

NUTRITION DEPARTMENT

Directions: During the operation of the SFSP, sites must be monitored according to the following table:

Monitoring Form	Objective	Sites Required	When
Site VISIT Form ISBE 67-44	To ensure the food service is operating smoothly and apparent problems are immediately corrected. Observation of meal is not required.	New sites, sites identified as having operational problems the prior year, and sites new to non-congregate meal service.	Within the first 2 weeks of operation. <i>If the monitor meets the objective of the Site Review during the first 2 weeks of operation, the Site Review Form may be completed in lieu of the Site Visit Form.</i>
Site REVIEW Form ISBE 67-42	To determine if the site is meeting all Program requirements. Monitor must observe a complete meal service from beginning to end, including delivery or preparation of meals, the meal service, and cleanup after the meal service.	ALL sites.	Within the first 4 weeks of operation. <i>The Site Visit Form is not required IF observing a meal service and completing the Site Review Form during the first 2 weeks of operation.</i>

SPONSOR NAME		AGREEMENT NUMBER	SITE NAME	
SITE ADDRESS (City, State, ZIP Code)			SITE NUMBER	SITE PHONE NUMBER
SITE SUPERVISOR		MONITOR NAME		
TYPE OF SITE VISIT? <input type="checkbox"/> REVIEW <input type="checkbox"/> FOLLOW UP	DATE OF REVIEW	ARRIVAL TIME	DEPARTURE TIME	

Meal Service

IS THE SITE SERVING CONGREGATE AND NON-CONGREGATE MEALS? <input type="checkbox"/> YES <input type="checkbox"/> NO		MEAL SERVICE TYPE: <input type="checkbox"/> Congregate <input type="checkbox"/> Non-Congregate Home Delivery <input type="checkbox"/> Non-Congregate Pick Up <input type="checkbox"/> Hybrid		
APPROVED MEAL SERVICE: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper			APPROVED FOR OVS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEAL PREPARATION: <input type="checkbox"/> On-site <input type="checkbox"/> Central Kitchen (specify address):			<input type="checkbox"/> Vendor (specify):	
APPROVED DATES OF OPERATION: Start: End:		APPROVED MEAL SERVICE TIMES: Start: End:		ACTUAL MEAL SERVICE TIMES: Start: End:
TIME MEALS DELIVERED OR PREPARED:			TIME MEALS SERVED:	
APPROVED LEVEL OF PARTICIPATION:			TODAY'S ATTENDANCE:	

Meal(s) Reviewed

Directions: Select Congregate or Non-Congregate, as applicable, for each meal type.

<input type="checkbox"/> Congregate	<input type="checkbox"/> Congregate	<input type="checkbox"/> Congregate	<input type="checkbox"/> Congregate	<input type="checkbox"/> Congregate
<input type="checkbox"/> Non-Congregate	<input type="checkbox"/> Non-Congregate	<input type="checkbox"/> Non-Congregate	<input type="checkbox"/> Non-Congregate	<input type="checkbox"/> Non-Congregate

Meal Count – Day of Visit

Directions: Answer only if observed.

- | | |
|--|---|
| <p>_____ 1. Ordered or prepared</p> <p>_____ 2. Delivered</p> <p>_____ 3. Spoiled or incomplete or test meal</p> <p>_____ 4. Meals from previous day</p> <p>_____ 5. Meals transferred from other site(s)</p> <p>_____ 6. TOTAL MEALS AVAILABLE (1-5)</p> | <p>_____ 7. FIRST MEALS SERVED</p> <p>_____ 8. SECOND MEALS SERVED
(only allowable in congregate meal service)</p> <p>_____ 9. SERVED TO PROGRAM ADULTS</p> <p>_____ 10. SERVED TO NON-PROGRAM ADULTS</p> <p>_____ 11. TOTAL MEALS SERVED (7-10)</p> <p>_____ 12. LEFTOVERS (entire meal)</p> |
|--|---|

Meal Counts for Previous Five Days of Claimed Service

	DATE	DATE	DATE	DATE	DATE
Firsts					
Seconds					

QUESTIONS		YES	NO
1.	Did the site serve meals in excess of the approved participation level?	<input type="checkbox"/>	<input type="checkbox"/>
2.	What does the site supervisor do with excess meals?		
3.	Are accurate meal count records completed at meal service time? If no, indicate deficiency: <input type="checkbox"/> Inaccurate meal counts taken <input type="checkbox"/> Meal counts not taken at meal service time	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are the number of first meals served on the day of the review consistent with the current average daily participation (ADP)? If no: Is an acceptable explanation available? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are the number of second meals (congregate only) served on the day of the review consistent with the current average daily participation (ADP)? If no: Is an acceptable explanation available? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>

Program Operation

QUESTIONS		YES	NO
1.	Has the site supervisor completed SFSP and Civil Rights training?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has at least one person in attendance at the site today completed SFSP and Civil Rights training?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there adequate staffing to handle meal distribution and taking the point of service meal count?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are meals checked for spoilage and counted for upon delivery? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are leftover meals/items stored and/or discarded per the sponsor's policy?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did all children receive a reimbursable meal within the approved meal service time?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the site supervisor 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"/>
8.	Do meals meet the approved menu?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do meals meet the required components and portion sizes?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is food stored, prepared, and served in a safe and sanitary manner prior to and during the meal distribution period?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is there documentation of children's income eligibility? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
12.	If served, are meal counts for Program and Non-Program Adults recorded correctly?	<input type="checkbox"/>	<input type="checkbox"/>
13.	If served, is payment received for Non-Program Adult meals?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are all meals served and consumed on-site at all congregate meal services? (Note if sponsor allows fruits/vegetables/grains to be taken from site.)	<input type="checkbox"/>	<input type="checkbox"/>
15.	Does the site make accommodations for special dietary needs and have the appropriate information from the sponsor available that describes the modifications required?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are all records required by the sponsor, such as daily meal count forms and inventory and delivery slips, maintained?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are Production Records, Child Nutrition Labels, Product Formulation Statements, and/or Standardized Recipes available for required items?	<input type="checkbox"/>	<input type="checkbox"/>

Civil Rights Compliance

QUESTIONS		YES	NO
1.	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>
2.	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"/>
3.	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"/>
4.	Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages with accurate translations?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access to and effective communication about the program?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the program?	<input type="checkbox"/>	<input type="checkbox"/>

NAME	TITLE
IS A FOLLOW-UP REVIEW RECOMMENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOLLOW-UP REVIEW NEEDED BY (DATE)
SITE SUPERVISOR RECOMMENDS MEALS BE: <input type="checkbox"/> INCREASED <input type="checkbox"/> DECREASED FROM _____ TO _____	

Additional Comments

I certify that the above information is correct.

Digital or Original Signature from MONITOR

DATE

Digital or Original Signature from SITE SUPERVISOR

DATE