

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						

Explain any "no" answers below		
Does the staffing pattern correspond to that listed on the approved site sheet?	Yes	No
2. Has the site supervisor attended training session?	Yes	No
3. Does the site have sufficient food service supervision?	Yes	No
4. Are meals counted/checked before signing delivery receipt?	Yes	No
5. Are accurate meal counts taken of meals served?	Yes	No
6. Are meals served as second meals excessive?	Yes	No
7. Are records of adult meals being kept?	Yes	No
8. Do meals meet approved menu?	Yes	No
Do meals meet meal pattern requirements?	Yes	No
10. Are meals checked for quality?	Yes	No
11. Is there proper sanitation/storage?	Yes	No
12. Is the site supervisor following procedures established to make meal order adjustments?	Yes	No
13. Are meals served within appropriate time frames?	Yes	No
14. Are all meals served and consumed on site? Note: ADE allows either a packaged grain or whole or packaged fruit or vegetable to be taken off site.)	Yes	No
15. Does site have a place to serve children meals in case of inclement weather?	Yes	No
16. Is each meal served as a unit?	Yes	No
17. Is the meal delivery schedule followed?	Yes	No
18. Are there provisions for storing or returning excess meals?	Yes	No
19. Is there documentation of children's income eligibility, if applicable?	Yes	No
20. Is there a nondiscrimination poster, provided by the sponsor, on displaying a prominent place?	Yes	No
21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?	Yes	No
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?	Yes	No
23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages?	Yes	No
Explanations		

Major violations		Actual Count	Type of Meal			
Adult meals included in count of meals served to children.						
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				