

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"/> NYSP	
	<input type="checkbox"/> Non-Residential Camp	<input type="checkbox"/> College / University	<input type="checkbox"/> Migrant	
MEAL SERVICE				
Type of meal service reviewed (circle one): Breakfast AM Snack Lunch PM Snack Supper				
Number of meals prepared		Number of meals served to <i>Food Service Adults</i>		
Number of first meals served to children		Number of meals served to <i>Other Adults</i>		
Number of second meals served to children		Number of meals left over; disallowed		
ETHNIC CATEGORIES (Number of participating children today)				
Hispanic or Latino		Not Hispanic or Latino		
RACIAL CATEGORIES (Number of participating children today)				
American Indian or Alaska Native		Black or African American		
Asian		Native Hawaiian or Other Pacific Islander		
		White		
SITE REQUIREMENTS			YES	NO
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 counted?				
6. Are number of meals served as second complete meals excessive?				
7. Are meals served at approved times?				
8. Are meals served and consumed onsite?				
9. Is a nondiscrimination statement and complaint procedure posted in view of the participants?				
10. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?				
11. Do all children have equal access to services and facilities regardless of the child's race, color, national origin, sex, age, or disability?				
12. Is informational material concerning the SFSP availability and nutritional benefit information available in appropriate translations?				
13. Is the staffing adequate for meal service and supervision of children?				
14. Has a health inspection been conducted?				
15. Are safe food handling and storage procedures observed?				

SITE REQUIREMENTS , continued	YES	NO
16. Are purchase receipts and inventory records of food and nonfood items maintained?		
17. Does outdoor site have a place to serve meals in case of inclement weather?		
18. Are meals counted and checked for quality before delivery receipt is signed?		
19. Is meal delivery schedule followed?		
20. If self-preparation site, are meal production records complete?		

MAJOR VIOLATIONS:

Meal Violations	Actual Count / Type of Meal
Disallowed Meals: 1. Meals served outside of approved serving times 2. Meals did not meet meal pattern requirements 3. Meals / portions of meals consumed offsite by children 4. Meals / portions of child's meal consumed by an adult 5. More than 1 meal served at one time to children 6. 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"/> 7. No meal count records		
<input type="checkbox"/> 8. Incomplete meal counts		
<input type="checkbox"/> 9. Poor sanitation		
<input type="checkbox"/> 10. Other (list)		

Comments:

I certify that the above information is correct:

Signature of Site Supervisor: _____ **Date:** _____

Signature of Monitor: _____ **Date:** _____

Signature of Authorized Representative: _____ **Date:** _____