

**SUMMER FOOD SERVICE PROGRAM
 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.

Sponsor: _____ Date of Review: _____

Site Name: _____ Telephone: _____

Site Address: _____

Monitor's Arrival Time: _____ Departure Time: _____

Site Supervisor: _____

Name and Title of Person Contacted at the Site: _____

Regular Site: _____ Camp Site: _____

Average daily participation (if applicable): _____ Today's Attendance: _____

Age range of children in attendance: _____ *Number of hours children are on site: _____

	B	SN (a.m.)	L	SN (p.m.)	S
Approved level(s) of meal service:	_____	_____	_____	_____	_____
Approved meal service time: _____					
Attendance on day of visit: _____	Number eligible for free and reduced-price meals _____ (camps and enrolled programs only)				
Type(s) of meal service reviewed:	<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Supper <input type="radio"/> Snack				

NUMBER MEALS SERVED

DAY OF VISIT:	Breakfast	AM Snack	Lunch	PM Snack	Supper
No. meals delivered					
No. meals/milk from previous day					
Time meals delivered					
Time meals served					
No. first meals served to children					
No. second meals served to children					
No. meals served to Program adults					
No. meals served to non-Program adults					
No. meals left over					

*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.

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

BENEFICIARY DATA FORM

Sponsor _____ Site _____

Site Address _____

Site Supervisor _____

ETHNICITY

Number of
Participating Children

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 _____

RACE

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 Phillipine 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.) _____

Monitor's Signature

Date