



Site Review Form

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

Sponsor:		Site:	
Site Contact and Title:			
Site Address:			
Telephone:		Date of review:	
Monitors Arrival:		Departure Time:	
Site Supervisor:			
Regular Site: Yes No		Camp Site: Yes 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
# of 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					

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 fruit/vegetable/grain allowed by ADE.)		
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. No records		
8. Incomplete records		
9. Poor sanitation		
10. 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 _____