

**SITE REVIEW FORM
SUMMER FOOD SERVICE PROGRAM**

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

Sponsor: _____ Site: _____

Site contact: _____
Name Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor: _____

Regular site: _____ Camp site: _____ 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					

5 Day Reconciliation	Date	Total Daily Attendance	First Meals Served	Second Meal Served	Leftovers
Meal Type:					
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
5 Day Total					
5 Day Average					
Do the meal counts for the prior five days for all meals claimed appear reasonable when compared to each approved meal service's averages?					

Record the Food Items and Serving Sizes for the Meal Observed:		
Meal Components	Food Item	Serving Size
Milk		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Grain		
Other:		
Other:		

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

