**To be completed during the first four weeks of operation. This form can be used if the site is operating both congregate and non-congregate service.**

**Sponsor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Visit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monitor’s Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monitor’s Departure Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Open Site | Closed Enrolled | Camp Site | Conditional Non-Congregate Site |

**Average Daily Participation\*:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved Distribution Day(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Approved Meal Service Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**Is site serving both congregate and non-congregate meals:**  Yes  No

**Type of non-congregate service:**  Grab-and-Go Meal Pick-up  Home Delivery

**Types of meals reviewed (select Congregate or Non-Congregate, as applicable, for each meal type):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Breakfast | AM Snack | Lunch | PM Snack | Dinner |
| Congregate | Congregate | Congregate | Congregate | Congregate |
| Non-Congregate | Non-Congregate | Non-Congregate | Non-Congregate | Non-Congregate |

* **Non-congregate and congregate meal service of each meal type must not happen at the same service.**

**Meal types included in each non-congregate bundle:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Breakfast | AM Snack | Lunch | PM Snack | Dinner |

**# days of meals included in each bundle at this distribution:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select days of the week on which non-congregate meals distributed at this service are intended to be consumed:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |

| **Day of Visit** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Dinner** |
| --- | --- | --- | --- | --- | --- |
| # Individual Meals Delivered or Prepared |  |  |  |  |  |
| # Individual Meals/Milk from Previous day |  |  |  |  |  |
| Time meals delivered |  |  |  |  |  |
| Time **non-congregate** meals distributed |  |  |  |  |  |
| Time **congregate** meals served, **if applicable** |  |  |  |  |  |
| # of individual **non-congregate** meals distributed to eligible participants. |  |  |  |  |  |
| # of individual **non-congregate** meals distributed to Program adults |  |  |  |  |  |
| # of individual **non-congregate** meals distributed to non-Program adults |  |  |  |  |  |
| # **Congregate** meals served to children, **if applicable** |  |  |  |  |  |
| # Second meals served to children **(only allowable in congregate service)** |  |  |  |  |  |
| # **Congregate** meals distributed to program adults, **if applicable** |  |  |  |  |  |
| # **Congregate** meals served to non-Program adults, **if applicable** |  |  |  |  |  |
| # Discarded meals (dropped, spoiled, incomplete, test meal, etc.) |  |  |  |  |  |
| # Meals leftover |  |  |  |  |  |

| **Site Review Questions** | **Yes** | **No** |
| --- | --- | --- |
| **Staffing and Meal Inspection** | | |
| Does the staffing pattern correspond to that listed on the approved site sheet? |  |  |
| Has the site supervisor attended training session? |  |  |
| Does the site have sufficient food service supervision? |  |  |
| Are meals counted/checked before signing delivery receipt? |  |  |
| Do meals meet the pre-approved menu? |  |  |
| Do meals meet meal pattern requirements? |  |  |
| Are there reasonable modifications in policies and procedures to provide alternate bundles or food item substitutions for participants with a disability or food allergy? |  |  |
| Are meals checked for quality? |  |  |
| Is there proper sanitation/storage? |  |  |
| Does site have a place to serve or distribute meals in case of inclement weather? |  |  |
| Is the site supervisor following procedures established to make meal order adjustments? |  |  |
| Is the meal delivery schedule followed? |  |  |
| Are there provisions for storing or returning excess meals? |  |  |
| Is there documentation of children's income eligibility, if applicable? |  |  |
| **Meal Service** | | |
| Are accurate meal counts taken of meals served, including separate counts for non-congregate and congregate meals, if applicable? |  |  |
| If operating a hybrid site, were congregate and non-congregate meals served on the same day? |  |  |
| If Yes to the previous question, did the site ensure that both services did not overlap and that the meal types distributed were different at each service? |  |  |
| Has the site adequately communicated to the community the schedule of non-congregate service (and congregate service, if applicable)? |  |  |
| Are sites adhering to the meal service days and times of distributions indicated in the site application and approved non-congregate request form? |  |  |
| Do the days of intended consumption of non-congregate meals align with the days of service indicated in the site application? |  |  |
| Do bundled meal packages adhere to maximum allowable number of meals distributed to each child per day? |  |  |
| If bundling unitized meals, are the meals packaged individually with a method for participants to be able to identify which meal types are being provided? |  |  |
| Are sites ensuring that second non-congregate meals or bundles are **not** being distributed? |  |  |
| If applicable, is the site ensuring that second **congregate** meals are not being served in excess? |  |  |
| If allowing parents or guardians to pick up meals, is the site adhering to the procedures submitted to TDA for verifying guardianship? |  |  |
| If allowing parents/guardians to pick up meals or distributing multiple days of meals at a single distribution, is the site adhering to the procedures submitted to TDA for mitigating the risks of distributing duplicate meals to participants? |  |  |
| Are records of adult meals being kept? |  |  |
| Are all **congregate meals**, if applicable, served and consumed on-site? (Note if sponsor allows fruits/vegetables/grains to be taken off-site.) |  |  |
| **Bulk Food Component Distribution (Complete if applicable)** | | |
| Is the site limiting distribution to no more than 5 days at a time? |  |  |
| Is the food provided such that only minimal preparation (such as warming in a microwave) is required? |  |  |
| Were menus and instructions provided to the participant that describe how to prepare food items and portion out the food components for each intended day of consumption? |  |  |
| **Home Delivery (Complete if applicable)** | | |
| Is the site limiting distribution to no more than 5 days at a time? |  |  |
| Is there a record of how many eligible participants are in each home and how many meals were provided per delivery? |  |  |
| Are there written consent forms correctly filed and recorded for every program participant? |  |  |
| Is the site adequately protecting household information? |  |  |
| Did the meal driver follow the intended delivery route? |  |  |
| Is each household located in a rural-designated area per TDA’s Non-Congregate Eligibility Site Map? |  |  |
| If using school data, is there documentation of the MOU between the site and school food authority? |  |  |
| **Conditional Non-Congregate Sites (Complete if applicable)** | | |
| Is the site accurately counting separately the reimbursable meals served to free or reduced-price eligible children and non-reimbursable meals served to paid-eligible children and Program/non-Program adults? |  |  |
| Is the site charging for non-reimbursable meals served to children ineligible for free or reduced-price meals? |  |  |
| If the site is **not** charging for meals served to non-Program adults or children, are the costs of those meals being paid for with non-Federal funds? |  |  |

**Explain any “No” answers below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Civil Rights Compliance Questions** | **Yes** | **No** |
| Is there an “And Justice for All” poster, on display in a prominent place? |  |  |
| Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability? |  |  |
| Do all children have equal access to meals, services, and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability? |  |  |
| Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations? |  |  |
| Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program? |  |  |
| Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered languages of individuals eligible to be served or likely to be affected by the program? |  |  |

**Explain any “No” answers below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Program Violations** | **Actual Count of Individual Meals** | **Type of Meal** |
| Adult or other non-reimbursable meals included in count of meals served to children. |  |  |
| Offsite consumption if operating a congregate service. (Do not include fruits/vegetables/ grains if allowed by sponsor). |  |  |
| More than one meal served at one time to children during a **congregate service.** |  |  |
| Meal pattern not met (specify):­­­­­­ |  |  |
| Meals not served as a unit |  |  |
| Meal bundles exceed per-day maximum number of allowable meals. |  |  |
| Meals served outside of approved distribution days and times. |  |  |
| Parental consent not obtained for home deliveries. |  |  |
| Meals delivered to homes not in rural areas. |  |  |
| Bundles of bulk food components do not contain accurate instructions for assembling reimbursable meals, OR meals require more than basic assembly and warming up. |  |  |
| Unallowable duplicate or second non-congregate meals or meal bundles distributed. |  |  |
| No verification procedures for determining if adult is guardian or parent of eligible child. |  |  |
| Meals do not meet food safety standards. |  |  |
| Other Program violations (specify): |  |  |

**Check and explain if any of the following apply:**

☐No Records Explanation\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Incomplete Records Explanation \_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Poor Sanitation Explanation \_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Other Explanation \_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Corrective action discussed with (Name and Title):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Corrective action taken:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site supervisor’s comments:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further action needed by (Date):** \_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information above is correct: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monitor Signature Site Supervisor’s Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_