



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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Camp Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Meal Service: <input type="checkbox"/> Congregate <input type="checkbox"/> Non-Congregate
Mode of meal distribution:	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					

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

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. <input type="checkbox"/> No records		
8. <input type="checkbox"/> Incomplete records		
9. <input type="checkbox"/> Poor sanitation		
10. <input type="checkbox"/> 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: _____