

# Site Review Form

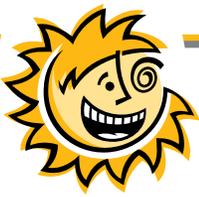
NOTE: To be completed during first four weeks of operations.

|  |   |   |
|--|---|---|
| SPONSOR  |   | SITE  |
| SITE CONTACT (NAME AND TITLE)  |   |   |
| SITE ADDRESS   |   |   |
| TELEPHONE  | DATE OF REVIEW  |   |
| MONITOR'S ARRIVAL TIME   | DEPARTURE TIME  |   |
| SITE SUPERVISOR  |   |   |
| REGULAR SITE<br><input type="checkbox"/> Yes <input type="checkbox"/> No | CAMP SITE<br><input type="checkbox"/> Yes <input type="checkbox"/> No | AVERAGE DAILY PARTICIPATION (IF APPLICABLE) |
| TODAY'S ATTENDANCE   |   | APPROVED MEAL SERVICE TIME                  |

Type(s) of meals reviewed:  Breakfast  Snack  Lunch  Snack  Supper

Approved level(s) of meal service: \_\_\_\_\_

| Day of visit                         | Breakfast | AM Snack | Lunch | PM Snack | Supper |
|--------------------------------------|-----------|----------|-------|----------|--------|
| # meals delivered                    |           |          |       |          |        |
| # meals/milk from previous day       |           |          |       |          |        |
| Time meals delivered                 |           |          |       |          |        |
| 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 leftover                     |           |          |       |          |        |

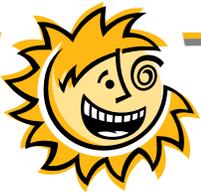


## Site Review Form

Explain any "no" answers below

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

EXPLANATIONS:



# Site Review Form

| Major Violations  | Actual Count | Type of Meal |
|---|--------------|--------------|
| 1. Adult meals included in count of meals served to children.   |              |              |
| 2. Off-site consumption. (Do not include fruits and vegetables 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.  |              |              |

| Check if the following apply (Explain any checked items) | EXPLANATION |
|--|-------------|
| 7. <input type="checkbox"/> No records                   |             |
| 8. <input type="checkbox"/> Incomplete records           |             |
| 9. <input type="checkbox"/> Poor sanitation              |             |
| 10. <input type="checkbox"/> Other                       |             |

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 \_\_\_\_\_

Sponsor Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_