

Summer Food Service Program for Children First Monitoring Site Visit

MUST BE COMPLETED BY THE 14th 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?	<input type="checkbox"/>	<input type="checkbox"/>
Are order changes a problem at this site?	<input type="checkbox"/>	<input type="checkbox"/>
Are the meals being served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
Are the meals being served during the approved time frame?	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
Did the meal appear to meet the meal pattern and portion size requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Are sanitary procedures followed during the receiving, preparing, holding and serving of meals?	<input type="checkbox"/>	<input type="checkbox"/>
Are the foods served and maintained at correct and safe temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
Are site records properly completed?	<input type="checkbox"/>	<input type="checkbox"/>
Is an "And Justice For All" Poster on display in a conspicuous area?	<input type="checkbox"/>	<input type="checkbox"/>
Do all services and facilities appear to be used routinely by all participants without regard to race, color, national origin, sex, gender identity, sexual orientation, age, disability or reprisal or retaliation for prior civil rights activity?	<input type="checkbox"/>	<input type="checkbox"/>

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 Name (Print) _____

Site Supervisor's Signature _____

Monitor's Signature _____

I certify that the information on this form is true and accurate.

_____ Date