|  |
| --- |
| Seamless Summer Option Sponsor Monitoring Visit |
|  |  |  |  |  |  |
| Date: |  |  |  |  |  |
| Name of Sponsor: |  |  |  | Site Name: |  |
| Time: | arrived |  | departed |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 1. Type of meal observed: | breakfast |  | lunch |  | snack |  | supper |  |
|  |  |  |  |  |  |  |  |  |
| 2. Approved level of service for this meal type: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 3. Meal counts |  |  |  |  |  |  |  |  |
| a. No. meals prepared |  | d. no. meals served to ineligible children |  |
|  |  |  |  |  |  |  |  |  |
| b. No. eligible first meals |  | e. number of adults meals |  |
|  |  |  |  |  |  |  |  |  |
| c. No. eligible second meals |  | f. number of leftover meals |  |
|  |  |  |  |
|  |  | g. number incomplete meals |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Total reimbursable meals (b+c) |  | Total non-reimbursable meals (c+d+e+f) |  |
|  |  |  |  |  |  |  |  |  |
| 4. | begin |  | end |  | 5. | Menu |  | serving size |
| approved service time |  |  |  |  |  |  |  |  |
| actual service time |  |  |  |  |  |  |  |  |
| delivery time if applicable |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 6. Production record |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Food Item | Quantity used in preparation | Allowable servings per unit | Number of Servings | Short/Over |
|  |  |  | Total available | Total needed |  |
| Meat |  |  |  |  |  |
|  |  |  |  |  |  |
| Fruit/Vegetable |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Bread |  |  |  |  |  |
|  |  |  |  |  |  |
| Milk |  |  |  |  |  |
|  |  |  |  |  |  |
| 7. Comment on the general characteristics of the meal (adequate foods, appearance, taste, temperature, etc., of the foods served). |
| Yes | No |  |  |  |  |  |  |
| 8. Are Meals |  |  |  |  |  |  |
| [ ]  | [ ]  | a.  | planned to meet meal pattern requirements? |
| [ ]  | [ ]  | b.  | planned with the objective of serving one meal per child? |
| [ ]  | [ ]  | c. | served as a unit? |
| [ ]  | [ ]  | d.  | consumed on site? |
| [ ]  | [ ]  | e. | served within approved time frames? |
| [ ]  | [ ]  | f. | delivered as scheduled (satellite sites only)? |
|  |  |  |  |  |  |  |  |
| 9. Record Keeping |  |  |  |  |  |
| [ ]  | [ ]  | a. | Is there documentation of children eligible for free meals if applicable? |
| [ ]  | [ ]  | b. | Does the site have an accurate method for obtaining the number of meals served to eligible children? |
| [ ]  | [ ]  | c. | Does the site have an accurate method for obtaining the number of meals served to ineligible children or adults? |
| [ ]  | [ ]  | d. | Are meal production records kept? |
| [ ]  | [ ]  | e. | Is an inventory maintained for food and supplies? |
| [ ]  | [ ]  | f. | Are receiving reports and purchase invoices kept? |
| [ ]  | [ ]  | g.  | Are meal counts taken at time of meal service and turned in appropriately? |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 10. Civil Rights |  |  |  |  |  |
| [ ]  | [ ]  | a. | Are meals served to all children regardless of race, color, national origin, sex, age, or disability? |
| [ ]  | [ ]  | b. | Do all children have equal access to services and facilities at the site regardless of race, color, national origin, sex, age, or disability? |
| [ ]  | [ ]  | c. | Is the “Justice for All” poster prominently displayed in the serving or dining area? |
| [ ]  | [ ]  | d. | Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations? |
|  |  |  |  |  |  |  |  |
| 11. Sanitation |  |  |  |  |  |
| [ ]  | [ ]  | a. | Are proper food handling and serving procedures followed (consider temperature, use of tongs, for self-serve items, provision of sneeze guards, etc.)? |
| [ ]  | [ ]  | b. | Is the food preparation area clean and well maintained? |
| [ ]  | [ ]  | c. | Is the dining are clean and well maintained? |
| [ ]  | [ ]  | d. | Are foods stored in accordance with requirements (consider temperature, security, etc.)? |
| [ ]  | [ ]  | e. | Are foodservice personnel practicing good hygiene (consider hair restraints, hand washing, jewelry, cleanliness, etc.)? |
| [ ]  | [ ]  | f. | Are leftover foods being properly stored and used? |
|  |  |  |  |  |  |  |  |
|  |
| Explain any “No” answers to items 8 – 11 below |
| 12. Major Violations |  | Actual Count |  | Type of meal |
| a. | Adult meals included in count of meals served to children. |  |  |  |  |  |
| b. | Offsite consumption of food (children). |  |  |  |  |  |
| c. | More than one meal served at one time to children. |  |  |  |  |  |
| d. | Meal pattern not met (specify). |  |  |  |  |  |
| e. | Meal serving times not met.  |  |  |  |  |  |
| f. | Meals not served as a unit (family style allowable at colonies). |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 13. Check if the following apply |  |  |  |  |  |  |
| (Explain any checked items.) |  |  |  |  |  |  |
| a. | No records | [ ]  |  |  |  |  |
| b. | Incomplete records | [ ]  |  |  |  |  |
| c. | Poor sanitation | [ ]  |  |  |  |  |
| d. | Other | [ ]  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
|  |
|  |
| Monitor’s signature | Date |
|  |
| Site supervisor’s/representatives signature | Date |
| (indicates this person understands the corrective action needed) |
| Site supervisor’s/representative’s comments: |
|  |
|  |
| Date corrective action/s complete | Sponsor representative’s signature |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |