

**ILLINOIS STATE BOARD OF EDUCATION**  
 Nutrition Programs  
 100 North First Street, W-270  
 Springfield, Illinois 62777-0001

**National School Lunch Program**  
**SEAMLESS SUMMER SITE MONITORING**

|                                                            |                                                                                                                                                                                                          |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AGREEMENT NUMBER                                           | SITE OPEN DATE                                                                                                                                                                                           |
| SITE NUMBER                                                | MEAL PREPARATION TYPE                                                                                                                                                                                    |
| DATE                                                       | <input type="checkbox"/> Delivered From Central Preparation Facility<br><input type="checkbox"/> FSMC Contract<br><input type="checkbox"/> Prepared at Own Site<br><input type="checkbox"/> SFA Contract |
| TIME OF OBSERVED MEAL SERVICE<br><b>Begin:</b> <b>End:</b> | TYPE OF PROGRAM                                                                                                                                                                                          |
|                                                            | <input type="checkbox"/> Enrolled<br><input type="checkbox"/> Open to Public<br><input type="checkbox"/> Residential/Day Camp                                                                            |

SITE NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MEAL SERVICE OBSERVED  
 Breakfast    Lunch    AM Snack    PM Snack

MENU FOR MEAL OBSERVED \_\_\_\_\_

**MEAL COUNTS**

| TIME MEALS DELIVERED                                  | TOTAL MEALS AVAILABLE TO SERVE   | NUMBER OF MEALS DISALLOWED                        |                            |                                                    |                         | TOTAL MEALS ELIGIBLE TO BE CLAIMED |
|-------------------------------------------------------|----------------------------------|---------------------------------------------------|----------------------------|----------------------------------------------------|-------------------------|------------------------------------|
|                                                       |                                  | Meals Missing Components                          | Meals Not Served as a Unit | Meals Served Outside Maximum Meal Service Duration | Meals Consumed Off Site |                                    |
| VENDOR DELIVERY COUNT                                 | Meals Served - Eligible Children |                                                   |                            |                                                    |                         |                                    |
| REVIEWER COUNT - MEALS DELIVERED/PREPARED             | Leftover Meals                   |                                                   |                            |                                                    |                         |                                    |
| NO. OF MEALS UNACCEPTABLE DUE TO VENDOR ERROR/TESTING |                                  |                                                   |                            |                                                    |                         |                                    |
| NO. OF COMPLETE MEALS LEFT OVER FROM PREVIOUS DAY     | MEALS REPORTED BY SITE MANAGER   |                                                   |                            |                                                    |                         |                                    |
|                                                       |                                  | <b>MEAL COUNTS FOR PREVIOUS 5 DAYS OF SERVICE</b> |                            | Date                                               | Meal Count              |                                    |
|                                                       |                                  |                                                   |                            |                                                    |                         |                                    |
|                                                       |                                  |                                                   |                            |                                                    |                         |                                    |
|                                                       |                                  |                                                   |                            |                                                    |                         |                                    |
|                                                       |                                  |                                                   |                            |                                                    |                         |                                    |
|                                                       |                                  |                                                   |                            |                                                    |                         | CURRENT ADP                        |

- YES**   **NO**   **N/A**
- \*1. If the Summer Food Service Program (SFSP) meal patterns are used, do all meals served meet the meal pattern requirements? *If NO, indicate deficiency:*
- |                                                                                                                                         |                                                                                                                                                                                                                                                                                  |                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>BREAKFAST</b>                                                                                                                        | <b>LUNCH/SUPPER</b>                                                                                                                                                                                                                                                              | <b>SNACK</b>                                                                                                  |
| <input type="checkbox"/> a. Grains/Breads<br><input type="checkbox"/> b. Vegetable/Fruit/100% Juice<br><input type="checkbox"/> c. Milk | <input type="checkbox"/> a. Meat/Meat Alternate<br><input type="checkbox"/> b. Vegetable/Fruit/100% Juice (1st serving)<br><input type="checkbox"/> c. Vegetable/Fruit/100% Juice (2nd serving)<br><input type="checkbox"/> d. Grains/Breads<br><input type="checkbox"/> e. Milk | <input type="checkbox"/> a. Second Required Component<br><input type="checkbox"/> b. Both Required Components |
- \*2. If NuMenus are used, do all meals served meet the meal pattern requirements? *If NO, indicate deficiency:*
- |                  |                                    |                                              |                                                 |
|------------------|------------------------------------|----------------------------------------------|-------------------------------------------------|
| <b>BREAKFAST</b> | <input type="checkbox"/> a. Milk   | <input type="checkbox"/> b. Second Food Item | <input type="checkbox"/> c. Both Required Items |
| <b>LUNCH</b>     | <input type="checkbox"/> a. Entree | <input type="checkbox"/> b. Side Dish        | <input type="checkbox"/> c. Milk                |
3. Do portion sizes appear adequate?
4. Does the site participate in "Offer versus Serve"? *If YES:*
- Yes    No    N/A 5. If the SFSP meal patterns are used, has "Offer versus Serve" been implemented correctly? *If NO, identify problems:*
- a. Children required to take all components
- b. Children required to select a specific component  
(Describe) \_\_\_\_\_
- c. Site offering children a choice between a required component and a nonreimbursable item (Describe) \_\_\_\_\_
- d. Children are allowed to take a smaller portion size
- Yes    No    N/A 6. If NuMenus are used, has "Offer versus Serve" been implemented correctly? *If NO, identify problems:*
- a. Children are required to take all menu items
- b. Children are not required to take the main entree
- c. Children are required to take a specific item
- d. Children are allowed to take a smaller portion size than the serving size planned

YES NO N/A

7. Are all meals served as a unit?
- \*8. Are all meals consumed on site?
- \*9. Are all meals served within the allowable duration times designated in the School Breakfast/National School Lunch Programs regulations?
- \*10. Does the site only count one meal per child?
- \*11. Does the site ensure adult meals are not claimed for reimbursement?
12. Are the number of first meals served on the day of the review consistent with the current average daily participation?  
If NO:  
 Yes  No \*13. Is an acceptable explanation available?
14. For open sites, did the site make a reasonable effort to advertise the Seamless Summer Option to children in the community?
15. For closed-enrolled sites, is documentation on file to ensure at least 50 percent of the enrolled children are eligible for free or reduced-price meals?

***\*If there are serious concerns, a follow-up review should be conducted to assure all corrections have been implemented.***

\_\_\_\_\_  
SFA/Reviewer Signature

\_\_\_\_\_  
Date