



**Arizona Department of Education**  
**Health and Nutrition Services**  
**Site Desk Audit Form FY 2021**

Due to the public health risks associated with COVID-19, USDA and the Arizona Department of Education (ADE) are not requiring site visits or site reviews. By completing this alternate form, the sponsoring organization is opting into the waiver describe by *COVID-19: Child Nutrition Response #10* released on March 27, 2020.

Please complete this form via phone interview with the Site Supervisor and electronic submission of supporting documents.

<b>Sponsoring Organization Name:</b>	
<b>Site Name and Address:</b>	
Phone Number:	CTD:
Site Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed Enrolled <input type="checkbox"/> Camp	Average Daily Participation (if applicable):
Site Supervisor:	Title:
Date of Site Desk Audit Interview:	Name of Evaluator/Monitor:

<b>Supporting Documents Checklist</b>	
Daily Meal Count Forms for day of interview	<input type="checkbox"/>
Photo of meal served on the day of interview	<input type="checkbox"/>
Photo of food storage area	<input type="checkbox"/>
Photo(s) of thermometer(s) inside Cambros/hot food storage containers, coolers, refrigerators and/or freezers	<input type="checkbox"/>
Photo of point of service/meal distribution area (during meal service, if possible)	<input type="checkbox"/>
Copy of any food safety instructions distributed with meals	<input type="checkbox"/>
Photo of <i>And Justice for All</i> poster on display in a public area	<input type="checkbox"/>



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<b>Interview Questions</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Has the site supervisor completed training?	<input type="checkbox"/>	<input type="checkbox"/>	
Do meals match the approved menu?	<input type="checkbox"/>	<input type="checkbox"/>	
Do meals meet meal pattern requirements? <b>Verify with photos.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Are meals served at the approved times?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>	
Are meals delivered within 1 hour of meal service?	<input type="checkbox"/>	<input type="checkbox"/>	
If not, is the adequate storage to ensure food safety? <b>Verify with photos.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an And Justice for All poster handing in public view?	<input type="checkbox"/>	<input type="checkbox"/>	
Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
Are Program materials available in languages other than English, if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How is the site supervised?			
Describe the process for accepting meal deliveries: (N/A for self-prep sites)			<input type="checkbox"/>
Describe the how the point of service meal count is taken:			
How are adult meals recorded? (N/A for sites that don't serve adults)			<input type="checkbox"/>
How is meal quality ensured?			
Describe measures taken to ensure food safety: <b>Verify with photos.</b>			
How does the site handle excess or leftover meals?			



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<b>Meal Disallowances</b>	<b>Meals Disallowed</b>	<b>Type of Meal</b>
Adult meals included in count of meals served to children		
Meal pattern not met		
Meals not served as a unit		
Meals served outside of approved time.		
<b>Total Meals Disallowed</b>		
<b>Major Violations</b> ( <i>Describe violations below each item.</i> )		
<input type="checkbox"/> No records		
<input type="checkbox"/> Incomplete records		
<input type="checkbox"/> Poor sanitation		
<input type="checkbox"/> Other		
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: \_\_\_\_\_