

**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 <b>VISIT</b> 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 <b>REVIEW</b> 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 clean up 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		DATE OF REVIEW	
SITE NAME		SITE NUMBER	
SITE ADDRESS (City, State, and ZIP Code)			
SITE SUPERVISOR		SITE PHONE NUMBER (Include Area Code)	
MONITOR NAME		ARRIVAL TIME	DEPARTURE TIME
TYPE OF SITE		APPROVED	ATTENDANCE ON DAY OF VISIT
MEAL SERVICES OBSERVED	APPROVED MEAL SERVICE TIME	MEAL SERVICE TYPE <input type="checkbox"/> Congregate <input type="checkbox"/> Non-congregate	

DAY OF VISIT	TYPE OF MEAL				
	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner
Number of meals delivered					
Number of meals/milk from previous day					
Time meals delivered					
Time meals served					
Number of first meals served to children					
Number of second meals served to children					
Number of meals served to program adults					
Number of meals served to non-program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal,* etc.)					
Number of meals left over					

*\*Test meal cannot be claimed for reimbursement but should be recorded.*

## NOTES

	SITE REVIEW QUESTIONS	YES	NO	NA
1.	Does the staffing pattern correspond to that listed on the approved site sheet?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Has the site supervisor attended a sponsor training session?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Does the site have sufficient food service supervision?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Are meals counted/checked before signing delivery receipt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are accurate meal counts taken of meals served?	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the menu for the observed meal match the approved menu?	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Are meals checked for quality?	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Is there proper sanitation/storage?	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Is the site supervisor following procedures established to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Are meals served and consumed onsite? (Unless your sponsor allows a fruit, vegetable, or grain to be taken from site.)	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Does site have a place to serve children meals in case of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Is the meal delivery schedule followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>	
21.	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"/>	
22.	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"/>	
23.	Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages and translations are accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	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"/>	<input type="checkbox"/>

**Explain any “No” answers below:**

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	PROGRAM VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1.	Adult meals included in count of meals served to children.		
2.	Offsite consumption. (Do not include fruits/vegetables/grains if allowed by ISBE and sponsor.)		
3.	More than one meal served at one time to children.		
4.	Meal pattern not met (specify):		
5.	Meals not served as a unit.		
6.	Meal serving times not met.		
7.	Other program violations (specify):		

**Check and explain if any of the following apply:**

<input type="checkbox"/> No records	EXPLANATION
<input type="checkbox"/> Incomplete records	EXPLANATION
<input type="checkbox"/> Poor Sanitation	EXPLANATION
<input type="checkbox"/> Other	EXPLANATION
CORRECTIVE ACTION DISCUSSED WITH (NAME AND TITLE)	
CORRECTIVE ACTION TAKEN	
SITE SUPERVISOR'S COMMENTS	
FURTHER ACTION NEEDED BY (DATE)	

☐ I certify that the above information is correct.

\_\_\_\_\_  
*Digital or Original Signature from*  
 MONITOR

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
*Digital or Original Signature from*  
 SITE SUPERVISOR

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
*Digital or Original Signature from*  
 SPONSOR REPRESENTATIVE

\_\_\_\_\_  
 DATE