

**NUTRITION DEPARTMENT**

**Directions:** Sites operating a Summer Food Service Program 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 two weeks of operation.  <i>If the monitor meets the objective of the Site Review during the first two 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 cleanup after the meal service.	ALL sites.	Within the first four 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 two 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
NUMBER OF MEALS PREPARED OR DELIVERED	MEAL SERVICE TYPE <input type="checkbox"/> Congregate <input type="checkbox"/> Non-congregate	
DISCUSSION WITH SITE STAFF (LIST NAMES)		

AREAS OF DISCUSSION	YES	NO	N/A	NOTES AND OBSERVATIONS
1. Has the site supervisor attended training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are meals being counted and signed for upon delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are there any problems with delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are daily meal count records on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are meals served and consumed onsite? <i>(Note if ISBE and sponsor allow fruits, vegetables, grain to be taken from site.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the site supervisor following procedures established to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are meals served at the time approved by ISBE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there proper sanitation/storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is there an "And Justice for All" poster, which is provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List all problems noted and corrective actions taken to eliminate the problems:

(Continue, if needed):

☐ I certify the above information is correct.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE