ] Breakfast
- [ ] Lunch
- [ ] Supper
- [ ] Snack

#### NUMBER MEALS SERVED

<table>
<thead>
<tr>
<th>DAY OF VISIT:</th>
<th>Breakfast</th>
<th>AM Snack</th>
<th>Lunch</th>
<th>PM Snack</th>
<th>Supper</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. meals delivered</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>No. meals/milk from previous day</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Time meals delivered</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Time meals served</td>
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</tr>
<tr>
<td>No. first meals served to children</td>
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<tr>
<td>No. second meals served to children</td>
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<tr>
<td>No. meals served to Program adults</td>
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<tr>
<td>No. meals served to non-Program adults</td>
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<td></td>
<td></td>
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<tr>
<td>No. meals left over</td>
<td></td>
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</tr>
</tbody>
</table>

*If pre-school age (birth-5 years) children are on site more than 4 hours, the site must be licensed by the Department of Human Resources.*
<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>EXPLAIN ANY “NO” ANSWERS BELOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Are meals served as a unit?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Do meals meet the menu as planned?</td>
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<tr>
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<td>3. Do meals meet meal pattern requirements?</td>
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<tr>
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<td>4. Are meals served during assigned meal times?</td>
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<td>5. Does the site have sufficient food service supervision?</td>
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<tr>
<td></td>
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<td>6. Are meals counted/checked before signing delivery receipt?</td>
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<tr>
<td></td>
<td></td>
<td>7. Are meals served as second meals excessive?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Are accurate meal counts taken of meals served?</td>
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<tr>
<td></td>
<td></td>
<td>9. Does site have a place to serve children in inclement weather?</td>
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<tr>
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<td>10. Are meals checked for quality?</td>
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<td>11. Is there proper sanitation/storage?</td>
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<td></td>
<td></td>
<td>12. Is the site supervisor following procedures established to make meal order adjustments?</td>
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<td>13. Does staffing pattern correspond to that listed on approved site application sheet?</td>
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<td></td>
<td>14. Has site supervisor attended training session?</td>
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<td>15. Are records of adult meals being kept?</td>
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<td>16. Is there documentation of children’s income eligibility, if applicable?</td>
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<tr>
<td></td>
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<td>17. Are all meals served and consumed on site? (Note if State Agency and Sponsor allow fruits or vegetables to be taken off site.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18. Is the meal delivery schedule followed?</td>
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<tr>
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<td>19. Are there provisions for storing or returning excess meals?</td>
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<tr>
<td></td>
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<td>20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?</td>
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<tr>
<td></td>
<td></td>
<td>21. Are meals served to all attending children regardless of the child’s race, color, national origin, sex, age, or disability?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22. Do all children have equal access to services and facilities at the site regardless of the child’s race, color, national origin, sex, age, or disability?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23. Is informational material concerning the availability and nutritional benefit of the Program available in appropriate translations?</td>
</tr>
</tbody>
</table>

EXPLANATIONS:
<table>
<thead>
<tr>
<th>MAJOR VIOLATIONS</th>
<th>ACTUAL COUNT</th>
<th>TYPE OF MEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adult meals included in count of meals served to children.</td>
<td></td>
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<tr>
<td>2. Off-site consumption. Do not include fruits and vegetables</td>
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<tr>
<td>if allowed by State Agency and Sponsor.)</td>
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<tr>
<td>3. More than one meal served at one time to children.</td>
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<tr>
<td>4. Meal pattern not met (specify).</td>
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</tr>
<tr>
<td>5. Meals not served as a unit.</td>
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<td></td>
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<tr>
<td>6. Meal serving times not met.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK IF THE FOLLOWING APPLY (Explain any checked items).</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. No records</td>
<td></td>
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<tr>
<td>8. Incomplete records</td>
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<tr>
<td>9. Poor sanitation</td>
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<tr>
<td>10. Other</td>
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</tr>
</tbody>
</table>

Corrective action discussed with (name and title): ________________________________

Corrective action taken: ________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Site supervisor’s comments: ______________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Further action needed by (date): ________________________________________________

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Monitor’s Signature ___________________________ Date __________ Site Supervisor’s Signature ___________________________ Date __________

Sponsor Representative’s Signature ___________________________ Date __________
**BENEFICIARY DATA FORM**

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Site Address</th>
<th>Site Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ETHNICITY</th>
<th>Number of Participating Children</th>
</tr>
</thead>
</table>

**Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Non Hispanic or Latino**

<table>
<thead>
<tr>
<th>RACE</th>
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</table>

**American Indian or Alaskan Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillpine Islands, Thailand, and Vietnam.)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**Native Hawaiian of Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

**Multiracial**

<table>
<thead>
<tr>
<th>Monitor’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>