

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	_____ 6. Total available for service (1-5)	_____ 11. NOT served as a unit
_____ 2. Delivered	_____ 7. First meals served to children	_____ 12. Served to program adults
_____ 3. Spoiled or incomplete or tested meal	_____ 8. Second meals served to children	_____ 13. Served to non-program adults
_____ 4. Meals from previous day	_____ 9. Served with missing component(s)	_____ 14. Leftover
_____ 5. Meals transferred from other site(s)	_____ 10. Leaving site	

MEAL COUNTS FOR PREVIOUS FIVE DAYS OF CLAIMED 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? If No, indicate deficiency: <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 (*ADP)? If No: <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 second meals served on the day of the review consistent with the current average daily participation (*ADP)? If No: <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 _____