



Arizona Department of Education
Summer Food Service Program

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 Time		Departure Time
Site Supervisor		
Regular Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Camp Site? <input type="checkbox"/> Yes <input type="checkbox"/> 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
# 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					



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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 if State Agency and sponsor allow fruits or vegetables 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 display in 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 translations?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Explanations



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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 fruits and vegetables if allowed by State Agency and sponsor).		
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 supervisors' 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 _____