Alabama Department of Education
Division of Administrative and Financial Services
Child Nutrition Programs
SFSP-M4
Rev. 07/223/21

SUMMER FOOD SERVICE PROGRAM
MONITOR SITE REVIEW FORM — VENDED PROGRAMS

INSTRUCTIONS: Complete this form for all sites at least once during the first four weeks of operation.
A copy should be left with the site supervisor and one turned in to the sponsor.

Sponsor:_____ Date of Review:_____

Site Name:_____ Telephone:_____

Site Address:_____

Monitor's Arrival Time:_____ Departure Time:_____

Site Supervisor:_____

Name and Title of Person Contacted at the Site:_____

Regular Site:_____ Camp Site:_____

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

Age range of children in attendance:_____ *Number of hours children are on site:_____

	B	SN (a.m.)	L	SN (p.m.)	S
Approved level(s) of meal service:	_____	_____	_____	_____	_____

Approved meal service time: _____
Attendance on day of visit: _____ Number eligible for free and reduced-price meals _____
(camps and enrolled programs only)

Type(s) of meal service reviewed: ○ Breakfast ○ Lunch ○ Supper ○ Snack

NUMBER MEALS SERVED

DAY OF VISIT:	Breakfast	AM Snack	Lunch	PM Snack	Supper
No. meals delivered					
No. meals/milk from previous day					
Time meals delivered					
Time meals served					
No. first meals served to children					
No. second meals served to children					
No. meals served to Program adults					
No. meals served to non-Program adults					
No. meals left over					

*If pre-school age (birth-5 years) children are on site more than 4 hours, the site must be licensed by the Department of Human Resources.

YES	NO		EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1.	Are meals served as a unit?
_____	_____	2.	Do meals meet the menu as planned?
_____	_____	3.	Do meals meet meal pattern requirements?
_____	_____	4.	Are meals served during assigned meal times?
_____	_____	5.	Does the site have sufficient food service supervision?
_____	_____	6.	Are meals counted/checked before signing delivery receipt?
_____	_____	7.	Are meals served as second meals excessive?
_____	_____	8.	Are accurate meal counts taken of meals served?
_____	_____	9.	Does site have a place to serve children in inclement weather?
_____	_____	10.	Are meals checked for quality?
_____	_____	11.	Is there proper sanitation/storage?
_____	_____	12.	Is the site supervisor following procedures established to make meal order adjustments?
_____	_____	13.	Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	14.	Has site supervisor attended training session?
_____	_____	15.	Are records of adult meals being kept?
_____	_____	16.	Is there documentation of children's income eligibility, if applicable?
_____	_____	17.	Are all meals served and consumed on site? (Note if State Agency and Sponsor allow fruits or vegetables to be taken off site.)
_____	_____	18.	Is the meal delivery schedule followed?
_____	_____	19.	Are there provisions for storing or returning excess meals?
_____	_____	20.	Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	21.	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	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?
_____	_____	23.	Is informational material concerning the availability and nutritional benefit of the Program available in appropriate translations?

EXPLANATIONS:

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption. Do not include fruits and vegetables 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.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items).   **EXPLANATION**

7. No records _____

8. Incomplete records _____

9. Poor sanitation _____

10. Other _____

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