Seamless Summer Option Onsite Monitoring Visit

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: Arrived \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Type of meal observed: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snack \_\_\_\_\_ Supper \_\_\_\_\_
2. Approved grade group for this meal type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Meal Counts
   1. Number of meals prepared \_\_\_\_\_\_\_\_\_\_
   2. Number of eligible first meals \_\_\_\_\_\_\_\_\_\_
   3. Number of eligible second meals \_\_\_\_\_\_\_\_\_\_
   4. Number of meals served to ineligible children \_\_\_\_\_\_\_\_\_\_
   5. Number of adult meals \_\_\_\_\_\_\_\_\_\_
   6. Number of leftover meals \_\_\_\_\_\_\_\_\_\_
   7. Number of incomplete meals \_\_\_\_\_\_\_\_\_\_

Total reimbursable meals (b+c) \_\_\_\_\_\_\_\_\_\_ Total non-reimbursable meals (c+d+e+f) \_\_\_\_\_\_\_\_\_\_

1. Begin End

Approved service time \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Actual service time \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Delivery time, if applicable \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

1. Menu Serving Size

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. Production Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Food Item | Quantity Used in Preparation | Allowable Servings per Unit | Number of Servings | | Short/Over |
| Total Available | Total Needed |
| Meat/Meat Alternate |  |  |  |  |  |
| Bread/Grains |  |  |  |  |  |
| Fruit |  |  |  |  |  |
| Vegetable |  |  |  |  |  |
| Milk |  |  |  |  |  |

1. Comment on the general characteristics of the meal (adequate foods, appearance, taste, temperature, etc. of the food served).
2. Are meals:

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | 1. Planned to meet meal pattern requirements? |
|  |  | 1. Planned with the objective of serving one meal per child? |
|  |  | 1. Served as a unit? |
|  |  | 1. Consumed on site? |
|  |  | 1. Served within approved time frames? |
|  |  | 1. Delivered as scheduled (satellite sites only)? |

1. Record Keeping:

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | 1. Is there documentation of children eligible for free meals if applicable? |
|  |  | 1. Does the site have an accurate method for obtaining the number of meals served to eligible children? |
|  |  | 1. Does the site have an accurate method for obtaining the number of meals served to ineligible children or adults? |
|  |  | 1. Are meal production records kept? |
|  |  | 1. Is an inventory maintained for food and supplies? |
|  |  | 1. Are receiving reports and purchase invoices kept? |
|  |  | 1. Are meal counts taken at time of meal service and turned in appropriately? |

1. Civil Rights:

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | 1. Are meals served to all children regardless of race, color, national origin, sex, age, or disability? |
|  |  | 1. Do all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age, or disability? |
|  |  | 1. Is the “Justice for All” poster prominently displayed in the serving or dining area? |
|  |  | 1. Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations? |

1. Sanitation

|  |  |  |
| --- | --- | --- |
| Yes | No |  |
|  |  | 1. Are proper food handling and serving procedures followed (consider temperature, use of tongs for self-serve items, provision of sneeze guards, etc.)? |
|  |  | 1. Is the food preparation area clean and well maintained? |
|  |  | 1. Is the dining area clean and well maintained? |
|  |  | 1. Are foods stored in accordance with requirements (consider temperature, security, etc.)? |
|  |  | 1. Are food service personnel practicing good hygiene (consider hair restraints, hand washing, jewelry, cleanliness, etc.)? |
|  |  | 1. Are leftover foods being properly stored and used? |

1. Major Violations

|  |  |  |
| --- | --- | --- |
|  | Actual Count | Type of Meal |
| 1. Adult meals included in count of meals served to children. |  |  |
| 1. Offsite consumption of food (children). |  |  |
| 1. More than one meal served at one time to children. |  |  |
| 1. Meal pattern not met (specify). |  |  |
| 1. Meal serving times not met. |  |  |
| 1. Meals not served as a unit (family style allowable at colonies). |  |  |

1. Check if the following apply (explain any checked items):

|  |  |  |
| --- | --- | --- |
| 1. No records |  |  |
| 1. Incomplete records |  |  |
| 1. Poor sanitation |  |  |
| 1. Other |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Supervisor’s/Representative’s Signature Date

(Indicate this person understands the corrective action needed)

Site Supervisor’s/Representative’s Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Corrective Action(s) Complete Sponsor Representative/s Signature