

## 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 level of service for this meal type: \_\_\_\_\_

### 3. Meal Counts

- a. Number of meals prepared \_\_\_\_\_
- b. Number of eligible first meals \_\_\_\_\_
- c. Number of eligible second meals \_\_\_\_\_
- d. Number of meals served to ineligible children \_\_\_\_\_
- e. Number of adult meals \_\_\_\_\_
- f. Number of leftover meals \_\_\_\_\_
- g. Number of incomplete meals \_\_\_\_\_

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

4.	Begin	End
Approved service time	_____	_____
Actual service time	_____	_____
Delivery time, if applicable	_____	_____

### 5. Menu

### Serving Size

5. Menu	Serving Size

6. 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					

7. Comment on the general characteristics of the meal (adequate foods, appearance, taste, temperature, etc. of the food served).

8. Are meals:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Planned to meet meal pattern requirements?                |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Planned with the objective of serving one meal per child? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Served as a unit?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Consumed on site?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Served within approved time frames?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Delivered as scheduled (satellite sites only)?            |

9. Record Keeping:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is there documentation of children eligible for free meals if applicable?  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Does the site have an accurate method for obtaining the number of meals served to eligible children?             |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Does the site have an accurate method for obtaining the number of meals served to ineligible children or adults? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Are meal production records kept?  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Is an inventory maintained for food and supplies?  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Are receiving reports and purchase invoices kept?  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Are meal counts taken at time of meal service and turned in appropriately?                                       |

10. Civil Rights:

Yes No

- 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

Yes No

- 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 area clean and well maintained?
- d. Are foods stored in accordance with requirements (consider temperature, security, etc.)?
- e. Are food service personnel practicing good hygiene (consider hair restraints, hand washing, jewelry, cleanliness, etc.)?
- f. Are leftover foods being properly stored and used?

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  \_\_\_\_\_

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Monitor's Signature

Date

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Site Supervisor's/Representative's Signature  
(Indicate this person understands the corrective action needed)

Date

Site Supervisor's/Representative's Comments:

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Date Corrective Action(s) Complete

Sponsor Representative/s Signature