

**INSTRUCTIONS:** Complete form in its entirety. A review must be completed at each site at least once during the first four weeks of operation.

NAME OF SITE	DATE	APPROVED MEAL TIMES Begin: _____ End: _____		
SITE ADDRESS	Approved Level of Participation	Meal Type Observed	Review	Follow-Up Review
SITE NUMBER		TIME MONITOR ARRIVED	TIME MONITOR DEPARTED	

**RACIAL/ETHNIC IDENTITY:** Indicate number of children participating. (Do not use percentages or words such as "all" or "none".)

_____ Hispanic or Latino	_____ Asian	_____ Black or African American	_____ Native Hawaiian or Other Pacific Islander
_____ Not Hispanic or Latino	_____ White	_____ American Indian or Alaska Native	_____ Other

**MEAL SERVICE** Answer questions **ONLY** if observed.

NUMBER OF MEALS	NUMBER OF MEALS	NUMBER OF MEALS
_____ 1. Ordered/prepared	_____ 5. First meals served to children	_____ 9. NOT served as a unit
_____ 2. Delivered	_____ 6. Second meals served to children	_____ 10. Served to program adults
_____ 3. Spoiled or incomplete	_____ 7. Served with missing component(s)	_____ 11. Served to non-program adults
_____ 4. Total available for service (2-3)	_____ 8. Leaving site	_____ 12. Leftover

**MEAL COUNTS FOR PREVIOUS FIVE DAYS OF SERVICE**

	Date:	Date:	Date:	Date:	Date:
Firsts					
Seconds					

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did the site serve meals in excess of the approved participation level?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are accurate meal count records completed at meal service time? <b>If No, indicate deficiency:</b> <input type="checkbox"/> a. Inaccurate meal counts taken <input type="checkbox"/> b. Meal counts not taken at meal service time
<input type="checkbox"/>	<input type="checkbox"/>	3. Are the number of first meals served on the day of the review consistent with the current average daily participation? <b>If No:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is an acceptable explanation available?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are the number of leftover meals served on the day of the review consistent with the current average daily participation? <b>If No:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is an acceptable explanation available?

**PROGRAM OPERATION**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did site manager attend training program?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did other site personnel attend training?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are daily meal count records up to date?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does site manager know who to contact if there is a problem or if there is a need for reducing/increasing order level?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are meals checked for spoilage and counted upon delivery? (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	6. Are meals being served at the times approved by the state agency?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are sanitation requirements met?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did today's menu meet the required components and portion sizes?
<input type="checkbox"/>	<input type="checkbox"/>	9. Does the site maintain adequate supervision over its food service?
<input type="checkbox"/>	<input type="checkbox"/>	10. Does the site have a system for handling leftover meals?

**CIVIL RIGHTS**

<input type="checkbox"/>	<input type="checkbox"/>	1. Does the site serve meals to all attending children equally, regardless of race, color, national origin, sex, age, or disability?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the site have a USDA-approved poster displayed?

WHAT DOES SITE MANAGER DO WITH EXCESS MEALS?

COMMENTS:

CORRECTIVE ACTION REQUIRED

IS A FOLLOW-UP REVIEW RECOMMENDED?  Yes  No

I recommend meals be increased/decreased from _____ to _____	Date _____	Signature of Site Manager _____	Date _____	Signature of Monitor _____
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