

Summer Food Service Program First Week Monitoring Site Visit

**MUST BE COMPLETED BY THE 7TH
CALENDAR DAY STARTING FROM
THE FIRST DAY OF MEAL SERVICE**

Site Name: _____ Sponsoring Organization: _____

Monitor's Name: _____ Site Supervisor's Name: _____

Time Arrived: _____ Time Departed: _____ Meal Observed: _____ Date of Visit: ____/____/____

Number of meals prepared or delivered: _____

Number of children expected to be served: _____

Number of adults expected to be served: _____

Number of meals transferred to other site: _____

Yes No

Does site personnel notify the kitchen or sponsor when adjustments in the meal orders are necessary?

Are order changes a problem at this site?

Are the meals being served as a unit?

Are the meals being served during the approved time frame?

TODAY'S MEAL *(List Food Items Served):*

Yes No

Did the meal appear to meet the meal pattern and portion size requirements?

Are sanitary procedures followed during the receiving, preparing, holding and serving of meals?

Are the foods served and maintained at correct and safe temperatures?

Are site records properly completed?

Is an "And Justice For All" Poster on display in a conspicuous area?

Do all services and facilities appear to be used routinely by all participants without regard to race, color, national origin, sex, age or disability?

Site Strengths: _____

Potential Problems:

- Inadequate Staffing
- Inadequate Training
- Meal Ordering
- Meal Service
- Off-site meal consumption
- Record Keeping
- Other Potential Problems: _____

Listed below are suggested comments and/or corrective actions for the deficiencies noted above.

Site Supervisor's Signature

Monitor's Signature

Date