

Sponsor is required to complete for all sites within the first four weeks of operation

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|----------------------------|--|
| Date of site visit: | Monitor's arrival time: Monitor's departure time: |
| Sponsor name: | Site name: |
| Site LEA code: | Site address: |
| Monitor's name: | Site Supervisor's name: |

Site Type: Open Open Restricted Closed Enrolled Camp Migrant

Meal Service Observed: Breakfast Lunch Supper Snack

Approved Meal Service Time: Start: _____ End: _____

Observed Meal Service Time: Start: _____ End: _____

How many points of service (POS) are there for the meal service observed? _____

| | Site Count | Monitor Count | | Site Count | Monitor Count |
|----------------------------------|------------|---------------|------------------------------------|------------|---------------|
| Meals leftover from previous day | | | Second meals served to children | | |
| Meals delivered | | | Meals served to program adults | | |
| Meals available | | | Meals served to non-program adults | | |
| First meals served to children | | | Excess meals leftover | | |

Ethnic and Racial Category Collection

- Record each participant's ethnicity in one of the Ethnic Categories. No percentages.
- Record each participant's racial designation(s). Each participant may have one or more racial designation. No percentages.
- For camps use Racial or Ethnic Data Form to collect and maintain this information separately for each session.

| Ethnic Categories | # of children | Racial Categories | # of children |
|----------------------------|----------------------|---|----------------------|
| Hispanic or Latino | | American Indian or Alaska Native | |
| Non-Hispanic or Non-Latino | | Asian | |
| Unknown | | Black or African American | |
| | | Native American or Other Pacific Islander | |
| | | White | |
| | | Unknown | |

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| Yes | No | N/A | |
|-----|----|-----|---|
| | | | 1. Has corrective action been implemented for all issues identified at the first-week self-review, if applicable? |
| | | | 2. Has all site staff attended SFSP training including Civil Rights requirements? |
| | | | 3. Are meals served at the approved meal service times? |
| | | | 4. Is the site notifying the Sponsor of meal time changes including field trips? |
| | | | 5. Is the site staff counting meals as trained by the Sponsor? If 'no', #of disallowed_____ |
| | | | 6. Is the site adjusting the number of meals prepared/ordered to limit second meals/leftovers? |
| | | | 7. Is the site serving meals as trained by Sponsor? (tray-line, family-style) |
| | | | 8. Is the menu posted and served as planned? |
| | | | 9. Do all meals meet meal pattern requirements? |
| | | | 10. Self-prep sites: do production records include all required information (portion sizes, # prepared/served, etc.) |
| | | | 11. Does the site meet all Department of Health regulations regarding sanitation and storage? |
| | | | 12. Have all violations noted in health inspection reports been corrected? |
| | | | 13. Is the site staff following the adult meal policy as trained by the Sponsor? |
| | | | 14. Are all meals served and consumed on site? If 'No' has the site been approved for flexible off-site consumption (FOC)? |
| | | | 15. Open Sites- is there adequate signage informing the public of free meals? If no, contact SED for a free banner. |
| | | | 16. Is the 'And Justice for All' Poster displayed in a prominent place? |
| | | | 17. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, gender, age or disability? |
| | | | 18. Is informational material pertaining to the SFSP available in appropriate translations and include the full non-discrimination statement? |
| | | | 19. For camps and closed enrolled sites using income applications to determine eligibility: <ul style="list-style-type: none"> ▪ Have determinations been made on the income application? ▪ Are applications/roster maintained on site & accessible only by authorized staff? ▪ Closed enrolled sites only: does documentation validate at least 50% of the children enrolled are eligible? |

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Questions 20-22 applies only to sites that receive delivered meals

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| | | | 20. Does the site staff know how to handle breakdowns in delivery? |
| | | | 21. Are delivered meals being counted and signed for upon delivery? |
| | | | 22. Are vended meals being served as a unit? |

22. Are the following records maintained and available for review:

| Yes | No | N/A | | Yes | No | N/A | |
|-----|----|-----|---|-----|----|-----|---|
| | | | Permit to operate a food service (self-prep sites only) | | | | Production records (self-prep sites only) |
| | | | HAACP records (school sponsors only) | | | | Menu |
| | | | Delivery Receipts (vended sites only) | | | | Daily meal counts |
| | | | Water samples (if not using public water) | | | | Camp Permit (camps only) |
| | | | Eligibility documentation (camps & closed enrolled sites) | | | | |

If 'No' to any of the above (questions 1-22), explain the corrective action that will be implemented. If meals were disallowed, include the reason and number of meals.

I CERTIFY that this site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served, and that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Site supervisor's signature _____ Monitor's signature _____