



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**  
*SUMMER FOOD SERVICE PROGRAM*  
*Site Monitoring Form*

It is required to complete at least one site review per operating site using the site monitoring form or the combined site review form over the course of the approved time frame of operation.

<b>SPONSOR</b>	<b>DATE OF REVIEW</b>	<b>TYPE OF SITE</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Other:
<b>SITE NAME</b>	<b>REVIEW NUMBER</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Follow-Up <input type="checkbox"/> State Meal Observation	
<b>SITE ADDRESS</b>	<b>MEAL TYPE</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper	
<b>SITE SUPERVISOR</b>	<b>MEAL SERVING TIME</b> Approved:      to      Actual:      to	
<b>MONITOR/STATE REVIEWER</b>	<b>MEAL OBSERVATION TIME</b> Arrived:      Left:	

Today's Meal	Offered Items	Portion Size	Meal Disallowances	# of Meals
Meat/Meat Alt			# of meals missing components	
Fruit/Veg			# of meals containing items not meeting the minimum portion size	
Fruit/Veg			# of meals served outside of meal service times	
Grain/Bread			# of meals not taken at point of service (POS)	
Milk			# of meals taken off site	
Additional Items			# of field trip meals today without OSPI notification	

1. <input type="checkbox"/> Yes <input type="checkbox"/> No The "And Justice for All" poster is prominently displayed?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No Meals are served to children regardless of their race, color, national origin, sex, age, or disability?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No The site supervisor has been appropriately trained?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No The site supervisor knows how to adjust # meals ordered/prepared?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No Are enough meals available for all children wanting one?	6. <input type="checkbox"/> Yes <input type="checkbox"/> No Site is following approved plan to handle leftover meals
7. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Menus/meal preparation records are current.	8. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Unitized meal pattern requirements are met.
9. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Vended & satellite sites have delivery receipts.	10. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Corrective action is required (as noted in Comments).</b>

Complete table using Daily Meal Count Forms from past 5 days	Day of Review	Date:	Date:	Date:	Date:	Date:
Total Number of Meals Available						
First Meals Served						
Second Meals Served						
Program Adult Meals Served						
Non-Program Adult Meals Served						
Leftovers						
Meals Served Over CAP						
Approved in WINS: ADA _____ CAP _____						



<b>Comments</b> <i>(include corrective actions, technical assistance, meal acceptability and food temperatures)</i>

By signing below, the individual acknowledges that all items in this report are accurate and were discussed with the site supervisor.

Site Supervisor Name & Signature	Monitor Name & Signature	State Reviewer Name & Signature
Date:	Date:	Date:

All NO answers and meal disallowances must be addressed in written Corrective Action Plan (CAP) and the CAP must be kept with all SFSP records.