



Department of Health and Human Services  
 Division of Public Health  
 Sponsor Monitor Site Review Form

Requirement: At least one review of each site during first four weeks of program operation.

### Four Week Sponsor Evaluation

1. Sponsor Name: _____	2. Site Name: _____	3. Time of Arrival: _____
Meal period observed (mark "X" one):		
<input type="checkbox"/> Breakfast	Site Number: _____	Time of Departure: _____
<input type="checkbox"/> Lunch		(You must be present the entire meal period)
<input type="checkbox"/> Snack	Site Address: _____	
<input type="checkbox"/> Supper	_____	

**I. Time and Amount Information**

A. Number of children in attendance ..... \_\_\_\_\_

B. Number of meals delivered/produced..... \_\_\_\_\_

C. Time of delivery, if applicable..... \_\_\_\_\_

D. Total number of first meals served..... \_\_\_\_\_

E. Total number of second meals served..... \_\_\_\_\_

F. Beginning and ending time of meal service..... \_\_\_\_\_

  

**II. Conditions and Acceptance of Lunches**

	Yes	No
A. Are meals counted upon delivery or are production records kept? .....	<input type="checkbox"/>	<input type="checkbox"/>
B. Are meals checked for quality prior to acceptance by site supervisor? .....	<input type="checkbox"/>	<input type="checkbox"/>
C. Temperatures: Milk _____° Sandwich _____° Hot Entrée _____° .....	<input type="checkbox"/>	<input type="checkbox"/>
D. Are meals stored in a suitable area to prevent spoilage? .....	<input type="checkbox"/>	<input type="checkbox"/>
E. Is child acceptance good? (Plate waste minimal) .....	<input type="checkbox"/>	<input type="checkbox"/>

  

**III. Supervision and Organization**

A. Is site supervision available during the meal period? .....  Yes  No

B. Is supervision adequate during the meal period? .....  Yes  No

C. Are needed adjustments being made in the number of meals delivered/produced? .....  Yes  No

D. Does the number of meals served each day vary? If not, explain on the back  
 .....  Yes  No

  

**IV. Site Conditions**

A. Is trash pick-up adequate? .....  Yes  No

B. In the event of bad weather, are the facilities for feeding adequate? .....  Yes  No

  

**V. USDA Regulations**

A. Does the meal meet USDA requirements? .....  Yes  No

B. Does the meal follow the day's menu plan? .....  Yes  No

C. Is the meal unitized? .....  Yes  No

D. Are the meals served within the approved time frame? .....  Yes  No

E. Are the children eating the meals on site? .....  Yes  No

F. Are there any adults receiving meals? (If yes, explain.) .....  Yes  No

G. Is the site in compliance with the FNS 113-1 Instructions, Civil Rights Act of 1964, and is the "And Justice for All" poster prominently displayed? .....  Yes  No

**VI. Certification** I certify that this site was reviewed on this date and that the findings in this report was discussed with me prior to my signing it. I further understand that all corrective actions must be implemented fully and permanently as indicated. I have read and understand the review and corrective actions.

Signature, Site Supervisor	Signature, Sponsor Representative	Date of Review
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