

Sample Pre-Operational Visit Form

Site name: _____ Site number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

- | | | | |
|--|---|---|--------------------------------|
| <input type="checkbox"/> Recreation center | <input type="checkbox"/> Residential camp | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Other |
| <input type="checkbox"/> School | <input type="checkbox"/> Play street | <input type="checkbox"/> Libraries | |
| <input type="checkbox"/> Church | <input type="checkbox"/> Playground | <input type="checkbox"/> Rural Development (RD)/Housing and Urban Development (HUD) | |
| <input type="checkbox"/> Park | <input type="checkbox"/> Settlement house | | |

Estimated number of children the site could serve: _____ Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments:

For the estimated number of children, does the site have: Yes No

| | | |
|--|--------------------------|--------------------------|
| Shelter for inclement weather? | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate cooking facilities (if applicable)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate storage for prepared or delivered food? | <input type="checkbox"/> | <input type="checkbox"/> |
| Storage space for records at site? | <input type="checkbox"/> | <input type="checkbox"/> |
| Adequate refrigeration? | <input type="checkbox"/> | <input type="checkbox"/> |
| Access to a telephone? | <input type="checkbox"/> | <input type="checkbox"/> |

Is this site for-profit? Yes No

What types of organized activities are possible or planned at this site?

Improvements or corrective actions needed before site operates:

Did the site have any deficiencies in the previous summer?

 Monitor's Signature

 Date

Sample First Week Visit Form

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

Site name: _____ Site address: _____

Discussion with site staff (list names): _____

| Areas of Discussion | Notes and Observations |
|--|------------------------|
| Has the site supervisor attended training session? | |
| Are meals being counted and signed for? | |
| Are all required records being completed? | |
| Are meals served as second meals excessive? | |
| Do meals meet meal pattern requirements? | |
| Is there proper sanitation/storage? | |
| Is the site supervisor following procedures established to make meal order adjustments? | |
| Are meals served at the time approved by the State agency? | |
| Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/ grains to be taken off site). | |
| Is each meal served as a unit? | |
| Are there any problems with delivery? | |
| Is there documentation of children's income eligibility, if applicable? | |
| Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place? | |

List any problems that were noted, and any corrective actions that were initiated to eliminate the problems:

 Monitor's Signature

 Date

Sample 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: _____

Open site Camp site Average daily participation (if applicable): _____

Today's attendance: _____ 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.

Sample 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? (Note if State agency and sponsor allow fruits/vegetables/grains to be taken off-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"/> |
| 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"/> |