

# Site Review Form

NOTE: To be completed during first four weeks of operation

Sponsor: \_\_\_\_\_ Site: \_\_\_\_\_

Site Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of site visit: \_\_\_\_\_ Monitor's arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Open site      Camp site      Average daily participation (if applicable): \_\_\_\_\_

Today's attendance: \_\_\_\_\_ Approved meal service time: \_\_\_\_\_

Types of meals reviewed:     Breakfast     AM Snack     Lunch     PM Snack     Dinner

Approved level of service:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
# Meals leftover					

\* Test meal cannot be claimed for reimbursement but should be recorded.

# Site Review Form, Continued

Site Review Questions		Yes	No
1	Does the staffing pattern correspond to that listed on the approved site sheet?		
2	Has the site supervisor attended training session?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the site have sufficient food service supervision?		<input type="checkbox"/>
4	Are meals counted/checked before signing delivery receipt?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are accurate meal counts taken of meals served?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do meals meet approved menu?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are meals checked for quality?		<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	Are meals served within approved time frames?		<input type="checkbox"/>
14	Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/grains to be taken off-site.)	<input type="checkbox"/>	<input type="checkbox"/>
15	Does site have a place to serve children meals in case of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
16	Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the meal delivery schedule followed?	<input type="checkbox"/>	
18	Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	
19	Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	
20	Is there an "And Justice for All" 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 benefits of the Program available in appropriate languages and translations are accurate?		<input type="checkbox"/>
24	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?		<input type="checkbox"/>
25	Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered languages of individuals eligible to be served or likely to be affected by the program?		<input type="checkbox"/>

# Site Review Form, Continued

Explain any "No" answers below:

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Program Violations		Actual Count	Type of Meal (Breakfast, AM Snack, Lunch, PM Snack, or Dinner)
1	Adult meals included in count of meals served to children.		
2	Offsite consumption. (Do not include fruits/vegetables/ grains if allowed by State agency and sponsor).		
3	More than one meal served at one time to children.		
4	Meal pattern not met (specify): _____		
5	Meals not served as a unit.		
6	Meal serving times not met.		
7	Other Program violations (specify): _____		

Check and explain if any of the following apply:

No records                      Explanation: \_\_\_\_\_

Incomplete records            Explanation: \_\_\_\_\_

Poor sanitation                Explanation: \_\_\_\_\_

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

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