

Summer Food Service Program Second Monitoring Site Review

(Monitor must observe entire meal service)

**MUST BE COMPLETED BY THE 28TH
CALENDAR DAY STARTING FROM
THE FIRST DAY OF MEAL SERVICE**

Site Name: _____ Sponsoring Organization: _____

Date of Review: ____ / ____ / ____ Site Supervisor's Name: _____

Time Arrived: _____ Time Departed: _____ Meal Observed: _____ CAP: _____ Approved Meal Time: _____ to _____

MEAL COUNT

Number of meals prepared or delivered: _____

Number of meals transferred in or out of the site: _____

Total meals available:

Eligible first meals to children: _____

Complete second meals to children: _____

Meals to non-program adults (sales): _____

Meals to program adults: _____

Meals damaged or incomplete: _____

Ineligible meals (Includes monitor test meals): _____

Meals leftover: _____

Total meals accounted for:

MEAL ORDERING AND DELIVERY

	Yes	No	N/A
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Do site personnel notify the kitchen or monitor when adjustments in the meal orders are necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Were additional meals obtained for today's meal service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Is meal production or ordering being conducted with the intent of providing one meal per child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MEAL SERVICE

Was the meal served within the approved time frame?	<input type="checkbox"/>	<input type="checkbox"/>
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Time meal began: _____ Time meal ended: _____

Were all children present at the site served first meals before second meals were served?	<input type="checkbox"/>	<input type="checkbox"/>
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Has at least one person at the site received training by the Sponsor or State Agency?	<input type="checkbox"/>	<input type="checkbox"/>
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Name of person who has received training: _____

Name of person who provided training: _____

MEAL COMPONENTS

Meat/Meat Alternate: _____

Grains/Breads: _____

Fruit/Vegetable: _____

Fruit/Vegetable: _____

Fruit/Vegetable: _____

Milk: _____ Other: _____

ASSESSMENT OF MEAL QUALITY (circle rating)

<u>Taste:</u>	Poor	2	3	4	Great
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<u>Packaging:</u>	Poor	2	3	4	Great
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<u>Visual Appeal:</u>	Poor	2	3	4	Great
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<u>Overall Quality:</u>	Poor	2	3	4	Great
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Did not take meal: Reason: _____

Meal and/or milk temperature tests are recommended, but not required.

Temperature of **meal**: _____°

Temperature of **milk**: _____°

	Yes	No
Did the meal appear to meet the meal pattern and portion size requirements?	<input type="checkbox"/>	<input type="checkbox"/>

Were meals served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
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HEALTH AND SANITATION

Are sanitary procedures followed during the receiving, preparing, holding and serving of meals?	<input type="checkbox"/>	<input type="checkbox"/>
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Does this site have temperature controlled holding equipment for the SFSP meals?	<input type="checkbox"/>	<input type="checkbox"/>
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Type of container food arrived in: _____

Was food delivered and served at correct temperature and in acceptable condition?	<input type="checkbox"/>	<input type="checkbox"/>
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SITE RECORD KEEPING

Does today's monitor's meal counts agree with the Site Supervisor's Daily Meal Count Form?	<input type="checkbox"/>	<input type="checkbox"/>
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Was the Meal Count Form properly completed by the Site Supervisor?	<input type="checkbox"/>	<input type="checkbox"/>
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Are there excessive leftover meals?	<input type="checkbox"/>	<input type="checkbox"/>
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SITE RECORD KEEPING – Continued

	Yes	No	N/A
For Vended Sponsors only: Is a record maintained of daily meals delivered/accepted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When does the Site Supervisor turn in signed meal count reports? _____			
Are meal site records completed on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	

CIVIL RIGHTS

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

If no, describe: _____

Is an "And Justice for All" poster on display near the point of service?

Today's Attendance by Ethnic & Race Categories

(indicate numbers in boxes)

Ethnic Categories

Hispanic or Latino: _____

Not-Hispanic or Latino: _____ +

Ethnicity Total:

Race Categories

American Indian or Alaska Native: _____

Asian: _____

Black or African-American: _____

Native Hawaiian or Other Pacific Islander: _____

White: _____

Total (Must agree with the "Eligible to First Meals to Children" meal count on first page and "Ethnicity Total" above):

VIOLATIONS (circle all that apply)

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|--|---|--|
| <p>1 – Noncompliance with meal service time restrictions (serving outside of approved time frame)</p> <p>2 – Failure to maintain adequate records</p> <p>3 – Failure to adjust meal orders or preparation to variations in the number of participating children</p> <p>4 – The simultaneous service of more than one meal to any child</p> <p>5 – The claiming of program payment for meals not served to participating children</p> | <p>6 – Service of meals that did not include the required quantities of all meal components</p> <p>7 – Off-site meal consumption</p> <p>8 – Inadequate training of site personnel</p> <p>9 – Improper sanitation and/or health standards for the meal service or at the meal site</p> <p>10 – Meals served over the site's approved level of meal service (CAPs)</p> <p>11 – Not conducting an organized and/or supervised meal service</p> | <p>12 – Noncompliance with Civil Rights requirements of the Program:</p> <p style="margin-left: 20px;">a) "And Justice for All" poster not displayed</p> <p style="margin-left: 20px;">b) Discrimination based on race, color, national origin, sex, age or disability</p> <p>13 – Meals not served as a unit</p> <p>14 – Meals not served on a first-come, first-served basis</p> <p>15 – Inadequate staffing at the site</p> <p>16 – Other site violation (list below in comments)</p> |
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Comments

Site Supervisor _____ Date _____

Sponsor Representative/Monitor _____ Date _____

ETHNIC AND RACIAL DATA WORKSHEET

NAME OF SITE: _____

DAY AND DATE: _____ TIME BEGAN: _____ TIME ENDED: _____

First Eligible Meals – Children by Ethnic & Racial Count	
ETHNIC CATEGORIES	Number of Participating Children – Use Tick Marks
<p>Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino."</p>	
<p>Not Hispanic or Latino</p>	
RACE CATEGORIES	Number of Participating Children – Use Tick Marks
<p>American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.</p>	
<p>Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p>	
<p>Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro", can be used in addition to "Black or African American."</p>	
<p>Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p>	
<p>White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.</p>	
Number of Second Meals – Use Tick Marks	

Number of Meals Not Eligible For Reimbursement:

Program Adults	Non-Program Paying Adults	Off-Site Meals	Unapproved Time	Other Ineligible Meals