

Site Review Form

NOTE: To be completed during first four weeks of operation

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Telephone: _____

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site Supervisor: _____

Site type (check appropriate type):

Open Restricted Open NYSP Camp Closed Enrolled Conditional Non-Congregate

Distribution Method (check all that apply): Congregate Non-Congregate - Meal Pick Up

Non-Congregate - Distribution Route Non-Congregate - Home Delivery

Meal Service Options: Multi-Day Meals Parent/Guardian Pick-Up OVS Bulk Meals

Today's attendance: _____ Average daily participation (if applicable): _____

Approved meal service time: _____

Types of meals reviewed: Breakfast AM Snack Lunch PM Snack Dinner

Approved level of service: _____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
# Meals leftover					

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

Site Review Form, Continued

Site Review Questions		Yes	No
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 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"/>
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"/>
7	Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do meals meet 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"/>
13	Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>
14	Are all meals served and consumed on-site? (Does not apply to a single fruit/vegetable/grain item or approved non-congregate meals if allowed by State agency and sponsor).	<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"/>
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"/>
18	Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>
19	Is there documentation of children's income eligibility, if applicable?	<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"/>
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"/>
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"/>

Site Review Form, Continued

Explain any "No" answers below:

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 or approved non-congregate meals if allowed by State agency 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:

- No records Explanation: _____
- Incomplete records Explanation: _____
- Poor sanitation Explanation: _____
- 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:

Monitor's Signature Date

Site Supervisor's Signature Date

Sponsor Representative's Signature Date



Racial and Ethnic Data Form

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Date of visit: _____

Site Supervisor: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino	
Not-Hispanic or Latino	
Unknown*	

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Racial Categories	Number of Participating Children
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Unknown*	

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

*If a participant or the participant's family elect not to provide the data, the Sponsor can mark the participant as "Unknown." Sponsors must attempt to collect racial and ethnic data and cannot list all participants as unknown.

Monitor's Signature

Date

This institution is an equal opportunity provider