**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 review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monitor’s arrival time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Open site[ ]  Closed site[ ]  Camp site[ ]  Site meal capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Types of meals reviewed: Breakfast [ ]  AM Snack [ ]  Lunch [ ]  PM Snack [ ]  Supper [ ]

Food Service Type:

 Commercially Vended [ ]  Vended by School Food Service [ ]  Self-Prep On-Site [ ]  Self-Prep Satellite [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day of Visit** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** |
| # Meals delivered/prepared |  |  |  |  |  |
| # 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 |  |  |  |  |  |
| # Meals served to Infants |  |  |  |  |  |
| Discarded meals (dropped, spoiled, incomplete meal, test meal\*, etc.) |  |  |  |  |  |
| # Meals leftover |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Site Review Questions** | **Yes** | **No** |
| 1. Does the staffing pattern correspond to that listed on the approved site sheet?
 |[ ] [ ]
| 1. Has the site supervisor attended training session?
 |[ ] [ ]
| 1. Does the site have sufficient food service supervision?
 |[ ] [ ]
| 1. Are meals counted/checked before signing delivery receipt?
 |[ ] [ ]
| 1. Are accurate meal counts taken of meals served?
 |[ ] [ ]
| 1. Are meals served as second meals excessive?
 |[ ] [ ]
| 1. Are records of adult meals being kept?
 |[ ] [ ]
| 1. Do meals meet approved menu?
 |[ ] [ ]
| 1. Do meals meet meal pattern requirements?
 |[ ] [ ]
| 1. Are meals checked for quality?
 |[ ] [ ]
| 1. Is there proper sanitation storage?
 |[ ] [ ]
| 1. Is the site supervisor following procedures established to make meal order adjustments?
 | [ ]  | [ ]  |
| 1. Are meals served within approved time frames?
 |[ ] [ ]
| 1. Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/grains to be taken off-site.)
 | [ ]  | [ ]  |
| 1. Does site have a place to serve children meals in case of inclement weather?
 |[ ] [ ]
| 1. Is each meal served as a unit?
 |[ ] [ ]
| 1. Is the meal delivery schedule followed?
 |[ ] [ ]
| 1. Are there provisions for storing or returning excess meals?
 |[ ] [ ]
| 1. Is there documentation of children’s income eligibility, if applicable?
 |[ ] [ ]
| 1. Is there an “And Justice for All” poster, provided by the sponsor, on display in a prominent place?
 | [ ]  | [ ]  |
| 1. Are meals served to all attending children regardless of the child’s race, color, national origin, sex, age, or disability?
 | [ ]  | [ ]  |
| 1. 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?
 | [ ]  | [ ]  |
| 1. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations are accurate?
 | [ ]  | [ ]  |
| 1. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?
 | [ ]  | [ ]  |
| 1. 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?
 | [ ]  | [ ]  |

Explain any “No” answers below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Program Violations** | **Actual Count** | **Type of Meal** |
| Adult meals included in count of meals served to children. *7 CFR 225.15(b)* |  |  |
| Offsite consumption. (Do not include fruits/vegetables/grains if allowed by State agency and sponsor). *7 CFR 225.6(e)(15)* |  |  |
| More than one meal served at one time to children. *7 CFR 225.16(3)(i)(ii)* |  |  |
| Meal pattern not met (specify) *7 CFR 225.16 (d)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Meals not served as a unit. *7 CFR 225.15(m)* |  |  |
| Meal serving times not met. *7 CFR 225.16 (c)(3)* |  |  |
| Meals served over capacity. *7 CFR 225.6(d)(1)(i)(ii)(iii)* |  |  |
| 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