

## Summer Food Service Program (SFSP) Monitor Site Review Form

**Complete during the first four weeks of SFSP operation.**

Sponsor Name:		Date of Review:	
Site Name:		Approved Meal Service Time:	
Name and Title of Site Contact Person:			
Monitor's Arrival Time:		Monitor's Departure Time:	
Type of Site:	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Residential Camp
	<input type="checkbox"/> Non-Residential Camp	<input type="checkbox"/> College / University	<input type="checkbox"/> NYSP
			<input type="checkbox"/> Migrant
<b>MEAL SERVICE</b>			
Type of meal service reviewed (circle one):	Breakfast	AM Snack	Lunch
			PM Snack
			Supper
Number of meals prepared/delivered		Number of meals served to Food Service Adults	
Number of first meals served to children		Number of meals served to Other Adults	
Number of second meals served to children		Number of meals left over	
Number of meals disallowed		Number of meals discarded (dropped/spoiled)	
<b>ETHNIC CATEGORIES</b> (Number of participating children today)			
Hispanic or Latino		Not Hispanic or Latino	
<b>RACIAL CATEGORIES</b> (Number of participating children today)			
American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander	
Asian		Black or African American	White
<b>SITE REQUIREMENTS</b>			<b>YES</b>
			<b>NO</b>
1. Do meals meet the meal pattern requirements?			
2. Are meals planned and prepared to allow one meal per child?			
3. Are meal count records up-to-date?			
4. Are meal counts accurate?			
5. Are adult meals served? If adult meals are served, are the meals documented and is money collected?			
6. Are number of meals served as second complete meals excessive?			
7. Are meals served within times approved by KSDE?			
8. Are meals served and consumed onsite? (Note if Sponsor allows fruit/vegetable/grain to be taken off site)			
9. Is the site supervisor following procedures established to make meal order adjustments?			
10. Is there an "And Justice for All" poster on display in a prominent location?			
11. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?			
12. Do all children have equal access to services and facilities regardless of the child's race, color, national origin, sex, age, or disability?			
13. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?			
14. Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the program?			
15. Is informational material concerning the SFSP availability and nutritional benefit information available in appropriate translations?			
16. Is the staffing adequate for meal service and supervision of children?			
17. Is there proper sanitation and storage?			

Site Requirements, continued	YES	NO
18. Has a health inspection been conducted?		
19. Are safe food handling and storage procedures observed?		
20. Are purchase receipts and inventory records of food and nonfood items maintained?		
21. Does outdoor site have a place to serve meals in case of inclement weather?		
22. Are meals counted and checked for quality before delivery receipt is signed?		
23. Is meal delivery schedule followed?		
24. If self-preparation site, are meal production records complete?		

**MAJOR VIOLATIONS:**

Meal Violations		Actual Count / Type of Meal
Disallowed Meals: <input type="checkbox"/> Meals served outside of approved serving times <input type="checkbox"/> Meals did not meet meal pattern requirements <input type="checkbox"/> Meals / portions of meals consumed offsite by children <input type="checkbox"/> Meals / portions of child's meal consumed by an adult <input type="checkbox"/> More than 1 meal served at one time to children <input type="checkbox"/> Adult meals included in count of meals served to children		_____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____ / _____
Other Violations	Explain Corrective Action Needed	Corrective Action Taken and Date Completed
<input type="checkbox"/> No meal count records		
<input type="checkbox"/> Incomplete meal counts		
<input type="checkbox"/> Poor sanitation		
<input type="checkbox"/> Other (list)		

Yes  No Is a follow-up visit required for any major violations found during the Monitor Site Review?  
 If yes, explain.

\_\_\_\_\_

Comments/Technical Assistance Provided by Sponsor:

I certify that the above information is correct:

**Signature of Site Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Authorized Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_